ISSN 1974-4382

"BRIDGING THE GAP" – COMMUNICATIVE PRACTICES AND FACILITATION OF UNDERSTANDING IN MEDIATED MEDICAL CONSULTATIONS

DANIELE URLOTTI
UNIVERSITÀ DI MODENA E REGGIO EMILIA

daniele.urlotti@unimore.it

Citation: Urlotti, Daniele (2024) "'Bridging the gap' – Communicative practices and facilitation of understanding in mediated medical consultations", in Amalia Amato and Letizia Cirillo (eds.) *Mediating English as a Lingua Franca for Minority and Vulnerable Groups*, *mediAzioni* 41: D113-D132, https://doi.org/ 10.6092/issn.1974-4382/19758, ISSN 1974-4382.

Abstract: Constant migration flows from Africa and the East have caused an increase in the demand for public service interpreting and linguistic and cultural mediation across the national health services of Europe, where English as Lingua Franca is one of the languages often used to communicate with foreign patients. Previous research on the lexical strategies deployed during mediated medical visits mainly focused on the medical language varieties used by doctors and mediators, on how the translation of medical terminology can favour or hinder the interlocutors' active participation or on patients' understanding of medical terminology. Based on transcribed audio-recordings of mediated medical visits recorded in Italian public surgeries, this paper argues that, when the patients' linguistic competences are evidently limited, mediators might resort to specific lexical strategies which are implemented to coordinate the interaction more effectively and ascertain that intersubjectivity is maintained. All data have been analysed using a conversation-analytic methodology, in order to outline which mediator lexical choices prove more effective in achieving interactional success. Two phenomena in particular have been investigated: the coordinating use of multi-part renditions of questions and the role of repetitions (Schegloff 1997) in mediated interaction sequences. Our final aim is to highlight how the use of such communicative strategies can prove particularly useful for mediators to gather and provide information more effectively, and to generally guarantee a positive outcome of the medical visit.

Keywords: linguistic and cultural mediation; public service interpreting; multi-part renditions; Conversation Analysis; repetitions; migrants; English as lingua franca; institutional interaction; medical interaction.

1. Introduction

In a world where political conflicts, economic crises, climate change and extreme weather events are forcing millions of people to migrate from their birthplaces and look for better living conditions in richer countries, national healthcare services are among the institutions which have had to tackle the urgent necessity of communicating effectively with non-native speakers. This scenario has caused not only an increase in the demand for public service interpreting, and linguistic and cultural mediation services, but also a growing academic interest in the study of such an articulated and complex phenomenon as mediated institutional encounters, where an interpreter or intercultural mediator (CNEL 2009) helps two primary interlocutors (an institutional agent and a foreign person accessing the public service) communicate with each other.

One of the many asymmetries which generally characterise encounters in institutional settings (Drew and Heritage 1992) is relative to the institutional agents' use of their specialised language, which in the case of healthcare services is often referred to as the "language of medicine". But if the use of such language is an obstacle for the lay patient who speaks the same language as the clinician, it is even more so when migrant patients are involved in the encounter, and linguistic mediation services are required. For this reason, to investigate how mediators' use of lexical rendition strategies can facilitate the communicative process between clinicians and migrants, a number of studies have also focused on the comprehensibility of the clinicians' technical language in non-mediated interactions; as a matter of fact, it has been shown that migrants might struggle to understand medical interaction even when they have reached a level of competence in the foreign language which is sufficient for them to lead their everyday life in their host country (Meyer 2012).

Thus, for example, Bersani Berselli (2009) found that clinicians generally tend to use different registers depending on their interlocutors (a more professional one with their peers and a less professional one when addressing patients). However, when intercultural mediators are involved in the interaction between clinicians and patients, he also observed the mediators' orientation to simplifying technical language in those cases where clinicians refrain from doing so in the first place. In their study of both mediated and non-mediated medical interactions in South Africa and Italy, Watermeyer *et al.* (2021) found a generalised lack of verification of patient understanding of medical terms, but also that asking patients to explain such terms in their own words may prove a better strategy to check their understanding than simply asking whether they have understood the technical terms or not.

On the one hand, it is undeniable that, when rendering somebody else's words into another language, the specific choice of a single word or phrase over another is meant to significantly increase the probability for the interlocutor to understand a message. On the other, another variable which becomes decisive, especially when the patient's linguistic competence is particularly weak, is how lexis is distributed and reorganised by the person mediating in their rendition.

One of the aims of this paper is to show that lexis distribution and reorganisation in mediators' renditions is worth investigating. Such investigation

https://doi.org/ 10.6092/issn.1974-4382/19758

will be conducted by presenting the analysis of data collected during gynaecological consultations involving an Italian clinician, a migrant patient, and an intercultural mediator with a migration background. The analysis will be carried out in order to single out and shed light on two practices involving the redistribution or the repetition of lexical elements within renditions. The first one concerns the deployment of a type of rendition called *multi-part rendition* (MPR), through which intercultural mediators in my data partition and redistribute the content of the primary speakers' utterances over more than one turn. The second practice concerns the use of repetitions of the same or similar words in different turns within the same sequence, as a means of obtaining confirmation from the patient. These are recurrent practices in my data, suggesting that intercultural mediators may deploy them as (un)conscious strategies to verify that patients with lower levels of linguistic competence can understand the exact meaning of the doctors' words and provide the precise information which doctors require, thus safeguarding the effective outcome of the medical consultation.

2. Data and methods

The dataset analysed for this study is part of the much larger AIM Corpus (Gavioli 2018), which collects more than six hundred interactions, recorded within the national health service in the provinces of Modena and Reggio Emilia, Northern Italy, involving medical staff, intercultural mediators, and migrant patients speaking little or no Italian. The main languages of the patients are English, Arabic, Mandarin, and French. The dataset selected for this study is a subset recorded in particularly vulnerable settings with refugee women or women assisted by social services. It includes seven gynaecological consultations for a total of two hours and fifty-six minutes of recordings, involving patients and intercultural mediators, speaking English as a lingua franca (ELF), all of whom are women from either Nigeria or Ghana.

Since patients' linguistic competence is an essential variable for this study, a clear distinction should be made about what I mean by ELF in this context. According to Kachru's (1986) model, both Ghana and Nigeria (as former British colonies) belong to the so-called outer circle, composed of those countries where English is not the native language, but is used as a lingua franca among a population that speaks a great number of local languages and dialects. The varieties of English spoken in these countries are considered *endonormative*, since they show their own peculiar locally developed linguistic features. On the one hand, each of the two countries has its own official variety of English, respectively called Ghanaian and Nigerian English; on the other hand, in each country, national variations of Western African Pidgin, also known as Guinea Coast Creole English (Carons and Onyioha 2012), are spoken. Nigerian Pidgin English is estimated to be the language with the highest number of speakers in Nigeria as well as the lingua franca of the southern part of the country (Agbo and Plag, 2020: 355), while Ghanaian Pidgin English is used primarily as a lingua franca with people from outside Ghana (Rupp, 2013: 14). As far as these types

https://doi.org/ 10.6092/issn.1974-4382/19758

of varieties of English are concerned, for my dataset, it is possible to conclude the following: a) some non-standard aspects of the varieties of English spoken by the mediators and patients constitute a standard of their own for the speakers involved; b) the fact that Pidgin English is not a native language for many speakers from these countries accounts for the great discrepancy in linguistic competences, which would explain the use of different communicative practices such as the ones described in this study; c) intercultural mediators coming from countries where Pidgin English is spoken are less likely to misunderstand patients from the same area, since, when speaking ELF, the more similar the native language(s) spoken by the interactants the less likely they will be to misunderstand each other (Guido 2018).

Concerning the technical aspects of data gathering and their transcription, all interactions were only audio-recorded, owing to the particularly sensitive and delicate nature of gynaecological consultations, in order to prevent embarrassment or reluctance in the patients. All data were transcribed using ELAN 6.2, an open-source software (2021, Nijmegen: Max Planck Institute for Psycholinguistics, The Language Archive. Retrieved from https://archive.mpi.nl/tla/elan), which allows for great accuracy in the synchronization of the recordings with their transcripts. The transcription conventions follow the Jeffersonian style (see Appendix) which is usually adopted for Conversation Analysis (CA), and all backtranslations of the data in English are by the author.

The following sections 3 and 4, and their subsections, present the two lexical choices mentioned in the introduction. As each of the two practices belong to aspects of linguistic mediation and/or social interaction which have already been discussed in the literature, each section will begin by briefly describing the most relevant concepts in the literature, followed by one or more subsections focusing on the lexical choices themselves, as observed in my data.

3. Multi-part renditions (MPRs)

One of the purposes of this study is to show how intercultural mediators may split the content of their renditions into smaller pieces of information, so as to better guide patients through the process of either providing information to the clinicians or receiving instructions from them, and to make sure that shared understanding between primary interlocutors, a phenomenon that is referred to in Conversation Analysis as *intersubjectivity* (Raymond 2019: 182), is maintained and shown. This process of distributing the content of a rendition over more than one turn can be ascribed to one of the eight rendition categories which Wadensjö described in her seminal book titled *Interpreting as Interaction* (1998). In her work, Wadensjö developed a taxonomy of interpreter renditions, based on the textual comparison between primary interlocutors' and interpreters' utterances (Wadensjö 1998: 107-8), with the purpose of examining the scope and value of interpreters' actions, not only in terms of translation, but also of their coordinating potential. Thus, the taxonomy has been applied first by Wadensjö (1998) and then by other scholars (see e.g., Mason 2001) to contend that

https://doi.org/ 10.6092/issn.1974-4382/19758

interpreters play an active role not only as translators, but as interaction coordinators within triadic exchanges. Some authors have also proposed additional categories or adjustments to the eight original rendition categories (Amato and Mack 2011; Gavioli and Baraldi 2011; Baraldi 2012; Dal Fovo and Falbo 2020), but the category which is the object of this section and which I am now going to scrutinise was already defined in Wadensjö's original taxonomy as *two-part or multi-part rendition* (MPR).

According to the author's definition, MPRs are those interpreter renditions whose propositional content is divided into two or more parts because of the interjection of an utterance by one of the primary speakers (Wadensjö 1998: 108). Both from her definition and the analysis of the four examples of MPRs which she provides in her book, the main idea the author proposes is that MPRs are not ascribable to the interpreter's initiative of subdividing the propositional content of a rendition into more than one turn; therefore, MPRs apparently do not constitute a communicative strategy which can be willingly deployed by interpreters, but represent an instance of resumption of a rendition after some interactional incident has interrupted it. Nevertheless, several studies have referred to MPRs as interpreters' initiatives either because their authors seem to have taken the intentionality of these initiatives for granted, or because it was explicitly stated by some interpreters during interviews (Arumì Ribas and Vargas-Urpì 2018; Biernacka 2019; Biernacka and Kalata-Zawołocka 2019; Gil-Bardají and Vargas-Urpí 2020; Pontrandolfo 2016). In these studies, however, no attempt is made to demonstrate whether there are any interactionally relevant elements which might display the interpreters' orientation to subdividing their renditions into two or more parts. In my data such interactionally relevant elements are recurrent and clear to identify, suggesting that MPRs may actually be considered an interpreting practice, or a technique used by the intercultural mediator as a coordination device which not only favours intersubjectivity but also guarantees that it is maintained. On the other hand, their initiatives to maintain intersubjectivity always target the patients and are aimed at providing a clear answer to the clinician's questions, which may raise the issue, beyond the scope of this paper, of the intercultural mediators' positionality and their support to the clinician's agenda.

3.1. Self-initiated multi-part renditions.

As mentioned above, MPRs can either be the result of the initiative of interlocutors taking the floor before the end of a rendition, for example, to ask for clarification, or of the mediators temporarily suspending their renditions. The latter case is specifically presented in the data analysis below. Here the same pattern is found, which shows the intercultural mediators' orientation to suspending their renditions. First, the mediator renders only part of the original message. Then there is a significantly long interturn gap followed by a form of patient feedback/response. The systematic presence of the interturn gap between one part of the rendition and the patient's feedback can be interpreted as an orientation to keeping the rendition paused until the patient has clearly shown

https://doi.org/ 10.6092/issn.1974-4382/19758

that intersubjectivity is being maintained. When such feedback is followed by a mediator's acknowledgment token (or sometimes by a repetition), the presence of the patient's feedback is made even more relevant in the interaction and cannot be categorised as a simple continuer.

A single example may suffice to make the point clear. Extract 1 below shows a good instance of a combination of all the above-mentioned elements. Following Wadensjö (1998), in order to ascertain how an MPR is divided into different parts, it is fundamental to understand the content of the original utterance and its constituents. Let us thus clarify how the textual comparison between the primary interlocutor's original utterance and the mediator's rendition is carried out.

Extract 1 (D = doctor; M = mediator; P = patient)

```
1   D: ti chiedo se (.) °hai avuto qualche malattia in passato
       let me ask you if     you had some illness in the past
2      qualche problema di salute .hh ehm:° al cuore al fegato
       some health problem                with your heart or liver
3      se< sei mai stata <malata>
       if you have ever been ill
4   M: eh have you had any (0.9) any health problem
5      (0.8)
6   P: n[o
7   M:  [any health pro[blem=
8   P:                 [no
9   M: =have you been ever? (.) admitted in the hospital
10     (0.7)
11  P: no
12  M: no
13  M: m:h health m:h your heart (.) heart problem? (.) kidney
       problems?
14  P: no
15  M: no.
16     (0.6)
17  M: mh (.) no
```

If we analyse the propositional content of the doctor's utterance (lines 1–3) what we find is that the doctor wishes to enquire whether the patient a) has had any illnesses in the past; b) has had any health problems; c) can specify some major organs of the human body which might have been affected by such health problems. Now if we turn to the mediator's rendition, whenever we find an utterance, whose propositional content is ascribable to one of the elements which build up the original utterance, we can affirm that the utterance under scrutiny

https://doi.org/ 10.6092/issn.1974-4382/19758

is still a form of rendition, no matter how far in the sequence it is from the original sentence and what other turns are produced in between.

Let us now proceed with an analysis of the dyadic exchange between mediator and patient (lines 4–15). As we can see, the intercultural mediator begins her rendition with an utterance (line 4) whose purpose is to generally check whether the patient has had health problems in her life. What follows is quite a long gap of 0.8 seconds (line 5). Jefferson (1989) found that, in interactions in English, a gap between 0.8 and 1.2 seconds is meant to represent a *standard maximum inter-turn silence*, after which interactants may perceive such silence as problematic in monolingual conversation. However, such a relatively long gap displays the mediator's orientation to waiting for the patient's response before resuming her rendition. Further down, in line 9, the mediator asks another question which finds no textual equivalent in the original sentence but can be considered pragmatically equivalent to both parts *a* and *b* of the original sentence, since enquiring about someone's admission into hospital can be seen as a way of ascertaining whether the patient has suffered from a serious health condition. This question is followed once again by a relatively long 0.7 gap, and then by the patient's response. Only after repeating the patient's response (line 12) does the mediator resume her rendition, adding an utterance which is partly textually and partly pragmatically equivalent to enquiry *c* of the original utterance.

All in all, this extract shows how a mediator can clearly divide a primary interlocutor's original utterance into different parts, which are relayed to the patient one at a time. The fact that two of these partial renditions (lines 4 and 9) are followed by relatively long inter-turn gaps (lines 5 and 10), which are then followed by the patient's responses (lines 6 and 11), displays the mediator's orientation to prioritising the reception of the patient's feedback over the resumption/completion of the MPR. Such orientation can also be interpreted as a way to prioritise intersubjectivity over the execution of the professional task of translating the primary interlocutor's utterances.

4. Repetitions

Since it is quite common and recurrent for speakers in interaction to repeat either their own words or the words of their interlocutors, it should not come as a surprise that the history of linguistic investigations into repetitions is a long one, both in Discourse Analysis (Johnstone 1987; Tannen 1987) and in Conversation Analysis (Jefferson 1972; Schegloff 1987). The latter has scrutinised the main interactional functions of both other-repetitions, that is, a next-speaker's repetition of an interlocutor's words, and of self-repetitions, occurring when the same speaker repeats their own words. While self-repetitions have only been studied by a few scholars and are mostly associated with instances of repair (Schegloff 2004, 2013), other-repetitions have been widely scrutinised, both in natural conversation and in institutional contexts, and associated with many different functions in interaction.

https://doi.org/ 10.6092/issn.1974-4382/19758

Let us start by looking at the functions of other-repetitions which researchers have acknowledged in contexts similar to the one taken into consideration in this study, those of interpreter-mediated interaction and of native/non-native speaker interaction. A systematic study of the role of repetitions in interpreter-mediated interaction was conducted by Straniero Sergio (2012). The author studied how interpreters providing simultaneous interpreting services during TV shows repeat words from the tv hosts' questions when rendering the tv guests' answers, in order to better contextualise the latter and make them more comprehensible for both the tv hosts and the audience (Straniero Sergio 2012). When non-native speakers of a language are involved in interaction, as in the case under scrutiny in this paper, repetitions have been found not only to be more frequent than in conversations solely among native speakers (Long 1983), but also to have further peculiar functions when uttered by the non-native speaker, such as eliciting help from the native speakers (Knox 1994), confirming the meaning of words uttered by the native speakers (Sato 2007), or to confirm the reception of a native speaker's correction (Arano 2018).

In order to better understand the analysis of the functions of repetitions in my data, it is also necessary to take into consideration the functions of repetitions in natural conversation. First of all, other-repetitions play a paramount role in the turn-taking system since they are, together with deixis, ellipsis, and action, one of the four ways through which interactants establish coherence or connectedness between different turns-at-talk (Drew 2013: 134). Moreover, repetitions have also been found to constitute an opportunity for conditional entry (Hayashi 2013), a device to initiate and close repair sequences (Kitzinger 2013), to assert epistemic entitlement to a topic (Heritage and Raymond 2012), to introduce rejection, correction or disalignment (Pomerantz 1984), to present a claim of understanding (Svennevig 2004), or to confirm allusions (Schegloff 1996a). Lastly, when deployed in third position (i.e., after the answer, in second position, to a question, in first position) with falling intonation, other-repetitions have been found to have the function of acknowledging receipt of what has been said by the previous interlocutor (Schegloff 1997).

Looking at mediator's talk in my data, other- and self-repetitions are found to have different functions. While other-repetitions in third position with falling intonation are used to acknowledge receipt of previous talk, like in the latter case described above, self-repetitions (of renditions) account for one way of initiating MPRs. In what follows I will look at each case through extracts from my data.

4.1. Acknowledging receipt through other-repetitions

As mentioned in the previous section, other-repetitions in my data have been found to have a function similar to one observed in natural conversations, that is, acknowledging receipt of what the previous interlocutor has said. The following extract showcases a clear example of third-position other-repetition with falling intonation used exactly with this function. What seems particularly remarkable in the extract below is that, not only does the mediator deploy a

https://doi.org/ 10.6092/issn.1974-4382/19758

repetition of what the patient has said (line 4), but she also orients to waiting for a patient's confirmation feedback token (line 5) before proceeding with her rendition (line 6).

Extract 2 (D = doctor; M = mediator; P = patient)

```
1  D: eh (.) quindi la mestruazione quando è cominciata?
                  so   when    did    her period   start?
2  M: when did your period start?
3  P: it started on Thursday
4  M: on Thursday.
5  P: °sì°
       yes
6  M: m:h (.) giovedì
             on Thursday
```

As we can see, the doctor's enquiry about the patient's period (line 1) is closely translated by the mediator (line 2) and the patient provides a clear and unmistakable answer (line 3). However, the mediator produces a repetition with falling intonation (line 4) of the new information provided (i.e., "on Thursday"), to which the patient responds with an affirmative response token in Italian (line 5). Finally, in line 6, the mediator first produces what seems to be a feedback token (i.e., "m:h"), which seems to acknowledge the patient's confirmation token in the previous turn; the mediator finally concludes by translating the information into Italian for the clinician (line 6).

Apart from showing a clear instance of other-repetition deployed to acknowledge receipt of the previous turn, this brief sequence also displays what seems to be the mediator's orientation to receiving a confirmation of the information provided by the patient. Such information, in its first delivery (line 3), is perfectly intelligible and clear, leaving no doubts about when the patient's period started. The action of acknowledging receipt of the information via repetition generates a twofold opportunity: on the one hand, in case the repeated information was not correct, the repetition could project a potential for disconfirmation by the patient, while on the other hand, if the patient orients to interpreting the mediator's repetition as a request for confirmation, it may trigger a confirming response (line 5). In either scenario this type of repetition provides the mediator with an extra opportunity to verify the information she has just gathered, before rendering it into Italian for the clinician.

4.2. Self-repetitions as a mechanism to initiate multi-part renditions

Unlike the previous extract, the two extracts that I am going to analyse in this subsection present cases of mediator self-repetitions, a phenomenon also called *recycling* (Schegloff 1987) in CA, namely cases of repetition by one speaker of

https://doi.org/ 10.6092/issn.1974-4382/19758

their own words. Besides, these two extracts also represent cases of MPRs which can be defined as such on the basis of self-repetitions. In subsection 3.1. above, I described the principle according to which each mediator's utterance whose propositional content is ascribable to the primary interlocutor's original message is to be considered as part of an MPR; as a matter of fact, in the two extracts presented below it is thanks to the fact that the mediators repeat their own questions by recycling some lexical items that the renditions are not contained in one single turn, and continue after the first answer by the patient, therefore constituting cases of MPRs. Such practice further highlights the mediator's orientation to eliciting confirmation from the patient in order to maintain intersubjectivity, which I also described in subsection 3.1. above.

Let us now look at two extracts in which self-repetitions are deployed and with what characteristics. A common aspect of these extracts which needs highlighting, is that, in both cases, the mediators' first renditions of the questions asked by the doctors are followed by a gap longer than 0.25 seconds (respectively, 0.4 in Extract 3, and 0.6 in Extract 4), before the patients' answers. According to the CA literature, such gap exceeding the average *transition relevance point* (Hepburn and Bolden, 2017) may indicate that a dispreferred answer is about to be produced or that a problem in mutual understanding has occurred in monolingual interaction. These longer gaps may therefore offer an insight into the interactional dynamics prompting the intercultural mediators to repeat the questions to elicit the patients' confirmation of their previous answers.

Extract 3 (D = doctor; M = mediator; P = patient)

1	D:	le mestruazioni vengono (.) ogni ventotto trenta giorni
		do you have your period every twenty-eight thirty days
2		tutti i mesi vengono?
		every month do you have it?
3		(0.5)
4	M:	your period they come every month,
5		(0.4)
6	P:	yes
7	M:	every month they come.
8	P:	m:h
9	M:	sì
		yes

More specifically, in Extract 3 we see a gynaecologist asking the patient about the frequency of her period to see if it is normal (lines 1-2). The remarkable aspect of the mediator's rendition is that, despite receiving a clear affirmative answer to her question from the patient (line 6), the mediator repeats the question using a slightly different phrasing (line 7). As we can see, the repetition of the question is done with a variation (line 7): the mediator recycles the same words she has previously uttered (line 4), but she reverts the order of the two

https://doi.org/ 10.6092/issn.1974-4382/19758

phrases “they come” and “every month”, changing her utterance in “every month they come”. Whilst after the first version of the question (line 4) the mediator had had to wait 0.4 seconds (line 5) before receiving feedback from the patient (line 6), here the patient’s response is immediate (line 8). Having elicited a confirmation through self-repetition, the mediator now relays the patient’s answer to the clinician (line 9).

Before proceeding to the next extract, it seems useful to better clarify the differences between the gynaecologist’s single utterance (lines 1-2) and the mediator’s MPR (lines 4 and 7). Since the literal translation of the words uttered by the gynaecologist would be “does your menstruation come (.) every twenty-eight thirty days every month they come?”, it might be argued that the change in word order is made by the clinician in the first place (line 2) and cannot therefore be classified among the mediator’s initiatives (line 7). However, some distinctions should be made in order to highlight the differences between the two speakers’ utterances.

On the one hand, although the meaning of “every twenty-eight thirty days” can be considered equivalent to “every month”, the two formulations cannot be strictly classified as repetitions. Thus, a possible interpretation of what the clinician is doing in lines 1 and 2 is that, by adding “every month” after “every twenty-eight thirty days”, she is providing the patient with an easier, and more accessible, unit of measurement to trace back her periods; from this point of view, the two formulations should be interpreted as alternative to one another, which seems to be also the mediator’s interpretation, as she only translates the words “every month” (line 4). The clinician therefore displays an orientation to selecting the right words to design her own single question, and not to repeating the same question with a different word order.

On the other hand, since, after receiving an answer from the patient (line 6), the mediator recycles the same exact phrases she had already uttered in line 4 in a different order (line 7), the mediator is making her repetition relevant as such. Changing the word order when repeating something is one possible way of avoiding producing an identical repetition; an attempt at understanding the interactional value of such a choice will be made in the final part of this subsection, after the analysis of the next extract.

As in the previous extract, in Extract 4 we see a case of a repeated question with a variation, but in this case the variation does not consist of a different order in which the same words are uttered, but presents an *incremental addition*, that is, a definition given to a semantically coherent element added to a new turn in which an element from a previous turn is being recycled. As a matter of fact, the CA literature is familiar with the idea of *increments*, which, despite the various characteristics singled out by different authors (Schegloff 1996b, 2016; Ford *et al.* 2002), all have the common feature of adding content to a turn that may already be considered semantically complete.

A look at Extract 4 clarifies the concept. Here, the doctor would like to know if the patient is able to eat regularly despite her condition. The question, which is very brief and plain (line 1), is translated by the mediator (line 3), although not in standard English, and, after a long gap of 0.6 seconds (line 4), is responded to with an affirmative token by the patient (line 5). What the mediator does

https://doi.org/ 10.6092/issn.1974-4382/19758

immediately afterwards is to recycle the same phrase, “you eat?” (line 3), with the addition of the incremental element “fine” to the formulation. It is worth noting that, while the added word is necessarily semantically compatible with the phrase it is added to, the overall meaning of the recycled element is not drastically modified by the addition. What occurs immediately after the self-repetition is very similar to what was observed in Extract 3: the patient answers with no hesitation (line 7) and the mediator acknowledges this second answer with a feedback token (line 8).

Extract 4 (D = doctor; M = mediator; P = patient)

```
1  D: <riesci a mangiare? >
      do you manage to eat?
2     (0.6)
3  M: you eat?
4     (0.6)
5  P: ye:s
6  M: you eat fine?
7  P: ye:s
8  M: m:h
```

The presence of the incremental addition in line 6 is certainly the most remarkable element in this sequence, especially when we consider that the communicative initiative adopted by the mediator in Extract 3, that of a reverted order of two phrases, cannot be replicated here, since the first question uttered by the mediator (line 3) is composed of only two words whose inversion would create a nonsensical utterance. We are therefore here faced with two types of self-repetitions which also include a minor modification, namely a change in word order (in Extract 3) and the addition of a word which is semantically compatible with the repeated utterance but does not significantly modify its general meaning (in Extract 4).

One question which naturally arises from this analysis is relative to the reasons behind these slight modifications of the repeated elements. If the function of these self-repetitions is that of eliciting confirmation from the patient, what are the reasons behind the changes in their formulation? One tentative answer to this question might be reached by reversing the question: what effect would an identical repeat have on the mediator’s interlocutor? Schegloff (2004) tackled the problem of the interactional functions of identical repeats in one of his papers. He concluded that interactants orient to producing *same talk*, with potentially the same words, mainly in three circumstances: firstly, when emerging from overlap with another speaker, secondly, when a previous attempt at stating something has been ineffective, lastly, after an initiation of other-repair when the interlocutor has displayed potential problems with hearing (*ibid.*). As we can see, all cases of identical repeats are connected to problematic scenarios where intersubjectivity is at stake; therefore, repeating the same exact words would probably urge the patient to think that something has not been understood

https://doi.org/ 10.6092/issn.1974-4382/19758

or heard, and this would nullify any attempt at eliciting a confirmation of the previous response. A possible alternative would be to go in the exact opposite direction and produce an elaborate reformulation of the same request, but this option may clash with the patients' limited linguistic resources and would also violate the principle of progressivity I discussed above. While, on the one hand, it may be argued that such reiterated requests for confirmation may address the patient as one with a diminished capacity to contribute competently in the interaction, on the other, introducing these slight variations in the design of the self-repetitions allows intercultural mediators to rule out any possible communicative problem or misunderstanding and, at the same time, to maintain the message clear and uncomplicated, so as to align with the patient's limited linguistic skills. In this sense, my research also raises a question about whether addressing vulnerable patients "as vulnerable" might increase or decrease their vulnerability.

5. When MPRs and repetitions are combined

So far, we have looked at the phenomena scrutinised in this study individually, namely self-initiated MPRs (see 3.1.), other-repetitions (see 4.1.), and self-repetitions constructing MPRs (see 4.2.). This last section will show how, in more complex communicative scenarios, these elements can be found in combination, and such combination contributes even more effectively to verifying the maintenance of intersubjectivity. Two extracts will be analysed here. The first, Extract 5, is the same as Extract 1, which was analysed in subsection 3.1. above. As seen in the previous analysis, the doctor is asking the patient a question aimed at ascertaining whether the patient has had some serious health conditions in her life, involving some of the major organs. The mediator distributes the request for information over different turns (lines 4, 7, 9, 13) while gathering the patient's feedback in between these turns. In what follows, however, I will only focus on the role of both self- and other-repetitions.

Although it is uttered only partly in overlap with the patient's answer in line 6, the first mediator self-repetition (line 7) could be interpreted as a partial repetition of the previous question (line 4) owing to the *standard maximum inter-turn silence* (Jefferson 1989) occurring at line 5. Such 0.8 second gap might prompt the mediator to repeat the same question, in case the long gap were a sign of potential problems with hearing or understanding. The second mediator self-repetition is uttered in line 9. As no words in this question are recycled from previous turns, the equivalence with the previous question is a pragmatic one, since remembering being admitted into hospital would be equivalent to acknowledging having had a serious health problem at some point in life. Here the mediator chooses a formulation which might help the patient recall a specific memory and therefore answer the doctor's question more accurately. In this case, despite the 0.7 second gap separating this reformulation and the patient's answer (line 11), the mediator repeats the patient's "no" (line 12), and in so doing acknowledges its reception. The mediator now continues with the next part of her rendition (line 13), which receives another "no" as an answer from the

https://doi.org/ 10.6092/issn.1974-4382/19758

patient (line 14). Once again, the mediator deploys a third-position other-repetition with falling intonation (line 15) to acknowledge the receipt of the patient's answer, and then goes on to provide the clinician with the required answer (line 17). The mediator here is displaying both an orientation to verifying that intersubjectivity between her and the patient is maintained and at the same time that the type of information the clinician wishes to obtain is correctly gathered.

Extract 5 (D = doctor; M = mediator; P = patient)

```
1   D: ti chiedo se (.) °hai avuto qualche malattia in passato
       let me ask you if     you had some illness in the past
2      qualche problema di salute .hh ehm:° al cuore al fegato
       some health problem                with your heart or liver
3      se< sei mai stata <malata>
       if you have ever been ill
4   M: eh have you had any (0.9) any health problem
5      (0.8)
6   P: n[o
7   M:  [any health pro[blem=
8   P:                 [no
9   M: =have you been ever? (.) admitted in the hospital
10     (0.7)
11  P: no
12  M: no
13  M: m:h health m:h your heart (.) heart problem? (.) kidney
       problems?
14  P: no
15  M: no.
16     (0.6)
17  M: mh (.) no
```

Finally, Extract 6 presents instances of all the elements that I have discussed so far. Here, during the history taking phase of a pregnancy check-up, the doctor is looking into the patient's previous pregnancies to ascertain whether there had been problems which might also affect the current pregnancy. But, although the question asked by the doctor (line 1) is straight-forward and plain, one of the patient's answers prompts the mediator to seek for confirmation of the information gathered so far, through both self- and other-repetitions. In doing so a self-initiated MPR is generated:

Extract 6 (D = doctor; M = mediator; P = patient)

https://doi.org/ 10.6092/issn.1974-4382/19758

```
1   D:  e dopo è nata questa bambina
        and then this child was born
2       (0.2)
3   M:  and [ after ] the: the: mh the water came out.
4   D:      [giusto?]
             right?
5       (0.3)
6   P:  o[h  y  e  :  s]
7   M:   [and sh- she w]as born
8   P:  yes my mother (.) take me to: (.) hospital
9   M:  okay your mother took you to hospital
10  P:  yeah
11  M:  m:h (0.5) and she was born (.) naturally=
12  P:  =yes
13  M:  m[:h
14  P:   [I deliver her
13  M:  okay
```

As we can see, in the first rendition of the doctor's question (line 3) the mediator chooses to mention the first phase of turning into labour "the water came out", which had not been mentioned by the doctor. This is followed (line 5) by a 0.3 gap (slightly exceeding the average duration of a transition-relevance point), after which the first patient's answer (line 6) and a mediator's rephrasing of the previous question (line 7) are uttered in almost perfect overlap. What follows is a patient's answer with some very interesting features: not only does the patient utter an affirmative "yes" but she also adds a brief account of the fact that she was taken to hospital by her mother (line 8). The way in which this addition is uttered has some peculiar characteristics: first of all, the utterance displays some features of word searches (i.e., two gaps and a stretched word "to:"), secondly, it is delivered with a characteristic that is typical of West African Pidgin English ("take me" instead of "took me"). The mediator then proceeds to acknowledge the reception of the information (line 9), first with an "okay" and then by repeating a rectified version of the patient's utterance "your mother took you to hospital". This is coherent with what Greer *et al.* (2009: 21) have found about embedded corrections in third position repetitions among non-native speakers of a language. In line 10, we see the patient's orientation to interpreting the mediator's other-repetition in the preceding line as seeking confirmation, which she provides with an affirmative token. Line 11 begins with a "m:h" uttered by the mediator, which seems to have the function of acknowledging the patient's confirmation token. Line 11 continues with the mediator's repetition of the same question she had asked before (line 7) but with the incremental addition of "naturally". The patient confirms what the mediator has said (line 12) and adds "I deliver her" (line 14), which confirms the idea that the delivery was standard.

https://doi.org/ 10.6092/issn.1974-4382/19758

For reasons of space the rendition into Italian of the patient's answer cannot be presented here, but it is paramount to note that, in the sequence following the one shown in Extract 6, the mediator reports all the information she has gathered to the doctor, who is therefore made aware of the fact that the patient was taken to hospital for the delivery. As for Extract 5, even in this last extract an MPR containing repetition seems to be an effective communicative practice to achieve the purpose of monitoring that intersubjectivity is constantly maintained, while double-checking on the correctness of the information being gathered.

6. Conclusion

This paper has attempted to foreground two practices deployed by intercultural mediators, when they are faced with cases of patients with limited linguistic competences in English as a lingua franca, a situation which might jeopardise the maintenance of intersubjectivity and therefore put the positive outcome of the medical encounter at stake. The first of these two practices is a type of rendition defined as multi-part rendition, with which mediators orient to distributing the content of one primary interlocutor's single utterance across two or more utterances, so as to give patients the possibility to show that they are following what is being said and, therefore, that intersubjectivity is being maintained. The second practice is relative to the use of repetitions, both self- and other-repetitions which are used to seek confirmation of the information provided by the patients or simply to acknowledge the receipt of such information. Here as well, the maintenance of intersubjectivity seems to be the driving force behind their deployment.

Repetitions are also shown to be produced with minor variations, such as reverting the position of short phrases within the same sentence or producing what have been here defined as incremental additions, which are semantically compatible with the element they are being added to, but do not substantially modify the meaning of the repeated utterance. Since in the CA literature next-turn identical self-repeats have been found to be associated with problematic situations in interaction, it has been argued that these slight variations in the mediators' self-repetitions might be an attempt at ruling out possible misunderstandings, thus ensuring that intersubjectivity is maintained.

Lastly, examples of how other- and self-repetitions can be found in combination within MPRs have been provided, to highlight how MPRs can be seen as sequences which are co-constructed in interaction. Since repetitions are deployed in order to acknowledge receipt of what the interlocutor has just said or to seek confirmation of the provided information, especially in situations where the patient's lack of linguistic competence puts intersubjectivity at stake, they need to be seen as MPR constituents which are the result of the immediately preceding turns-at-talk, therefore the direct product of the interaction itself. Such mediator's orientation to prioritising the double-checking of information over translation per se can be taken as the demonstration that MPRs can also be considered as a type of dyadic sequence through which the co-construction of conversational common ground becomes possible.

https://doi.org/ 10.6092/issn.1974-4382/19758

APPENDIX: Transcription conventions

Transcription of vocal conduct follows Jefferson (2004) and Hepburn and Bolden (2017). The symbols used for the data in this paper appear below:

[	Onset of overlapping talk.
]	End of overlapping talk.
(0.5)	Duration of a silence in seconds.
(.)	Minimal silence usually < 0.2 seconds.
=	Latching between turns-at-talk both by the same speaker or between the turns of different speakers.
wo:rd	The sound followed by a colon is stretched (approximately : equals < 0.2 seconds).
w<u>o</u>rd	Underlined letters indicate emphasis.
°word°	Softer delivery.
<word>	Slower delivery.
word<	Word is abruptly interrupted.
wor-	Word cut-off.
word?	Terminal fully rising intonation.
word,	Terminal slightly rising intonation.
word.	Terminal fully falling intonation.
.hh	Audible inbreath.

REFERENCES

Agbo, Ogechi Florence and Ingo Plag(2020) “The Relationship of Nigerian English and Nigerian Pidgin in Nigeria: Evidence from copula constructions in Ice-Nigeria”, *Journal of Language Contact* 13(2): 351-388.

Amato, Amalia and Gabriele Mack (2011) “Interpreting the Oscar night on Italian TV: An interpreters’ nightmare?”, *The Interpreters’ Newsletter* 11: 37-60.

Arumì Ribas, Marta and Mireia Vargas-Urpì (2018) “Annotation of interpreters’ Conversation Management Problems and Strategies in a Corpus of Criminal Proceedings in Spain. The case of Non-renditions”, *Translation and Interpreting Studies* 13(3): 421-441.

Baraldi, Claudio (2012) “Interpreting as Dialogic Mediation”, in Claudio Baraldi and Laura Gavioli (eds), *Coordinating Participation in Dialogue Interpreting,* Amsterdam and Philadelphia: John Benjamins, 297-326.

Bersani Berselli, Gabriele (2009) “Selezione lessicale e mediazione orale in consultazioni mediche presso ospedali pubblici”, in Laura Gavioli (a cura di), *La mediazione linguistico-culturale: una prospettiva interazionista*, Perugia: Guerra Edizioni, 151-170.

Biernacka, Agnieszka (2019) *Interpreter-mediated Interactions of the Courtroom*, Frankfurt-am-Mein: Peter Lang.

https://doi.org/ 10.6092/issn.1974-4382/19758

Biernacka, Agnieszka and Aleksandra Kalata-Zawołocka (2019) “Techniques Deployed by Spoken and Sign Language Public Service Interpreters: A Comparative Study”, *Tertium Linguistic Journal* 4(1): 162-192.

Carons, Tosin Abraham and Amaka M. Onyioha (2012) “The Origin of Pidgin”, *Afrostyle Magazine*, *2*. Available online at: URL http://www.afrostylemag.com/ASM7/pidgin.html (visited 10/03/2024).

CNEL (Consiglio Nazionale dell’Economia e del Lavoro) (2009) “Mediazione e mediatori interculturali: Indicazioni operative.” [Mediation and intercultural mediators: Operational guidelines]. Available online at: https://italiena.files.wordpress.com/2012/04/documento-finale-mediazione-culturale-cnel.pdf (visited 10/03/2024).

Dal Fovo, Eugenia and Caterina Falbo (2020) “Non-close Renditions: Ways and Consequences of Saying *something different* in Interpreter-mediated Healthcare Interactions”, *Health Communication* 36(9): 1091-1100.

Drew, Paul (2013) “Turn Design”, in Jack Sidnell and Tanya Stivers (eds), *Handbook of Conversation Analysis*, Oxford: Wiley-Blackwell, 131-149.

Drew, Paul and John Heritage (1992) *Talk at Work: Interaction in Institutional Settings*. Cambridge: Cambridge University Press.

Ford, Cecilia E., Barbara A. Fox and Sandra A. Thompson (2002) “Constituency and the Grammar of Turn Increments”, in Cecilia E. Ford, Barbara A. Fox and Sandra A. Thompson (eds), *The Language of Turn and Sequence*, Oxford: Oxford University Press, 14-38.

Gavioli, Laura (2018) “La mediazione linguistico-culturale in ambito sanitario”, in Anna De Meo e Margaret Rasulo (a cura di), *Usare le lingue seconde*, Milano: Studi AItLA, 9-24.

Gavioli, Laura and Claudio Baraldi (2011) “Interpreter-mediated Interaction in Healthcare and Legal Settings”, *Interpreting* 13(2): 205-233.

Gil-Bardají, Anna y Mireia Vargas-Urpí, (2020) “Estudio comparativo de las prestaciones árabe-espanol”, *HERMĒNEUS* 22: 183-220.

Greer, Tim, Vivian Bussinguer S. Andrade, Jeff Butterfield and Agnes Mischinger (2009) “Receipt through Repetition”, *Japanese Association for Language Teaching Journal* 31: 5-34.

Guido, Maria Grazia (2018) “ELF in Migration”, in Jennifer Jenkins, Will Baker and Martin Dewey (eds), *The Routledge Handbook of English as Lingua Franca*, London: Routledge, 542-555.

Hayashi, Makoto (2013) “Turn Allocation and Turn Sharing”, in Jack Sidnell and Tanya Stivers (eds), *Handbook of Conversation Analysis*, Oxford: Wiley-Blackwell, 167-190.

Hepburn, Alexa and Galina Bolden (2017) *Transcribing for Social Research*, London: Sage.

Heritage, John and G. Raymond (2012) “Navigating Epistemic Landscapes: Acquiescence, Agency and Resistance in Responses to Polar Questions”, in Jan P. De Ruiter (ed), *Questions: Formal, Functional and Interactional Perspectives*, Cambridge: Cambridge University Press, 179-192.

Jefferson, Gail (1972) “Side Sequences”, in David Sudnow (ed), *Studies in Social Interaction,* New York: Free Press, 294-338.

https://doi.org/ 10.6092/issn.1974-4382/19758

----- (1989) “Preliminary Notes on a Possible Metric which Provides for a ‘Standard Maximum’ Silence of Approximately One Second in Conversation”, in Derek Roger and Peter Bull (eds), *Conversation: An interdisciplinary perspective*, Clevedon, UK: Multilingual Matters, 166-196.

----- (2004) “Glossary of Transcript Symbols with an Introduction”, in Gene H. Lerner (ed), *Conversation Analysis: Studies from the First Generation*, Amsterdam and Philadelphia: John Benjamins, 13-34.

Johnstone, Barbara (1987) “An Introduction”, *Perspectives on Repetition. Special issue of TEXT* 7(3): 205-214.

Kachru, Braj B. (1986) *The Alchemy of English: The Spread, Functions and Models of Non-native Englishes*, Oxford: Pergamon.

Kitzinger, Celia (2013) “Repair”, in Jack Sidnell and Tanya Stivers (eds), *Handbook of Conversation Analysis*, Oxford: Wiley-Blackwell, 229-256.

Knox, Laurie (1994) “Repetitions and Relevance: Self-repetition as a Strategy for Initiating Cooperation in Nonnative/Native Speaker Conversations”, in Barbara Johnstone (ed), *Repetition in Discourse: Interdisciplinary Perspectives 1*, Norwood: Ablex Publishing Corporation, 195-206.

Long, Michael H. (1983) “Native Speaker/Non-native Speaker Conversation and the Negotiation of Comprehensible Input”, *Applied Linguistics* 4(2): 126-141.

Mason, Ian (2001) (ed) *Triadic Exchanges. Studies in Dialogue Interpreting.* Manchester: St. Jerome Publishing.

Meyer, Bernt (2012), “*Ad hoc* Interpreting for Partially Language-proficient Patients: Participation in Multilingual Constellations”, in Claudio Baraldi and Laura Gavioli (eds), *Coordinating Participation in Dialogue Interpreting,* Amsterdam and Philadelphia: John Benjamins, 99-114.

Pomerantz, Anita (1984) “Pursuing a Response”, in J. Maxwell Atkinson and John Heritage (eds), *Structures of Social Action: Studies in Conversation Analysis*, Cambridge: Cambridge University Press, 152-163.

Pontrandolfo, Gianluca (2016) “El mediador lingüístico bajo la lupa: análisis de una interacción español-italiano en el entorno médico”, *Panace@* 17(43): 16-33.

Raymond, Chase Wesley (2019) “Intersubjectivity, Normativity, and Grammar”, *Social Psychology Quarterly*, *82*(2): 182-204.

Rupp, Laura (2013) “The Function of Student Pidgin in Ghana: Why Do Ghanian Students Who are Proficient in Standard English Choose to Speak Student Pidgin?”, *English Today,* 29(4): 13-22.

Sato, Masatoshi (2007) “Social Relationships in Conversational Interaction: Comparison of Learner-Learner and Learner-NS Dyads”, *JALT Journal* 29(2): 183-208.

Schegloff, Emanuel A. (1987) “Recycled Turn Beginnings: A Precise Repair Mechanism in Conversation’s Turn-taking Organisation”, in Graham Button and John R. E. Lee (eds), *Talk and Social Organisation*, Clevedon, UK: Multilingual Matters, 70-85.

----- (1996a) “Confirming Allusions: Toward an Empirical Account of Action”, *American Journal of Sociology* 102(1): 161-216.

https://doi.org/ 10.6092/issn.1974-4382/19758

----- (1996b) “Turn Organization: One Intersection of Grammar and Interaction”, in Elinor Ochs, Emanuel A. Schegloff and Sandra A. Thompson (eds), *Interaction and Grammar*, Cambridge: Cambridge University Press, 52-133.
----- (1997) “Practices and Actions: Boundary Cases of Other-initiated Repair”, *Discourse Processes* 23(3): 499-545.
----- (2004) “On Dispensability”, *Research on Language and Social Interaction* 37(2): 95-149.
----- (2013) “Ten Operations in Self-initiated, Same-turn Repair”, in Makoto Hayashi, Geoffrey Raymond and Jack Sidnell (eds), *Conversational Repair and Human Understanding*, Cambridge: Cambridge University Press, 41-70.
----- (2016) “Increments”, in Jeffrey D. Robinson (ed), *Accountability in Social Interaction*, Oxford University Press, 239-263.
Sidnell, Jack and Tanya Stivers (eds) (2013) *The Handbook of Conversation Analysis*, Oxford: Wiley-Blackwell.
Straniero Sergio, Francesco (2012) “Repetition in Dialogue Interpreting”, in Cynthia Jane Kellett Bidoli (ed) *Interpreting across Genres: Multiple Research Perspectives*, Trieste: Edizioni Università di Trieste, 27-53.
Svennevig, Jan (2004) “Other-repetitions as a Display of Hearing, Understanding and Emotional Display”, *Discourse Studies* 6(4): 489-516.
Tannen, Deborah (1987) “Repetition in Conversation: Toward a Poetics of Talk”, *Language* 63(3): 574-605.
Wadensjö, Cecilia (1998) *Interpreting as Interaction*, London: Longman

Watermeyer, Jennifer, Thwala Zamokuhle and Johanna Beukes (2021) “Medical Terminology in Intercultural Health Interactions”, *Health Communication* 36(9): 1115-1124.

https://doi.org/ 10.6092/issn.1974-4382/19758