

當代通識

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總編輯的話

《當代通識》的論文，來自不同領域。在本刊中，可以看到老師們從自己的專業出發，針對教學與研究付出的努力。當現場的教學情境與回饋，以學術論文的方式呈現，就能將其中的經驗與洞見傳遞給更多有志於創新教學的人。每一位發揚通識理念與教學實踐內容的老師，都是時代的革新者。在此，誠摯感謝每一位作者與审稿教授對當代通識的貢獻。謝謝！

當代通識 總編輯

邱惠芬

Editor-in-chief's Words

The academic papers published in the *Journal of Contemporary General Education* involve different fields. The efforts of teachers in both teaching and research related to their individual majors are displayed in this journal. When the teaching situation and feedback on site are presented in the form of academic papers, the experience and insights can be conveyed to more people who are interested in innovative teaching. Every teacher who promotes the concept of general education and teaching practice content is an innovator of the times. Here, we sincerely thank every author and reviewer for their contributions to the *Journal of Contemporary General Education*. Thank you!.

Editor-in-Chief

Hui-Feng Chiou

大一心理學英語融滲授課之實施與成效初探

藍茜茹¹ 張雅君²

摘要

英語授課為當前台灣的高教趨勢，教育部積極推動大專校院學生雙語化學習計畫，英語授課也被視為我國高等教育國際化的重要手段。本研究為某科技大學於大一通識必修課程「心理學」實施學時型英語授課之實施與成效初探。以心理學課程中重要、可運用於日常生活與學習的主題，挑選出「學習」、「記憶與遺忘」、「人格心理學」三個單元來進行英語教學的融滲。以問卷調查方式收集資料，研究參與人數為 124 人，以質性和量性方法進行資料分析。研究結果顯示，學生對於期中、期末考提供題庫的做法有高的評價；安排 3 個章節進行英語教學融滲覺得分量適中；整體而言是有收穫的。學生對於心理學融滲英語授課的教材的可理解與吸收，與整體的收穫與滿意度具有高度相關。根據研究結果，並提出未來教學實務與研究之建議。

關鍵字：英語教學、心理學、通識課程、教學實踐

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A Preliminary Study on the Teaching Practice and Effect of the Infusing English-Medium Instruction in Freshman Psychology Course

Chien-Ju Lan Ya-Chun Chang

Abstract

English-medium instruction (EMI) is the current trend of higher education in Taiwan. The Ministry of Education actively promotes bilingual learning programs for college and university students. English-medium instruction is also seen as an important means of internationalizing higher education in Taiwan. This study is a preliminary exploration on the teaching practice and effect of the infusing English-Medium Instruction in freshman psychology course. Based on the important themes in psychology course that can be applied to daily life and learning, three units of "Learning", "Memory and Forgetting", and "Personality Psychology" are selected to the infusing EMI. Data was collected through a questionnaire survey with 124 participants, and analyzed using qualitative and quantitative methods. The results showed that students had a high evaluation of the practice of providing exam question banks for mid-term and final exams, and felt that the three chapters for EMI infusion were appropriately. Overall, students benefited from infusing EMI. The students' comprehension and absorption of the EMI psychology materials were highly related to their overall gains and satisfaction. Based on the research results, suggestions for future teaching practice and research are proposed.

Keywords: English-medium instruction, psychology, general education courses, teaching practice

壹、 研究動機與目的

面對全球化及國際化的趨勢，擁有國際溝通能力與國際視野是提升國家競爭力重要的一環，英語能力更是臺灣國際競爭力的關鍵之一。為因應全球化發展，英語授課為臺灣高教趨勢，依據行政院「2030 雙語國家政策發展藍圖」，高等教育階段將以「強化學生英語力，推動全英語授課（English as a Medium of Instruction, EMI），整體提升高教國際競爭力」為願景，教育部亦據此積極推動大專校院學生雙語化學習計畫（教育部，2021a），鼓勵大學專業課程以英語進行授課，讓大學生可以在英語環境中學習領域知識，培養專業能力，讓大學生在專業及語文兩方面能力可以同時獲得成長。研究學校為因應此一高教趨勢，且考量該校學生的英語能力，於 110 學年度起大一通識共同必修課「心理學」、「社會學」進行英語融滲授課。本文作者為心理學課程之授課教師，研究目的為：1. 探究心理學進行英語融滲教學的課程設計理念與內涵。2. 了解心理學進行英語融滲教學之實施成效與學生回饋，以做為未來精進教學之參考。

貳、 文獻探討

教育部的高教雙語願景是培養專業領域雙語專業人才，學校優先建立學生英語學習之基礎，使學生在具備一定之英語能力基礎上，逐步推動「全英語授課」（English as a Medium of Instruction, EMI），以英語為知識傳遞的媒介，教授各專業領域課程，建構大專校院雙語化教學與學習環境，從而提升我國大專校院學生之英語能力及大學之國際競爭力（教育部，2021b）。本節從全英語教學的優勢與劣勢，以及全英語教學之挑戰與實踐來進行文獻探討。

一、 全英語教學（EMI）之優勢與劣勢

英語授課被視為我國高等教育國際化的重要手段。現今台灣各大專校院招募新任師資多會考量英語授課能力，並透過高教深耕等計畫獲得全英語授課開課獎勵及教學研習經費補助。全英語授課（EMI）係透過英語傳遞專業知識，實施前提為師生均有對應的教學與學習能力，並搭配行政配套措施，方能得到正面效果（鍾智林、羅美蘭，2021）。

（一） 全英語授課之優勢與全球競合力

全英語教學課程在培養學生英語能力的優勢，其一是讓無法出國的學生置於類國際化的「沉浸式全英語環境中」（the Full Immersion EMI Classroom）。其二是在於培養學生的「跨文化能力」（Intercultural

competence, IC)。語言的隔閡本身就是跨文化能力中的主要障礙，學生在學習英語的同時，如果能搭配理解多元文化與國際時事的主題，就能讓同學在練習英語聽、說技巧與增加英語口說自信的同時，透過課程內容的設計，提升多元文化的理解（姚詠文、Calbresth-Frasieur, 2020）。

周宛青（2018）研究結果顯示，適當運用多元教學方式真正實施全英語授課，確實可跨越語言及文化的藩籬，達到良好的教學成效；「案例教學」及「非語言溝通技巧」為受訪者公認最有效的 EMI 課程教學方法，其次為「清楚溝通」與「引導思考」的教學過程。

有學者以全球競合力（global competence）取代英語力，提出大學英語教育新典範，面對全球化潮流帶來之國際性人才及資源整合，高等教育面臨前所未有的衝擊，大學教育必須進行改革創新，以培育全新或有別以往的技能，讓學生可以藉由語言學習、文化認知及專業能力知識，和移動力之養成，以獲得國際競爭力（鄒文莉、陳慧琴、蔡美玲、高實玫，2016）。而競合力包括全球化專業職能訓練、專業學術英語相關的溝通能力、跨文化認知培養。換言之，大學英語教育新典範應該聚焦於結合學術專業領域的專業語言能力、反映職能需求、打造學生成為全球公民、並鼓勵自我學習。透過專業英文訓練（English for specific purposes, ESP）、專業課程英語授課（English-medium instruction, EMI）、佐以跨文化認知的培養，才能有效培養台灣大學生的全球競合力（鄒文莉、陳慧琴，2019）。

（二）全英語授課之劣勢與實施困境

基於英語為國際共通語言（English as a lingua franca），高等教育國際化也與英語授課不可分割（Marsh & Laitinen, 2005）；然而對非英語系國家而言，英語授課著實有其實施的困境。Ibrahim（2001）指出，採用英語授課對未具備語言素養及能力的師生而言，反而不利其學術、社交及心理發展（引自簡梅瑩，2019）。Jensen 與 Thøgersen（2011）整合前人研究指出，英語授課導致教師備課時數增加，概念解說費力且常難以精準表達；另師生雙方因受限於語言，教學也常缺乏互動。Uys, Walt, Berg 與 Botha（2007）根據其研究結果指出，即使教師本身英語素養良好，但如無具備協助學生以英語進行學科學習的專業知能，學生學習效果仍是有限；因此建議提供教師英語授課相關之專業培訓。

近年來國際化等同於英語化的僵化思維，將英語畢業門檻、英檢考試與大學英語教學成效畫上等號。限制了對全球競合力的認知與重視，窄化了大學英語教育的內涵。然而大學生的英語能力是否因為畢業門檻的設置而有效提升國際接軌之能力仍待確定。對許多學生來說，畢業門檻的設定反而營造更多的學習焦慮，以及因「考用不一」之職場使用落差而質疑英檢之價值、「學考不一」的背後衍生對英語教學

之質疑（鄒文莉、陳慧琴、蔡美玲、高實玫，2016）。

由上述文獻探討可知，全英語教學有提升全球競合力之優勢，但同時也有因師生準備度不足而產生之劣勢與實施困境，如何保有優勢並降低其劣勢，是在執行全英語授課時需關注的議題。

二、全英語教學（EMI）之挑戰與實踐

英語為目前全球唯一的通用語言，主導著世界貿易、國際交流與媒體敘事。因此現今在英語非母語國家的高等教育中，益發強調全英語教學（EMI）的必要性。實施全教學固然有益於學生英語能力的進步，同時卻也因為不同層面的因素，使大學課程中的全英語授課課堂教學實踐面臨著許多挑戰，甚至是來自教師端與學生端的抗拒（姚詠文、Calbreth-Frasieur，2020）。

（一）全英語授課之挑戰

在全英語授課的課程中，最顯而易見的挑戰是，學生們很難理解為何要用英語學習原本透過母語也同樣可以習得的知識？這似乎是大部分學生在學習英語時所共有現象：學英語主要是為了考試和通過畢業門檻的要求。這和在臺灣的大學生普遍屬於「無（國際）移動力學生」（Non-Mobile Students）之情況有關（Aguilar，2018；姚詠文、Calbreth-Frasieur，2020）。

通常英語能力好的學生，較能在全英語授課課程中獲益（Kim & Kim，2021；Soruç、Altay、Curle & Yuksel，2021）。而英文程度較差的學生普遍被認為是在全英語授課的課堂中被「犧牲」的同學，而且隨著課堂的進行只會逐漸落後。盲目追求 EEMI（entire EMI），可能導致教師無法完全傳達課程精髓，缺乏重點知識的舉例論述或延伸討論，師生都不能暢所欲言，連帶減少了課程應有的內容，最後導致英文和專業都落空，並造成原本英文程度好的學生受益，程度稍低的學生相對受害（莊坤良，2019）。

（二）全英語教學之實踐

研究指出以學生為中心的課程方法和練習英語的機會以提高他們的競爭力的重要性，仔細的教學設計將有助於使學習過程富有成效和可持續性（Lin、Wen、Ching & Huang，2021）。Kim & Kim（2021）研究結果指出，參與形成性反饋（formative feedback，FF）和體驗式學習（experiential learning，EL）活動的學習參與者（實驗組），其自我感覺到的科目的理解力、積極性和對課程的總體滿意度都明顯好於講授型授課的學生（控制組），學習者認為這些教學方法能有效地促進他們同時掌握學科知識和英語語言技能，這是 EMI 課程中最理想的結果。Zhou 和 Rose（2021）指出，當學生從 L1 授課的中學過渡

到全英語授課的大學時，聆聽英語教學 (EMI) 中的學術內容可能特別具有挑戰性，研究結果強調預習活動在促進聽力方面的重要性，以及自我效能和基線熟練程度在全英語授課聽力中的作用。Deng 和 Wannaruk (2021) 研究主張對非英語母語講師進行有針對性的教師培訓，並在課程大綱設計方面賦予教師更多的自主權。上述研究皆顯示，有效的課程設計與授課教師的增能，可提升學生在全英語授課課程的獲益。

(三) EMI 與 EEMI 之探討

EMI 真的是全英語授課嗎？如果以 EMI 全名觀之—English as a medium of instruction，該語詞只有提到以英文授課，並未特別言及「全」英文。EMI 乃指英語為非母語國家(non-Anglophone countries)之教育場域，以英語為媒介，教授學術專業領域(非英語文科目)課程。當學生的英語精熟程度達到相當於歐洲語言共同參考架構(Common European Framework of Reference for Languages: Learning, Teaching, Assessment, CEFR)的 B2 (含) 等級以上時，即備有修習全英語課程的基本能力，不會因為面對不熟悉的語言授課而影響到專業內容的學習，理解障礙不至於過大到阻礙教與學的有效進展。以臺灣的全民英檢測驗為例，英檢中高級為 B2。B2 等級為學生修習 EMI 課程的理想前提要件，然理想終歸是理想，大學裡並非所有學生的英文程度都已達 B2，也並非每門 EMI 課程都能招收到符合最低開課人數要求的學生量(鄭勝耀、王素菁，2022)。

Dearden (2014) 定義 EMI 為在多數人並非以英語為第一語言之國家與地區，使用英語來教授學科，未刻意強調全英語授課(entire EMI, EEMI)，亦即允許母語輔助之部分英語授課(partial EMI, PEMI)。許多研究支持教師於課堂中交互使用母語及英語(code switch/ trans-languaging)，可提升學生對專業知識的理解程度，母語輔助有其重要性(鍾智林、羅美蘭，2021)。

依據研究學校教務處所公布之「推動英語授課實施辦法」，「學時型」英語授課的定義為：「係指任課教師開授之專業課程包含在課程內的全英語教學，每次以 2 學時為 1 單位，以此類推。」英語「融滲」授課的定義為，在主要以中文為主的授課，部分時間使用英語授課。意即在心理學課程教學中，以中文為主進行授課，當講述到 EMI 專有名詞時，教師改以英語授課。考量研究學校學生的英語能力和教師的英語授課能力，本研究以「學時型英語授課」設計並進行 3 個單元的心理學專業課程英語融滲授課。

參、 研究方法

一、研究設計

本文是兩位作者在大一通識必修課程「心理學」融滲英語授課之課程設計與教學經驗的探討與成效分析。希望藉著呈現心理學學時型英語授課的課程設計理念與內涵，與實施之後的成效分析，省思心理學學時型英語授課之教學方向與內涵，建構更有效的教學策略。授課教師於 110 年暑假進行課程設計以及教材與題庫的建構。110 學年第一學期於「學習」、「記憶與遺忘」和「人格心理學」三個單元進行心理學的學時型英語授課。期中考、期末考則從英語題庫選取考題，約佔總分的 10%~16%（期中考融滲一單元佔 10%；期末考融滲兩單元佔 16%）。在完成課程評分、送出學期成績後，於 110 學年第二學期開學時，進行 google 表單的不記名問卷調查。

二、研究對象

以大一護理系 5 個班級和民生學院 5 個班（包含幼保系 2 班、妝品系 1 班與保營系 2 班），共 10 個班級為研究對象，學生人數合計 484 人。研究學校英語授課分 A、B、C 班，各系英語程度略有不同，若以護理系為例，A 班為全民英檢初級以下，佔 29.6%；B 班為全民英檢初級以上，佔 42.24%；C 班為全民英檢初級以上到中級，佔 28.16%。於 110 學年第一學期進行心理學的學時型英語融滲授課，110 學年第二學期開學時，進行 google 表單的不記名問卷調查，回覆學生人數為 124 人。研究參與者的基本資料如表 1。

表 1：研究參與者基本資料

		人數 (N=124)	百分比
科系	護理系	76	61.3%
	幼保系	15	12.1%
	妝品系	13	10.5%
	保健營養系	20	16.1%
年級	一年級	117	94.4%
	二年級	5	4%
	四年級	2	1.6%
就讀高中類型	職業高中	62	50%
	普通高中	39	31.5%
	綜合高中	23	18.5%

三、 研究工具

兩位授課教師身兼研究者，根據研究目的、文獻探討以及實際授課過程中想了解之問題，編製「110-1 年心理學融滲英語教學 (EMI) 回饋表」，問卷詳附件一。

四、 實施程序

授課教師於 110 年暑假進行課程設計以及教材與題庫的建構。110 學年第一學期於「學習」、「記憶與遺忘」和「人格心理學」三個單元進行心理學的學時型英語授課。期中考、期末考則從英語題庫選取考題，約佔總分的 10%~16% (期中考融滲一單元佔 10%；期末考融滲兩單元佔 16%)。在完成課程評分、送出學期成績後，於 110 學年第二學期開學時 (2022.2.24~2022.3.17)，進行 google 表單的不記名問卷調查。

五、 資料分析

以質性與量性方法進行資料分析。以 SPSS 25 版進行百分比、平均數等敘述統計，以及相關等量性資料分析。學生質性回饋部分則以內容分析法進行質性分析。編碼方式為：質性回覆來源為心理學融滲 EMI 回饋表代碼 A，心理學期末心得代碼 B，回覆順序則以 01、02、03.....表示。例如，心理學融滲 EMI 回饋表學生的第 6 筆質性填答，以 A06 表示。

肆、 心理學進行英語融滲授課之實施³

心理學是具有豐富知識承載量的學科，考量學生的英語程度與教師的英語授課能力，研究學校在第一年實施心理學的英語融滲授課，決議以 3 個單元來進行英語教學的融滲。心理學組的授課老師們針對心理學中重要、可運用於日常生活與學習的主題，挑選出「學習」、「記憶與遺忘」、「人格心理學」三個單元來進行英語教學的融滲。考量師生的可負擔性，與實施的有效性，每單元列出十個重要專有名詞與 20 題選擇題考題，組成共 30 個專有名詞解釋與 60 題選擇題的心理學學時型英語教材與題庫。課程進行方式為，依照一般心理學上課方式進行講授，當講授到 EMI 之專有名詞時，教師改用英語授課，同時搭配全英語的教學簡報解說，亦會請全班學生跟著複述該專有名詞。當該單元全部授課完畢，會視剩餘時間，講解該單元之 EMI 題庫。心理學學時型英語教材與題庫，取材自兩本最新版的心理學原文教科書：

³ 通識課程心理學實施的是英語融滲授課，非全英語授課。

Coon, D., Mitterer, J. O., & Martini, T. (2020). Introduction to Psychology: Gateways to Mind and Behavior (15th ed.). Boston, MA: Cengage Learning.

Cacioppo, J. T., & Freberg, L. A. (2018). Discovering Psychology: The Science of Mind (3rd ed.). Singapore: Cengage Learning Asia.

透過每個單元精選出的 10 個重要專有名詞，以全英語精簡呈現該單元的重要核心概念，以英語協助學生對於心理學重要概念的 understanding。以「人格心理學」為例，其學時型英語教材為：

C11 Personality

1. **Personality:** *Personality* refers to a person's consist and unique patterns of thinking, emotion, and behavior.
2. **Psychoanalytic theory:** Freudian theory of personality that emphasizes unconscious forces and conflict. Freud's model portrays personality as a dynamic system directed by three mental structures: the *id*, the *ego*, and the *superego*.
3. **Fixation:** A lasting conflict developed as a result of frustration or overindulgence. **Oral stage:** The period when infants are preoccupied with the mouth as a source of pleasure and means of expression.
4. **Maslow and self-actualization:** Maslow referred to the process of fully developing personal potential as self-actualization. A **self-actualizer** is a person who is creatively and fully using his or her potential.
5. **Behavioral personality theory:** Behavioral personality theories emphasize that personality is no more (or less) than a collection of relatively stable learned behavior patterns. Any model of personality that emphasizes learning and observable behavior.
6. **Social learning theory:** A theory that combines learning principles with cognitive processes, socialization, and modeling, to explain behavior, including personality.
7. **Unconditional positive regard:** Complete, unqualified acceptance of another person as he or she is. Carl Rogers proposed.

- 8. Self-concept:** The perception of one's own personality traits. Behavior is influenced by self-concept. A positive self-evaluation leads to high **self-esteem**. Low self-esteem is associated with stress, unhappiness, and depression.
- 9. Trait theory:** Trait theories identified qualities that are most lasting or characteristic of a person.
- 10. Big-5 model of personality:** The five-factor model identified five universal dimensions of personality: extroversion, agreeableness, conscientiousness, neuroticism, and openness to experience.

Each of the four major perspectives on personality—*trait, psychodynamic, humanistic, and behaviorist and social learning*—combines interrelated assumptions, ideas, and principles and is useful for understanding some aspects of personality.

Reference: Cacioppo & Freberg (2018). & Coon, Mitterer, & Martini (2020).

每單元 20 題選擇題題庫的建立，除了協助同學自我檢核對該單元的學習成效，繼續累積英語單字量，同時也可以提升學生對於多元文化心理特質的理解。以有關人格心理學 self-esteem 的考題為例：

Regarding cultural differences in self-esteem, which of the following statements is TRUE?

- a. People from Asian cultures tend to downplay their faults and failures.
- b. The self-esteem for people from Western cultures is based on a secure sense of belonging to social groups.
- c. For people from Western cultures, the path to higher self-esteem lies in self-enhancement.
- d. People in Western cultures are more apt to engage in self-criticism.

上述題目學生除了要了解何謂 self-esteem，同時也能更多理解亞洲文化和西方文化人格心理特質的差異性，在學習心理學專業知識的同時，提升學生的英文能力與多元文化的理解。

再以「記憶與遺忘」單元，有關記憶的儲存與提取考題為例：

You are taking a psychology test and are trying to remember what you studied. The memory process being used when you try to remember the psychology material is

- a. encoding.
- b. feedback.
- c. storage rehearsal.
- d. retrieval.

學生要回答此問題需先知道記憶的三個歷程是：encoding、storage、retrieval，而要能正確的回答試卷上的題目，學生要將之前編碼與儲存記憶材料，進行正確的提取（retrieval）。期待學生在學習「學習」、「記憶與遺忘」單元時，能將相關的心理學知識，應用於日常生活的學習活動，提升學習與記憶之效能。

伍、 研究結果與討論

一、 學生對課程的回饋

110-1 心理學英語融滲教學（EMI）回饋表，學生填答的結果如表 2。從表 2 的回覆結果可看出，學生對於期中、期末考提供題庫的做法有高的評價；安排 3 個章節（學習、記憶與遺忘、人格）進行 EMI 融滲覺得分量適中；整體而言是覺得有收穫的。在各題的 5 等量表中，平均分數約在 3.54 到 4.01 間。因為是第一年實施心理學的英語融滲教學，代表未來仍有進步的空間。

問卷項目中平均分數最高分為第 4 題「提供題庫的作法有助於準備期中與期末考的 EMI 考題。」（4.01），最低分為第 2 題「心理學融滲 EMI，有提升我的英語能力。」（3.54）。此結果顯示，英語能力的提升，有賴於長期的累積，而非只是 3 個單元的英語融滲授課就一蹴可及。而提供英語題庫的做法，對於學生準備心理學的期中、期末考的 EMI 考題，有直接的幫助，提升心理學「學時型」英語授課的實施成效。

在第 1 題到第 5 題，非常同意和同意的百分比佔全部學生的百分比分別是：55.5%、46%、65.4%、63.7%、54.1%、61.3%，意即大約有半數以上的學生，在心理學英語融滲的教學中，對於英語單字量的累積、學時型英語教材的內容與份量，以及整體的收穫是抱持肯定的態度。若以滿分 10 分來看，對於 110-1 心理學融滲 EMI 的整體滿意度，選擇 7 分的學生最多，如圖 1，平均得分約 7.48。

回饋表中第 7 題，對於 110-1 心理學融滲 EMI 你的整體滿意度是：_____（1~10 分，很不滿意 1-----10 很滿意），結果如圖 1。評分 7 分以上佔全部學生的 47.8%。

表 2：心理學融滲英語授課回覆結果

題目	5 非常 同意 N(%)	4 同意	3 普通	2 不同 意	1 非 常不 同意	平均 值
1.心理學融滲 EMI，有 增加我的英語單字量。	20 (16.1)	49 (39.5)	49 (39.5)	5 (4)	1 (0.8)	3.66
2.心理學融滲 EMI，有 提升我的英語能力。	17 (13.7)	40 (32.3)	61 (49.2)	5 (4)	1 (0.8)	3.54
3.安排 3 個章節（學習、 記憶與遺忘、人格）進行 EMI，我覺得分量適中。	24 (19.4)	57 (46)	41 (33.1)	1 (0.8)	1 (0.8)	3.82
4.提供題庫的作法有助 於準備期中與期末考的 EMI 考題。	56 (45.2)	23 (18.5)	38 (30.6)	4 (3.2)	3 (2.4)	4.01
5.對於心理學融滲 EMI 的教材我可以理解與吸 收。	25 (20.2)	42 (33.9)	51 (41.1)	4 (3.2)	2 (1.6)	3.68
6.心理學融滲 EMI 整體 而言我是有收穫。	21 (16.9)	55 (44.4)	40 (32.3)	6 (4.8)	2 (1.6)	3.70
總平均值						3.74

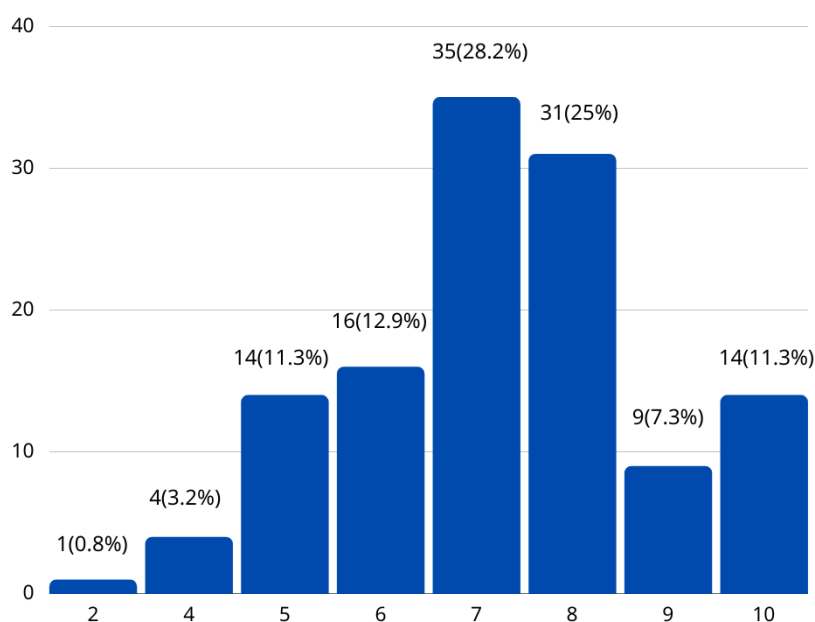


圖 1：心理學融滲 EMI 整體滿意度長條圖 (N=124)

二、教材可吸收與提升英語能力、滿意度之相關分析

「對於心理學融滲 EMI 的教材我可以理解與吸收」、「安排 3 個章節（學習、記憶與遺忘、人格）進行 EMI，我覺得分量適中」與「心理學融滲 EMI，有增加我的英語單字量」(.737**、.667**）、「心理學融滲 EMI，有提升我的英語能力」(.684**、.671**）、「心理學融滲 EMI 整體而言我是有收穫」(.816**、.708**）、「對於 110-1 心理學融滲 EMI 你的整體滿意度」(.730**、.639**) 的相關分析，結果顯示其具有高度相關（請見表 3）。意即當學生覺得教材可以理解與吸收、分量適中，有能力可以掌握心理學的 EMI 教材時，通常也覺得心理學進行英語教學的融滲可增加其英語單字量、提升英語能力，整體而言是有收穫且滿意度高的。此結果如同學者 Kim 和 Kim（2021）以及 Soruç、Altay、Curle 和 Yuksel（2021）研究指出，通常英語能力好的學生，較能在 EMI 的課程中獲益。

表 3：教材可理解與吸收和提升英語能力、滿意度之相關分析

	1.增加單字 量	2.提升英語 能力	6.有收穫	7.滿意度
5.教材可吸收	.737**	.684**	.816**	.730**
3.分量適中	.667**	.671**	.708**	.639**

**p < .01

三、心理學學時型英語授課質性回覆結果

綜合心理學融滲 EMI 回饋表學生的質性填答內容，和心理學期末心得內容中有提及英語融滲教學的部分，分成「覺得心理學課程融滲英語授課，可提升英文能力」、「關於心理學課程融滲英語授課，對課程和老師覺得滿意」、「關於心理學學時型英語授課，覺得有困難的部分」、「關於心理學學時型英語授課，可以改善的部分」和「希望可以更精進」五部分來呈現。

1. 覺得心理學課程融滲英語授課，可提升英文能力

「很好拿分數，對英文能力也有很大的幫助」（A05）

「融入英文後 可以在課程中學到更多的單字 有助於單字量的增加」（A10）

「可以學習到有關心理學的英文專有名詞」（A11）

「透過英文融入教學可以讓我學習到新的單字也可以加深學習印象」（A13）

「我覺得能學到很基本的心理學英文專有名詞或單字，很實用」

(A19)

「覺得老師有提供英語的題庫已經很佛心了」(B01)

「老師讓我們融合英文去學習，覺得很有趣，真是困難啊！哈哈讓我也學習到一些心理學會用到的相關單字。」(B02)

「老師還帶入了英語教心理學，英語程度不是非常好的我，一開始聽老師講解時都聽不太懂，到後來才開始慢慢適應，而到了期中考考的英文題目我全對就覺得很開心」(B03)

「上課有搭配英語課程，讓我也能學到更多關於心理學方面的單字及專業字彙」(B04)

「加入了英文的元素，學到的東西也更多了，在學習課程內容之餘還能增強英語能力。」(B05)

2. 關於心理學課程融滲英語授課，對課程和老師覺得滿意

「覺得英文融滲教學是我還可以負荷的了，不會讓我有太大的壓力」(A03)

「我學到很多知識」(A04)

「我學的很開心」(A14)

「繼續保持即可♥」(A20)

「老師很棒」(A22)

從整體質性回饋結果來看，心理學學時型英語授課覺得有獲益的學生比例高於覺得困難或是沒收穫的學生。基本上認可心理學的學時型英語授課有增加其單字量，提升英語能力。如同鍾智林、羅美蘭（2021）的研究結果顯示，學生最初認為英語授課較難，但學期末往往會有自我挑戰成功的喜悅，並肯定教師為英語授課的付出。

3. 關於心理學學時型英語授課，覺得有困難的部分

「心理學的專有名詞太多記不太起來」(A09)

「英文很難」(A15)

「考 EMI 真的看不懂，不知道學校什麼時候可以不上 EMI，上次只有 20 題，老師雖然有講解，但我回去也都忘記了，最後也只能硬背，因為根本不記得那些單字的意思是什麼，而且每個單字又很長單字又很像，讓我們英文不好的人真的很吃力。」(B06)

4. 關於心理學學時型英語授課，可以改善的部分

「建議老師可以把答案跟題目分開放，答案可以放在那個章節的最後一頁，謝謝！」(A06)

「希望能在 ppt 上課時就把一些英文的字一起教，至少有印象，不然其實都在背題庫」(A07)

「有些課本沒有的專有名詞要自己去查詢了解」(A16)

對於英語程度比較不好的學生，比較難適應學時型英語授課，

上課過程中備感吃力，也降低其課程滿意度和收穫感。

5. 希望可以更精進的建議

「希望可以用原文書，增加英文能力」(A18)

「英文的部分可以多一點」(A17)

「我認為可以再多增加一些單字」(A08)

「可以稍微增加補充資料的內容，作為自主閱讀或上課教材」
(A12)

「希望之後能考一些開放式的回答，不過那樣老師應該會很累吧

☹️」(A24)

對於部分英語能力好的學生，會更進一步希望增加單字量與補充資料，或甚至希望使用原文書上課。

如同許多學者指出的，英語能力好的學生，較能在 EMI 的課程中獲益；而英文程度較差的學生普遍被認為是在 EMI 課堂中被「犧牲」的同學，而且隨著課堂的進行只會逐漸落後 (Kim & Kim, 2021; Soruç, Altay, Curle & Yuksel, 2021; 莊坤良, 2019)。所幸研究學校心理學課程實施的是學時型英語授課，只在部分章節、部分時段進行英語融滲授課，降低對英語程度不好的學生對專業知識內容吸收的影響。而對於英語程度好的學生，則滿意學時型英語授課的實施，甚至希望能再提供更進階的教材。

陸、 結論與建議

大一通識必修課程「心理學」在研究學校學時型英語融滲授課之政策下，心理學組的授課老師們針對心理學中重要、可運用於日常生活與學習的主題，挑選出「學習」、「記憶與遺忘」和「人格心理學」三個單元進行英語授課之融滲。經過 110 學年第一學期的實際授課之後，研究結果發現，學生們同意心理學 3 個章節的英語融滲授課分量適中，教材與題庫的提供有助於期中考與期末考的 EMI 考題準備，英語能力的提升，有賴於長期的累積。而學生對於「心理學融滲 EMI 的教材我可以理解與吸收」與「心理學融滲 EMI，有增加我的英語單字量」、「心理學融滲 EMI，有提升我的英語能力」、「心理學融滲 EMI 整體而言我是有收穫」、「對於 110-1 心理學融滲 EMI 你的整體滿意度」，研究結果顯示具有高度的相關性，意即當學生有能力可以掌握心理學融滲英語授課的教材時，整體而言學習是有收穫且滿意度高的。

110 學年第 1 學期心理學英語融滲教學回饋表，整體平均得分約 7.48 (以滿分 10 計)，因為是第一年實施心理學的英語教學融滲，期待未來能逐步提升。而在研究方法與問卷的設計上，未來也可以考慮更多的面向，例如了解學生的英文程度與研究變項的相

關；心理學英文融滲授課的具體成效；或增加質性訪談，更深入了解學生覺得有收穫之處，與希望調整改善之處。調整回饋表的調查時間點，或可於學期剛結束時調查，應可以提升學生之填答率。透過教學實務的相關文獻探討、研究結果分析與研究論文的撰寫，期許在新的學期授課教師能更精進心理學的英語融滲教學教材教法，提升學生課程滿意度與整體性的收穫，這也是進行教學實務研究與撰寫教學實務論文之意義所在。

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附件一：110-1 年心理學融滲英語教學（EMI）回饋表

親愛的同學：

110-1「心理學」課程的英語融滲教學（English-Medium Instruction, EMI），想要了解同學們的學習經驗，以作為了解執行成效與日後改進教學的參考，謝謝！（使用 google 表單）

◆ 基本資料： 科系/年級/畢業高中

請針對以下各題的描述，根據自己同意程度填答。	5 非常 同意	4 同 意	3 普 通	2 不 同 意	1 非 常 不 同 意
1.心理學融滲 EMI，有增加我的英語單字量。					
2.心理學融滲 EMI，有提升我的英語能力。					
3.安排 3 個章節（學習、記憶與遺忘、人格）進行 EMI，我覺得分量適中。					
4.提供題庫的作法有助於準備期中與期末考的 EMI 考題。					
5.對於心理學融滲 EMI 的教材我可以理解與吸收。					
6.心理學融滲 EMI 整體而言我是有收穫。					
7.對於 110-1 心理學融滲 EMI 你的整體滿意度是：_____（1~10 分，很不滿意 1-----10 很滿意）					
8.關於心理學融滲 EMI，我還有話想說（心得或其他建議，請盡量填答）：					

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感謝您的合作!!

長庚科技大學 通識教育中心

從社會語言學角度看病患(patient/client)的稱謂——

使用規則與在英文課的應用

蘇秀妹¹、許珮甄²

摘要

客戶(client)一詞取代患者(patient)是社會變革的一個現象。全英語版的註冊護士執照考試(NCLEX-RN)的內容因為以各種角度探討“客戶需求”，因此在其各科別內容中都包含了客戶一詞(client)的多種用法(*client, clients, client's, clients*)。然而，在 EFL (英語作為外語)的情境中，患者(patient)仍然是常用的稱謂，這個用法上的差異難免造成英語課程中在寫作或護理情境對話過程中如何選擇適當稱謂的困難。因此本研究的目的是透過社會語言學的角度探討護理界如何使用這兩種稱謂(客戶/患者)。作者將語料庫語言學方法結合 AntConc 2.9 軟體應用於探討兩個 NCLEX 全英語版的註冊護士執照考試解析題本(2008, 2017)，並從以下幾個方面進行調查研究：1. 客戶(client)的出現頻率；2. 客戶(client)與患者(patient)在 NCLEX 系列(2008, 2017)的不同專業領域中的分佈；3. 客戶(client)使用頻率遠超越患者(patient)的宏觀社會語言學解釋；4. 從社會語言學微觀角度解釋這種稱謂分布的原因。除了對英語教學護理情境如何稱謂患者提出建議之外，結論還提出護理情境中必須使用 client 或 patient 特定的上下文及相關的語言使用習慣作為教學研究人員之參考。

關鍵詞：客戶、患者、標題字、社會語言學、NCLEX

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Application of the lemma forms (client/patient) in the Nursing English course through a sociolinguistic perspective

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Abstract

The use of the term *client* instead of *patient* indicates a social change. The content of the National Council Licensure Examination for Registered Nurses (NCLEX-RN) basically deals with various perspectives of “client needs” and therefore contains numerous uses of the word *client* in its various lemma forms (*client*, *clients*, *client's*, *clients'*). However, in the EFL (English as a Foreign Language) context, *patient* is still the more commonly used term, and miscommunications have occurred due to such usage differences. The aim of the study is to find out, through a sociolinguistic perspective, how exactly the two lemma forms (*client/patient*) are used in the nursing community.

The authors applied a corpus linguistic methodology in combination with the AntConc 2.9 software program to two NCLEX review series (2008, 2017) to investigate the use of the two terms and their lemmas in the following regards: 1. The frequency of the lemmas of *client*; 2. The distribution of the *client* versus *patient* lemmas among different subject areas of the NCLEX review series; 3. A macro-sociolinguistic explanation for the dominance of *client* over *patient*; and 4. A micro-sociolinguistic explanation of that dominance. Other than implications for teaching and learning in the language classroom, it was concluded that *patient* and *client* both have their situation-specific context or linguistic domain of use.

Key words: client, patient, lemmas, sociolinguistic, NCLEX

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Introduction

Because “the clients’ needs” is a fundamental concept by which nursing actions and competencies can be measured, the core of nursing education focuses on the ability to deal with such needs, which is why, in turn, the content of the National Council Licensure Examination for Registered Nurses (NCLEX-RN) contains numerous uses of the word *client* in its various forms (client, clients, client’s, clients’) (2008, 2017). The meaning denoted by the term client is ‘someone who receives service’ or ‘a person or organization using the services of a lawyer or other professional person or company.’ (Cambridge English-Chinese (Traditional) Dictionary). As such, the term *client* is actually used quite widely to refer to individuals and organizations that receive all types of services, including those relating to business, law, health care, technology, and more (National Academy for Educational Research, <http://terms.naer.edu.tw/detail/3272127/>). In English as a Foreign Language (EFL) classrooms and Taiwanese medical contexts, however, nursing students are generally taught that the term *patient* (*patient, patients, patient’s, patients*’) is the English term that corresponds to the Taiwanese terms *bing huan* (病患) and *bing ren* (病人) (literally ‘the sick’, ‘people with illness’), a difference which has often resulted in misunderstandings and difficulties for such students in comprehending the content of NCLEX review materials.

In one English course for nurses in which the NCLEX-RN was being introduced, the Taiwanese teacher (one of the authors of this study) gave the students two pages containing twelve NCLEX test questions (which were an excerpt from an NCLEX review book) in order to evaluate the students’ comprehension of the test materials. To her surprise, a student raised her hand and asked for help regarding the meaning of the word *client*. The following is an exact translation of what the student said to the teacher in Chinese:

Teacher, can you tell me what this word (pointing at the word ‘client’) means? It appears in every test question and is thus hindering my understanding of all the test questions.

Jotting down the word on the board, the teacher asked the class, ‘*Does anyone know the meaning of the word C-L-I-E-N-T?*’ The response indicated that most of the students had the same doubts as the first student because only a couple students answered the teacher’s question, and their answer was, very surprisingly, “*the word means Ke-hu, (客戶, customer)*”. Because it was during a test, one of the students who had answered had tried to keep her voice down, and so the rest of the class had barely heard her. Consequently, the teacher double checked with the student after the test, and learned that the student had been preparing for TOEIC test for quite a while. Since the TOEIC is a business-oriented exam, the content of the test is very much associated with business terms, service, and concepts. And that was why the student took the word *client* to mean ‘customer’ in the sense used in commerce or business.

It was not until then that the teacher noticed three things: first, the term *client* was indeed mentioned in all twelve of the NCLEX test items; second, the students were generally unfamiliar with the term *client*; and third, in most of the textbooks used to teach the students English for nursing, *patient* was usually used instead to refer to an individual who is being cared for. Relatedly, it was then that the teacher began to wonder how this difference between what is taught in EFL (English as a Foreign Language) classrooms and the language of the NCLEX might be reflected in the practices of nursing communities in English speaking countries. Is it a unique word choice that characterizes the style of NCLEX in particular? If so, why? The teacher’s first related thought was, ‘I’ve heard of the patient rights issue.’ The teacher likewise recalled being frequently reminded that some who suffer from psychiatric disorders dislike being referred to as *patients*. Nonetheless, she was still unsure of how to answer her nursing students if they were to ask, why *client* instead of *patient*? If such usage is the norm for the whole healthcare community, why do other textbooks and online articles mostly use the term doctor-patient relationship rather than doctor-client relationship? Is it due to the masculine image many people have of doctors, or is it reflective of some social class issue? In other words, does it reflect some form of social hierarchy and related power dynamics among doctors, nurses, and other staff? The more of these questions the teacher asked, the more confusing and complicated the issue seemed. As such, we sought to address it in this study by taking it one step at a time. Specifically, we first decided to investigate the hypothesis that *client* is used more

frequently than *patient* in NCLEX content. And if it is true, our next goal will be to investigate how the two words, *client* versus *patient*, distribute in each part (adult medicine, childcare, mental disorders, maternal care) of the content.

Review of the Literature

In this section, we review the literature regarding the medical care community's perspectives on the meaning of the two words, that is, *patient* and *client*, and how they have been applied in the medical care community as a whole. Both macro- and micro-sociolinguistic perspectives regarding the choice of the two words were reviewed and finally included is the corpus linguistics viewpoints related to their lemma forms.

What's in a name?

In a paper published in a British journal, McLaughlin asked this question “‘client’, ‘patient’, ‘customer’, ‘consumer’, ‘expert by experience’, ‘service user’—what's next?” McLaughlin stated that whichever label we use—it is descriptive not of a person, but of a relationship (McLaughlin, H., 2009).

Arguing for a similar stance, Farlex (2016) stated that some may feel that the term *patient* indicates a hierarchical relationship, whereas the term *client* signifies a more collaborative relationship between the caregiver and receiver. It is clear that Farlex took a further step to elaborate on this “relationship” (that is, when *client* is used) in such a way that sees the two sides not so much in hierarchical terms; instead, the two sides collaborate in the medical context as partners. However, Farlex went on and gave an interesting example, saying that the uses of the words in writing do not necessarily correspond to how we speak, in spite of the fact that it is indeed possible to hear a colleague ask, “Is the *patient/client* NPO?” or say, “The *patient/client* needs a new IV inserted.” This example helped the authors of this study to notice the fact that many research papers in the health care field would rather use the longer and safer term *patient/client* rather than choosing just one term or the other.

In an earlier study, Wing (1997) asked, “Does it empower consumers in our healthcare industry to become stakeholders if we call them *clients* rather than *patients*?” He suggested that seeking health care as “clients” implies to him a component of human interaction that he would expect in

the business world rather than in a trusting, helping relationship. However, in the second half of the same discussion, Wing (1997) argued that the terminology should be situation-specific, that is, that *patient* should be used for acute care situations and *client* should be used for other situations. His discussion included situations involving those functioning normally in the community, but his questionnaire was only administered to 101 people registered at a back-pain clinic. Readers of his study may thus have doubts regarding the number of subjects included in his investigation, including questions about how many of them were functioning normally and therefore had no need to be seen as a “patient.”

Eleanor Rosch’s Prototype Theory

First of all, what is wrong with the word *patient*? Some researchers dislike it for etymological reasons, saying, “Yes, it is tainted etymologically. Its root, the Latin *patient* (one who suffers), implies someone who is passive” (Neuberger, J., & Tallis, R., 1999). If we look at this “tainted” view using Eleanor Rosch’s prototype theory (Rosch, 1976), maybe we can cleanse the term a bit. Rosch’s prototype theory proposed that a concept is a description of a typical instance of that particular concept. Hudson (1980) gave an example of the concept of a “bird”. A ‘bird’ is seen as consisting of a description of a typical bird, such as a robin, in the form of a set of features or a visual image. According to this view, an object is not simply either a bird or not a bird, but it is a bird to a certain degree, according to how similar it is to the prototype (Hudson, 1980, p. 78).

When someone was addressed as a “patient”, even as far back as when Latin was still spoken, the prototype generated for the addressee was that of an individual suffering from an illness. In that sense, a healthy person who visits a hospital for a health check-up might not be a typical instance of the concept of a “patient”. Visiting or staying at a hospital, however, makes one a “patient” to a certain degree. Maybe when Latin was still spoken, there was no such thing as a health check-up, so a term that represents the concept “a healthy person who visits the hospital for a routine check-up” was not necessary.

According to Rosch’s prototype view, “patient” is a concept, and just like the concept “bird”, it can be described with a set of features such as “illness”, “weakness”, “passive”, “fever”, “medication”, “pain”, “sick person who goes to a hospital”, etc. A person can thus be a “patient” to varying degrees depending on how sick the person is or how bad his health

is. At the same time, “patient” is not, therefore, an appropriate form of address for a healthy person visiting a hospital because “healthy” is not among the features used to describe the concept of “patient”. Consequently, a healthy person could be regarded as being tainted, prototypically speaking, if he or she is addressed as a “patient” because the prototype of a “patient” is one with features such as “illness”, “passiveness”, “pain”, and so on.

Not long before we started this research, when one of the authors was working with a nursing English teacher on designing a maternity-related lesson (for a unit on obstetrics), she was told not to address a new mother who had gone through labor and given birth to a baby as a “patient.” As with other risky life events, the process of delivering a baby may entail a certain degree of danger, but it certainly does not have anything to do with “passiveness” or “illness” per se. Maybe this also explains why the term *patient* is sometimes regarded as being “tainted” when it is used as an umbrella term for anyone who is hospitalized for a health check-up or requires postpartum care. Analogously, it was the concept, the inferred person, for example, the new mother, who was “tainted”, not the term *patient* itself.

Patient Rights

Speaking of partnership, a study conducted in Iran discussed the awareness of rights in relation to the issue of telling a patient where to go or whom to talk with if he has a problem with his care (Hojjatolislami, S., & Ghodsi, Z., 2012). The Iranian authors reminded their audience about American patients’ rights along with patient responsibilities that can help a person be a more active partner in his or her health care. They argued that hospitals must ensure a health care ethic that respects the role of patients in making decisions about their treatment and other aspects of their care. Relatedly, they argued that hospitals must be sensitive to issues involving cultural, racial, linguistic, religious, and age- and gender-related differences, as well as the needs of persons with disabilities. However, the term of address used for those receiving care was not raised by those authors as an issue of patient rights, even though the authors mentioned and argued for such an individual having an active partnership in “his or her health care.”

In a study by Deber (2005), on the other hand, the term of address used for those receiving care was the main issue under consideration. Deber

argued that ‘patient’ is used to refer to ‘an individual awaiting or under medical care and treatment’ and that the term carries connotations of passivity and deference to physicians. According to Deber’s further elaboration, ‘client’ can be seen as carrying potentially more objectionable overtones, to the extent that its use implies that medical services are commodities to be managed in a market. If the consumer is seen as the ‘buyer’, then providers must assume the role of ‘seller’, and the ethics of trade are based on the premise of matching supply with demand. The author went on to argue that ‘client’ carries connotations of an agency relationship, whereby one individual purchases professional services from another. Meanwhile, Deber (2005) found that outpatients from four clinical populations in Ontario, Canada, liked the label *patient* to a moderate degree, whereas the other alternatives (*client*, *customer*, *consumer*, *partner*, and *survivor*) evoked moderate to strong dislike. Furthermore, some studies even showed a preference for using “service users” instead of *patient* or *client* (Rise, B. et al., 2013). Conversely, Neuberger argued that there were no grounds for replacing the word *patient* because to proscribe the term *patient* would be to detract from what is distinctive about medical practice. He contended that it is better, instead, to improve health care practice so that the connotations of *patient* become wholly positive (Neuberger, 1999).

As suggested by the above sociolinguistic perspectives, since the patient–physician relationship has shifted towards one of greater equality, there has been ongoing debate as to whether it is still appropriate to use the term *patient* at all (Deber, 2005; Manji, 2016; Rise, B. et al., 2013). Some have argued for the recognition of the patient's right to self-determination and autonomy, and others have proposed a shift from the historical patient–provider relationship, wherein the physician was expected to direct care and decide treatment, to a relationship in which the patient is expected to take on a more active role. Should the language used to refer to recipients of care change accordingly? Advocates have suggested a range of potential alternatives, variously referring to the recipients of care as ‘consumers’, ‘clients’, ‘purchasers’, ‘customers’, and ‘users’ (McLaughlin, H., 2009; Nelson, A., 2002).

Fishman’s Theory of Domains

Joshua Fishman’s theory of domains (Hudson, 1980) proposed that “domains are congruent combinations of a particular kind of speaker and

addressee, in a particular kind of place, talking about a particular kind of topic.” Hudson (1980, p. 80) explained the concept of domains by saying that if we change any of those factors (that is, speaker, addressee, place, topic), the interaction will no longer make as much sense, such that a speaker has to use his intelligence and imagination in deciding which language to use. A similar notion among the researchers is that address terms should be situation specific (Bastable, 2016; Salmela, Susanne, 2017; Wing’s argument, 1997), given that the care giver’s word choice may be influenced by variables including reason for care, care setting or context (inpatient, outpatient and/or service units).

Now let’s turn back to McLaughlin’s argument (2009) asking whether *patient* is descriptive not of a person, but of a relationship. The socio-psycho-linguistic aspect of that argument seeks to emphasize the point that, whichever label we use, it is about a “relationship.” Among the alternative labels for *patient* (such as *service user*, *consumer*, *customer*, or *client*), we can see that they all imply an obvious feature of this “relationship”, namely, that it is one between a service provider and a user, between a producer and a consumer, between a seller and a customer, and so forth. Furthermore, these labels, including *patient*, each presents a concept in its own right when it is used in an appropriate context by the right person who uses it to address the right person to hear it. As such, when *patient* is replaced with *client*, or even the combined term *patient/client*, as Wardhaugh (2015) put it, this evolution in the terms of address may constitute indicators of social change.

Social Change and Word Coinage

A society undergoing social change is also likely to show certain indications of such change if the language in use in that society involves (or involved) a complex system of address (Wardhaugh, 2015). Word coinage, the invention of a new word or phrase, or occurrences of words or phrases being used in new ways, is one type of such change.

The history and development of the word *tongzhi* (同志, comrade), for example, highlights the fact that the same term may be used in different ways and different contexts to create different relationships between speakers (Wardhaugh, p. 270). At one time in mainland China, *tongzhi* (同志, comrade) was used by people throughout the communist nation to address their co-workers, colleagues, family members, including even husbands and wives. However, the term seemed to lose its popularity over

the last two or three decades, probably because the term has become a homophone (homonym) for the Chinese term used to refer to a “gay” person. Relatedly, we can see an obvious transition of the word from being used in the Chinese language to mean “comrade” to being used to address a totally different social group within a matter of only 20 or 30 years. And the reasons for this fast transition may be very social in nature, such as a decreased need to use the term to indicate membership in the communist society.

Meanwhile, there was a roughly concurrent increase in calls for human rights for the LGBT (first LGB, then GLBT or LGBT) community, for instance, same-sex marriage. Since the mid-to-late 1980s, the term LGBT has increasingly been used in place of other terms to refer to members of the LGBT community (Gunderloy, 1989). Of course, the goals of individuals within this overall community may be different, yet the change in the descriptors used has been very fast, occurring over just a couple of decades, and is still ongoing. In fact, in 2016, GLAAD's Media Reference Guide stated that *LGBTQ* is now the preferred initialism, as it is regarded as being more inclusive of younger members of the community who embrace *queer* as a self-descriptor. It seems, relatedly, that the transition from gay and lesbian to LGB, and then to LGBT and LGBTQ occurred so fast that it may be very confusing to look at this coinage issue globally. In fact, in Canada, the community has sometimes been referred to with the term LGBTQ2 (lesbian, gay, bisexual, transgender, queer, and two-spirit), and the list of acronyms goes on and on. Fortunately, the nature of language can be both prescriptive and descriptive. Telling people how to address a specific community is prescriptive, whereas addressing a group of people based on the preferences of the addressees may, conversely, be descriptive. As for grammar, prescriptive grammar tells people that there are certain rules that everyone should follow in speaking and writing. On the other hand, descriptive grammar is concerned with the sentence structures that are actually being used by speakers, which are the fundamental cause of changes in a language. In other words, rules follow the people. In the same vein, descriptive grammar explains why it has been claimed that choices regarding which acronyms to use change depending on which organizations are using the acronyms in question (Trudeau, J., 2017).

Citing Bernstein's (1972) argument, Wardough (2015, p. 327) stressed the significance of extensive use of the elaborated code at school: Since

they only have access to learning the restricted code of the language, “children from the lower working class are likely to find themselves at a disadvantage when they attend school, in which extensive use is made of the elaborated code.” Relatedly, although nursing professionals are adults, it is very likely that they may, at some time during their language learning stages, experience a similar situation of powerlessness due to never having a chance to obtain access to the elaborated code of the specific language they will need for their future workplaces.

As Wardough (2015) defended the “failure of sociolinguistics”, he said that “sociolinguistics is strong on ‘what?’ questions (what are the facts of variation?) but weak on ‘why?’ And ‘how?’ questions (why are the facts as they are?).” In this study, we may set ourselves a weak goal, that is, to find out what exactly are the facts of variation with regard to usage of the address terms *patient* and *client*. However, doing so does not mean that we are not after “the high ground” on this issue. Maybe this study can serve as a “resource for people who are struggling against domination and oppression in its linguistic forms”, while analysing those forms may have “effects in society: empowering the powerless, giving voices to the voiceless, exposing power abuse, and mobilising people to remedy social wrongs” (Blommaert 2005, p. 25).

Empowering the Powerless

Another aspect of this patient-provider issue also concerns nursing English teachers. Specifically, what is the mainstream word choice now for students who plan to practice medicine or nursing in the near future? Which word should they choose when they are filling in a medical chart, writing a nursing note, or discussing a case in the clinical work context? What about when they are writing a research paper? Should they begin by using *the client*? *The patient*? Or *the care receiver*? Are there meaningful differences in usage among these terms, and are there some related prescriptive or descriptive rules? It may make nursing professionals feel powerless if they have no clear ideas on how to address those to whom they provide nursing services.

As can be seen from the studies discussed above and related studies, the issue of choosing between the words *patient* and *client* has been discussed not only in the field of health care (Nelson, A., 2002; Manji, 2016), but also in the academic domains of sociology (McLaughlin, 2009; Hojjatoleslami, S., & Ghodsi, Z., 2012) and psychology (Woolfolk, et al.,

1977; Lloyd C, et al., 2001), even as the issue has rarely been discussed in detail from a linguistic perspective. Therefore, we examined the issue in this study through two aspects of linguistics: word lemmas and word families.

Lemma Frequency

According to Nordquist (2017) and Schmitt (1997), lemma frequency is the cumulative frequency of all the word form frequencies of words within an inflectional paradigm. The lemma frequency of the verb *care*, for example, is the sum of the word form frequencies of *care*, *cares*, *cared*, and *caring*. In accounts of language processing in which regular inflectional forms are decomposed and mapped onto root morphemes, Nordquist (2017) argued that the frequency of a root is more critical for determining response latencies than its word form frequencies.

In the development of the Academic Vocabulary List (the AVL) of 3015 words, Gardner and Davies (2014) defined and identified academic words in the form of lemmas. The reason why Gardner and Davies (2014) used the lemma form to report or list the words in the AVL, rather than the word family form used by Coxhead (2000) in the AWL, is because the latter did not provide information on parts of speech for the members of a word family, thus creating confusion of meanings among the word family members. This confusion can be eliminated if we base text coverage on word lemmas, which, as Gardner and Davies (2014, P308) put it, are “words with a common stem, related by inflection only, and coming from the same part of speech.”

A word family is a group of words that share a common base to which different prefixes and suffixes are added. For example, members of the word family based on the headword, base, stem, or root word of work include “rework, worker, working, workshop, workload, workhours, and workmanship” among others.

A lemma is the base form of a word that is typically found in a dictionary, where it is known as a headword. A lexeme is the set of all forms that have the same meaning, while *lemma* refers to the particular form that is chosen by convention to represent the lexeme. For example, *run*, *runs* and *running* are forms of the same lexeme, but *run* is the lemma; *help*, *helps*, *helped*, *helping* are forms of the same lexeme, and the lemma is *help*.

Lemma Forms of *Client* vs. *Patient*

To facilitate EFL nursing students in learning the most important English words appearing in RN examinations, the establishment of a corpus-based on authentic materials was the first objective of our study.

Although it is key to language teaching and learning, academic vocabulary has proved challenging to language learners, either because academic words do not occur as frequently as general service words do, or because they are “not likely to be glossed by the content teacher” (Flowerdew, 1993; Nation P. 2001, 2013; Shaw, 1991; Thurstun & Candlin, 1998).

Academic vocabulary refers to the lexical items that are relatively frequent across a wide range of academic texts but are infrequent in other genres (Coxhead & Nation, 2001). Believing that learners should master high-frequency words before they learn academic words, Nation (2001) classified words into four levels: (1) high-frequency words, (2) academic words, (3) technical words, and (4) low-frequency words. A decade later, recognizing the overlap among high-frequency, academic, and technical words, Nation (2013) restructured his classification system by adding mid-frequency vocabulary and putting academic and technical vocabulary under the “specialized” category (Lei Lei & Dilin Liu, 2016).

From a language teacher’s point of view, the corpus data of lemma forms and word families complement each other for language learning, as can be seen from (and will be demonstrated in) our findings. We examined the content of the NCLEX review books which were used for a nursing English course to determine the micro-linguistic patterns of the two words *client* and *patient*, as well as their lemma forms, which we hoped would, in turn, be helpful in constructing a macro-linguistic view of the language used by the RN community and show how the words are used in the content of the NCLEX. Therefore, this study had two main purposes: (1) to examine the distribution of the two-word lemmas (*client* and *patient*) in the texts of the most popular nursing exam preparation review books, which were used in the English course, and (2) to determine any rules specifying how the two lemmas are distributed in the linguistic context via the examination of word lemma frequency counts across the subject areas of the RN exam review texts.

Methodology

Data Source

In order to study the distribution of the lemma forms and test the consistency of the distribution, a thorough collection of the content from two NCLEX review texts was conducted (Lippincott, W., 2008; Billings & Hensel, 2017) using the corpus tool AntConc 2.9.

The NCLEX Style

The NCLEX is a test written by American nurses who, like most nursing instructors, each have a master's degree and clinical expertise in a particular area. They are all native English speakers and the only one small difference distinguishes the nurses who write NCLEX questions: They are trained to write questions in a style particular to the NCLEX.

Readers of the reviews are reminded (in the introduction sections of the review texts from 2008 and 2017) that if they have completed an accredited nursing program, then they have already taken numerous tests written by nurses with backgrounds and experiences similar to those of the nurses who write for the NCLEX. The test-taking experience they have already gained should, in turn, help them pass the NCLEX. As such, their NCLEX review process should be just that—a review.

The two review texts chosen for inclusion in this study were chosen not only because they were used by the teachers and students of the English course in question, as well as the researchers who conducted the study, but also because the two texts were compiled 10 years apart in the same NCLEX style and could therefore be compared and contrasted. The styles of the two texts are the same in the sense that they require test takers not only to use their knowledge to recognize correct answers but also to critically think about how the knowledge and concepts they have learned can be used in more complex situations. The contents of the two texts are also categorized in a similar manner (that is, with the categories of adult medicine, child care, maternal care, and mental disorders), while the only major differences between the texts are that they were compiled by two different groups of nursing experts and published a decade apart (in 2008 and 2017), with the 2017 version including a section of mixed subject assimilation tests that we excluded during the data collection procedure.

Data Collection Procedure

After manual input and scanning of the content were performed, the collected information was fed into the NCLEX corpus according to subject

areas. The content was then processed and sorted into word tokens, and the lemmas were then collected and listed in alphabetical order. A total of 891,446 lemma tokens were collected (342,382 and 549,064 tokens for 2008 and 2017, respectively).

Table 1

Lemma tokens across subject areas

Year	Subject		Areas		Total tokens
	Adult medicine	Child care	Mental disorders	Maternal care	
2008	118,051	114,334	75,356	34,641	342,382
2017	262,789	90,333	96,892	99,050	549,064
Total tokens across subject areas	380,840	204,667	172,248	133,691	891,446

Source: Lippincott, W., 2008; Billings & Hensel, 2017

To screen out the crucial words for input into the NCLEX corpus, several steps of data cleansing were conducted. The four related keywords for the cleansing procedure included “function words”, “word types”, and “word tokens”. Each “word” in our basic list was defined as a word type. The notion of word families was also employed in this study. Furthermore, we followed Fry’s list and excluded any function words (as well as sight words) that have little or ambiguous lexical meaning, as well as those that serve to express grammatical relationships with other words within a sentence. For a full list of function words, see the 1,000-word list (Fry, 1996).

Measuring Lemma Frequency

Nordquist (2017) argued that the frequency of a root is more critical for determining response latencies than word form frequencies. This study, however, investigated not only the root of each target word but also its other lemma forms. Although our corpus accumulated millions of word types, lemmas, and word families, only the inflected lemma forms of the two words *client* and *patient* were focused on in our calculations and related analysis. This approach helped us to immediately locate each exact lemma form (that is, *client*, *clients*, *client’s*, *clients’*, *patient*, *patients*, *patient’s*, and *patients’*), count its tokens, and total its frequency. In addition, it offered a relatively convenient way to identify, compare, and

contrast each of the inflected lemma's situation-specific contexts.

Results and Discussion

In this section, the results are presented and discussed in terms of the following four aspects: 1. The frequency counts and distribution of *client* among the different subject areas of the NCLEX exam review texts; 2. A macro-sociolinguistic explanation for the dominance of *client* over *patient*; 3. A micro-sociolinguistic explanation of the word distribution; and 4. Teaching implications.

1. Lemma Frequency of *Client*

The hypothesis that *client* is used more frequently than *patient* in NCLEX content is strongly supported. And the results for the text from 2008 included an overwhelming number of uses of *client* and its lemma forms (see Table 2). In the subject area of adult medicine, the various lemmas of *client* were used a total of 2,095 times (among 118,051 word tokens), resulting in a frequency ratio of 1.775%. This ratio (1.775%) indicates that within the adult medicine content, for every 100 words, the lemma *client* (or its other lemma forms) showed up around 2 times. As is also shown in Table 2, the various lemmas of *client* had their highest frequency ratio of 3.441% in the subject area of mental disorders, which means that *client* (and its other lemma forms) accounted for more than 3 of every one hundred words. In contrast, it was found that *client* and its other lemma forms showed up least frequently in the subject area of child care (0.501%).

Table 3 shows very similar results for the text from 2017, indicating that *client* and its various lemma forms had their highest frequency ratio of 3.189% in the subject area of mental disorders, which means that *client* (and its other lemma forms) accounted for more than 3 of every hundred words. In contrast, it was found that *client* and its other lemma forms showed up least frequently in the subject area of child care (0.406%).

Meanwhile, when looking at the NCLEX corpus as a whole (see Table 4), we found that other than *client*, *care*, and *pain*, the lemmas that also had surprisingly high counts were *child*, *infant*, *neonate*, and *fetal*. Table 3 also reveals a very similar ranking of the most frequent lemmas. Some possible explanations for these results are that *child*, *infant*, *neonate*, and *fetal* are effectively alternative terms for *client* that nonetheless convey distinctions that *client* itself cannot convey. Another reason for these results may be

that it is difficult to decide who the *client* is when the child is with a parent, or when the foetus is unborn. As is also revealed in the following passage, *child*, *children*, *client*, and *clients* are interchangeably applied as address terms in the child care subject area.

23. 2. Phenytoin can cause gingival hyperplasia. **Children** taking phenytoin should brush their teeth after every meal and at bedtime and visit their dentist on a regular basis. Drinking plenty of fluids is not required while taking phenytoin. A **child** on phenytoin does not need to be observed during waking hours because the seizures should be under control. Infections do not occur with an increased incidence in clients receiving phenytoin.

24. 3. During a generalized tonic-clonic seizure, the first priority is to keep the **child** safe and protect the **child** by removing any nearby objects that could cause injury. Although obtaining information about events surrounding the seizure is important, this information can be obtained later, once the **child's** safety is ensured. During a seizure, the **child** should not be moved. Although providing privacy is important, the **child's** safety is the priority. During a seizure, nothing should be forced into the client's mouth because this can cause severe damage to the teeth and mouth. (2017, p. 292)

The only significant difference in the distribution of *client* across the subject areas was that *child*, instead of *client*, ranked at the top of the list in the subject area of child care in both 2008 and 2017. Meanwhile, the results of the lemma frequencies of *patient* indicated that they were used so much less frequently that the overall uses of the *client* and *patient* lemmas could not be compared, which is why we put the results for *patient* in Table 5 for discussion in a separate section.

Table 2:

Distribution of client among different subject areas of 2008 NCLEX review

2008								
Adult medicine			Child care		Mental disorders		Maternal care	
118051			114334		75356		34641	
f	%		f	%	f	%	f	%
client*	1741	1.475	502	0.439	2032	2.697	462	1.334

clients	186	0.158	40	0	281	0.373	48	0.139
client's	167	0.141	31	0	280	0.372	29	0.084
clients'	1	0.001	0	0	0	0	0	0
Total	2095	1.775	573	0.501*	2593	3.441**	539	1.556

*Note1: In this subject area, *client* had the lowest frequency count

**Note2: In this subject area, *client* had the highest frequency count

Source: Lippincott, W., 200

Table 3:

Distribution of client among different subject areas of 2017 NCLEX review

2017								
Adult medicine			Child care		Mental disorder		Maternity	
262789			90333		96892		99050	
f	%		f	%	f	%	f	%
client*	5763	2.193	278	0.308	2335	2.41	1351	1.364
clients	548	0.209	51	0.056	225	0.232	122	0.1232
client's	975	0.371	38	0.042	528	0.545	220	0.2221
clients'	3	0.001	0	0	2	0.002	0	0
Total	7289	2.774	367	0.406*	3090	3.189**	1693	1.7092

*Note1: In this subject area, *client* had the lowest frequency count

**Note2: In this subject area, *client* had the highest frequency count

Source: Billings & Hensel, 2017

Table 4:

Ranking of the most frequently used lemmas across subject areas (2017 vs. 2008)

2017 rank	Adult medicine	f	Child care	f	Mental disorders	f	Maternal care	F
1	client	7289	child*	1657	client	3090	client	1693
2	pain	955	parent	633	medication	373	neonate	618
3	risk	903	infant	557	care	360	birth	479
4	blood	793	client	367	behavior	319	fetal	374
5	care	777	care	326	anxiety	208	labor	368
2008 rank	Adult medicine	f	Child care	f	Mental disorders	f	Maternal care	f

1	client	2095	child*	148 5	client	259 3	client	539
2	blood	457	client	573	disorder	758	neonate	297
3	pain	375	infant	454	behavior	310	fetal	186
4	risk	334	care	295	family	292	risk	156
5	care	252	risk	274	personality	224	care	64

Source: Lippincott, W., 2008; Billings & Hensel, 2017

2. A Macro-sociolinguistic Explanation for the Dominance of *Client* over *Patient*

The authors also found that 1. *client* was the word used to refer to the *patient* not only in the maternal care subject area, but almost as frequently in all the other subject areas; 2. The word *patient* was rarely used except in cases when it was used idiomatically, for example, in terms such as patient safety, patient-controlled analgesia, patient teaching, inpatient settings, and outpatient therapies; 3. Semantically, the use of the terms *patiently* and *impatient* in the NCLEX review texts had nothing to do with the terms *patient* and *client*; and 4. Looking at the word usage issue from the perspective of the entire health care community, we came up with a descriptive portrait that makes a point similar to that made by the aforementioned argument of Wing (1997): *client* implies a business-like interaction or relationship, while *patient* is used in situations in which there is less of a partner relationship.

As indicated in Figure 1, it is hypothesized that the more authoritative the care giver is in the care service relationship (that is, when there is less of a partner relationship), the greater the inclination towards the use of *patient*. In contrast, when there is more of partner relationship in the care service relationship (that is, when the relationship is more business-like in nature), the greater the inclination towards the use of *client*. Relatedly, when the care giver is not sure or feels sensitive about the service relationship, *patient/client* is also an alternative. In other words, in scenarios involving less of a sense of partnership, such as when a doctor is deciding medical orders relating to medication or treatment, the use of *patient* is more likely. Meanwhile, in a scenario such as that of an individual seeking aroma therapy to relieve pressure from work or an individual visiting a dental clinic for teeth straightening, the relationship is more business-like in nature, such that it is more likely that *patient/client*

will be used. Finally, in the nursing care community, probably because of the greater need for nurses to engage in human interactions to fulfil clients' needs), *client* has become the term most commonly used.

Less Partnership ← Health Care Community → More Partnership

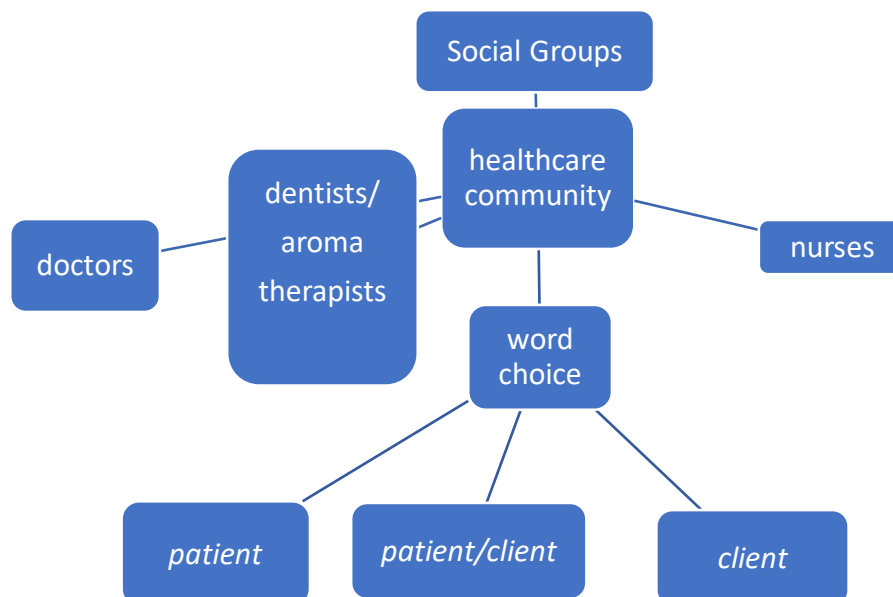


Figure 1: Partnership effects on *patient/client* word choice in the healthcare community

3. A Micro-linguistic Explanation of the Word Distribution

Client as the sum of its lemma forms

The lemma frequency of the word *client*, for example, is the sum of the word form frequencies of *client*, *clients*, *client's*, and *clients'*. In our study, it was found that in the test questions of the NCLEX, the lemma form of the singular *client* was used more often than its plural counterpart, because the *client* was usually the one and only person referred to when a question was posed. The lemma frequency of the word *patient*, meanwhile, is the sum of the word form frequencies of *patient*, *patients*, *patient's* and *patients'*.

In our study, it was also found that certain inflected words were much more frequently used than other lemma forms. For example, the inflected word form *associated*, instead of its other lemmas (associate, associates, associating), was encountered in the explanations of two related nursing issues:

- (1) Heart failure is usually the result of an MI. Renal failure can be **associated** with MI but isn't a direct cause. (2008, p. 36)
- (2) Which measure should the nurse institute to help prevent complications **associated** with excessive calcium excretion following cardiac surgery to replace an aortic valve? (2017, p. 334)

Similarly, the lemma form of the singular *client* was used more often used than its plural counterpart:

- (1) A nurse is assessing a **client** at 33 weeks' gestation. (2008, p. 457)
- (2) The **client** should avoid constrictive clothing, but support hose that reach above the varicosities may help alleviate the pain. (2017, p. 70)

***Patient* Is Associated with 'Illness' and Is Situation-specific**

It is obvious from the results detailed above that, in the nursing community, there is a clear preference toward using *client* over *patient*. A related difference between the nursing and physician communities is also revealed by these results. This difference partly supported Wing's argument (1997) that the terminology used should be situation-specific, with "patient" being used for acute care situations and "client" being used for other situations. His argument was only partly supported, however, because we found that there are also acute care situation-specific scenarios in nursing care contexts, even as the results showed an obvious preference for the use of *client* instead of *patient* among nurses, regardless of how acute the situation. The following text provides a relevant example:

- (1) Enhancing myocardial oxygenation is always the first priority when a **client** exhibits signs or symptoms of cardiac compromise. Without adequate oxygen, the myocardium suffers damage. Sublingual nitroglycerin is administered to treat acute angina, but its administration isn't the first priority. Although educating the **client** and decreasing anxiety are important in care delivery, neither are priorities when a **client** is compromised. (2017, p.34)

Colocations of the Lemmas of *Patient* and Its Families

In comparison with the ubiquitous usage of *client*, we found that *patient* was scarcely used in the investigated nursing care texts. In this study, the only usages of the word *patient* could be easily identified because there were, counting both its lemma forms and word families, only a total of 78 tokens in the 2008 corpus and 98 tokens in the 2017 corpus, as shown

in Table 5. Furthermore, as can be seen from the same table, the usage of the word *patient* obviously decreased over time as all the lemmas had counts of 0 in the 2017 corpus. Moreover, although some tokens of the lemma forms with their families, such as patient-controlled, inpatient, outpatient, patient care assistant, etc., were still used, this may have been due to the idiomatic nature of such phrases making them less susceptible to change. Meanwhile, the scarcely used tokens of *be patient*, *patiently*, and *impatient* are not even families of the term *patient* (at least, when used to mean a person who is ill); rather, they are homonyms of *patient* (that is, words with the same spelling and pronunciation but different meanings).

Table 5:

Lemmas and Family of Patient in Situation-specific Contexts

	Lemma or family	2008	2017
patient	x	17	0*
patients	x	6	0
patient's	x	1	0
patients'	x	0	0
patient (teaching)	✓	1	0
patient-controlled	✓	0	11
Patiently	✓	1	1
be patient	○	0	3
Inpatient	✓	19	20
Outpatient	✓	25	55
Outpatients	✓	0	1
Impatient	○	0	1
patient care assistant	✓	0	1
patient care technician	✓	0	1
patient safety	✓	5	4
patient outcome	✓	2	0
patient education	✓	1	0
Total		78	98

Note: The asterisk (*) indicate that an obvious decrease of the frequency of the lemma form *patient* occurred from 2008 to 2017; the cross (x) means the item is a lemma; the check (✓) means the item is either a word family

or an idiomatic usage; and the circle (○) means the item is a homonym.

4. Teaching Implications

In Wing's study, "Patient or client? If in doubt, ask" (Wing, 1997), the author, an orthopaedic doctor, stated that he accepted the term "patient" without question just as he did the term "doctor" when people used it to refer to him. However, the title of his study seems to suggest that if a health care professional is not sure about the appropriate form of address, s/he should simply ask. That said, we wonder if a nurse or anyone else practicing in the health care environment can afford the time or effort to ask about this labelling issue. It seems that, instead, if a health care worker has been taught to effectively utilize critical thinking, they should be able to judge the appropriateness of applying one term or the other to someone receiving their services. Or if the use of critical thinking leads such health care providers to making the issue too much of a big deal, it may be better, instead, to simply keep people in the health care community informed of such word choice differences.

In fact, in the case of nurses or nursing students who are preparing to take the RN exam, it may be very helpful to inform them of the word choice issue along with the fact that *client* is the dominant word. Moreover, to help nurses take a critical approach in addressing this issue, we would say that, based on the results of this study, maybe it is not a bad idea to have them consider the following questions: 1. Which word is a safer choice? Patient or client? 2. Which of the two words has a wider population of users? 3. If your students are Chinese, one more brainstorming question is "why are Chinese nursing students not familiar with the word *client* in nursing care textbooks?"

Finally, we suggest that when dealing with the word choice issue in an EFL classroom, it would be better to start by showing the nursing students how to think critically in order to address a "client" appropriately, including through the presentation of examples demonstrating various meaningful scenarios. For course book designers and authors, the lemma forms which are more frequently used, such as "associated", may be glossed and emphasized at the beginning section of the course book for more effective teaching and learning. Meanwhile, nursing English teachers should be informed of the trends in the use of the different terms of address, as well as the differences between descriptive and prescriptive language,

because depending on which organization is using the language, the choice, for example, of acronym may change, such as in the case of patient/client controlled analgesics (PCA). In addition, whether they are preparing students for the NCLEX or not, nursing English teachers should bear in mind the need to teach mainstream usage, while also bearing in mind that such usage is subject to evolve due to social change.

Conclusion

Hudson (1980, p.104-105) said that “It is ideas that shape language, rather than vice versa, except in relatively abstract areas of thought...The meanings of linguistic items can be adjusted by the individual to fit his needs, by metaphorical extensions; and to the extent that meanings are learned from others there is no need for a ‘speech community’ as a whole to agree on them since there are many specialist sub-communities with their own semantic systems.”

With time, and human evolution, the prototype of “patient” has also evolved from the meaning of an individual with an illness to a broader concept that includes people who are healthy but need to visit hospitals for routine check-ups; people who seek consultations regarding diet, weight, and sugar control; people who visit health care providers regarding aging issues; and so on. The birds do not care what they are called, and they will never know. In contrast, humans care about their rights, and that includes their right to decide how they are addressed. A new mother who is active may dislike the passivity implied by being addressed as a “patient”, while a hospital visitor who has a mental disorder may dislike the term because it is “tainted” or because they are just more sensitive in general. Furthermore, even caregivers at dental clinics are aware of such evolution in terminology and may prefer to replace “patient” with “client” because, for instance, the person in question has just paid a huge amount for his false teeth and braces.

In the preceding section, we mentioned that even though the goals of individuals within the overall LGBT community may be different, the term LGBT has nonetheless become commonly used to replace the term *gay*, with this change occurring relatively fast, maybe within just a couple decades, and still ongoing. A difference between the two cases of coinage is that with regard to the terms LGB, LGBT, and LGBTQ, the addressees themselves were actively calling for a more suitable form of address, whereas with regard to the use of *patient* versus *client* for the health care

community, the addressers seem to be the ones who have generally sought and argued for better terms of address, even though their motivation is mostly about the addressees' (that is, the patients'/clients') own rights.

Within the health care community in general, the doctor-patient relationship has undergone various transitions throughout the ages. While researchers such as Kaba contended with the idea of a more active, autonomous, and thus patient-centered role for the patient (Kaba, 2007), they also argued that there was no need to change from using *patient* to other terms as contended by the domain theory. *Patient, client, consumer, and service user* each has its use in appropriate domains. What needs to change or will continue to change, perhaps, is the social power relationship, which is yet another socio-end of the field worthy of exploring. Although we did not yet surely know the why or how of the change in the above relationship, we are informed via this study of the fact that *client* is now a widely used word, at least in the registered nurse community.

When Neuberger (Neuberger, 1999) argued that there were no grounds for replacing the word *patient*, his reasoning was that doing so would detract from the distinctive need of the patient that the word itself depicts. However, we believe that given the etymology of the word, and the connotations it has, there is no chance of the word *patient* becoming wholly positive someday. Nevertheless, we could not agree more that nothing is better than receiving quality, compassionate care from a health care professional, whatever they prefer to call us, *client* or *patient*.

Limitations

All the data used in this study came from the NCLEX review content, and therefore the results provide a limited view of the word usage in the nursing community in general. There is also a lack of detailed research regarding the doctor-patient relationship, which we figure may not be so much a doctor-client relationship per se.

Collocational and colligational analyses could have been conducted to explore the lexical and lexico-grammatical patterns of *client* and *patient* and gain a more profound understanding of the differences between the two words from the corpus linguistic as well as sociolinguistic perspective. Furthermore, the genre-based approach to text analysis is another well-established and germane method to interpret the interactions involving the relevant stakeholders in the contexts of the health care community. Future research is expected to draw on these methodological means to shed light

on address terms in the medical community

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我求童蒙——論文學的教養與教養的文學

向鴻全¹

摘要

從《易》最早出現「童蒙」一詞以來，中國文化裏關於「兒童」或「童稚」的概念就依附在教育的意義之下、特別是儒家傳統的教育意義；而籠罩在這樣意義下的「兒童」與隨之而來的教養概念，便偏向倫理與道德的意味。因此如朱熹的《童蒙須知》、王伯厚的《三字經》、李毓秀的《弟子規》（原名為《訓蒙文》）這些廣為民間熟知的兒童教養書，其目的都在於「童蒙養『正』」——也就是以培養鍛鍊聖賢智慧與才德為目的。這些充滿規訓意味的作品，反映出中國傳統文化中關於「兒童」概念的想像，同時也反映出「教養」這個概念仍被禁制在嚴肅與權力的範疇中。

魯迅所說「橫眉冷對千夫指，俯首甘為孺子牛。」似已敲開現當代中國文學中關於中國下一個世代的希望，從大量翻譯西方兒童文學或幻想小說，足見過去禁制觀念的鬆綁；而進入當代台灣文學史中，更可發現許多文學作品涉入教養的議題、或者文學作者嘗試以其文學的教養，試圖鬆動或重新建構過去傳統中國文化中的，種種關於教養的概念；如黃春明的《毛毛有話》、簡嫚《紅嬰仔》、朱天心《學飛的盟盟》、龍應台《孩子你慢慢來》、張大春《認得幾個字》等，都可看出一種「文學的教養書」正在以不同於以往被教育壟斷的樣貌，讓文學作者對於教養的想像，漸漸清晰起來。

本文擬從中國傳統關於「童蒙」的概念出發，論述中國傳統的兒童教養受到傳統儒家的影響，故呈現較嚴肅與家父長式的敘述模式；而進入新文學史後有了轉向，特別是以台灣當代文學作品（1980～）中，關於文學作者書寫其育兒／教養的經驗，讓文學與教養間產生新的互動。

關鍵字：幼蒙、育兒文學、教養。

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Looking for Childlike Ignorance:On Literary Education

Abstract

Entering the history of contemporary Taiwanese literature, one can find that many literary works are involved in the issue of upbringing, or that literary authors try to use their literary upbringing to loosen or reconstruct various concepts of upbringing in traditional Chinese culture in the past; a kind of "literary culture". The "education book" is different from the monopoly of education in the past, so that the imagination of literary writers about education is gradually becoming clearer.

This article discusses the shift in the concept of "childhood" in contemporary Taiwanese literature. The traditional Chinese children's upbringing is highly influenced by traditional Confucianism, which centers on a patriarchal narrative. However, the paradigm shift in the new literature history witnesses the changing narrative of childhood in Taiwan's contemporary literary works (1980-) where literary writers' own parenting or upbringing experiences are included and hence creates a new interaction between literature and upbringing.

Keywords:early enlightenment,parenting writing,bildung

我也意識到，也許這些（按：沒有積極地就業或參與社會）使我沒有積累一定的人生經驗，所以至今未能真正長大成人。尤其在四十歲五十歲中期這一段時期，擔心自己性格缺陷會造成文學的缺陷。儘管現在我覺得人的缺陷本身在自己的文學整體中也應該是一種積極的因素……²

壹、前言：記憶、書寫與創造

許多作家將「書寫」(writing) 喻為「創造」，將寫作時枯索靈感的過程，與生命的「孕育」、「生產」相連結，³甚至許多作家視書寫為一種召喚，其神秘奧妙之處幾乎可以如造物主創造生命一般。在中國現代文學史的「大敘述」(grand narrative) 傳統中，女性要介入參與這樣的書寫，必須暫時擱置關於身體、生活與語言的種種指涉，以一種更接近政治正確的意義來書寫；然而進入後現代的文學語境，愈來愈多女性作家以「陰性書寫」⁴創造多元的文學景貌，許多關於女性身體的、意識的、語彙的書寫自覺也愈來愈強，而許多過去不被男性書寫傳統關注的主題也逐漸獲得重視——例如本文關注的「生育」與「教養」。

女性的身體擁有生產與哺育的重要意義，然而歷史上有許多男性感念母親生養的孝道意識、與醫書裏許多關於懷孕生產的過程與禁忌的記載，⁵卻缺乏女性關於這些重大生命經驗的書寫與敘述的聲音。

在台灣當代文學書寫中，書寫親子關係與教養心得的作品不

² 日本作家大江健三郎由於有個殘疾的孩子，在照顧孩子的過程中也透過書寫來紀錄與表現生命的種種艱難，大江並在多部小說中以照顧殘疾孩子為主要敘事主題，同時亦以「康復的家庭」為題發表一系列相關隨筆；本段文字是大江思考多方對他有關家庭和育兒的態度後，深刻地思考這些重要的生命經驗與他的寫作的關聯性。見〔日〕大江健三郎：《寬鬆的紐帶》（2004）。海口：南海出版社。頁8。

³ 見雷可夫（George Lakoff）：《我們賴以生存的譬喻》（2006）第十四章「因果：湧現與譬喻的合成」。頁139。台北：聯經出版公司。

⁴ 「陰性書寫」(écriture féminine) 主要由西蘇（Hélène Cixous）於1970年代提出的新書寫概念，反對使用「男性」或「女性」的辭語，並試圖鬆動傳統男性中心論述，打破封閉僵化的二元對立關係。見羅思瑪莉·佟恩（Rosemarie Tong）著，刁筱華譯：《女性主義思潮》（1996）。台北：時報文化。頁396。但此處必須說明的是，西蘇所謂的「陰性書寫」並不強調書寫者的生物性別，因此男性與女性創作者皆可。

⁵ 見熊秉真：《幼幼：傳統中國的襁褓之道》（1995）第一章「引言」。頁2。台北：聯經出版公司。

少，⁶但是這些作品在主流論述或批評意識下，往往未被文學研究者視為標幟該作家的作品；或者在一種工具及參考書意義優先的角度下，使得這些作品的意義與重要性未被完全開展。然而，文學作家選擇親子關係或教養心得作為主題的作品，除了可以視為作家召喚、模塑或創造生命價值的意義之外，其獨特的文學式教養，或者也有別於過去傳統中國強調道德意義的幼教與童蒙教育，帶來關於教養的新想像；而尤其重要的，是以記憶為本質、並帶有文學形式的生育或教養想像，重現（represent）並讓讀者重新思考反省生命的意義。⁷

貳、教養文學的意義與特色

（一）從親子寫作到教養文學：

「教養」一詞，在中國古典文獻裏極為常見，多半與政治（特別以皇儲教育）或教育人性的意義相關，如「教養一國君臣之子弟」⁸（《孟子注疏·公孫丑章句下》）、「君子以性德而教養滅其性德者，以性之能而教養滅其性之才能者，故人所以樂得其賢父兄而教養也」⁹（《孟子注疏·離婁章句下》）、「修整閨門，教養子孫，皆可以為後世法」¹⁰（《後漢書·鄧寇列傳》）、「融才高博洽，為世通儒，教養諸生，常有千數」（《後漢書·馬融列傳》），¹¹到清朝時設有「教養局」，負責教育與民政事宜。日本許多大學設有「教養學部」，其精神與意義近於「通識」（general education）或「博雅」（liberal education）教育，主要在教授核心課程，旨在培養受過人格教育的知識人才，因此當我們以「有教養」一詞來描述或稱呼

⁶ 清朝以來，讀書人已有將孩子就學經驗筆之成書，並刊刻見世的情況。見熊秉真：《童年憶往：中國孩子的歷史》（2000）。台北：聯經。頁155。

⁷ 在過去傳統中，許多傳記、年譜、家書或詩文等，都有關於童年或幼時追憶的敘述，這些有關「他述」或「追憶」的形式，多半帶有若干有意或無意的加工，需要更多方的專業知識方可突破材料上的包圍。見熊秉真：《童年憶往：中國孩子的歷史》（2000）。頁70。台北：聯經。本文所選擇的敘事文本，皆以作者親身經驗出發，並由作者親自書寫創作，較無以上所述之問題。

⁸ （漢）趙岐注、孫爽疏：《十三經注疏·孟子注疏》（1993）。臺北：藝文印書館。

⁹ （漢）趙岐注、孫爽疏：《十三經注疏·孟子注疏》（1993）。臺北：藝文印書館。

¹⁰ 見（南朝）宋·范曄《後漢書》〈鄧寇列傳〉。台北：國立編譯館第三冊。頁1080。2003年。

¹¹ 見（南朝）宋·范曄《後漢書》〈馬融列傳〉。台北：國立編譯館第七冊。頁3433。2003年。

他人時，大概指的是某人具有人文素養、有良好的品德、具備理性與道德的處世態度等等，也有認為教養應當包括「知識」和「能力」，具有歷史、文學、藝術、哲學、音樂等相關內涵是屬於「知識」；語言、地理、創造與反思等屬於「能力」，¹²這也與目前台灣推動的新課綱與素養教育若合符節。

「教養」包含「教育」和「養育」，近來有學者（Eduard Spranger）將之定義為「陶冶教育」（*bildung education*），並強調其具有整體文化傳統價值的陶冶意義與個人天賦與境遇的特殊意義；亦有將之定義為「個人內在精神的塑造與充實完好，具有廣泛的知識、品味、正確的價值觀、是非善惡的判斷力，外在表現彬彬有禮，言行舉止得體，內心良善」的意義。¹³

台灣當代文學書寫中，有許多關於親子與兩代關係的主題，但是主要著眼在「教養」之上，並以文學的形式表達的卻獨具意義。近年來由於生育率較低，以及經濟環境不良的因素，使得父母愈加重視孩子未來的競爭力，連帶地也讓因為過於重視智育而忽略德育的問題浮現，「教養」主題的書籍也成為熱門的暢銷書；然而有別於單向的、平面的記錄關於孩子成長與教育的書寫，有一群受過文學訓練或教養的作者，也以其獨特的角度來關注教養的議題。本文認為，「教養文學」有別於一般的親子寫作，教養文學除了有其自覺的審美形式之外，更以文學的功能與闡釋關於教養的議題。

（二）教養文學的特色：

1、無實用目的性與著重反省與啟發：

黃春明在《毛毛有話》（1990）藉由一個嬰兒的眼光來看待生存的世界，最重要的寫作動機，即是許多年輕媽媽，把育嬰指南當成育嬰的聖經，黃春明寫道：

自從坊間出現《育嬰指南》之類的書籍之後，大部份的嬰兒就開始受災受難了；至少做為人的嬰兒的尊嚴，一開始就受到損傷。其實，《育嬰指南》這一類書籍，和《如何養雞賺錢》、

¹² 見〔德〕迪特瑞希·史汪尼茲（Dietrich Schwanitz）：《教養》（*Bildung. Alles, was man wissen muss*）（2007）一書的「概述」中，將教養分成「知識」與「能力」；知識包涵歷史、文學、哲學、藝術、音樂等；而能力則包涵語言的能力、閱讀的能力、認識不同文化的能力、智性天賦與創造力和反思的能力等等。台北：商周文化。頁34。

¹³ 見〔德〕迪特瑞希·史汪尼茲（Dietrich Schwanitz）：《教養》（*Bildung. Alles, was man wissen muss*）（2007）。台北：商周文化。頁6。

《養豬發財》、《飼養寵物大全》、《培植蘭花大全》，還有《愛犬寶鑑》等等，它的目的和理念都是一樣的。毋庸置疑，都是關心受養育培植者的健康，關心其發育和成長。……一樣的，也把所有的嬰兒都看成同一個人來養育。¹⁴

黃春明來自純樸的農村，農業時代的女性與現代職業婦女有極大的差別，黃春明極為看重農業時代婦女所表現出強大的「母性」能量，而現代職業婦女卻在重重束縛限制、以及被科學知識的宰制的環境下，改變了對待子女的態度，「好為人師可以，要教人家怎麼教育小孩，只要教人家正確觀念，或是原理原則，千萬不能教人家技術問題。每一個小孩都是不一樣的，教甲的方法不一定可施之於乙」，¹⁵《毛毛有話》藉由一個名叫毛毛的嬰孩的口吻，記錄了他從出生和成長到週歲的過程，並以此對大人的世界，甚至家庭、社會、國家和文化，提出深刻的批判，特別是許多關於傳統社會的教養習慣與觀念，黃春明並不盲目擁抱傳統，並以其文學家的想像給予許多思考的可能，舉凡現代社會兩代同堂造成的問題、哺餵與教養孩子的問題、兩性家事分工的問題，黃春明都給予回答。例如在〈機器媽媽〉中，毛毛（或者黃春明？）說道：「人類，特別是標榜物質文明的人類，他們對待嬰兒，越來越缺乏誠心誠意了，也就是母愛打折了。什麼都想辦法來取代，說不定我們這些嬰兒長大之後，受到整個文化環境的感染，覺得所有的取代即是文明的話，機器媽媽也發明出來。要是看過卓別林的摩登時代，想想那一段餵食餐飲的場面，也就不難想像到，機器媽媽在餵食嬰兒的情景了。」¹⁶《毛毛有話》不是育嬰指南，它沒有明顯的參考工具意義，身處教養中心的父母恐怕也無法從中獲得具體的教養解答與方案，「育嬰指南上面說的事，如果違背了嬰兒的需要，它的價值在那裡呢？用最適合自己的嬰兒的方法，使小孩子充滿活力，快樂的長大，這才是最好的育嬰方法」；¹⁷不過不同時代的教養者，應該都可以從中獲得思考與啟發，特別是《毛毛有話》中關於傳統與現代教養觀的反省。

同樣的，簡嫔《紅嬰仔：一個女人與她的育嬰史》（1999）可能更是教養文學的重要經典，從其副標「一個女人與她的育嬰史」可以呼應教養文學裏最重要的兩個主題；女性與孩童，而在《紅嬰仔》中，簡嫔從過去一個「大吹大擂婚姻與生育如何戕害一個有理

¹⁴ 見黃春明：《毛毛有話》（1993）。台北：皇冠。頁 89。

¹⁵ 見黃春明：《毛毛有話》（1993）。台北：皇冠。頁 104。

¹⁶ 見黃春明：《毛毛有話》（1993）。台北：皇冠。頁 47。

¹⁷ 見黃春明：《毛毛有話》（1993）。台北：皇冠。頁 101。

想、有抱負的現代女人」，¹⁸到「懷孕後，才發覺我們的社會對待進入婚姻、生育階段女性的態度，近乎無情」，¹⁹所以這部「蓄意貼近育嬰實況而寫，並且試著保留阿嬤那一代的育兒智慧」²⁰的書於是誕生，而且「我必須寫下，因巨大的愛總是挾帶恐懼。我害怕失去，故必須書寫。若有朝一日，災厄敲門，不管是我失去所愛或所愛失去我，我們還有地方重聚」，²¹而種種關於書寫育嬰過程的點滴，簡嬪謂為「遐想」、「密語」，原因就在於這些文字只向同樣具備育嬰經驗的女性（或少數男性）、以及向更內在生命底層的自我對話的私密話語。

2、敘事與想像色彩濃厚

愛聽故事且百聽不厭，這是老天賦予小孩子學習語言的一種天性。我自己編的這個故事，大約講過一千遍。只講這個故事小女兒還不依，世界童話每日最少也得讀兩篇至三篇，那十五冊世界童話大約讀過兩百遍。後來小女兒不撕書本了，她自己翻著書頁，看著圖畫，自己講給自己聽，有時候還講給老父聽。

²²

以文學的立場出發連結的教養世界，與以科學或教育出發的教養最大的不同，即是想像與故事佔了很大的成份，或者說，原來可能由科學或教育接手的議題，在文學的照管之下，變得充滿想像與各種可能性——科學與教育的重要性已無庸置疑，但是除此之外，教養的世界可否容許另一種可能，至少是敘述的可能？陳冠學在《父女對話》（1987）中，以其來自自然的教養，為我們展示了敘事和想像在教養上發揮的作用，「老父在小女兒心目中，是個通鳥語、通樹語、通蟲語、通草語甚至通石語、雨語的通靈者；在小女兒心目中，凡存在都是生命，都有情意，會互通款曲；因為老父是她無所不知無所不能的導師，自然就成了她無所不通的溝通者了」，²³而也

¹⁸ 見簡嬪：《紅嬰仔：一個女人與她的育嬰史》（1999）。台北：聯合文學。頁9。

¹⁹ 見簡嬪：《紅嬰仔：一個女人與她的育嬰史》（1999）。台北：聯合文學。頁26。

²⁰ 見簡嬪：《紅嬰仔：一個女人與她的育嬰史》（1999）。台北：聯合文學。頁263。

²¹ 見簡嬪：《紅嬰仔：一個女人與她的育嬰史》（1999）。台北：聯合文學。頁264。

²² 見陳冠學：《父女對話》（1987）。台北：圓神。頁16。

²³ 見陳冠學：《父女對話》（1987）。台北：圓神。頁71。

就是一個愛說故事的老父，才能造就一個愛聽故事的小女兒，也才有充滿敘事與想像的成長對話與記錄；而更有甚者，如朱天心的女兒謝海盟，虛構了一個想像的朋友「寶福」，「寶福很頑皮，常常偷吃牙膏、偷吃鼻屎，鼻屎吃不完，便把它悄悄放入同學顏色相近的點心綠豆湯裏，午睡睡不著，便面壁在牆上磨手指甲，但是寶福甚為顧念盟盟，幾回小動物們的鬥毆群架都與盟盟一國」這個幼稚園老師確認園裏沒有叫做「寶福」的孩子，卻在盟盟的敘述／朱天心的敘述裏變得鮮明生動，或許在幼兒的發展過程裏，對於這樣的表現有學術專有名詞來解釋與說明，但是張大春卻稱許盟盟「虛構」自己朋友的能力，並把這種虛構的能力與「命名」(naming)這個重要認識世界的能力等同起來。²⁴文學作品裏所特有的敘述與想像，在陳述關於教養的主題時，顯得極重要；一方面敘述的表現可以讓結構更加活潑，避免流入「流水帳」式的交代與說明，另一方面也突顯了故事做為一種工具，在互動當中可以成功地達到教養的目的。

3、重現／再現成長的歷程：

我能給我自己最特殊的禮物，恐怕就是藉由「全職媽媽」角色返回自己的嬰兒期。這是奇詭的，若我未親自照顧孩子就不可能清晰地看見嬰兒期自己。如此說來，我全職投入育嬰工作，竟同時呵護了兩個生命的成長；一是兒子，一是早已遺失、如今藉由血緣羽翼飛回的嬰兒期自己。²⁵

或許是受到文學教養的訓練，文學作家在從事教養書寫時，總是不斷回憶起自己的童年記憶與成長經驗，這與文學在「重述」、「重現」或「再現」記憶或經驗的本質有極大的類似，透過教養或撫育的歷程，重新回望或反思自己的成長或被教養的歷程，看起來父母或教養者在幫助孩子成長，但在更深層的自我中，卻可能也在重返曾被教養的現場，許多當時不能理解的事物，才有機會重新被認識，這也是「我求童蒙」的一層意義。而簡嫔所說的「返回嬰兒期」並非個案，許多教養者都會在教養的過程中，再次回到成長的現場，經歷一次回溯生命源頭的記憶之旅，或者如楊照在《我想遇見妳的人生》(2011)裏，以不斷回頭的姿態凝視孩子，而這樣的凝視也回望到了過去的自己，他說：「我曉得，不必多久，妳也會開始

²⁴ 見張大春：《認得幾個字》(2007)。台北：印刻。頁83

²⁵ 見簡嫔：《紅嬰仔：一個女人與她的育嬰史》(1999)。台北：聯合文學。頁265。

帶回來我所沒有接觸過的經驗和知識，妳妳自己的生活，以及那個生活看到的世界，妳會將那個世界的新鮮體會帶回來。那時候，換做妳變成了我的窗口，讓我看到本來我看不到，或是沒機會看到的風景。我無法想像妳帶回來的會是什麼，然而我真心期待著，透過妳幫我看到的未知經驗與知識。」²⁶而這些絮絮叨叨的述說，就是「遇見」的真諦，是遇見孩子，也遇見過去童幼的自己，就如同張大春在有意識地反省教養的同時，也不斷回憶、並重新思索父親對他的教養所帶來的影響，這也是「我求童蒙」中的另一層意義，透過敘述重現成長的歷程。

參、文學的教養：挑戰權威的教養觀

傳統中國的童蒙與幼學，在對幼兒的啟蒙方面，主要還是心性與道德層面訓練培養之上，兒童的概念也多半在社會與文化的脈絡下來進行理解，因此在教養幼兒的素材上，亦較多關於聖賢故事中道德與品性的塑造、社會與人際關係的說明與教育、歷史故事的訓誡與經驗傳承等²⁷，在幼年時期，塾學的教養往往帶有某種意義的神聖性或道德意義，主要目的還是著眼在建立合理社會的價值秩序。更重要的是，過去許多童蒙幼學之書，尤其是程朱學派強調道德規範與行為的重要性下，「未帶有任何商榷性語句，篤定的口吻籠罩了整個擬定；困惑、質疑、寬容他見的空間，不論實質或者虛設，不管在社會面上或哲理面上，都沒有出現」，²⁸即使到了明代，王陽明與李贄的心學出現，主張尊重人性的自然傾向與重視兒童需要的關懷出現，但仍依附在反理學、反禮教的根本假設與論述之上，雖然已有極大的進步，但是仍然缺少關於「文學的教養」。

所謂「文學的教養」，是以文學作品作為教育的主要素材，並著重在培養孩童的想像力與創造力，反對絕對的權威，鼓勵自由的表達。如龍應台在《孩子你慢慢來》(2005)告訴孩子關於「女媧補天」「共工與祝融」的神話故事，來說明和想像生命的起源與意義²⁹；或者如朱天心在《學飛的盟盟》(1994)以為「反正全家本來都是以讀書寫書為興趣、為業的人，我只消繼續保持在她面前無時無刻地不在讀書，不就是最好的身教了嗎？」但結果朱天心的女兒卻以書本佔據去媽媽最多時間而討厭書本，「我這不算徹底的教子識字，就這樣暫告中輟了」的負面表述，都在在突顯一種獨特的文學

²⁶ 見楊照：《我想遇見妳的人生》(2011)。台北：遠流。頁158。

²⁷ 見熊秉真：《童年憶往：中國孩子的歷史》(2000)。台北：聯經。第四章「社會與文化脈絡」。頁134。

²⁸ 見熊秉真：《童年憶往：中國孩子的歷史》(2000)。台北：聯經。頁196。

²⁹ 見龍應台：《孩子你慢慢來》(2005)。台北：時報文化。頁68。

式教養。³⁰除此之外，朱天心在〈哪吒盟盟〉中，更真誠的呈現了如果孩子並非世俗定義和標準下的模樣的話，做為父母應該要如何自處的心情，「對於這個依醫囑使用了半年男性賀爾蒙，已長出些許鬍鬚、滿臉痘痘、公鴨嗓、汗很臭的國中男生樣子的室友，我可有任何叮囑？有啊一長串，首先，不要光只是個男生，要當一個心胸寬闊、勇敢、正直、慷慨、灑脫的男生，如 XX、如 XX、如 XXX（半天，我也才想出四個名字），願上天保佑你善用天賦資質，願你平安、健康、快樂……」，這不僅和傳統教養的定義有極大的衝突，更非典型的父母模範，但卻真實的表達教養的艱難，以及在這樣的過程中可能遭遇的挫敗——或者應該說，是新時代父母的成功範型，這樣的母親雖然內心充滿各種來自文化或社會的詰難和質疑，但卻溫柔而寬容的接納孩子的模樣，這個過程不僅困難，而且更讓同樣經歷困境的父母親得到寬慰和釋懷。

另一個「文學的教養」，是受過文學閱讀與思考訓練的人，在從事教養時所展現特殊反省的樣貌，例如簡嫔在《紅嬰仔》裏，將過去文學閱讀的觀察訓練，化為更深刻的思考與反省在教養上：「食嬰之島」以珍古德《大地的窗口》中記錄殘廢雌黑猩猩悲慘一生，反省島內遺棄、凌虐嬰幼兒的事件，「讓我們承認吧，如同施暴者於痛毆孩童時渴望見到童血，嗅其腥膻、見其鮮紅以餵哺每一根飢渴的神經般，我們的骨子裡也流淌著食嬰的慾望。是以，在地狹人稠、雞犬相聞的島嶼上，我們聽聞隔屋傳來的童哭猶能安然入睡，於樓梯間與混身傷痕的小孩擦肩而過，卻視若無睹」；³¹另外「看過卓別林《孤兒流浪記》（The Kid）的人，想必對那個倒楣的『小男人』陰錯陽差被迫撿回棄嬰又順理成章撫養之，繼而建立父子親倫的過程印象深刻」，³²以這些文學經典啟發、誘導或強化理解的思考模式，可能在日後的教養孩子的過程中獲得新的印證，或者獲得更具意義與創造性的詮釋。

當然其中最典型的，應該是張大春的《認得幾個字》（2007）。雖然張大春自述創作動機，「我們在生活之中使用的字——無論是聽、是說、是讀、是寫，都僅止於生活表象的內容，而非沈積深刻的知識與思想。窮盡人之一生，恐怕未必有機會完完整整地將聽過、說過、讀過、寫過幾千萬次的某個字認識透徹」，³³但《認得幾

³⁰ 見朱天心：《學飛的盟盟》（1994）。台北：時報文化。頁 39。

³¹ 見簡嫔：《紅嬰仔：一個女人與她的育嬰史》（1999）。台北：聯合文學。頁 169。

³² 見簡嫔：《紅嬰仔：一個女人與她的育嬰史》（1999）。台北：聯合文學。頁 177。

³³ 見張大春：《認得幾個字》（2007）。台北：印刻。頁 24。

個字》透過字與字詞，以近乎百科全書式的、考據精神的方式解釋了字與字詞的歷史與典故，把這些歷史的知識傳遞給他的一雙子女，更重要的是，透過字與字詞的歷史，不僅連貫了張大春和他的孩子，也連貫了張大春和他的父親；因此認字不再只是語文教育，而更是一種情感教育。誠如張大春在「字」條下所言：「『字』的原意是養育——寶蓋頭是指家庭，孩子要有家庭的養育。」³⁴「字」在小篆的原義，是女人在家待產生育，原本是女性創造生命的符號，後來成為文化書寫的載具，這種繁衍孳生的生生不息的意象，也被文化的書寫的形式保存下來，而文字書寫所帶來的情感教育，也正是我們培育人文精神的過程中，最重要的意義。

雖則張大春關於教養的體悟來自一個古典的文化訓練，是屬於一種經過高度自省的、雅馴的文化訓練，然而張大春也從其中過濾出真諦：「正因教養不是一本書、一套固定的內容，也不只存在于人生的某一階段，更不是來自一個家庭或幾所學校，它是許多深深淺淺、大大小小的實際生活接觸，不斷衝擊著這個會思考的主體，並且通過與他人不斷的『體驗和討論』才得以面對的。」³⁵至於張大春所描述的理想教養的發生地，他是如此說道：

教養不在知識系統之內，偶爾甚至可以跟知識系統無關，教養總是來自一個值得尊重、追溯與記憶的過去，那裡有已經逝去的思考者遺留下來的、尚未經語言打磨的抽象問題；或者，那裡有風聞中美好的公共生活和個人品質，值得傾慕與再現。³⁶

對於可能已被學術知識界霸佔的教養發言權，張大春選擇了一條看似極為不同的路，選擇以最古典最保守的文化樣態，來做為與被科學或理性寡佔的教養的區分；而那個「值得尊重、追溯與記憶的過去」，在某個意義下卻被張大春的教養觀保留下來。

肆、教養的文學：如何抵抗世俗化的教養？

所謂教養的文學，指的是以教養為主題，並以文學的形式表達，更重要的是，在文學世界裏所強調的想像、啟發、連結以及療癒的功能，都能夠給予教養一事新的意義。呂政達在《與海豚交談的男孩》（2005）一書中，寫下了他與患有自閉症孩子的相處點滴：

³⁴ 見張大春：《認得幾個字》（2007）。台北：印刻。頁 269。

³⁵ 見張大春：《送給孩子的字》（2011）。台北：新經典文化。頁 222。

³⁶ 見張大春：《送給孩子的字》（2011）。台北：新經典文化。頁 225。

像一場探險，宇宙還太黑暗，地球還太年輕，魔王羽翼未豐，派出去尋找直布羅陀的水手還沒有返航，我常覺得兒子就是直布羅陀，遮蔽在自閉症裡的心眼兒有太多的神秘峽灣，海風奇烈，任何父親都甘願擱淺。更早，經緯線還未套上，我們常常逃脫疆界，沒有地圖之處，一個小孩對要用理性韁索套住他的大人竊竊發笑：你的陰謀是不會得逞的³⁷。

文學的語言通常是「陌生化」(defamiliarization)、或者說以特殊的語言形式抵抗語言的日常化、庸俗化，而疾病對生命來說也是陌生特殊的樣態，因此以文學的語言表達生命中複雜難解的情境狀態，顯得極為深刻而發人深省；呂政達以深邃幽微的文字，來試圖靠近並呈現孩子的精神與心靈世界，寫來格外令人動容，尤其重要的是，作者也表達透過書寫以療傷的效果，「寫作有療傷止痛的效果，許多療傷系的作家、讀者應該早就知道這件事。……有些生理心理學家相信，閱讀和寫作，其實應該具有等量齊觀的療傷效應，找到感同身受、準確穿透、描述自己心理感受的作品，心中微微驚訝：『咦，作者怎麼會知道我的想法？』療傷即已開始。」³⁸

教養文學不同於一般記錄育兒經驗或成長歷程的文字書，而特別強調以文學的語言表現教養的內涵，或進一步思索生命的本質，呂政達在另一篇〈子王〉中，深刻地描述了孩子的內在世界與作為父親的心路歷程：

王子，他是王子。人類的存在卻是如此脆弱的維繫著，像一條細繩就想吊起整座星球，他的星球，一個自閉症的小孩獨自坐在大腦的城堡裡，左臉迎接下降的日頭，右臉反射昇起的月亮，他總會有吃不完的餅乾屋，童話的完美結局。……兒子說：「你是爸爸，我是子王。」先別管名詞吧，這次，他終於說對了主詞的用法。³⁹

教養最難為的地方，即是面對不同於一般（或正常？）的孩子。許多關於教養的書寫，容易流於自我指涉與吹捧，缺乏深刻的思考與反省，讀來令人疲憊，而過於細節或寫實地描述不足為外人道的部分，讀來也容易令人產生畏懼與排斥；教養的文學最重要的特色，即是以文學的想像填補科學或理性難以到達的地方，而生命如此複

³⁷ 見呂政達：《與海豚交談的男孩》（2005）。台北：九歌。頁17。

³⁸ 見呂政達：《與海豚交談的男孩》（2005）。台北：九歌。頁48。

³⁹ 見呂政達：〈子王〉，收入氏著《怪鞋先生來喝茶》（2003）。台北：九歌。頁110。

雜，殊難以數字、量表或專家學者之言傳述，而關於那些特別的生命，也只有特殊的文學語言，才能夠描摹其像。

伍、結語：我求童蒙

《易·蒙卦》：「蒙，亨。匪我求童蒙，童蒙求我」，蒙者蒙也，是蒙昧未明、是萬物稚幼之時，也是指人處於童蒙未受啟發或者受到掩蔽的時候，蒙卦所強調的是如何啟蒙和如何教育的問題。亨是亨通，是指必將獲得啟發，亨字之後是談啟蒙的途徑，我在卦中指九二而言，九二是指啟蒙者；「童蒙」在卦中指六五而言，六五是受蒙蔽之人，「童」一般都解釋為兒童，⁴⁰但亦有解釋為動詞意義的「脫」，指欲脫蒙之人。⁴¹「童蒙求我」意思是指教育／教養的成功與否，主要看受教育者的主動性和積極性，這就像是一個處於蒙昧或充滿問題感的學生，去老師那裏尋找答案的理想寫照，所以才有「蒙以養正」，重要的是要學做一個尋求意義的人。不過本文以為，如果教養者（不論是老師或父母）如果處於被動，而僅要求孩子要主動來尋找答案，自己卻不主動上前去探詢去關心的話，恐怕失去時代的意義；因此，「我求童蒙」便成為教養文學最重要的特色——因為作者願意以一顆敏感易動的心去接近孩子，所以才有機會創造有意義的對話和互動；而教養文學的意義，確乎如簡嬪所說「我能留給兒子的最美好禮物，恐怕就是翔實記錄其嬰幼兒期成長的這本書了」，⁴²而這篇論文「恐怕也無法回答任何一個總體上關於文化教養的問題」，⁴³但是教養文學的確能夠做為一個特殊形式的禮物，因為畢竟，「能夠將教養像禮物一樣送給孩子的機會的確非常珍貴而稀少」。⁴⁴

在台灣의 出版領域中，親子教養的書經常是受到市場高度青睞，而親子教養類的書籍，也往往是再製某些家長「成功」的教養，這些成功的教養經驗，往往是指孩子在學業上如何菁英，或者透過這套方法能夠教養出成就非凡的孩子。讀者或許也是希望透過學習、或者複製這樣「成功」的教養方法或經驗，本文認為這樣的

⁴⁰ 熊秉真認為，中文常使用的「童」可以從幾個層面理解，例如年齡與身材皆小的「孩子」、代表社會地位或倫理關係中的「子」、或者是近乎童心稚情或具有赤子之心的抽象意涵之意。見熊秉真：《童年憶往：中國孩子的歷史》（2000）。台北：聯經。頁24。

⁴¹ 見廖名春：《周易經傳十五講》（2004）。北京：北京大學出版社。頁76。

⁴² 見簡嬪：《紅嬰仔：一個女人與她的育嬰史》（1999）。台北：聯合文學。頁265。

⁴³ 見張大春：《認得幾個字》（2007）。台北：印刻。頁72。

⁴⁴ 見張大春：《送給孩子的字》（2011）。台北：新經典文化。頁6。

論述過於純粹化了教養過程中所可能發生的情況，而本文所強調的教養文學，是以文學的同理意義與方法，呈現了父母親與孩子在教養過程中的心理狀況，容或有懷疑、掙扎、追憶、同情與接納等等心理情感，而這些心理情感的真誠表現，恐怕才是教養文學中最讓人感動的地方。就像龍應台女士從《親愛的安德烈：兩代共讀的36封家書》、《目送》到《天長地久：給美君的信》，那是一位母親從追求與孩子平等的關係中確認親情的意義、到回憶與反思自己和母親的係、最終抵達的是人類情感中最普遍也是最真實的呈現，用陪伴母親的終老（與迎接自己的終老）來展現教養一詞的奧義。至於「教養文學」究竟能否成為台灣當代散文書寫的次文類（sub-genre），恐怕也不是本文所能回答的，但關於教養的主題，將永遠是意味深遠且足以供經驗之資的。

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運用 ARCS 動機模式改善程式設計課程學生的學習動機與學習焦慮之成效

王毅新* 王玉真*

摘要

本研究旨在探討 ARCS 動機模式改善非資訊背景學生於程式設計課程之學習動機與學習焦慮的成效。學生主要來自某科技大學護理系，教學教材包括物聯網電子元件及圖像式程式語言，並於程式設計課程中運用 ARCS 動機模式。於第 3 週（前測）及第 18 週（後測）時，使用學習動機量表及學習焦慮量表分別評量學生的學習動機及學習焦慮，並採用魏克生符號等級檢定分析前測與後測得分之差異。結果呈現學生的學習動機與學習焦慮均有顯著改善（ $p < 0.05$ ）。故 ARCS 動機模式是可行與可及之教學策略，能確實提升非資訊背景學生於程式設計課程的學習動機，以及降低學習焦慮。

關鍵字：ARCS、動機模式、學習動機、學習焦慮

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The Effect of ARCS Motivation Model on Improving Students' Learning Motivation and Learning Anxiety in the Programming Course

Yi-Hsin Wang & Yu-Jen Wang

Abstract

This study aimed to explore the effect of ARCS motivation model on improving learning motivation and learning anxiety in students with non-information backgrounds in the programming course. The students were recruited from a university of science and technology and of these mainly in the nursing department. The teaching materials included Internet of Things electronic components and image-based programs and the ARCS motivation model was applied in the programming course. The learning motivation scale and the learning anxiety scale were used to evaluate student's learning motivation and learning anxiety, respectively, at week 3 (pre-test) and week 18 (post-test). The Wilcoxon signed rank test was conducted to analyze the difference between pre-test and post-test scores. This result showed significant improvements in learning motivation and learning anxiety ($p < 0.05$). Therefore, ARCS model is a feasible and accessible teaching strategy that substantially enhances learning motivation and reduces learning anxiety in the students with non-information backgrounds in the programming course.

Keywords: ARCS , motivation model, learning motivation, learning anxiety

壹、緒論

隨著智慧手機與平板等行動裝置的普及，各種軟體與手機的應用程式已佔據著個人生活日常，尤其是嚴重特殊傳染性肺炎（Coronavirus disease 2019 [COVID-19]）疫情期間更明顯改變人們的生活模式與工作型態，進入新常態（new normal）的時代。綜觀現今網際網路規模的成長態勢，進入第五代行動通訊技術（5th generation mobile networks 或 5th generation wireless systems，簡稱 5G）時代後，除網絡連結功能外，亦期許帶來更多的應用和服務價值。程式語言是與物聯網中萬物溝通的重要工具，近年來全球已興起培育程式語言能力的教育浪潮，2019 年教育部亦將程式教育正式納入國中與高中課綱，從培養學生邏輯思維與增強基本資訊素養能力著手。由此可知，全面推廣程式設計的基礎能力及培養運算思維的邏輯概念，已成全球至為重要之教育課題。

一、現況說明

本研究場域為北部某科技大學，本校以「健康照護」為發展主軸的護理系學生居多，約佔全校學生總人數的 80%。依據 2018 年新生調查結果顯示曾接觸過程式設計的新生比例不到一成，且普遍對程式設計領域課程感到焦慮，約 56% 學生表示除學校排定之必修資訊課程外，並無強烈意願選修程式進階課程。目前本校於四技一年級上學期開設「資訊科技與軟體實務」（Information Technology and Software Application）必修課程（2 學分/36 小時），授課內容包括簡介校內資源系統、雲端應用、遠距教學平台、資訊安全與媒體識讀、Microsoft Word 及 Microsoft Excel 的操作測驗、Google 表單設計與資料蒐集，以及簡介 Android 應用開發者（App Inventor）的開發環境、畫面設計與程式設計、變數使用與流程控制，並規劃應用程式實做 12 小時。課程評量方式包括平時表現、作業與上機考試。

程式教育除傳授程式撰寫外，更重要的是培養邏輯與運算思維方式，協助學生在發現問題後，善用邏輯思考及數位工具來解決問題，同時也養成應用數位科技自主學習的能力，藉以應對數位化世界的變局。由於本校學生多數來自技職體系，其實作能力相對紮實與穩定，透過學生從動手作的體驗與應用中切入科技教育，落實學生所學技術皆能實際應用於生活中，進而，可使科技教育的關注點從「科技可以做到什麼」轉移成「科技應該做什麼」。

二、研究動機

「智慧生活創客應用」為 STEM 跨域應用課程，學生在課程中

需要設計簡單的電子裝置，並運用電腦程式控制電子元件將創意應用於實際生活。從先前之教學經驗中察覺非資訊背景學生在學習程式設計課程時，由於缺乏程式設計的邏輯思維能力，因此，無法即時連結認知與程式。當遇到無法理解的問題，常採取記憶與背誦的應對方式，即使教師再次詳細解析，學生亦僅僅是紀錄程序步驟，而非透過理解與內化培訓程式思考模式。也因此，學生常倍感壓力與挫折，甚至認為課程內容枯燥乏味，進而降低其學習動機與學習成效。是故，亦無法達到「培育邏輯思考及數位工具來解決問題」之教學目標。

三、研究目的

本研究目的為應用 John Keller 教授提出的 ARCS 動機設計模式，包括引起注意（attention, A）、切身相關（relevance, R）、建立信心（confidence, C）與感到滿足（satisfaction, S）於非資訊科系學生之程式設計課程「智慧生活創客應用」中，期藉此增強學習動機、降低學習焦慮，提升學生具程式設計思維的跨領域資訊應用能力。

貳、文獻探討

一、ARCS 動機模式概述

學者 Keller 於 1983 年整合與學習相關之動機理論後發展出 ARCS 動機模式及其組成要素，旨在提供設計者與教學者整合學習動機與激勵策略，以激發學習者的動機及提升學習成效（Keller, 1987b）。ARCS 動機模式包括注意（attention, A）、相關（relevance, R）、信心（confidence, C）與滿足（satisfaction, S）四個要素（Keller, 1987a; Keller, 1987b），以下將分別說明之。

（一）引起注意（A）：

注意力是動機的要素之一，亦為學習的先決條件。關注（concern）是學習的要素，將注意力引導到適當的刺激；動機關注（motivational concern）是用以獲得並保持注意力，以能在整個教學期間產生令人滿意的注意力程度（Keller, 1987a）。主要的支持性策略包括引起好奇心；透過提問提升好奇心；產生疑問；培養思維挑戰；使用新穎的策略；變換演示風格；以及具體比喻等（Keller, 1987b）。

（二）切身相關（R）：

引導學習者連結學習與自身就業機會相關性，協助學習者享受與珍視學習過程，並聚焦於學習過程，而非結果，例如歸屬需求較高者傾向享受小組的合作過程，成就需求較高者傾向享受設定具有挑戰性的目標，並為達成目標承擔個人責任 (Keller, 1987a)。主要的支持性策略包括提供實用性的描述或案例；提出目標或讓學習者定義目標；並透過提供個人成就機會、合作活動、領導責任與積極的角色楷模，使教學對應到學習者的動機和價值觀；或提供具體與學習者工作相關的範例或舉例，使學習者熟悉概念與素材等 (Keller, 1987b)。

（三）建立信心（C）：

學習者對失敗的恐懼往往比教學者意識到的更加強烈，教學者應說明學習目標、提供自我評估工具及解釋評量標準，並在學習過程中，培養學習者的獨立性、展現性、以及學習對真正的成就感覺愉悅美好 (Keller, 1987a)。主要的支持性策略包括解釋成功與評量標準的要求，建立信心和正向的期待；提供多種、多變化及具有挑戰性的經驗，增強對能力的信心；提供個人可控制的技術，並提供將成功歸因於個人努力的回饋 (Keller, 1987b)。

（四）感到滿足（S）：

這個要素包含協助學習者對於個人成就感覺到愉悅美好的研究與實踐，當定義任務與獎勵、以及使用適當的強化程序 (reinforcement schedule) 後，學習者應會更具有動力 (Keller, 1987a)。主要的支持性策略包括提供問題、刺激或工作範例，使學習者了解如何解決「現實世界」的問題；運用口頭讚揚、實際或象徵性的獎勵和激勵措施，或由學習者量化努力的成果來進行獎勵；對工作成果的要求需與規定的期許達到一致，並對所有學習者的任務和成就提供一致性的測量標準 (Keller, 1987b)。

二、學習動機、學習焦慮與學習成效之相關性

學習者在學習過程中，首重提升自我能力，若缺乏學習動機、自信心，或採取消極與錯誤的學習策略，可能影響其學習成就，因此，透過激發學習動機，將可使學習者體認到學習的有用性與目標的可達成率 (韓, 2015)。換言之，學習動機是學習者積極求知及參與行為之原動力，高度學習動機能有效提升學習興趣，強化自我學習，激發學習動力，進而提升學習成效 (陳, 2021)。研究結果顯示學習動機與學習成效具有顯著相關性 (Durrani et al., 2022)、學習動機是正向且顯著影響學習成效 (陳, 2021)。

研究指出管理問題、上課時間、課程計畫、組織干預 (organizational interventions)、教師相關因素及設備均是激勵因素，高度動機的學習者，相對有較低的焦慮程度及整體動機較高 (Jodaei et al., 2018)。然而，當學習者受到學習情境影響時，易因感受外在威脅而體現出學習焦慮 (徐、蔡，2021)，在語言學習焦慮與學習成效的研究中可以發現泰語學習焦慮與泰語學習成就呈現負相關 (譚等，2019)、英語的學習焦慮負向影響學習效能 (謝，2020)。

三、運用 ARCS 動機模式於改善學習動機及學習成效之相關研究

ARCS 動機模式已應用於學校教育及醫護情境的研究中，以下將簡要描述近年相關研究及其結果。一研究使用行動研究法 ARCS 動機模式融入引導式探究教學於中學生的理化課程，課後學生回應包括被課程吸引並學到核心單元、提升學習信心及成就感、對課程感到滿意及公平等正向情意感受 (賴、段，2020)。一研究是使用 ARCS 動機模式及合作學習策略於大學生的音樂劇場通識課程，結果顯示能有效提升學習動機與學習成效 (王，2019)。有一研究將 ARCS 動機模式融入高職生全民國防教育教學中，結果發現可以有效提升學生在全民國防教育課程之學習成效 (賴，2017)；另一研究是將 ARCS 動機模式融入軍事倫理學課程，結果發現可以顯著提升學生對於軍事倫理學課程之學習動機，並且能提升教師於課程設計與問題解決的能力 (田，2021)。

在醫護研究方面，有一研究運用 ARCS 動機模式於長者樂智人工智能桌遊，結果顯示可以顯著提升長者的學習動機，以及自覺對生活具有幫助程度 (林，2022)。另一研究是運用 ARCS 動機模式結合遊戲式學習設計桌遊活動，用以測試對新進護理人員於高警訊藥物辨識能力及學習動機，結果顯示可以顯著提升藥物辨識能力的知識及對高警訊藥物的學習動機 (李等，2019)。綜總以上研究可知單獨應用 ARCS 動機模式，或者 ARCS 動機模式併用其他策略，可提升學習者之學習動機、學習信心、正向感受、知識能力與生活功能等。

參、ARCS 動機模式運用在程式設計教學

一、研究設計

本研究為一單組、前後測設計 (a single group, pre-post test design)，研究場域為北部某科技大學，研究對象為選修「智慧生活創客應用」課程之醫護科系學生。擬於該課程中介入 ARCS 動

機模式的教學策略，並探討學生在接受 ARCS 動機模式教學前後對學習動機及學習焦慮的改善成效。施測時間為第 3 週（前測）及第 18 週（後測）。

二、研究對象

本研究以 110 學年第二學期選修「智慧生活創客應用」課程的全部 18 名學生中，經說明後有意願參加研究的 15 名學生為施測對象，均為大學二年級的學生，包括護理系、保健營養系及幼兒保育系的學生。

三、ARCS 動機模式教學策略

以下說明各學習單元採取 ARCS 動機模式教學策略之執行要素與方式。

（一）引起注意（attention, A）：

於每次上課中，先介紹實作重點及預期成果，進而觀看各組發表的成果，藉此激發學習興趣與強化好奇心，同時，在各組相互仿效與競爭中，亦可學習到他組的創意與優點。

（二）切身相關（relevance, R）：

經由教師的課前介紹及他組的觀摩分享後，有助於學生意識到與自己切身相關，使之更能清楚每個單元的學習任務和目標，並藉由分享個人組內的成果過程反思自己的投入程度與統整思緒。

（三）建立信心（confidence, C）：

教師適時設立查核機制，輔導進度較落後的組別，協助排除障礙及達成進度，讓學生實際達成學習目標，建立學生的信心。同時，也引導學生反思每次成果發表的過程，重要的是與他人分享參與構思和創作的過程，以及從他人的分享中吸取成功的經驗，讓學生知道學習目標是可以達成的。

（四）感到滿足（satisfaction, S）：

教師在課堂中適時鼓勵學生，例如讚賞表現優秀的組別、明確指出學生的優點、肯定學生認真努力的學習態度。另外，藉由觀摩方式提供學生應用新學知識和技能的機會。

表一彙總各單元教學前、中及後所運用的 ARCS 動機模式要素及教學策略。

表一 各單元教學之前、中及後的 ARCS 動機模式及要素教學策略

單元進度	ARCS 要素	教學策略
單元開始前	A	• 介紹實作重點及預期成果，觀看各組發表的成果，激發學習興趣與強化好奇心。
	R	• 使學生清楚每個單元的學習任務和目標。
	C	• 讓學生知道學習目標是可達成的。
單元進行中	C	• 輔導進度較落後的組別，協助排除障礙及達成進度，讓學生實際達成學習目標，建立學生的信心，降低焦慮。
	R	• 教師不定時報告各組進度。
	S	• 教師適時鼓勵學生，例如讚賞表現優秀組別、明確指出學生優點，吸引其他組觀察。
單元完成後	A	• 藉由觀看各組發表的成果，激發學習興趣與強化好奇心，在各組相互仿效與競爭中，學習到他組的創意與優點。
	R	• 經由課前介紹及他組觀摩分享後，有助於學生意識到與自己切身相關，藉由分享個人組內的成果過程反思自己的投入程度與統整思緒。
	C	• 引導學生反思與他人分享參與構思和創作的過程，以及從他人分享中吸取成功經驗，讓學生知道學習目標是可以達成的。
	S	• 藉由觀摩方式提供學生應用新學知識和技能的機會。
	R、C、S	• 小組間相互觀摩，較優秀的組別可以獲得信心、滿足感與成就感，表現較落後的組別也可以藉此反思原因。

註記：A：引起注意；R：切身相關；C：建立信心；S：感到滿足。

四、研究工具及成果評量

(一) 程式設計課程經驗及程式設計能力之調查問卷

此問卷旨在調查學生參與程式設計課程的經驗及程式設計的能力，共包括 14 個題目，以及非常同意、同意、普通、不同意、非常不同意等五個選項，依個人經驗與能力圈選最符合的選項。於第 3 週進行問卷調查。

(二) 學習動機量表

本量表參考劉等（2010）修編自 Pintrich et al.（1991）激勵的學習策略量表（motivated strategies for learning questionnaire,

MSLQ)，共有 14 題，其中 7 題為反向題，採用 Likert 五點計分，每題包括非常不同意 1 分、不同意 2 分、普通 3 分、同意 4 分及非常同意 5 分，反向題採反向計分方式，總分越高代表學習動機越高。此量表信效度良好，內在一致性信度 Cronbach's alpha 值為 0.95、再測信度相關係數 0.82，效標關聯效度使用學習動機量表與自評學習行為量表，其相關係數為 0.80（劉等，2010），本研究此量表的內在一致性信度 Cronbach's alpha 值為 0.89。於第 3 週進行前測及第 18 週進行後測。

（三）學習焦慮量表

本量表參考何等（2010）修編自 Venkatesh and V. (2010) 的電腦焦慮量表（computer anxiety scale），共有 9 題，其中 5 題為反向題，採用 Likert 五點計分，每題包括非常不同意 1 分、不同意 2 分、普通 3 分、同意 4 分及非常同意 5 分，反向題採反向計分方式，總分越高代表學習焦慮程度越高。研究顯示內部一致性信度 Cronbach's alpha 值為 0.81 (Venkatesh & V., 2010)，此量表於本研究中的內部一致性信度 Cronbach's alpha 值為 0.93。於第 3 週進行前測及第 18 週進行後測。

（四）實作成果

於進度表中各單元結束之時，展示各組的實作成果，繳交實作紀錄包括相片及影像，藉此提升學生的參與度與學習成就，並有助於教師瞭解學生對教學內容的理解、吸收與接受程度，進一步完成知識與應用的整合。完成實作成果的週次分別為第 3、4、5、6、7、8、11、12、13、14、15 及 17 週，實作紀錄分數會列入成績考核中。

（五）專題競賽及專題競賽發表

由教師提出應用主題，學生經整合課程所學後，進行構想、規畫、設計與實作，分別於第 9 週及第 16 週舉辦專題競賽，並於第 10 週及第 18 週進行專題競賽發表，專題競賽分數會列入成績考核中。

五、統計方式

使用 SPSS 視窗版 22.0 進行統計分析，描述性統計包括平均值、標準差、頻率及百分比；推論性統計運用魏克生符號等級檢定（Wilcoxon signed rank test）比較介入 ARCS 動機模式前後對學生的學習動機與學習焦慮之成效。並以 $p < .05$ 判定統計顯著性差異。

肆、研究結果

一、程式設計課程經驗及程式設計能力之調查結果

表二顯示學生在程式設計課程的經驗及程式設計的能力，表中呈現各題項在同意度與否的頻率及百分比，另外，將各選項換算為分數，即非常不同意 1 分、不同意 2 分、普通 3 分、同意 4 分及非常同意 5 分，繼而計算出平均分並排序。平均分最高的前五位依序分別是「你預期對這堂課會投入的程度」、「我不排斥學習程式語言」、「我認為程式語言的能力對我未來很重要」、「我覺得寫程式很難」、「我對物聯網感測元件感到好奇」；平均分最低的前五位依序分別是「我能說出幾種物聯網的應用」、「我有操作電子電路相關的經驗」、「我「有能力」將物聯網感測器應用在生活」、「我曾經上過程式語言的課程」、「我曾經學過物聯網的相關課程」。

表二 程式設計課程經驗及程式設計能力之調查結果 (n=15)

排序	項目	非常				非常 同意	平均
		不同意	不同意	普通	同意		
1	你預期對這堂課會投入的程度			2(13.3%)	6(40.0%)	7(46.7%)	4.33
2	我不排斥學習程式語言			5(33.3%)	4(26.7%)	6(40.0%)	4.07
3	我認為程式語言的能力對我未來很重要	1(6.7%)		7(46.7%)	5(33.3%)	2(13.3%)	3.47
4	我覺得寫程式很難		2(13.3%)	6(40.0%)	6(40.0%)	1(6.7%)	3.40
5	我對物聯網感測元件感到好奇	2(13.3%)	2(13.3%)	3(20.0%)	8(53.4%)		3.13
6	我會「想要」將物聯網感測元件應用在生活	1(6.7%)	4(26.7%)	6(40.0%)	3(20.0%)	1(6.7%)	2.93
7	我會利用程式來解決我生活中的問題	2(13.3%)	3(20.0%)	7(46.7%)	2(13.3%)	1(6.7%)	2.80
8	我有能力寫出我想要的大部分的程式	3(20.0%)	7(46.7%)	4(26.6%)		1(6.7%)	2.27
8	我對電子電路操作有基本的認識	5(33.3%)	5(33.3%)	2(13.3%)	2(13.3%)	1(6.7%)	2.27
10	我曾經學過物聯網的相關課程	7(46.7%)	3(20.0%)	2(13.3%)	1(6.7%)	2(13.3%)	2.20
11	我曾經上過程式語言的課程	7(46.7%)	5(33.3%)	1(6.7%)		2(13.3%)	2.00
12	我「有能力」將物聯網感測器應用在生活	4(26.6%)	7(46.7%)	3(20.0%)	1(6.7%)		2.07
13	我有操作電子電路相關的經驗	7(46.7%)	5(33.3%)	1(6.7%)	1(6.7%)	1(6.7%)	1.93
14	我能說出幾種物聯網的應用	5(33.3%)	9(60.0%)	1(6.7%)			1.73

二、學習動機及學習焦慮前後測比較

表三呈現學生於介入 ARCS 動機模式教學策略前後之統計結

果。在學習動機量表方面，學生的平均分數自前測 3.41 ± 0.54 分提升至後測 4.01 ± 0.55 ($Z: -2.58; p = .01$)，表示 ARCS 動機模式教學策略可有效提升學生在「智慧生活創客應用」課程的學習動機；在學習焦慮量表方面，學生的平均分數自前測 2.65 ± 0.75 分降低至後測 1.79 ± 0.46 ($Z: -2.67; p = .008$)，表示 ARCS 動機模式教學策略可有效改善學生在「智慧生活創客應用」課程的學習焦慮。

表三 學習動機、學習焦慮之前後測比較結果 (n=15)

	前 測		後 測		Wilcoxon signed rank test	
	平均值	標準差	平均值	標準差	Z	p
學習動機	3.41	0.54	4.03	0.55	-2.58	.01*
學習焦慮	2.65	0.75	1.79	0.46	-2.67	.008**

註：* $p < .05$; ** $p < .01$

伍、研究討論

本研究運用 ARCS 動機模式於非資訊科系學生學習程式設計課程「智慧生活創客應用」，研究結果顯示 ARCS 動機模式確實能有效提升學習動機及降低學習焦慮，此結果與目前 ARCS 動機模式的相關研究結果具有相近之趨勢。

陸、結論

此為本校程式設計課程初次運用 ARCS 動機模式之先導研究，對於非資訊科系學生修習 STEM 課程時提升學習動機及降低學習焦慮有不錯的結果，期此經驗可作為未來通識教育中心對非資訊科系學生開設程式設計應用等跨域課程之參酌。另外，亦期許未來能採行更具完善之研究設計，例如質量性並重研究設計，以及收集學習成效與質性訪談等資料，以獲得更多學習者之量性實證數據及質性學習經驗。

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評林承宇 《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》

洪如薇¹

大學裡的通識課，包含多個領域類別各異的課程，《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》是一本談論社科領域傳播類別的通識課程的教學實務著作，由雙葉書廊有限公司於2020年9月出版，2021年再刷。

本書作者林承宇，現為世新大學廣播電視電影學系專任教授，專長領域為健康識能、媒體素養教育、新媒體敘事行銷、傳播敘事等等，雖然作者拿的是政治大學新聞所的博士文憑，但其高教職涯不論專、兼任期間，多投身於通識教育且隸屬於通識教育中心，現雖改隸新聞傳播學院的廣電學系，但他在自序中表示：「通識教育課程依舊是我至今的開課核心。」從92到108學年，作者總共開授14門通識課程且耕耘甚深，其中「傳播敘事」、「健康識能」、「媒體識讀」和「媒體再現與行動」四門課，曾取得教學評鑑滿分或教育部補助等殊榮。

一般而言，大學教師的任務分為研究、教學、服務三大面向，而教學是本書作者最看重的事，他提到：「如果真的要排序，教學肯定是我無庸置疑的首選。」²秉持「大學教師最重要的工作就是教學」的信念，作者始終關注傳播類型的通識課程能否與時俱進，因而持續在課程設計與教學方法上力求革新與精進，他以16年來的教學經驗為背景，綜整個人在2017至2020年間產出的7篇教學研究著作之後完成本書。

全書共五章，第一到四章，每章五節，順著「課程設計理念與學理基礎→教學主題內容與方法技巧→教學研發成果與學習成效→教學創新與貢獻→啟示與建議」的固定模式展開論述。前四章的論述焦點，從通識必修課到通識選修課，從一門課到數門課共構而成的專業跨領域課群，從素養導向的教與學到落實社會實踐的具體作為，由小而大，由簡而繁，環環相扣地逐步推擴，最後透過第五章加以收束、總結。

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² 《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》自序。

第一章談單一通識必修課，章名為「PBL 教學法運用於全校通識必修『媒體識讀』課程的教學實踐歷程」，作者在 104 學年下學期，以兩班大一必修的「媒體識讀」課程為教學研究對象，一班實施 PBL 教學法一班採取傳統教學模式，³搭配他自行研發的量表進行前、後測以檢視教學成效。經教學實踐研究證明，適度導入 PBL 教學法，能提升「媒體識讀」課程的教學成果——學生在媒體識讀三大構面知識觀的建構、五大基本能力的養成上，⁴都有更趨近教學目標的表現，尤其在「近用媒體」的能力上所展現的顯著成效，更是 PBL 教學法對「媒體識讀」課程最大的意義，因為「近用媒體」的實踐力是「媒體識讀」最重要的核心能力。作者同時指出實施 PBL 教學法的局限——需要多位教學助理，十分仰賴學校與教育部在經費上的支援，難以憑藉授課教師個人之力堅持到底。

第二章談單一通識選修課，章名為「融合 PBL 與 ORID 教學法運用於全校通識選修『健康識能』課程的教學創新與驗證」，⁵以「健康識能」這門通識選修課為教學研究對象，在 108 學年上、下學期進行兩階段的教學行動研究，第一階段以第一章提到的 PBL 教學法作為教學行動研究核心，第二階段則在階段一的教學成果上導入 ORID 的教學模式，據此觀察 ORID 在改善學生互動不足、參與度不高的問題上，能否發揮正面影響力，進而提高修課學生發言分享、相互交流的意願。作者透過兩階段的教學研究成果，證實了「PBL 教學法確實可以促成學生對健康訊息的反思、批判及近用社群媒體發聲的知識性建構」，⁶在此基礎上融入 ORID 教學法則，才能更有效地進一步促成學生高度參與課程或議題討論，在課程所設定的討論議題與細項上掌握得更準確，讓討論更有效率，將課程知識轉化為生活上的行動策略，提升了行動與實踐力。作者同時指出，將 PBL 與 ORID 教學法作為常態性教學模式並不容易，需要持續的經費挹注，更需要教學者十足的決心與毅力才能完成。

第三章談課群教學，章名為「以全校通識選修『傳播敘事』作為『課群』翻轉通識教學創新的可能性」，這是作者擔任教育部「專業

³ 問題導向學習法（Problem-based Learning）簡稱 PBL。

⁴ 三大構面知識觀包含媒體認知、媒體情意、媒體技能；五大基本能力包含辨別媒體再現、思辨媒體文本、分析媒體組織、反思閱聽人、近用媒體。詳《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》第 8 頁。

⁵ 焦點討論教學法（Focused Conversation；Objective, Reflective, Interpretive, Decisional）簡稱 ORID。

⁶ 《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》96 頁。

跨領域課程」總計劃主持人期間，在 102 學年第 2 學期與 103 學年第 1 學期先後組織、推動「異文化敘事傳播與公民社會」以及「傳播、社區與公民行動」兩個課群的教學實錄，⁷分享同一個課群中的不同課程在知識共構、橫向聯結與問題解決上的經驗，檢視課群教學對學生的能力養成與啟發帶來哪些正向影響？有無開創新的教學成果的可能性？作者藉由傳播類型通識課程與專業課程互相合作的教學行動研究，證明跨領域課群教學「不但可以為學生突破單一課程知識觀的侷限性，更可以為學生創造多元學習成效的雙贏結果」⁸，發揮教學創意，實現翻轉教室精神，要而言之，課群教學模式對通識或專業課程的教學效果都能產生助益，值得推展與延伸，然而「課程間的橫向合作」是必須花費很多時間的重大挑戰，唯有各課程教師在授課前確實掌握了課群夥伴的課程資訊與合作模式，才能達成良好的教學成效。

第四章談社會實踐融入課群教學，章名為「藉由全校通識選修課程『傳播敘事』與『健康識能』促使學生『社會實踐』的教學創新設計」，在課群教學模式的基礎上，導入社會實踐的理念，選定臺北市文山區健康服務中心為主要合作對象，以 65 歲以上的具能長者為目標群體，規劃與社區互為主體，彼此緊密合作的課群教學設計，106 學年與 107 學年第 1 學期，作者與他系教師共構了以「敘事力」、「創造力」為核心精神的社會實踐行動導向課群組，⁹於 106-1、106-2、107-1 循序漸進地促成「青、銀共構文山故事」（文山長者敘述回憶，學生紀錄並展現）、「青、銀共同實踐文山經驗」（文山長者走入校園，學生為長者規劃走秀活動）、「青、銀共創行動展演」（學生為長者打造數位平台，鼓勵文山長者與不同社區的長者分享生命故事），達成高齡友善文山社區的社會實踐目標。作者提到，以社會實踐融入教學設計，對通識課程最難達成的「實踐力」¹⁰能發揮極好的效果，更能

⁷ 「異文化敘事傳播與公民社會」課群由五門課程組合而成，包含「英美青少年小說」（英語學系）、「公共新聞學」（新聞學系）、「傳播敘事」（通識課程）、「跨文化溝通」（口語傳播學系）以及「電腦與資訊科技」（口語傳播學系）；「傳播、社區與公民行動」課群由四門課組合而成，包括「媒體再現與行動」（通識課程）、「社區與傳播」（新聞學系）、「傳播技能」、「媒體識讀」（新聞傳播學院），詳見《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》115-116 與 142 頁。

⁸ 《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》108 頁。

⁹ 三個學期的課群，都由四門課組成，每個學期所包含的課程並不相同，但都橫跨通識中心、新聞學系、公關暨廣告系以及傳播管理系，詳見《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》159-160 頁。

¹⁰ 意指「培力學生從靜態知識轉化為動態行動能力與創造能力」，詳見《傳播通

呼應素養導向的教學精神——培養學生具備將課程知識轉化為具體行動的能力，一種可以應用在學生自身生活情境的行動力，進而使其成為一位終身學習者。不過，作者也坦言 106-1~107-1 三學期社會實踐課群的每一門授課教師，都承擔並付出了很大的代價，除了前述「課程間的橫向合作」挑戰重重之外，還有如何讓學生做好進入社區的準備等難題，除了與教學夥伴長期合作累積經驗與默契，也需要和實踐場域充分地建立良好的互動關係，如此才能使社會實踐課程順利施行。

第五章表述信念收整全書，章名「結論與教學展望」，正文之前，作者提到身處重研究輕教學的高教環境中，他之所以堅持以教學導向作為個人志業，除了想以實際行動，證明這是正確且必要的教育路線之外，更想藉此傳達全心投入教學的大學教師，也能因著教學現場的反饋而啟發研究動能，在學術發表上一樣能創造良好的成果。本章分為兩節，第一節闡述傳播通識教育的重要性，以及作者自身從課程、課群到社會實踐的教學志業。文中引用傳播學者麥克漢魯（Herbert Marshall McLuhan, 1911-1980）的著作，成就一個理性、文明、成熟的公民社會，有賴於傳播領域的知識普及於每一個人，而這正是作者致力於傳播通識教育的主因，他認為傳播教育的核心「應該是以『公民』為中心的傳播通識教育導向」，¹¹有鑒於媒體環境的改變，他主張在透過傳播通識教育建構反思批判能力思維的同時，也要致力於敘事、創造、美學、行動與實踐能力的養成。¹²因此，作者持續構思新課程，針對課程本身研擬教學法、融入課群合作與社會實踐的思維，期望達成培養學生將課程知識轉化為實際行動的教學目標；第二節呈現了作者 92-108 學年個人專業課程開課紀錄、課程教學帶動研究計畫執行一覽表，以及 103-108 學年課程教學帶動期刊論文發表概況，透過上述教學研究成果，證明教學有助於帶動跨領域研究，最後，以「教學永遠應該是大學教師在高教場域中最重要的核心任務」¹³作為面對未來高教環境的教學期許，並指出透過傳播通識教育的教學能開啟跨領域研究的未來展望。

做為一位沒有傳播專業背景的讀者，乍看書名「傳播通識教育的教學創新與驗證」，我以為這是一本提倡通識教育教學革新、嘗試將通識教育的價值傳播出去的著作。全書讀畢之後，我發現自己最初的想像沒有錯但不對，不對的地方在於本書作者之所以以「傳播通識教育」為名，主要原因應該是全書聚焦於傳播類別的通識教育課程，換

識教育的教學創新與驗證：課程×課群×社會實踐》182 頁。

¹¹ 《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》190 頁。

¹² 詳《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》192 頁。

¹³ 《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》202 頁。

言之，「傳播通識教育」的「傳播」二字並非動詞，而是學門名稱，所謂「傳播通識教育」是「傳播專業教育」的相對概念；沒有錯的地方則是，透過作者對傳播通識教育充滿熱忱、毅力的教學革新、跨域實踐與研究發表，整體通識教育的品質與價值自然隨之提升、傳揚。我認為，這本教學實務著作對非傳播專業背景的教學者具有三大助益：

一、認識傳播通識教育，拓展跨領域視野

過去，提到「媒體識讀」，聯想到的就是「辨識假訊息」，但是當我們追問「如何辨識假訊息？」、「辨識假訊息之外還有哪些核心議題？」時，卻不容易講出一個具體的答案。透過本書第一章所論及的「媒體識讀」五大提問（1）是誰創造了訊息？（2）媒體訊息運用了哪些技術來吸引我的注意？（3）他人對這訊息的理解可能有哪些不同？（4）此訊息呈現或省略什麼樣的生活型態、價值觀或觀點？（5）該訊息如何被傳送出來的？¹⁴讀者能取得具體的答案與步驟，據此對日常生活中的媒體訊息加以評估、分析，擺脫假訊息的糾纏。辨識假訊息之外，辨別媒體再現、思辨媒體文本等等，都是「媒體識讀」的核心議題，參考作者自行開發的量表，¹⁵能讓我們擴充見聞並應用在個人生活經驗之上；再以「健康識能」為例，藉由書中的引述——健康識能是個人取得、詮釋、理解基本健康訊息和服務的能力，以及運用這些訊息及服務為個人的健康做適當的決定，¹⁶一改我將它與「保健知識」劃上等號的誤解，也對個人健康識能素養有所覺察。總而言之，閱讀本書有助於理解傳播通識教育的內涵，拓展跨領域視野，對個人的生活與教學都有幫助。

二、促進個人課程設計知能，改善教學研究論文、報告之撰寫能力

本書一到四章的第一節，都針對該章所使用的教學法或課程設計理念、學理基礎進行說明，有助於讀者掌握 PBL、ORID、課群合作教學、社會實踐的內涵，各章第二、三節所呈現的教學主題內容、方法技巧與教學研發成果，都檢附了具體且詳盡的資料供讀者參考，以第三章課群合作教學為例，讀者透過「異文化敘事傳播與公民社會課群網路論壇跑班執行表」、「異文化敘事傳播與公民社會課群網路論壇跑班執行表」就能具體地理解課群中不同課程之間，¹⁷如何分工合作、橫向聯繫，透過「傳播敘事課程對應五大公民核心素養課程設計執行表」

¹⁴ 《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》第3頁。

¹⁵ 《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》10-11頁。

¹⁶ 《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》45頁。

¹⁷ 詳《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》120-121頁。

所呈現的十八週課程主題與內容，¹⁸讀者得以借鑑作者如何運用議題討論、輔助影音、延伸閱讀和學習單來強化學生知識建構的成效，凡此種種如能應用在個人教學或研究上，必能精進個人的教學知能。此外，由於本書改寫自作者所發表的期刊論文、研討會論文、研究計畫成果報告書，因此在寫作架構與論述脈絡上，十分貼近研究計畫申請與學術發表的要求，值得讀者在撰寫教學研究論文、報告之際細加揣摩、參考。

三、強化大學社會責任的信念，優化融入 USR 精神之課程設計

教育部近年來積極推動大學社會責任（USR）實踐計畫，本書第四章所分享的課群課程融入社會實踐之教學創新設計——選定北市文山區的具能長者，組建「憶·文山：用故事開創樂齡社區生活」跨域新創課群，調整「傳播敘事」、「健康識能」課程設計，於 106-1、106-2、107-1 三期陸續完成「光陰故事館」、「光陰舞台」與「數位舞台」期末展演，依序達成「長者走出戶外」、「長者走入校園」與「文山長者跨出去（與其他區的長者交流）」的設定，從中培育學生將靜態知識轉換為實際行動的能力——這其實可以視為 USR 課程的前驅。對不少教學者而言，執行 USR 計畫是不容易的，也會產生「我是不是利用學生在做計畫？」、「這些社區活動，對學生在這門課上的知識養成到底有沒有幫助？」等自我質疑，參照作者的經驗分享，有助於改進課程設計，達成更好的教學成效。此外，作者的學生在社會實踐過程中的能力養成與教學反饋，反映了 USR 課程對素養教學的正向影響，也強化了讀者對大學社會責任的信念。

整體而言，《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》除了提供具體的教學實務經驗分享之外，也帶來嶄新的觀點與跨域知能，值得有志於通識教育教學創新研究的大學老師參考，轉化為個人教學革新與學術研究的底蘊。

¹⁸詳《傳播通識教育的教學創新與驗證：課程×課群×社會實踐》126-135 頁。