Università
Ca'Foscari
Venezia

Dipartimento di Studi sull'Asia e sull'Africa Mediterranea

Scuola in Economia, Lingue e Imprenditorialità per gli Scambi Internazionali

Corso di Laurea magistrale

in Interpretariato e Traduzione Editoriale, Settoriale

Tesi di Laurea

Linguistic and Cultural Mediation in Healthcare Settings

The case of 'La Marca Trevigiana': considerations, challenges and new paradigms for interpreter-mediated encounters

Relatore
Ch. Prof. Graziano Serragiotto

Correlatore
Ch. Prof. Giuseppe Trovato

Laureando
Davide Girolami
Matricola 860395

Anno Accademico
2020/2021

Preface

I have always thought that good and accurate communication may be a very powerful tool, when used diligently. I have always thought that speaking two or more languages is a unique way of broadening one's own mind, while discovering a new dormant personality residing within oneself.

During my five-year academic path, I have had the great opportunity to study not only mere languages, but also their cultures and their singular ways of shaping the worlds surrounding all of us. I have learnt how crucial it might be to choose the right words at the right moment. I think that I understood it entirely when I became a linguistic and cultural mediator myself. I was thrown into fearsome real-life mediation assignments that let me enhance and strengthen my skills and made me experience a huge change as human being as well. The mediator is somehow a catalyst of others' ideas, thoughts, and opinions, who make barriers disappear as though s/he has a magic wand. Obviously, this is anything but easy. Yet, although they play a pivotal role, mediators are still very much unknown in our society and tend to live in the darkness of our ignorance and disinformation.

This is the reason that led me to investigate and spread some interesting considerations concerning the LCM universe. Hopefully, this research shall provide some new insights into the multifaceted concept of linguistic and cultural mediation to all those who are keen on discovering more about linguistic and cross-cultural communication.

That being said, I would like to thank Professor Graziano Serragiotto and Professor Giuseppe Trovato for helping me draft this massive project; many thanks also to Professor Elena Fernández Mula, who pushed me to chase my dreams stronger than ever. Last but not least, I would like to thank all my fellow colleagues, who helped me by filling in the survey, and all the patients/clients I have had the honour to assist during my assignments, who trusted me and shared with me the inner aspects of their lives.

Abstract

The present study is aimed at investigating the phenomenon of Linguistic and Cultural Mediation both from a theoretical and pragmatic point of view. By drawing upon the most significant literature on the field, the figure of the mediator is outlined considering language and culture and its indissoluble binomial. Such an analysis touches upon the great expertise and specific skills that mediators must acquire through *ad hoc* studies in order to provide an impeccable professional service.

The focus shifts then upon how Linguistic and Cultural Mediation is perceived in Italy nowadays, featuring some interesting references to the present Italian legislation. Along with that, the readership is gradually invited to explore a specific branch of LCM, that is to say healthcare-related mediation assignments. As for the latter, the study provides an in-depth analysis on the mediation-based dynamics occurring within the local area, known as *Marca Trevigiana*. The overview is enriched through the narration of my personal experience as linguistic and cultural mediator in different healthcare settings across the Marca Trevigiana. Such a storytelling is followed by an extensive empirical survey, collecting a wide range of data on the professional life of many and different mediators. This, in turn, leads to considering interesting nuances of real-life mediation assignments: positive components but also thorny issues that may arise and consequently affect mediators' performances. Eventually, some last observations are made regarding the deontological standards of practice that should be enforced in order to guarantee adequate working conditions to all mediators.

Index

Introduction

Nowadays, we are experiencing the great and unique opportunity of living in a world where different cultures and ethnicities constantly merge and intertwine with one another. We are all witnessing a massive change through which societies appear more multifaceted and individuals seem to be more accustomed to interacting with people featuring diverse backgrounds in terms of social status, education, lifestyle etc.

Interactions are based on the use of one common element: language. It goes without saying that language is a pivotal tool for human beings since it allows not only to communicate in a smooth and comprehensible manner, but also to share and spread a set of values which may be inherent to a certain group of people. Worth noting is that, at the present time, the enhancement of linguistic diversity is a goal which is being pursued by a great number of institutions and governments world-wide. Thus, multilingualism and the rise of plurilingual environments has become a brand-new reality that must be recognised and fostered by each of us to accomplish a true and fair societal integration.

One may be wondering how this whole change has happened. How have societies become heterogeneous and multicultural? How have cultural-bound stereotypes moved from one place to another and ended up impacting on the concept of "otherness"? The answer is actually quite predictable, in that migration may be identified as the main triggering factor.

Migration is a practice that has always existed and that has inevitably marked the history of all human beings. Individuals may either decide or be forced to leave a certain environment/place for several reasons. For instance, they might seek a better job, try to achieve family reunification, flee wars, or even merely explore the world and experience a whole new life.

Yet, what is to be noted is that one of the main consequences deriving from migration is a new contact between social groups. Sometimes such a contact may occur by displaying mutual respect and thus giving rise to an enriching scenario. However, sometimes this is not the case and what begins as a simple interaction may unfortunately escalate until becoming a real clash. As a result, a new need of smoothly overcoming these conflicts has recently arisen. To do so, a new pragmatic social actor, commonly referred to as *Linguistic and Cultural Mediator* has started operating in order for the 'parties' to attain mutual understanding.

1. Linguistic and Cultural Mediation: the birth of a new discipline

The term 'Linguistic and Cultural Mediator' refers to a person who carries out the activity known as *Linguistic and Cultural Mediation*[1].

> This practice [LCM] came into being quite naturally […], in the 1970's and 1980's as a response to the urgent problem of migrants needing to access public services, in particular essential services such as medical, legal, educational, employment and welfare (Rudvin & Spinzi, 2014: 58).

Interestingly, the word "mediation" comes from the late-Latin term 'mediationem' and from the verb 'mediare', whose original meaning hints at dividing something into two pieces. This former connotation has indeed evolved and further developed through centuries up to present times.

> Linguistic and intercultural mediation […] has proliferated as a result of the intensification of international exchanges and migration flows and is used to designate a whole range of professional activities in the area of interpreting and translation […] (Archibald & Garzone, 2014: 8).

By drawing upon some dictionary entries, it is possible to identify some other elements that may be key to trying to establish a thorough definition of linguistic and cultural mediation. The *Cambridge Dictionary* contains the following entry as for 'mediation': "the process of talking to two separate people or groups involved in a disagreement to try to help them to agree or find a solution to their problems". Similarly, the *Oxford Dictionary* provides this definition: "attempts to end a problem between two or more people or groups who disagree by talking to them and trying to find things that everyone can agree on". It comes as no surprise that both definitions share almost the same content where people, (dis)agreement and negotiation are the crucial elements involved.

These fragments are a good starting point for examining the concept of mediation exhaustively. In the last two decades, there have been many researchers and linguists who struggled to shed light onto this discipline. To provide a fuller picture, it is fundamental to consider the academic work by Blini (2008). The latter argued that the birth of the phrase 'linguistic mediation'[2] might have occurred as a natural consequence of the 1999 Italian University Reform which introduced the three-year undergraduate programme called "Scienze della Mediazione Linguistica" (Science of Language Mediation) plus the two-year postgraduate specialisation. In this respect, Spinzi (2014: 66), by mentioning Blini, restates that "the 1999 law did not include the term mediation but in other official

---

[1] Also *LCM* hereinafter.
[2] For the purpose of the present study, references to mediations will be mostly related to the Italian context; in chapter 2, an in-depth analysis of how mediation is perceived and regulated in Italy shall be provided.

documents derived from this, the term appears under the label of 'mediazione interculturale' and in some cases 'mediazione linguistica e culturale'.

Furthermore, Blini in his work does not provide himself a definition of mediation, yet he rather draws upon the definition provided by the CIES (Information Centre for Educational Development):

> Linguistic and cultural mediation is a practice which entails the use of foreigner people (migrants) both in public and private sectors to facilitate the integration of foreign migrated citizens, who may demand such services in different social contexts of the receiving society (adapted from Blini, 2008: 131).

What is worth underlining is that the role of mediator is obligatory played by a migrant/foreigner citizen, in accordance with this statement. However, as we shall see, this is not what always occurs in real life.

Apart from Blini's academic investigation, specifically related to the Italian context, other pioneering works as far as LCM is concerned are those of Wadensjö (1998) and Pöchhacker (2008). The latter, in particular, drawing upon the *Second Alcalá Conference on Public Service Interpreting and Translation* [3] (2005) focusses on the different meanings and dimensions of mediation, investigating it through a "triangulating model", where cultural/linguistic, cognitive and contractual features intertwine with one another. Moreover, he also scrutinises mediation as an action aimed at bridging the gap between the parties involved within the communicative exchange. The fact that a person is supposed to be acting as a linguistic and cultural bridge, as we shall see, is the core idea of such a practice.

Eventually, another important aspect which should be considered is that LCM has recently been introduced in the CEFR (*Common European Framework of Reference for Languages*). Although the CEFR considers the mediation practice a tool to boost and increase the performance of language learners and provide alternatives on how to teach it to students, it is still relevant, for the purpose of the present study, to acknowledge it. As a matter of fact, the CEFR is the only official document in which such expression has been defined and institutionally adopted.

To conclude this introductory part, despite having seen how hard it might be to set the boundaries to define LCM, it is generally argued to be an umbrella term. It relates to *Interpreting and Translation Studies*, yet it goes beyond them since it also entails a cultural component. Specifically, in order for LCM to occur, two persons/groups of people, who normally disagree on something, are required and so is required their impossibility to communicate with each other. Therefore, a third

---

[3] See Valero-Garcés, (2008) *Crossing Borders in Community Interpreting*, for a comprehensive explanation about the 'triangulating model' as well as for further details regarding the themes discussed at the conference.

party, namely the linguistic and cultural mediator is called upon to be in charge of handling the triadic exchange and directing the information flow so that a mutual understanding/solution may be achieved. In support of this general view, among the countless definitions existing both for linguistic and cultural mediator and for linguistic and cultural mediation, it is worth mentioning the following ones:

> The Linguistic and Cultural Mediator […] has to accompany relations between migrants and the specific social context, fostering the removal of linguistic and cultural barriers, the understanding and the enhancement of one's own culture, and the access to services (Chiarenza, as cited in Pöchhacker 2008: 9-26).

> Linguistic and Cultural mediation refers to all activities that aim to reduce the negative consequences of language barriers, socio-cultural differences and tensions between ethnic groups and local professionals[4].

In the subsequent chapters an in-depth analysis of such a practice shall be further outlined.

1.1 Linguistic Mediation vs. Cultural Mediation: a real opposition?

Linguistic and cultural mediation may be considered a dual term, in that the word 'mediation' is modified by two adjectives, namely 'linguistic' and 'cultural'. By looking at the whole string of word, one should assume that mediation results from combining and balancing both linguistic and cultural elements. Nonetheless, in recent times, a major controversy about this matter has arisen.

Firstly, it is to be noted that there have been many attempts to use a standard term in the literature, yet no consensus has been reached upon it: *linguistic and cultural mediation*, *interlinguistic mediation*, *intercultural linguistic mediation*, *intercultural mediation*[5] etc. are only a few examples of how this discipline is currently referred to. This lack of homogeneity is a clue that, subsequently, leads to another paramount issue which is the distinction between linguistic mediation[6] and cultural mediation[7]. Is there an actual difference between the two or is it a mere interpretation depending on a personal and subjective use of such a phrase?

On the one hand, according to Trovato (2016), cultural mediation may be deemed a phrase displaying a longer tradition, whereas linguistic mediation refers to an umbrella concept under which a wide range of activities may be included.

---

[4] Adapted from: (2015) HPH Task Force Migrant Friendly Hospital and Health Services. *Standards for Equity in Health Care for migrants and other Vulnerable Groups*.
[5] In the present study, the choice of using 'Linguistic and Cultural Mediation' is due to the fact that, in the Italian context, such a phrase is the most common alternative one may find along with 'Mediazione Interlinguistica/Interculturale'.
[6] Also *LM* hereinafter.
[7] Also *CM* hereinafter.

> Linguistic mediation and cultural mediation are two independent concepts with different fields of application. The cultural mediator executes his duties in settings where there is an evident need of surmounting socio-pragmatic and cultural difficulties, such as the integration of migrants into the receiving society, their access to healthcare centres, their assimilation into the labour market, to mention a few significant cases (adapted from Trovato, 2016: 16).

Likewise, Tommasini (2012: 44) states that:

> Cultural mediators are thus given priority over interpreters, as they can act as a bridge between institutions and migrants, helping institutions to fully understand the migrant's needs, and thus allowing them to have full access to healthcare services.

On the other hand, as far as the definition of linguistic mediation is concerned, Peronace (as cited in Pignataro, 2012) introduces an influential statement as well, saying that "the term linguistic mediation […] places the emphasis on only one of the tasks the mediator is expected to perform […], namely translation intended as a process of language trans-codification". Suffice it to say that the term CM is normally used to stress how cultural-bound factors play a major role in the *interpreting-mediated encounter*[8], whereas the use of LM is frequently preferred when the linguistic mediator is treated just as a mere interpreter. In the latter case, there appears to be no need of enhancing the cross-cultural dynamics inherent to an exchange between participants, belonging to different ethnic groups. Instead, linguistic expertise is the only relevant aspect to be deemed worth analysing, since the mediator is a simple middleperson to whom the task of conveying the message from the source language into the target language is exclusively assigned.

By virtue of what has been stated above, LM and CM are commonly argued to be two different concepts. However, for the sake of the present study, there is reason to believe that there is no right or wrong answer. It is undoubtedly clear that by selecting either one or the other alternative to delineate such an activity, one tends to emphasise one or another aspect of the *gestalt* of mediation (Pignataro, 2012: 72). In fact, something that should be insisted upon is that the mediator's task can neither be limited to the linguistic world nor to the cultural one. Conversely, s/he has to strive to embrace these two universes to create a meaningful connection between lay people, while handling the entire three-party constellation.

Therefore, in line with what has been demonstrated so far, it is fundamental to acknowledge that the binomial language/culture (Trovato, 2016) keeps being the most appropriate solution.

---

[8] Wadensjö, (1998) *Interpreting as Interaction*.

Intercultural mediation refers to the facilitation of the integration process through the removal of both **linguistic** and **cultural** barriers, covering a broad range of tasks that are between the two extremes of a spectrum with pure linguistic services as provided by interpreters on the one hand and strict conflict resolution as provided by legal experts or other types of mediators on the other hand. (*TIME Project*, 2016: 7)[9]

1.2 Linguistic Mediation and its kinship with Translation & Interpreting Studies

The present chapter is aimed at clarifying the place occupied by linguistic and cultural mediation within the world of Linguistics, and precisely its bond with *Translation Studies* and *Interpreting Studies*[10].

In the second half of the 20th century, a young academic discipline, known as *Translation Studies*, stemmed from linguistic structuralism, giving rise to a new way of conceiving language as well as its mechanisms. The main feature of this new academic subject was its interdisciplinarity, that is to say a combination of elements deriving from anthropology, sociology, psychology, literary studies and so forth. TS tends to be associated with written language rather than with spoken language or oral discourse.

Furthermore, ever since the fifties, when the first attempts were made to establish translation studies among the scientific disciplines, the connection to Linguistics has been close, and from this discipline translation studies inherited a written language bias. (Wadensjö, 1998: 26).

Moreover, for many years, academic fellows, linguists, and experts in such a field have generally agreed on letting the prescriptive aspect of TS prevail over the descriptive one. However, this assumption was suddenly upturned thanks to the so-called *cultural turn*[11] occurred in the late 1980s.

Translation Studies, in its earliest form, is deeply bound to linguistics and partly to language learning, but through the 'cultural turn' in the late 1980s it draws increasingly on anthropology, sociology, literary studies and particularly cultural studies, feeding subsequently into *Interpreting Studies* a decade or so later (Rudvin & Spinzi, 2014: 71).

---

[9] TIME (Train Intercultural Mediators for a Multicultural Europe*), Self-study Course for Trainers of Intercultural Mediators*, Module 7: Resources on Intercultural mediation.
[10] Also *TS* and *IS* respectively, hereinafter.
[11] See Mary Snell-Hornby, (1998) *Translation Studies: an Integrated Approach*; (2006) *The Turns of Translation Studies* for a full explanation.

Interestingly, TS is thought to have paved the way for IS to originate approximately a decade later. Since TS seems to possess a longer history, IS is frequently thought of as a sub-field, whose focus on the importance of spoken interactions is still much debated today. As reported by Wadensjö (1998: 25-26): "Translation studies involves several different approaches, scientific methods and traditions. The area is sometimes organised into translation studies and interpretation studies as a sub-field". To a certain extent, there is no doubt that research on IS is much more contemporary. Even so, it is of the utmost importance underlining that interpreting as a practice actually dates back to 1945-46 when, for the first time in history, conference interpreting was carried out during the *Nuremberg trials*[12]. Despite being performed as a practice at that time, interpreting will be not brought to the fore as academic discipline until the end of 1980s.

The long-standing hierarchy existing between TS and IS does not lend itself to the present research. Instead, both should be deemed as two sides of the same coin, featuring some discrepancies yet intertwining with one another. The scheme below shows the relationship prompted above.
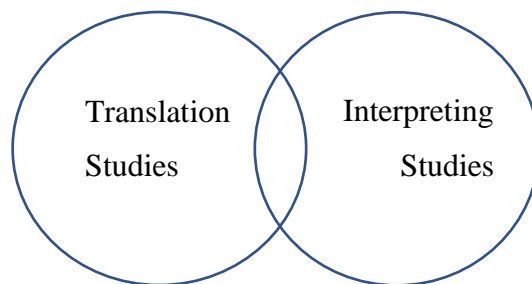
As for LCM, it is crucial to understand where it may be located within the TS and IS[13] universe. There appears to be a standard tendency to consider LCM a synonym of both translation and interpreting.

This natural association comes from the fact that all these terms inherently share the linguistic dimension. Nonetheless, whilst the investigations about TS and IS have been recently supported by many scholars, the same cannot be said as per LCM, which is still struggling to find its own place in the present literature. Furthermore, the key element ascribing LCM its unique role is the existence of a cultural dimension.

---

[12] In 1945, simultaneous interpreting was first performed to provide complete translation of all proceedings regarding 22 Nazi criminals. The language used were English, Russian, French, and German.
[13] *Translation & Interpreting Studies* is here considered from a theoretical point of view, whereas *Translation* and *Interpreting* shall be deemed practical activities.
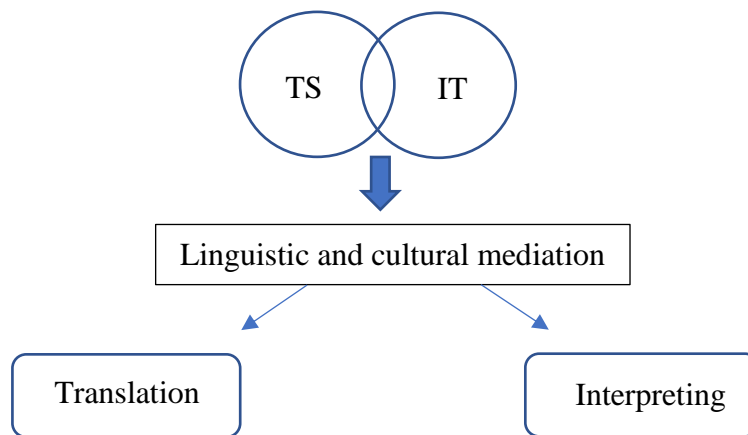
The above diagram displays how LMC is considered for the purpose of the current study. As you can see, it may be inserted within the great branch of TS/IT Studies, yet, under LMC, translation and interpreting are in turn found as empirical activities.

While it would be worth exploring all the written types of mediations, in the following chapters we will be mostly analysing the oral dimension of LMC, providing a general taxonomy regarding mediated encounters.

1.3 Linguistic and Cultural Mediation vs. Community Interpreting: sisterhood or dichotomy?

A general overview about LCM has been given and as stated, there are some key factors that seem to be necessary for it to happen: firstly, the presence of at least three social actors, usually two lay people accompanied by the mediator; secondly, the necessity of a negotiation to obtain something or to conciliate the parties; lastly, the use of linguistic skills, along with cultural ones, to transmit a message from a language into another and to achieve mutual understanding.

To provide a complete picture, the present chapter is aimed at investigating another area deeply related to LCM, namely *Community Interpreting[14]*. In recent years, it has been argued that LCM and community interpreting are different ways to identify the same mediated practice. In spite of the fact that many scholars find little or no difference between the two, it may be of interest to investigate the actual bond that lies behind them.

---

[14] *CI* hereinafter. It is also widely known as Public Service Interpreting (PSIT), Liason Interpreting, Dialogue Interpreting depending upon the country where it is performed.

The term community interpreting started appearing after 1990[15] in many European countries, when the Institute of Linguistics in UK adopted 'public service interpreting' as its nomenclature. Below, some of its most symbolic definitions are presented:

> Interpreting carried out in face-to-face encounters between officials and laypeople, meeting for a particular purpose at a public institution is (in English-speaking countries) often termed community interpreting (Wadensjö, 1998: 49).

> PSIT implies a bidirectional and dialogic interpreting and translation activity that takes place in communicative settings among speakers of different languages for the purpose of accessing services (Valero-Garcés, 2016: 321).

> Community interpreting (CI) refers to interpreting in public service institutions and differs from other types of interpreting in a number of aspects (e.g., mode of delivery, interaction situation, level of formality/orality present, level of interpreter involvement, status and roles of participants, level of professionalization, and power asymmetries (Hale, 2007: 31, cited in Pöllabauer, 2012).

In accordance with the aforementioned quotes, 'community interpreting' foreground the setting, at large. The latter ought to be either a public institution or a place where *ad hoc* services are offered and guaranteed. In addition, there is no reference to cultural elements, as though interpreting only consisted of a translation activity *per se*. Thus, it seems that, despite being very similar, the two terms (LCM/CI) are not exactly hinting at the same concept. This holds true if considering the following excerpts:

> Community interpreting, often so called public or social service interpreting, is a <u>very close relative</u> of intercultural mediation. According to the definitions applied in different countries, these two <u>could even overlap to a great extent</u>. However, community interpreting <u>does not involve</u> the aspects of mediation, awareness raising or implementation of informative events that are entailed in IM[16] (*TIME Project*, 2016: 14)

In this case, the accent is put on the fact that 'community interpreting' lacks all the features relating to mediation, awareness raising or implementing events that might be relevant in terms of information.

Moreover, another critical element that might differentiate CI from LCM is the use and application of interpreting skills. Even though CI has been long downplayed by other interpreting modes[17], there is no doubt that it is a form of interpreting *tout-court*, and thus require to master an

---

[15] In 1995 the term is also introduced at the First International Conference on Interpreting in Legal, Health and Social Service Settings.

[16] Intercultural Mediation.

[17] For many years, conference interpreting has been considered the unique form of interpreting. Thus, simultaneous and consecutive interpreting have tended to lessen other forms of interpreting such as Community Interpreting.

array of interpreting techniques adequately. Conversely, as per LCM, being interpreting-savvy seems not always to be a priority:

> Another interesting finding is how differently the importance of linguistic competence […] is perceived. […] The degree to which intercultural mediators should be equipped with interpreting skills is under dispute. There are those who claim that good linguistic and interpreting skills are a prerequisite for effective mediation. […] Other claim that in mediation and conflict resolution there is often no need whatsoever for interpreting; thus, no knowledge of migrant languages or interpreting techniques is required for someone to become or act as an intercultural mediator. (*TIME Project*, 2016: 66)

As maintained above, there is reason to believe that both LCM and CI share some interesting similarities. Yet, the two terms cannot be used interchangeably. This is also confirmed by the fact that "an interpreter not being trained as an intercultural mediator may be capable of successfully conveying meanings, […] yet may not understand real needs resulting from cultural, religious and other social reasons, in order to establish a positive intercultural communication" (*TIME Project*, 2016).

Finally, it is curious to observe that several academicians tend to insert *court interpreting* into the field of CI. In the majority of European countries, court interpreters need a specific accreditation[18] to operate. If we should consider the possibility of equalling LCM to CI, this would mean that linguistic mediators shall be entitled to fulfill their duties even during judicial hearings at court, acting as court interpreters.

However, this is not actually possible and, as we shall see in chapter two, linguistic and cultural mediators may instead feature a regional/local accreditation, which is completely different from the one released to court interpreters by judicial institutions. Oftentimes, no official certifications even exist for mediators, thus preventing their work from being legally regulated.

As a result, it is possible to infer that the bond existing between LCM and CI is definitely closer to a sisterhood rather than a dichotomy, notwithstanding showing the absence of a complete overlapping.

---

[18] Chapter 2 will outline specific issues related to accreditation procedures.

1.4 Skills and expertise required to work as a linguistic and cultural mediator

As previously discussed, the linguistic and cultural mediator is the only participant of the exchange who has access to the entire amount of information, included to those 'hidden' details that must become overt for both lay parties to accomplish mutual ease.

Before illustrating the numerous skills required to perform such a profession, it is essential to bear in mind that the intervention fields where a mediator may execute his/her duties are many and diverse; according to several European countries, included Italy, these are the main areas in which mediators operate: healthcare, education, reception/hospitality (especially refugee centres), justice/police, public administration, legal settings. To guarantee a better and detailed overview, the skills are to be divided into two macro-categories:

1) **Linguistic and interpreting-based skills**

As previously mentioned, language mastering represents one of the main tools available to the LM to carry out his/her tasks. First and foremost, the mediator has to be proficient in at least two languages, from and into which s/he may interpret. Secondly, s/he must possess active listening skills which are key to detect the gist of the information flow. This is particularly important since, occasionally, communication may be hampered by a variety of factors. Should this occur, the mediator must be prepared to expressly rely on his listening competences in order to intercept the core ideas of the oral interaction.

Moreover, s/he is required to produce correct oral translations (*interpreting*) between the language pairs with which s/he is supposed to work. Regarding this aspect, the mediator should have complete knowledge of note-taking techniques[19]. Unfortunately, this is not always possible due to lack of interpreting-based education. Therefore, most mediators tend to avoid taking notes when unneeded, even though this may give rise to information loss and even to serious mistakes during the rendering of the single utterances.

Additionally, a good linguistic and cultural mediator displays a great command of the terminology related to the specific field in which s/he operates. To do so, *ad hoc* study is mandatory as well as the ability to draft multilingual glossaries.

---

[19] In this case note-taking commonly refers to consecutive interpreting techniques. For further details on note-taking, see the BA thesis by Anna Baccenetti, (2013) *La presa di note in interpretazione consecutiva: una proposta grammaticale e sintattica.*

Apart from 'pure-interpreting' skills, the mediator must also be able to carry out sight translations[20] of application forms, agreements, and of any other document that may be relevant to the participants.

Last but not least, the s/he has to offset the original linguistic asymmetry existing between the parties, intervening when technical terminology might hinder the overall comprehension of one of the two parties.

2) Relational, cultural and non-linguistic skills

Not only has the LM to possess linguistic knowledge, but also a wide range of cross-cultural and relational-based skills. Being the one who understands all the points of view involved in the triadic mediated-encounter, the mediator has a paramount coordinating function. S/he is in charge of coordinating the information flow and controlling the turn-taking between participants. Furthermore, the mediator must show a true ability at multitasking, playing multiple roles simultaneously: translating turns of speech, taking initiatives by posing questions or urging the persons to join the conversation/dialogue.

S/he must foresee, and possibly prevent, clashing behaviours, misunderstandings, prejudices and discriminations. For this reason, special attention must be paid to body language, non-verbal and extralinguistic elements[21] which may completely alter the mood of the whole discourse, if not interpreted accurately.

Consequently, there is no doubt about the importance of being endowed with certain dynamism as well as with a problem-solving attitude. In some cases, especially in healthcare settings, mediators are required to show empathy, fairness, and emotional support to patients. Perceiving variables and nuances in terms of interpersonal communication is as important as dominating the language. Cultural sensitivity, flexibility, tolerance are chief values that must always be encompassed within any mediation-based scenario.

Owing to the abovementioned characteristics, it is clear that linguistic and cultural mediators are situated in a dimension which goes far beyond mere interpreting, hence the difficulty in comparing them either to conference interpreters or to community interpreters.

---

[20] Sight translation is an interpreting exercise in which an A written text is translated into a B oral text. As said, this is a very common task to which the mediator must live up to.
[21] See paragraph 3.5 for further details on extralinguistic components.

2. Linguistic and Cultural Mediation in Italy: an insight into the national scenario

The steady rise in immigration over the last two decades has transformed Italy into a multicultural country. Italy has gradually become one of the major supporters of Europe's integration policies for migrants. Unlike other countries featuring strong colonial ties as, for instance, the UK, Italy has no connections with ex-colonies, economically and culturally speaking. As a result, there has never been an extreme predominance of one particular ethnicity over another.

Clearly, migration patterns are not easily predictable and may largely depend on numerous variables. As stated in chapter one, the great plethora of languages and cultures existing in Italy has recently required the introduction of a new social actor, namely the linguistic and cultural mediator.

In this chapter, a detailed analysis of his status in Italy will be outlined.

2.1 The linguistic and cultural mediator and its role within the Italian legislation

Italian law touched originally upon the figure of the linguistic and cultural mediator back in 1998. In the *Testo Unico sull'Immigrazione* (Consolidation Act on Immigration – Legislative Decree 286/1998 and subsequent amendments) both terms 'cultural mediator' and 'intercultural mediator' were introduced. The former is cited in Article 38, paragraph 7 (b)[22] and is focussed on helping foreign students and their families to communicate and establish a proper dialogue with schools. The second one appears instead in Article 42, paragraph 1 (d)[23] where it is envisaged that foreigners holding a residence permit may serve as intercultural mediator in order to facilitate relations between administrations and migrants of different ethnic, national, linguistic and religious groups. In either case, the decree does not provide an in-depth definition of what actions and activities mediators ought to perform.

Subsequently, after approximately ten years from the entry into force of such decree, the issue came to light again. In 2009, the CNEL (National Council of Economy and Labour), along with the Conference of Regions and Autonomous Provinces, attempted to newly define the profile of the mediator. Unfortunately, on this occasion the participants were not able to trace a complete framework about how to treat the figure of the mediator. Instead, a fierce opposition about whether

---

[22] "dei criteri per il riconoscimento dei titoli di studio e degli studi effettuati nei paesi di provenienza ai fini dell'inserimento scolastico, nonché dei criteri e delle modalità di comunicazione con le famiglie degli alunni stranieri, anche con l'ausilio di **mediatori culturali** qualificati";

[23] "la realizzazione di convenzioni con associazioni regolarmente iscritte nel registro di cui al comma 2 per l'impiego all'interno delle proprie strutture di stranieri, titolari di carta di soggiorno o di permesso di soggiorno di durata non inferiore a due anni, in qualità di **mediatori interculturali** al fine di agevolare i rapporti tra le singole amministrazioni e gli stranieri appartenenti ai diversi gruppi etnici, nazionali, linguistici e religiosi".

the mediator should be a foreigner individual or a local one arose. Additionally, during the same year the Italian government even proposed some bills specially designed for acknowledging this profession yet obtaining no positive results.

> […] Moreover, in recent years three different bills on intercultural mediators (Chamber of Deputies of the Italian Parliament, 2009a, 2009b, 2013) have been presented at the Chamber of Deputies of the Italian Parliament, but none of these has actually become law (Catarci, 2016: 134).

In March 2010, another official document, known as, *Linee di indirizzo per il riconoscimento delle figura professionale del mediatore interculturale,*[24] developed by the Italian Ministry of the Interior along with other departments[25], tried to outline a new trajectory for the linguistic and cultural mediator. In this case, the target was the training that mediators had to undergo, dividing it into basic and specialist levels according to the relevant sector of intervention.

Lastly, in 2011 another fruitless attempt to reinforce LCM was made by the Italian Institute of Statistics:

> In 2011, 'intercultural mediator' was included in the national job classification of the Italian Institute of Statistics (ISTAT), in the professional class called 'technicians of rehabilitation and social integration'[26], and anchored to the category 'social work associate professional' of the ILO (International Labour Organization) […], (Catarci, 2016: 134).

Apparently, as specified by the above quote, the mediator seems to be associated with the field of social assistance, rather than being deemed a linguistic and cultural expert. Moreover, it is referred to as 'technician of rehabilitation', as though his/her tasks entail to act as a sort of physician. As of 2011, there have not been substantial changes in the implementation of regulations related to LCM. Therefore, it goes without saying that the LCM Italian scenario appears to be tremendously fragmented. The ill-formed governmental programmes have not succeeded in aligning all the discrepant ideas and beliefs hovering around this professional activity. There seems to have been no logical and rational intervention by institutions and, as a result, the linguistic and cultural mediator keeps being relegated to a limbo-alike dimension, within a complete legislative void at a national level.

---

[24] Guidelines for the recognition of the profession of the intercultural mediator.

[25] Department for Civil Liberties and Immigration, Central Directorate for Citizens Policies of Third Countries of Immigration and Asylum (Ministry of the Interior).

[26] Unità professionale 'Tecnici del reinserimento e dell'integrazione sociale' (2011). For further details, visit http://professioni.istat.it/cp2011/scheda.php?id=3.4.5.2.0

2.1.1 Professional accreditations and certifications in Italy: an abstract reality

The lack of official recognition by institutions of what LCM consist in leads to another great concern, which is the heterogeneity regarding its accreditation system. Apart from the university degrees in 'Sciences of Linguistic and Cultural Mediation' already mentioned in chapter one, the majority of courses and trainings implemented by numerous institutions do not always lead to official certifications.

Regional autonomy has applied with regard to education and training since 1970 in Italy. This means that the responsibility for recognition or accreditation of the job description lies at the regional level. Emilia Romagna was among the first Italian regions to be aware of the need to solve problems involving communicative, linguistic, psycho-social and cross-cultural difficulties emerging between the service providers and the foreign migrants (Dallari *et* al. 2005). In 2004 the Emilia Romagna Regional Authorities decided to establish regional qualifications for two emerging professions, namely 'linguistic mediators' and 'cultural mediators'. Since the very beginning, the region organised a variety of courses, especially for unemployed foreign citizens, aimed at promoting professional skills and issuing the vocational training qualification of 'Mediatore culturale'[27] (Tommasini, 2012).

After the pioneering action undertaken by Emilia Romagna, other Italian regions such as Marche, Lazio and Campania began to design their own accreditation programmes as well as specific training curricula. However, the absence of national guidelines prevented many regions from setting high-quality educational standards, thus giving frequently rise to unsatisfactory outcomes.

At present time, except for the municipality of Rome[28] and some few others, there are no official registers gathering the profiles of mediators belonging to a certain region/province and to whom one may turn to if need be.

What is worth mentioning is that in Italy there is a general tendency for mediators to work in the employ of social cooperatives, where they commonly receive *ad hoc* training. Furthermore, along with cooperatives, linguistic agencies are those in charge of recruiting mediators. Specifically, some fields such as healthcare and education, for example, may be outsourced to agencies which are entitled to provide mediation services, for a certain period of time, by drawing upon their own personal mediators' lists. Hence, agencies tend to create their own mediators' portfolios either by personally seeking qualified persons or even by asking cooperatives and other institutes to share mediators' contacts with them. When it comes to minority or rare languages, of which there is oftentimes a

---

[27] Cultural mediator.

[28] See https://www.comune.roma.it/web/it/scheda-servizi.page?contentId=INF38618&pagina=3 for more details about Rome mediators' register.

shortage in terms of native speakers, agencies may entrust their mediators with identifying other eligible candidates featuring uncommon language combinations. This may be deemed a sort of word-of-mouth action.

Evidently, all these procedures, which must be carried out to find and hire a linguistic and cultural mediator, are fairly unprofessional and could be drastically simplified provided that there were either national or regional-based registers. The non-existence of national homogeneity with respect to accreditation is a tangible clue of how LMC is still not perceived as a true profession, but rather as a parallel activity to main social interactions. Consequently, as we shall see, it appears to be of the utmost importance for mediators to constantly raise awareness among lay persons: it is indeed a matter of educating them about their job and about the professional conditions that represent minimum requirements for a mediator to accept a work assignment.

2.1.2 Linguistic and cultural mediation as academic discipline in Italy

It is a paradox that in Italy there is no apparent legal classification of this profession, even though our country, together with Spain, is actually the one offering the greatest range of university curricula related to this profile. As previously stated, LCM started being observed as a true social phenomenon after the year 2000, and most importantly due to the university reform that introduced new bachelor's degree courses in 'Sciences of Linguistic and Cultural Mediation'.

For the sake of this study, it may be of interest to give a general idea about these undergraduate programmes as well as the professional profile one should acquire at the end of them.

Most bachelor's degrees belonging to the L-12 class[29] involve the possibility of selecting two or three languages (native language excluded) that will be studied for the duration of the whole degree. Besides pure linguistic classes, which are considered the pillars of the entire course, a wide array of collateral subjects is offered. These usually include literature, economics, law and culture of countries of the studied languages. In addition, some courses may be devoted to developing translation and interpreting techniques along with specific jargons related to some sub-fields of the language (e.g. Business English).

> Graduates must possess: a sound cultural and linguistic competence in at least two foreign languages, besides Italian; strong linguistic and technical skills both in oral and written fields; adequate and basic preparation as for economics, law, history, politics, socio-anthropology, literature; communication tools and information management; adequate knowledge on the issues of specific workplaces; organisational autonomy and ability to properly enter professional environments (adapted from Blini, 2008: 127).

---

[29] L-12 is the 'code' used by the Italian Ministry of Public Education to identify all the BA degrees in "Sciences of Linguistic and Cultural Mediation".

The aforementioned quote refers to the expertise one should gain after completing the three-year university programme. Nonetheless, as Rudvin & Spinzi suggested (2014), there is a crucial difference between mediation meant as a profession and LCM as academic discipline. This is due to the fact that these new courses "interfaced with and overlapped with the existing degrees of translation/interpreting […] and the Departments of Modern Language lacked the staff expertise, resources and infrastructures to offer interpreting or translation 'proper'"[30]. A very similar hypothesis is upheld by Amato who argued that:

> Indeed, numerous Italian faculties that had previously offered degree courses in Modern Languages suddenly began offering degrees in Mediation Studies, initially by recycling existing courses in language, literature, and history, taught by the same academic staff, where often only the titles of the courses changed (not the content), and with the addition of a couple of courses in dialogue or consecutive interpreting. (Amato & Gardwood, 2011: 2).

So far, it has been demonstrated that mediation-related university curricula have not been created *ex-novo*, but rather they resulted from slight adjustments executed over courses existing prior to the university reform. In this case, the main issue is represented by the fact that students are supposed to acquire translation skills during the training period, yet they may not necessarily acquire those skills suitable for the profession of LCM. As a matter of fact, this is restated by Amato:

> The major criticisms are that the undergraduate and postgraduate courses currently offered by Italy's universities have little or nothing to do with the kind of mediation that cultural mediators are called upon to perform in their role as "bridges" between migrant service users and public service providers. They also fall to cover the "minority" languages of many of today's migrants while the courses tend to be too theoretical, with usually no real-life practical work experience included (Amato & Gardwood, 2011: 2).

In line with the above excerpt, there is reason to believe that this type of degree tends to be too theoretical, without enabling the disciples to have experiential and practical activities. What is more, although in recent years universities have included rare/niche languages in their academic paths such as Bulgarian, Hindi, Cantonese etc., these do not frequently meet the needs and the expectations of the market. Urdu, Bengali, Sinhalese, Wolof are all languages whose request is massive, at the moment, in many different settings and throughout all Italian regions. Nevertheless, graduate mediators are not skilled as for these linguistic combinations, given that university keeps considering them to be not as highbrow as European ones. This huge gap surfacing between university education

---

[30] For instance, many Faculties of Modern Languages offers this BA degree, yet they lack booths needed to train interpreting skills.

and the job market should be solved as soon as possible, by rearranging the structure of the academic degrees so that they may be able to adequately respond to the market's requests.

2.2 Linguistic and Cultural Mediation in healthcare settings: general parametres

The healthcare setting, despite its institutional nature, does not feature tight rules as those that may apply for interpreters in judicial or courtroom settings. Neither may it be compared with the cocoon-like world of international conferences where the boothed gentry[31] reign undisputed. Traditionally, there is no statutory obligation for medical institutions to facilitate professional mediation services and this holds true, at least, for the majority of European countries[32].

In such a setting, the mediator is the person in charge of helping migrants to have access to the health system of a certain country. Specifically, s/he has to create the ideal conditions so as to let the foreign persons 'navigate' across the departments and services, in synergy with the other individuals involved in that particular medical environment. To do so, the mediator participates in goal-oriented clinical encounters whose ultimate purpose is that of reaching a diagnosis and finding a therapy for the patient. During these triadic meetings[33], not only does the mediator interpret the utterances of the other parties to achieve mutual understanding, but s/he also ensure cultural adaptation of both spoken interaction and possible written documents.

> In medical settings interpretation means something other than oral translation […]. Medical interpreting is the process of deciphering physical and verbal signs, by passing them through a grid of medical signification, and re-analysing them as symbols or symptoms of known disease process or as irrelevant to such processes (Davidson, 2011: 173).

It is interesting to note that clinical discussions usually seem to be quite similar to story-telling experiences rather than reconstructions of the clinical history of patients. These are encouraged to provide as many details as possible about their life, so that, by narrating their personal life journey, practitioners might infer some crucial elements, which could serve for the final diagnosis/treatment.

Undoubtedly, "whenever people speak, they tell – more or less explicitly – one or more personal stories and by doing so they position themselves (reflexive positioning) and the others (interactive positioning) and make sense of their world experience" (Pittarello, 2009: 65). Sometimes, people may

---

[31] This hilarious term was introduced by Sergio Viaggio (interpreter for the United Nations in Vienna) to identify the élite of conference interpreters. See also G. Garzone, (2009) *Osservazioni sul profilo del mediatore linguistico e sull'interprete in ambito sociale nella prospettiva deontologica.*

[32] In the United States, for instance, there some relevant associations supervising and regulating the job. *IMIA* (International Medical Interpreters Association); *CHIA* (California Healthcare Interpreting Association); *NCIHC* (National Council on Interpreting in Healthcare)

[33] Frequently there are three persons involved in the interaction: the patient, the physician, and the mediator. However, sometimes, other experts may take part in the exchange: e.g., lawyers, social educators etc.

feel inhibited and daunted when asked to tell the others about their most intimate and confidential affairs. Thus, mediators might be confronted with very delicate and uncomfortable situations in which "it would be difficult for any human being to remain unperturbed" (Valero-Garcés & Dal Fovo, 2017:35). This leads to another chief aspect, that is the concept of neutrality and invisibility, a principle which mediators should constantly embody. Whilst it has long been argued that the category of interpreters, and consequently of mediators, ought to comply with strict rules in terms of impartiality, what occurs in real life is a far cry from this.

What has been stated so far confirms once more that LCM does not exclusively mean being responsible for overcoming language barriers. Instead, linguistic and cultural mediators tend to be extremely involved in the emotional dimension of a given social interaction. Mediators are therefore fully-fledged and active participants, to whom a wide scope of action and care fall to.

> […] It may be argued that the very notion of role might be misleading when accounting for the <u>multiple tasks</u> interpreters have to take care of when co-constructing and co-negotiating conversation with their interlocutors in healthcare settings in conversation (Dal Fovo, 2017: 35).

2.2.1 Healthcare-based mediation in Italy and its peculiarities

In Italy, foreigner citizens can enroll in the National Healthcare System by filing their stay permit, self-certification of residence and tax code number. Thus, they are equally entitled to benefiting from healthcare services as Italian citizens. Still, they may experience the risk of not receiving the same level of healthcare as the average population owing to their vulnerability, lower socio-economic condition, and little acquaintance with the local language/culture.

It is precisely for this reason that, nowadays, several Italian healthcare institutions are providing *in-situ* mediation services. As previously mentioned, mediators work in tandem with physicians and their presence plays a pivotal role, especially when there appears to be passive or non-compliant patients. In Italy, mediators tend to work mainly on call, that is they operate according to the explicit mediation requests made by health professionals. As a result, they are neither full-time nor part-time employees, on the contrary of what occurs in other European countries such as in Belgium and Switzerland. They are often paid on an hourly basis or by project and consequently once the project is fulfilled or the funding runs out, they might be no longer employed. From time to time, they may also continue to work for free when they feel particularly committed to a certain person/case.

Another important aspect is that, in Italy, most mediators are community members, which means they are foreigners who have been spending quite a long time in the receiving country. They have learnt the local language and have become accustomed to a wide range of cultural-bound

elements that allow them to serve as liaison communicators in many different contexts. However, it is equally worthwhile noticing that this trend is currently being reversed. In the last few years, there has been a rise in the percentage of Italian native mediators. As we shall see, Italian citizens with a proper academic education and an adequate linguistic-cultural knowledge are eligible as well and should not be deemed less suitable just because of their Italian origins.

Moreover, the role of linguistic and cultural mediator is mostly covered by women, in Italy.

> (Linguistic and cultural mediators are) relatively young women, with a high level of education, but whose degrees are not formally recognised by the Italian education system. […] They were drawn to this profession because the other job-offers on the market (cleaning jobs, home workers, some factory work) were even less congruent with their high qualifications and gave less professional and human satisfaction (Tommasini & Rudvin, 2008: 6-7).

That being said, it is analogously crucial to acknowledge all the stages of which the mediation practice is made up, in Italian healthcare settings. For the purpose of the present research, it has been deemed appropriate to provide the readership with the following scheme. This chart was first proposed in November 2017, during the exchange seminar on Intercultural mediation held by the AULS of Reggio Emilia. It summarises the general procedure that all foreign patients are supposed to undergo upon the taking in charge of their healthcare request.

Admission ⟹	Diagnosis ⟹	Treatment ⟹	Discharge
o Timely access o Anamnesis o Patients' history o Patients' health status	o Providers' understanding of symptoms o Informed consent o Patient understanding of diagnosis and its condition	Effective patient-provider relationship: o Patient understanding o Cooperation o Compliance o Medication	o Discharge information o Medical and non-medical Follow-up o Disease management o Health behaviours and lifestyle o Continuity of care and cooperation
ORAL → Linguistic and intercultural mediation			
WRITTEN → Translation of written and picture-based information materials, documents, and visual communication aids: e.g. informed consent forms, medication labels, application forms for benefits, discharge instructions, etc.			

As one can see, there are four 'macrophases', namely admission, diagnosis, treatment, and discharge. Each of them entails a variety of different actions that should be performed and may also overlap with each other. During all these phases, both oral and written mediation activities are carried out to support and modulate the exchange of information between the participants.

2.3. Specific and *ad-hoc* skills required to operate as a Linguistic and Cultural Mediator in healthcare-related settings

Besides the general skills mentioned in chapter 1.4, which all mediators should possess, there are some further specific and peculiar requirements that one should have in order to work as a mediator within the healthcare system.

Firstly, in terms of linguistic expertise, a strong and in-depth knowledge and command of medical terminology is needed. This means that the mediator must be acquainted with general anatomy, ailments, symptoms, treatments, medications, medical bureaucracy, and regulations. Expanding one's own vocabulary is an on-going process and, especially as for this field, shall be achieved by committing to regular individual study. This may result in creating glossaries, consulting parallel texts, reading and listening respectively to medical journals and medical conferences.

Related to this aspect is the ability of 'double-translating' physicians'utterances from a high and scientific register into a simpler and barer one. Indeed, migrants who attend medical interviews are bound to experiencing a hard time because of the medical lexicon used: "the 'art' of medicine requires, not only and understanding of what is said, but what it means in context" (Davidson, 2001: 171). Frequently, they come from rural backgrounds, possessing little or no formal education; that is why the mediator is obliged to reformulate nebulous and sophisticated concepts so that the original message be transmitted correctly. In addition, s/he must instantly grasp 'untranslatable words'[34] and find an adequate alternative to them.

Secondly, healthcare-based mediators are required to be context-sensitive and recipient-oriented. Concretely, they should exhibit empathic behaviour, that is being aware of both the self and the other. Assisting vulnerable people is a matter of tolerance and equality that, in turn, must lead to set aside political and religious beliefs in order to build a relationship of mutual trust. As a result, "the original text is dissected and the ambiguities are removed, to provide emotional reassurance to the patient" Pignataro, 2012: 74).

---

[34] This refers to cultural-bound words, that is terms appearing just within certain cultures/languages which may give rise to miscommunication. For instance, the world 'dyslexia' does not exist in the Bengali language and might represent a huge problem in a medical interview where the mediator has to convey such a concept to a Bengali person.

It is fundamental to underline that some patients might not feel completely at ease when describing their conditions, symptoms, or life experiences. In this case, the mediator may use some strategies to soften such a situation. For instance, s/he may rely on using laughter to mitigate the patient's embarrassment and sense of awkwardness. In other circumstances, patients might be diagnosed with a serious illness (e.g., some sort of cancer). Should this occur, the mediator is required to express his/her emotional steadiness as much as possible, perhaps by giving visual contact support as well as by guaranteeing absolute confidentiality.

Whilst many experts in the field of mediation and IS have consistently called for the impartiality and invisibility of the mediators/interpreters, it is obvious that we cannot consider this approach suitable for the sake of the present study. Instead, the mediator is herein deemed to be a source of empowerment for the otherness. Thus, s/he is assigned the role of advocate "when they (migrants) are being confronted with racism or discrimination or when the patient's well-being or dignity is at risk" (Verrept, 2008: 4). Yet, at the same time, s/he is also a gatekeeper and a synthesizer[35]. The former refers to the role played by the mediator between lay persons and institutions whereas the latter has to do with the ability of reconciliating disparate cultural practices.

Finally, another indispensable skill that mediators must demonstrate within this type of setting is the knowledge of medical-related hierarchies. In healthcare environments there is a sort of tacit agreement according to which some staff members have a greater decisional power than others (e.g., physicians features a higher-profile if compared with nurses, social assistants, etc.). By bearing this in mind, mediators are able to manage asymmetries that may arise during clinical encounters, thus restoring the original equal and dialogue-like interaction. It is precisely in these cases that mediators are required to support and persuade the interpretees to ask questions to health professionals. Patients should not hesitate to ask for clarifications because they feel inferior to other participants.

As we have witnessed, in healthcare settings *ad-hoc* and specialised competences are mandatory. Rarely are mediators only bilingual professionals or cultural brokers. Conversely, they are welcomers, supporters, advocates, and most importantly they are human beings required to cope with their emotions as anyone else. They do negotiate, not only words, but entire worlds.

---

[35] See Wadensjö, (1998) *Interpreting as an Interaction*, for further explanations about role of the mediator as advocate, gatekeeper, synthesizer.

3. A case study: La Marca Trevigiana and the pivotal role of Linguistic and Cultural Mediators

3.1 La Marca Gioiosa et Amorosa

(La) Marca Trevigiana[36] is an expression which is used to identify a specific area located in Northeastern Italy within the borders of the Veneto region. Specifically, the term refers to the town of Treviso and its surroundings, which include, among the others, the cities of Conegliano, Castelfranco Veneto and Asolo. The origin of such a locution dates back to the 12th century, during the Italian Middle Ages. At that time, Italy was not a united country and there was no national administration. Instead, the ruling of the country depended greatly upon the so-called marquesses, who were in charge of governing those territories known as 'marches' or 'markes'. The latter were medieval public districts, situated near borderlands, whose main purpose was to provide adequate and timely warning in case of military incursions. Moreover, they would also carry out and monitor all the activities related to cross-border trade.

Thus, according to what has just been stated, one might assume that Treviso was under the ruling of a marquess and that such circumstances led to the introduction of the term *Marca Trevigiana* into the Italian society and linguistic community. However, this is not exactly the case since there are no existing reliable sources confirming this hypothesis; actually, the majority of historians, who decided to investigate the former events regarding Treviso, do claim that *Marca Trevigiana* was extensively employed only to describe a geographical area with no fixed borders.

Interestingly, along with this expression comes another one, that is *Marca Gioiosa et Amorosa.* This Latin sequence was also massively used in the past to identify the current province of Treviso. Precisely, it hints at the thriving period that the province vastly experienced from a political and economic point of view, between the 12th and 13th century.

As seen, MT is quite an ancient geopolitical concept, and, despite the changes that may have occurred over time, it keeps being used these days to refer to the province of Treviso. For the sake of the present study, it seems convenient to include a simple map of this area in order for the readership to get a clearer and more concrete idea of it. Below, a red circular stroke encloses approximately the present-day MT territory.

---

[36] Also MT hereinafter.

The historical definition of such an area together with its geographical position are both mandatory preconditions, as we shall see, to better understand how LCM is executed within it. To provide a fuller picture, it is worthwhile analysing and comparing some data collected by the *Italian National Institute of Statistics* (*ISTAT*). These data provide information about the present local population in terms of sex, ethnicity, linguistic patterns and geographical distribution.

As far as the Veneto region is concerned, the total population of national and non-national residents accounts for approximately 5 million people, of which 500,000 are foreigners[37]. The three main foreign ethnic groups that may be found in the MT are Romanian, Moroccan and Chinese. Nonetheless, in recent years, the Veneto region has also been witnessing a substantial rise in the number of migrants hailing from Northwestern Africa, specifically from countries such as Nigeria, Ghana, and Niger. Consequently, as one can observe, there is a huge heterogeneity in terms of nationalities, which inherently entails a plethora of disparate cultural behaviours.

Given the purpose of this MA project, the primary focus will be on those cities where the greatest part of the LCM practice is executed. For this reason, the following chart has been drafted: it illustrates some selected municipalities, within the province of Treviso, where the highest number of non-national residents has been registered. The data were collected at the end of 2020 and were then published on 1st January 2021.

---

[37] The data herein provided were last updated on 1st January 2021. In some cases, data referring to the year 2020 have been used since the 2021 census data are not available yet.

Municipality	Male foreign residents	Female foreign residents	Total foreign residents
Treviso	5,883	5,820	11,703
Conegliano	2,716	2,981	5,697
Montebelluna	1,751	2,010	3,761
Castelfranco Veneto	1,355	1,584	2,939
Vittorio Veneto	1,236	1,394	2,630
Oderzo	1,321	1,154	2,475
Mogliano Veneto	1,016	1,266	2,282

By looking at the chart, Treviso is the one displaying the highest confluence of foreign residents, followed by Conegliano, Montebelluna, Castelfranco Veneto and Vittorio Veneto. The two last positions are occupied by Oderzo and Mogliano Veneto. In chapter 3.4, further considerations regarding these towns will be provided when outlining my personal experience as a mediator.

Another crucial aspect is that the *ISTAT* website features a section named 'Eventi discriminatori dichiarati'[38]. This section gathers data about migrants who have suffered discrimination in different contexts, and it is no wonder that this has been occurring even during medical encounters (see the data highlighted in red in the chart below). Although the data under discussion do not refer to the single Italian regions, as they were collected at a national level, they undoubtedly restate the undeniable presence and role of linguistic and cultural mediators.

Stranieri residenti e condizioni di vita : *Eventi discriminatori dichiarati, sesso ed età*

Personalizza ▼	Esporta ▼	La tua interrogazione ▼							
Tipo dato	cittadini stranieri di 15 anni e più ∨								
Territorio	Italia								
Seleziona periodo	2012								
Sesso	maschi	femmine	totale						
Età	totale		15-24 anni	25-34 anni	35-44 anni	45-54 anni	55 anni e più	totale	
	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	
Eventi discriminatori dichiarati ⓘ									
sì, sul lavoro	225 991	190 428	23 438	142 462	147 745	75 823	26 950	416 419	
sì, nella ricerca del lavoro	136 242	127 421	27 250	88 252	88 922	46 274	12 965	263 663	
sì, durante visite mediche	31 800	54 779	..	..	..	..	..	86 578	

---

[38]Declared/Reported discriminatory events/cases.

Despite the fact that this census was conducted in 2012, there is reason to believe that 86,578 is quite a high number when considering Italy in its wholeness. At the present time, there are no updated data in this respect, yet that number must have surely escalated over the years.

Discrimination is a societal illness that each person will face in life sooner or later. The data discussed have shown that foreign people have reported experiencing unequal services in healthcare settings; this represents valuable evidence to declare that mediators must be allowed to join healthcare-based interviews on a regular basis and that their presence is fundamental to meet the growing need of accomplishing mutual linguistic and cross-cultural understanding.

3.2 The ULSS 2 and its linguistic and cultural mediation framework

Before examining in-depth how the whole mediation process occurs in the MT area, it is essential to provide a general overview on how the MT's healthcare system is structured. In Italy, there are numerous local health units known as *ULSS*[39] (Unità Locale Socio-Sanitaria). These are public institutions whose main task is to provide assistance and care to members of a given community. Each ULSS is assigned a number, depending on the geographical position, which allows to distinguish it from those of the other districts; for instance, ULSS 2 is used to identify all the healthcare facilities included under the *Marca Trevigiana*.

> [The Veneto region] has the third highest presence of foreigners in Italy. The Veneto region also has a unique network of both public and private social and healthcare services: 61 public hospitals divided into 21 Local health Units (Ulss), which all enjoy extensive autonomy (Pittarello, 2009: 67).

In the last few years, many of these local health units have decided to introduce a linguistic and cultural mediation service for people whose mother tongue is not Italian. The chief aim has been to overcome the linguistic barrier that may represent a hindrance both for the physicians and the patients.

As previously stated in chapter two, most of the times, mediation services are guaranteed through the intervention of an external agency that is required to coordinate the mediators across a specific regional area. This is the case of ULSS 2 which has signed a two-year contract with an agency[40] based in Rome in 2019. The latter is thus entitled to give mediators assignments upon request of ULSS 2 medical staff.

---

[39] Depending upon the region, the name may vary and other terms that are similarly used are 'ASL' and 'AULS'.
[40] The name of the agency has not been mentioned for confidentiality reasons. However, the reader may find out more about it by visiting the following link: https://www.aulss2.veneto.it/-/mediazione-linguistica-culturale-servizio-valutato-per-la-qualita

> The Linguistic and Cultural Mediation Service provided by the enterprise ULSS 2 […] is aimed at effectively facing the new and heterogeneous scene characterised by multiethnicity. It seeks to adequately meet new social needs so as to achieve a true integration policy, within a special and sensitive field as the one of healthcare (adapted from aulss2.veneto.it, 2019). [41]

The above excerpt has been gathered from the website of ULSS 2. It should be considered a crucial declaration as it advocates the importance of meeting the needs of all individuals, in harmony with the core value represented by multiethnicity.

Furthermore, the MT's local health unit also underlines the concept of creating a 'bridge' between people coming from different cultural and linguistic backgrounds:

> [LCM] is a service aimed at providing healthcare services along with the presence of linguistic and cultural mediators, whose task is to act as a 'bridge' between migrants and caregivers. This enhances communication and meaningful connections between parties with distinct cultures. The service may be required by the enterprise staff and entails a *de visu* exchange between clients[42] and caregivers[43] (adapted from aulss2.veneto.it, 2019).

> Mediators who serve for such a purpose [LCM] are specifically trained not only to translate medical terminology used by physicians and caregivers during the encounters, but also to face complicated situations. They may also collaborate with social services and other caregivers as for the protection of minors[44] (adapted from aulss2.veneto.it, 2019).

These quotes serve as an official acknowledgement given that the local health units have stated the necessity of employing mediators as professional figures.

So far, the main features of local health units have been presented, along with general information on the participants involved in LC and CM. Suffice is to say that agencies, medical staff and mediators cooperate to provide the patient with a proper service. In this regard, something that should be insisted upon is the status of patients. As previously mentioned, patients have normally a

---

[41] Italian version: ll Servizio di Mediazione Linguistico Culturale dell'Azienda ULSS 2 […] si pone l'obiettivo di confrontarsi efficacemente con la nuova e disomogenea realtà della multietnicità e di dare risposte adeguate alle nuove esigenze sociali, per realizzare a tutti gli effetti una politica di integrazione, in un ambito così particolare e delicato come il bisogno di salute e di cura socio-sanitaria, (https://www.aulss2.veneto.it/-/mediazione-linguistica-culturale-servizio-valutato-per-la-qualita).

[42] Note that in healthcare settings, the word 'client' is commonly used as a synonym of 'patient'.

[43] Italian version: Si tratta di un servizio che mette a disposizione per tutto il territorio e i servizi dell'Azienda Sanitaria mediatori linguistico-culturali, che si pongono come figura "ponte" fra gli utenti stranieri e gli operatori socio-sanitari, per favorire la comunicazione e il raccordo tra soggetti di culture diverse.E' un servizio che può essere attivato da operatori dell'Azienda e che prevede il contatto diretto "de visu" tra utente e operatore (https://www.aulss2.veneto.it/-/mediazione-linguistica-culturale-servizio-valutato-per-la-qualita).

[44] Italian version: I mediatori che operano all'interno del Servizio sono specificamente preparati non solo per tradurre la terminologia utilizzata dai medici e dagli operatori socio-sanitari nei colloqui con gli utenti, ma anche per affrontare situazioni particolarmente delicate che si possono venire a creare, collaborando quando necessario con il servizio sociale o con gli operatori socio-sanitari del territorio anche in ambito di tutela dei minori, (https://www.aulss2.veneto.it/-/mediazione-linguistica-culturale-servizio-valutato-per-la-qualita).

rough and superficial knowledge of the Italian language that does not let them be proficient enough to hold a conversation, especially when it comes to medical terminology. Besides, rarely have they been able to receive formal education in their home countries which, in turn, entails problems of communication even in their native language. As a result, despite the huge effort they might make to understand the Italian language and culture, it is likely that something may get lost when interacting with Italian natives. Oftentimes, issues may arise owing to the language used by the patient during mediation encounters, which may not be his/her first language. This is frequently the case of African[45] people, who use either English or French as a lingua franca, otherwise no one would understand them while speaking in their native African language/dialect. Hence, it might happen that the whole communication process be further exacerbated due to the lack of understanding caused by a non-native knowledge of the language. If the mediator is Italian, s/he might have a very hard time in order to get used to the accent of the assisted person whereas the latter tries to convey a message using his/her second language.

Moreover, another important aspect that should be contemplated from a linguistic perspective is the frequent plurilingualism existing within migrants' households. If still considering migrants with African origins, they tend to speak one or two African languages at home which are commonly mixed with some English-related vocabulary, and even with some Italian in a few cases. The combination of terms belonging to different languages on a daily/regular basis may, unintentionally, lead to do it even when the foreign person is involved in the mediation dialogue. Therefore, an ill-formed utterance featuring anomalous elements or clusters of them may give rise to serious interferences preventing participants from establishing accurate lexical and cultural equivalences.

3.3 A plethora of healthcare settings

As has been argued, healthcare encompasses a wide range of branches. People tend always to associate healthcare with Hospital Facilities or with the Emergency Department. However, interestingly, when it comes to investigating the mediation practice it is vital to adopt a broader approach. The hospital is only one of the several stages where mediation services might be needed and consequently performed. This is fairly obvious if one bears in mind that medical care is not limited to surgery, rather it might also involve non-physical treatments, such as psychiatric and psychological consultations.

---

[45] Patients of African origin will be further analysed in chapter 3.4/3.5.

Below is a list of the most common ULSS 2 wards and departments, in which mediators are currently employed:

- Antidiabetic Centre
- Gynaecology and Obstetrics Department
- Infectious Diseases Department
- Mental Health Centre
- Family Counselling
- Paediatrics Department
- Ser.D (Dependence Service Department); it includes a variety of wards such as those dedicated to the treatment of Alcoholism, Tabagism, Hypersexuality, etc.)
- Day Hospital
- Department of Hygiene and Public Health
- Endocrinology
- Protection of Minors
- Physiotherapy

As one might have guessed by going through the list, all the aforementioned settings share a common characteristic: they are extremely demanding in terms of social relationships and emotional exchanges.

As a matter of fact, mediators carry a great burden upon them, that is they continually experience ups and downs of unknown persons. They are allowed to look out a particular window represented by other people's life; they have got the privilege of listening to personal facts and anecdotes that no one else would otherwise do.

That being said, it is of the utmost importance to give some explanations about the list of facilities mentioned above. Why are the services of these healthcare units particularly necessary for migrants residing within the area of the *Marca Trevigiana*? The answer is easy and has to do with the social conditions and lifestyle of these people.

In the last few years, the province of Treviso has witnessed a drastic rise in the percentage of African migrants, mostly men and women of Nigerian origins. Studies have shown that African women have a special predisposition towards diabetes. Precisely, they are more likely to suffer from gestational diabetes, that is a particular form of the illness which may appear during pregnancy and in turn affect the baby. As a consequence, the majority of these women need to be visited and treated

by specialised physicians; therefore, it is no doubt that facilities as the Antidiabetic Centre, together with the Gynaecology and Obstetrics Departments are constantly taking in charge new cases.

Furthermore, another critical feature that weighs on the type of healthcare service requested is the poor economic conditions that migrants are normally forced to undergo. Yet, what does this actually mean? Basically, a many foreigners tend to come to Italy to start and lead a new fresh life, probably fleeing a country where they used to have a miserable one. Nonetheless, once they reach Italy, they discover that all that glitters is not gold. They are confronted with a wide array of problems, including learning a new language from scratch, finding a decent job, getting accustomed to a new culture and so forth. Unfortunately, some of them are not able to successfully achieve such goals, and they might feel oppressed by numerous factors. In the worst of cases, they might end up living on the street, lacking money and a family to support them.

It goes without saying that these circumstances may have a profound and severe impact onto these people's lives. They might be affected as far as their mental health is concerned, developing anxious disorders, depression and sometimes even suicidal thoughts. Additionally, an irregular life dominated by dissatisfaction and by indulgence in vices such as drugs, alcohol, unsafe sex, etc. may also have detrimental effects on one's own physical health. By virtue of that, it comes as no surprise that the Mental Health Centre, the Department for Dependences and for Infectious Diseases are among those receiving larger groups of migrants and, thus experiencing a strong work overload.

Clearly, one size does not fit all, in that there are also foreign people who have actually been able to properly embrace the Italian culture and had the opportunity to improve their standards of living; most importantly, not all assisted migrants feature personal problems as those mentioned above. Yet, in most cases mediators find themselves in very delicate and unpleasant situations in which firmness and a pinch of tactfulness are mandatory.

The aim of this paragraph has been to provide a general overview on MT's healthcare settings. There are many different contexts and environments that could be extensively touched upon when analysing LCM, yet it would take too long to herein investigate each single ward. Conversely, this first part of chapter three has been drafted so as to lay the foundation for what will be the explanation of my personal professional experience as a mediator. Indeed, the next chapter shall hopefully illustrate all the tricks of the trade.

3.4 The mediation practice across the Marca Trevigiana: insight into the professional life of an Italian Linguistic and Cultural Mediator

This section shall be dedicated to the narration of my personal experience as a linguistic and cultural mediator across the plurality of healthcare settings belonging to the *Marca Trevigiana*. At the beginning, I was rather doubtful about whether to include my on-site experience or not, as I am a quite young mediator, with probably less experience than many others. However, after a couple of months deeply pondering on how to arrange the whole MA research project, I eventually decided to add a specific part exclusively focussed on what I do when I operate as a linguistic and cultural mediator.

I firmly believe that an in-depth analysis of one's own work experience might be useful from many perspectives; indeed, not only may it be convenient for future generations of mediators, who may feel supported by this peer-based professional experience, but also for the entire social community who can thus become more aware of such a pivotal and emerging profession.

Before all else, I would like to go back to the very beginning and try to be as thorough as possible at explaining how this whole new experience 'assaulted' my life.

I began working as an on-call mediator in July 2020. I had just completed the first year of my Master's Degree in Interpreting and Translation and I was looking for a new job. Fortunately, during the summer I had the great chance to engage in a conversation with a university colleague of mine who, at that time, had been working as a mediator for more than a year. She told me that the agency that hired her was still searching for new candidates. Thus, I successfully applied and after one week I was given my first mediation assignment. I cannot but say that I was extremely excited and, at the same time, frightened about all this. Although I had studied a Bachelor's Degree in Linguistic and Cultural Mediation, during which I was taught theoretical and practical rudiments of LCM, I had no idea how it would be out there, in the actual labour market. Nevertheless, apart from this former fear, I then realised it would be a marvellous challenge to accept, since it would let me put into practice what I had learnt so far.

As a result, from July 2020 on, I started being assigned several mediations in different ULSS 2 departments. The first ones were primarily located in Treviso, at the Ca' Foncello state hospital. It was the agency's choice to let me work in only one place initially, so that I could get acquainted with the entire health system, the medical staff, the participants engaged in the mediations and so forth. After approximately two months, I started being assigned mediations that required me to travel across

the Province. I thus went to new wards of healthcare facilities situated in Castelfranco Veneto, Oderzo, Montebelluna, Conegliano, Asolo.

3.4.1 Tools, methodology, and pragmatic tips to prepare for a mediation assignment

The aim of this paragraph is to outline the manner through which I normally prepare in order to flawelessly execute a mediation assignment. Surely, it shall differ from the way other mediators work and, indeed, I am not herein providing an absolute and indisputable set of rules one should abide by. Instead, the content of this section gathers those aspects that have been advantageous for me when undertaking a LCM task, and which I would like to share with you all.

When there is a foreign patient unable to properly communicate with practitioners in Italian, the health local unit submits a request to the agency via which they ask for a mediator to be physically present at the medical examination. Upon receiving such a request, the agency contacts the mediator providing him/her with information both on the exact date/time of the medical encounter and on the place/health department where the service should be performed. Once the mediator has accepted the assignment, he/she needs to start preparing herself/himself to execute it rightly.

As far as I am concerned, the first thing I do when I have got an upcoming mediation assignment is to begin researching on the topic I will be later addressing during the encounter. For instance, if I am required to carry out a mediation at the Dependence Department, then I shall look for information on the Internet regarding diseases and issues related to this subject. Fortunately, nowadays, the Internet is a unique and invaluable source of endless material on whatsoever matter it be. Among the best resources for healthcare-based mediators there are undoubtedly Medical Journals. These are particularly useful because they investigate diseases in-depth, featuring many technical terms from which mediators may draw upon. Moreover, another important aspect is that Journals of Medicine are usually written by experts, academicians, scholars who tend to use a very specific and scientific jargon; in fact, this may exceptionally aid mediators to face the language used by physicians during face-to-face interactions, which is akin to the one inserted in health-related journals.

As argued, prior and intimate knowledge of specialised medical terminology is fundamental to deliver a quality performance; yet the preparation of the mediator cannot be reduced to a mere terminological research. The latter is the starting point in order to draft plurilingual glossaries. Glossaries are indispensable and effective tools for whoever may be a language expert, and mostly for mediators. It has long been argued that a good (mediation) glossary should possess the following characteristics:

1. Be multilingual (it should include one column for each language of one's language combination)

E.g. 'Mental Health glossary'

ITALIAN	ENGLISH	SPANISH	FRENCH	Etc.
Salute mentale	Mental health	Salud mental	Santé Mentale	…

2. Be concise, yet complete;
3. Be alphabetically ordered;
4. Feature an "explanation column" for untranslatable/ cultural-bound terms;
5. Be topic-based

Another major tool that may simplify mediators' preparation is represented by parallel texts as well as by terminology databases[46]. They are both beneficial for one's personal glossary organisation; on the one hand, the majority of terminology databases, especially those of European institutions, tend to be immensely reliable. On the other, parallel texts offer the considerable advantage of double-checking phrases in context, which sometimes may be even more exhaustive than consulting a dictionary. However, it is worth noting that glossaries should be constantly updated in order to be effectively employed.

Once the drafting of glossaries is finished, mediators should study and try to retain as many terms as possible, according to their subjective study method. In my case, the best technique to memorise new glossary-based expressions is by writing sentences that include them and subsequently uttering them out loud in context. Obviously, the methodology may vastly differ depending on the single mediator, thus there is no right or wrong way to do it, as long as the service provided is good and efficient.

In line with what has been stated, it is of the utmost importance for mediators not only to keep glossaries at hand, but also to regularly practise their mediation skills. As far as I am concerned, depending upon the weekly/monthly workload, I try to practise memorisation and note-taking at least 1 hour a day. Self-training may be tough sometimes but I have gradually realised that it is essential in order to deliver a polished performance. I commonly draw upon some videos/articles on the net which are possibly related to healthcare; firstly, I practise memorisation through the video by

---

[46] One of the most popular databases is called IATE, which is the EU's terminology database. It collects very specific terminological entries related to several fields, including medical ones. (https://iate.europa.eu/home)

recording myself and listening to my delivery to make sure I have retained the right information; this is an excellent exercise to spot one's own mistakes and correct them instantly. Secondly, as far as specialised articles are concerned, I read them while recording myself. Then, I use the recording to practise note-taking. This might seem odd, but it actually helps develop cognitive agility to select the core information. Indeed, committing to systematic practice is key to being always on the ball during in-person assignments.

3.4.2 A triadic mediation exchange: (ideal) dynamics of a real mediation encounter

As seen, previous careful study is a *sine qua non* to guarantee the execution of a first-class mediation service. Yet, how does the latter actually take place? Although the professional realities may vary abundantly, I shall herein provide an overview on how I fulfill such a task.

The first thing I do, upon arrival at the health department, is to introduce myself to the patient I shall be assisting. It usually takes 5-10 minutes before being received by the nurse/physician and this time is crucial to establish a first contact with the foreign person. The latter may give me some general information about his/her nationality, his/her medical conditions, etc[47]. Then, the patient and I are usually invited to join the doctor in its office to start the medical examination. It is not easy to describe how the three participants (doctor, patient, and mediator) interact with one another; in 1998, Wadensjö used the phrase *Pas de Trois[48]* in her book 'Interpreting as Interaction' to define the relationship that is fostered during mediation/interpreting-based meetings.

---
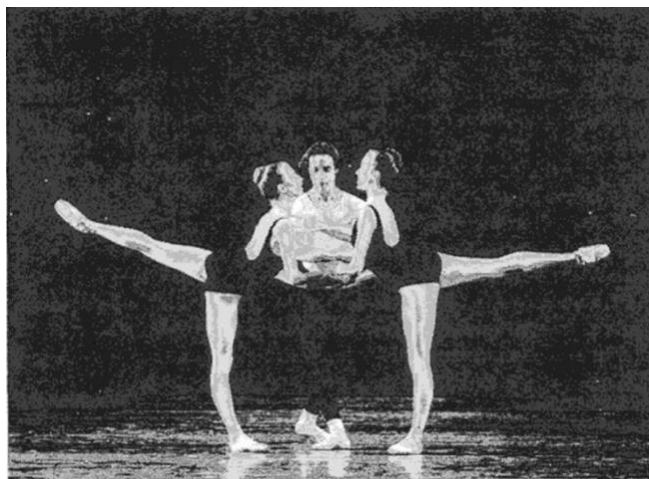
[47] Note that in my case, I cannot have prior access to information regarding the patient I shall be helping, due to a privacy provision included in the contract. Hence, these are clearly not the ideal conditions to carry out mediation services. That is why I always try to ask the foreign assisted person as many details as possible about his/her personal life, so that I might have background information to support me while interpreting during the exchange.

[48] The picture shows Helen Saunders, Alexander Kölpin and Caroline Cavallo, The Royal Danish Ballet, in Agon. Ballet for Twelve Dancers. (Photograph copyright: David Amzallag), from Wadensjö, 'Interpreting as Interaction' (1998).

Pas de Trois is a French term which, in ballet, refers to a dance involving three people. These cooperate elegantly to create harmony and balance for a common purpose. Similarly, a mediation dynamic should ideally be oriented towards achieving a productive goal for all participants.

The medical examination dynamic could schematically be presented as the one underneath[49]: the participants are a practitioner (P) and a lay person (L) with the assistance of a linguistic and cultural mediator (M):

P: Utterance 1 (in the majority P's language) = IT

    M: Utterance 2 (= translation of U1 in the L's language) = IT > EN

        L: Utterance 3 (in L's language) = EN

            M: Utterance 4 (= translation of U3 in P's language) = EN > IT

                P: Utterance 5 (in P's language) = IT

                    M: Utternace 6 (= translation of U5 in L's language) = IT > EN etc.

As one may have inferred, every second utterance is (or at least ought to be) voiced by the mediator immediately at the end of each utterance by a primary party. This is exactly the way I usually work, in that I begin translating at the end of the speaking turn of either the physician or the patient. Additionally, while participants are speaking I frequently jot down some notes (numbers, acronyms, names, etc.) and listen actively to the speech.

> As concerns the interpreting technique adopted, <u>in medical settings</u> the less rigidly regulated institutional order leaves the interpreter wide scope for discretion. […] Preference is given to an interpretive approach, which involves <u>translating full statements at the end of each complete turn,</u> so <u>reformulation of meaning is possible</u> (Garzone, 2011: 7).

In support of this general view, Garzone argues that awaiting the end of a complete turn is mandatory in order to reformulate the overall meaning. From this perspective, every utterance can be seen as a link in a chain of utterances, as a thread in net of intertwined communicative behaviours. Thus, the meaning conveyed is perceived as resulting from joint effort between the people involved (Wadensjö, 1998). Nonetheless, oftentimes, the dynamic is not as smooth as the one presented above. Many times, the oral interaction might be jeopardised by the production of incomplete utterances, frequent backchanneling, overlapping of voices, suppression of turns, featuring a great deal of emotional distress. In this case, it may be fairly hard for the mediator to decide how to continue giving his/her linguistic and cultural support, without appearing unprofessional. As far as my experience is

---

[49] Adapted from Wadensjö, (1998) *Interpreting as Interaction.*

concerned, I have noticed that the lack of regularity induces to concentrate on the successful progress of the exchange rather than on accuracy of rendition. Therefore, when experiencing a non-ideal work scenario, I prefer to forgo precision and exactness to transmit the gist of what is being conveyed by the parties.

> As [mediators] working in face-to-face interaction we are primarily concerned <u>with making sense of what others say</u>, and communicating this in other words in order to enable a conversation between people who cannot or do not wish to speak in a common language (Wadensjö, 1998: 7).

The main aim, as said, is to transfer a message as faithfully as possible, yet from time to time the mediator has to compromise for serving a greater good, thus neglecting some non-essential elements. Moreover, any LC or CM may occasionally have problems retrieving specific lexical items from memory. I have to admit that this occurred to me very few times, probably because I always make an effort to commit to regular practice. Nevertheless, every mediator must, at least once in a lifetime, have experienced such a feeling of hindrance, a sort of cognitive blackout which does not allow to draw upon the term needed. At times, the lexical deficiency is provoked by the desire of not upsetting the patients with potentially frightful technical words (Merlini, 2007 as cited in Garzone 2011). In cases as such, it is better to convey a summarised content, rather than be silent.

Going back to the actual execution of the mediation, I usually follow the scheme according to which the mediator translates every second utterance of the entire discussion. I keep doing so until the physician discharges the patient. Generally speaking, I deem it to be the best method, since there is just a brief time between an utterance and the other. By doing so, on one hand, the patient feels relieved, as s/he need not wait long to get the translation of what the physician has said. On the other, it also prevents practitioners from speaking at length, without considering the fact that the mediator takes time and energy to retain all the information[50]. Along with this strategy comes the preference of posing closed-ended questions, rather than open-ended ones. Indeed, the latter would possibly give rise to useless digressions, which could then lead to distractions and interferences, thus preventing the participants to target and achieve the actual communicative goal.

Consequently, I would say that my task is to consistently decontextualise other's utterances, and to provide second versions of them, which ought to be linguistically and culturally intelligible. In this respect, the mediator's role is to (re)produce (oral) texts, and, in the meantime, to deconstruct the 'I' and 'you' to build the 'us'.

---

[50] Physicians tend to frequently ignore the presence of the mediator, thus even speaking for 2-3 minutes with no pause to let him/her interpret. In these cases, the mediator is sort of forced to work in a consecutive mode, which may cause cognitive strain if s/he does not feature previous preparation.

> 'Talk as text', in my understanding, connects to a monological view of language and mind, while 'talk as activity' associates with dialogism. (Wadensiö, 1998: 21).

In mediation encounters, talk is definitely a text, albeit it is more importantly an activity that reach out to the foreigner, to whom the Italian language might seem a closed entity.

Eventually, something that should be insisted upon is the concept of neutrality applied to mediators. Since the birth of TS and IS, the majority of experts and professionals engaged in mediation-related activities have fiercely advocated impartiality and detachment when carrying these tasks out. I do deem neutrality essential to execute a good job, still I have also become aware, while working in local health units, that this is not manageable all the time. Neutrality may be not controlled, owing to emotions and feelings. For instance, it is likely that a mediator may feel uncomfortable if assisting a person who is diagnosed with cancer during a medical check-up, or if a pregnant woman tells the mediator her intention to abort.

> I have become aware of the fact that there are several myths about the mediators' roles. One of them is that mediators are merely catalysts or that they, by definition as it were, act impartially (Wadensjö, 1992: 63).

As argued by Wadensjö, mediators cannot always be impartial, neither are they only catalysts of the dynamics unfolding during the encounter. Instead, their conduct may vary according to their individual interest as well. As a matter of fact, Gulliver (1979: 217-20) describes mediators' strategic roles on a continuum, "representing the range of strengths of interventions. In general, it is stated, a third party who is present at a negotiation will always exert some influence on the process". He emphasises that "in the evaluation of intermediaries one should count on the fact that their self-interest sometimes takes over the interest of one or both disputants". As we shall see, this is particularly common when the mediator is an interpretee's family member or acquaintance.

3.4.3 Actual dynamics of an in-person mediation encounter: collateral elements and participants

As demonstrated in the previous section, the ideal conditions to properly execute a LCM service are:

- Having a maximum of three actors involved in the encounter (patient, physician, mediator)
- Respecting turn-taking
- Being prone to collaborating to achieve mutual understanding
- Mediating linguistic and cultural-bound elements/concepts
- Avoiding having a biased mindset

That being said, it is worth noting that, frequently, some external or additional factors may trigger very different dynamics as opposed to the aforementioned ones. For instance, there might be four participants instead of three. The fourth participant may be a nurse, an additional physician or, as it usually happens, a child. Children of a very young age are often brought to medical interviews by foreign women and are normally allowed to participate in the encounter. Some are well-behaved, yet some are not. Thus, they may begin yelling, crying or playing with their mother's phone[51] while the mediator is listening to the dialogue or when s/he is interpreting for one of the parties. This may profoundly affect the rendition of the mediator, provoking cognitive stress and impossibility to fully concentrate on utterances. In this regard, children may be included in the definition of *non-person* stated by Goffman in 1990:

> In his definition [Goffman's], actors who play the role of 'non-person' are present during an encounter but in some respect do not take the role either of performer or of audience, nor do they pretend to be what they are not (as informers, decoys, and sometimes detectives would do), (Wadensjö, 1998: 66).

Children are neither performers nor audiences, they get involved in a situation without their prior agreement. According to Goffman, in certain cases even mediators may be deemed non-persons: "[…] the concept of 'non-person' applies to the mediator/interpreter in face-to-face interaction". This arises from the fact that "they play a sort of technical role and are counted as not completely present".

Besides, often, co-actors can be described as neither necessarily cooperative in speaking and listening, nor as having a shared understanding of what is correct and appropriate (Wadensjö, 1998).

---

[51] This occurred to me several times since I began working as a mediator. Nowadays, technological devices are misused by many children, due to the incapability of parents to set boundaries. However, according to the medical etiquette, phones and electronic devices should be turned off upon entering the healthcare facilities.

This is mostly the case of migrants who are dependent on illegal substances. Working at the Dependence Department, I can herein confirm that they are commonly reluctant to converse about their addictions as well as admitting their misuse of such substances on a regular basis. Unwillingness to collaborating is typical of newly arrived migrants as well, who lack basic tools to understand the Italian culture, nor can they spot the difference between what may or may not be considered appropriate/inappropriate behaviours.

Furthermore, there are some other interesting tasks that mediators perform, thus going beyond their mere professional duties. The first thing it is worth underlining is that they play a significant role as for the therapy a patient should observe. Mediators may employ a persuasive strategy to convince reluctant patient to follow a particular treatment or undergo medical procedures. This, obviously, depends on the degree of empathy that they might transmit to the patient.[52] In the article titled "Intercultural Mediation: an Answer to Health Care Disparities?" (2008), Hans Verrept restates how mediators may adapt to the communication style of their patients:

> They [mediators] use specific communication strategies to correct clients' misconceptions and to convince them to take their medication regularly, for example. Evidence from our data suggests that intercultural mediators are much more effective in convincing patients to undergo surgery, to stick to certain therapeutic regimens, and to consult specialists or paramedics. (Verrept, 2008: 7).

In accordance with Verrept, part of the mediators' huge persuasiveness is no doubt associated with their increased ability to assess their patient's non-verbal clues.

Moreover, as argued by Leanza (2007, as cited in Pittarello 2009: 78), mediators frequently act as 'family supporters', that is to say they explain to the patients where a specific department, pharmacy or shop is located, although it should not be contemplated among their duties. On a personal level, it occurred several times to me to give directions or even show where a certain facility was. Despite not being paid for this, it is a matter of solidarity and sympathy towards someone who would otherwise struggle to elbow his/her way in the Italian institutional system. Lastly, another crucial aspect that should be insisted upon is the nationality of the mediator. There are two different schools of thought. On one side, there are some professionals and academicians who support the idea that the mediator must be a foreigner:

---

[52] As far as my experience is concerned, I have adopted such a strategy in some circumstances. For instance, once I assisted a Nigerian woman who had an actual fear of injecting herself insulin. I tried to explain to her that the medication would not cause her any harm and that, instead, would have beneficial effects both on her health and on her baby's; (she was pregnant and suffered from gestational diabetes). The use of empathy helped her understand that it was something that she had to do for a greater good, thus overcoming her own fears.

Traditionally, the role of intercultural mediator is played by an immigrant who has lived in the host country for long enough to acquire a good knowledge of the language and the cultural codes and to have worked through his/her own experience of migration (Catarci, 2016: 130).

On the other, some scholars do claim that mediators may be Italian natives. I do belong to this second category, since I am Italian and I have become a mediator through intensive study and passionate commitment. I am a sort of living testimony about the fact that even people who have not gone through a migration experience may work as mediators, provided that they receive *ad hoc* training. Indeed, Catarci (2016) argues that 'in recent years some Italian and second-generation subjects have begun to operate as intercultural mediators'.

In support of this general view, a specific nationality should not be regarded as a prerequisite to execute such an activity. Instead, it must be bore in mind that this job entails a wide range of elements, requiring a mandatory former preparation. Whoever is the mediator, be s/he Italian or not, s/he will always be a true milestone as far as advocacy, empowerment and conflict managament are concerned.

As maintained in the previous subparagraphs, there is a substantial gap between theoretical knowledge vs. practical skills as per LCM. The same holds true when considering ideal vs. actual work dynamics. Certainly, LCM is a quite recent concept which is still burgeoning, thus it is apparently impossible to identify a set of permanent rules[53] with which mediators ought to comply when executing their tasks. Rather than rules, they may be deemed parametres, aimed at providing some hints in order to appear as professional as possible. Casting a closer look, LCM lends itself to more flexibility and to a less prescriptive approach, in a world where there is a widespread tendency to supporting prescriptivism, both within academic context and everyday life.

The endless variety of settings where LCM may be necessary as well as the multifaceted situations that may arise while performing such a practice show that, actually, there is not a single way of doing the job herein concerned. One may be the most prepared candidate in terms of education, yet not capable of facing a true in-person mediation encounter when into the labour market. The narration of my experience as a mediator has been focused on giving a tiny insight into what this type of job entails; working in healthcare settings is tough, yet it allowed me to progress and acquire a very personal method. Probably, the key to properly facing this professional activity is to develop one's own technique. In chapter four, a survey will be used to further analyse LCM from a professional point of view and see what common factors and discrepancies may be found among other mediators' work methodologies.

---

[53] Conversely, the world of conference interpreting has very strict rules to be observed, and this is probably due to the fact it boasts a longer and entrenched tradition if compared with LCM.

3.5 The importance of decoding non-verbal communication in mediated events

Verbal language is the basic system through which human beings can interact and, as has been demonstrated in the previous sections, communication within mediated encounters is greatly based on the exchange of words. Despite the pivotal role played by verbal language, it is worth noting that the latter is normally paired with non-verbal features in a number of orally-uttered dialogues.

> […] achieving an orderly and fruitful participation in a spoken interaction, with two or more participants at a time, is a complex issue, requiring a finely tuned interplay of both verbal and non-verbal elements (Davitti & Pasquandrea, 2013: 1).

By casting a closer look, when it comes to considering the mediation practice in healthcare settings, there is no doubt that non-verbal cues are as relevant as verbal ones, since the interlocutors usually share a common venue and are obliged to interact in a face-to-face mode[54]. Thus, mediators are confronted with the delicate task of interpreting non-linguistic elements so that the exchange may result in a fruitful understanding. Interestingly, only recently have extralinguistic components been given some attention when taking into account verbal-mediated exchanges in healthcare settings.

According to F. Poyatos (1997), there are three main aspects of which human speech is made up: *language*, *paralanguage* and *kinesics*. In this case, (verbal) language is meant as a set of lexical, phonological, morphological, and syntactical elements whose main aim is to provide conventional meanings. Language knowledge, as seen, is the prerequisite to work proficiently as linguistic and cultural mediators, yet it is not sufficient *per se*. As a matter of fact, another fundamental category is paralanguage; the latter "includes […] non-verbal qualities and modifiers of voice and independent sounds and silences with which we support or contradict the simultaneous or alternating verbal and kinesic structures" (Poyatos, 2002a: 114)[55]. Kinesics, on the other hand, consists of gestures, manners, and postures that may occur in isolation or in combination with linguistic and paralinguistic elements; it deals with all type of conscious and unconscious movements produced by participants in a given scenario, which are likely to affect the communicative goal. Kinesics is probably the most important category, since it encompasses many diverse elements that, apparently, seem to be essential to get the gist of the discourse: for instance, during mediated encounters, turn taking may frequently be expressed via a gesture done with a hand to invite a speaker to proceed, via movement of one's head

---

[54] Interestingly, mediated encounters (in healthcare and even in other settings, such as schools) are particularly relevant as far as non-verbal communication is concerned, because of the 'informal' context where the exchange takes place. The three (or more) interlocutors have a *vis-à-vis* conversation. This contrasts with the other type of settings such as the booths for conference interpreting, where the interpreter is isolated and there is no direct and physical involvement of other participants.

[55] Paralinguistic components could additionally be classified in *primary qualities* (timbre, resonance, loudness, etc.), *qualifiers* (harshness, respiratory control, etc.), *differentiators* (laughter, shouting), and *alternants* (sighs, moans, etc.).

or even by looking at the speaker's eyes. Another common example of kinaesthetic dynamic in healthcare settings is the one involving the use of fingers/hands to show where the signature should be placed on privacy consent forms. Service providers usually prefer to resort to visual and spatial movements in order to avoid misunderstandings, possibly provoked by foreign patients' scant comprehension of the Italian language.

It is also to be noted that, kinesics is a sort of a macro-category within which other subclasses may be identified. One of them is *proxemics,* which is related to the use of space. It might seem trivial, yet the use of space is something essential not only for our own ease, but mostly for the others'. Standing too close to someone may be perceived as a true violation of personal space in certain cultures, as the Eastern ones. Being aware of how space is processed and used by foreign patients is key for mediators to enhancing a relaxed and bidirectional interaction. Along with space comes time, formally known as *chronemics[56]*, as well as *objectics,* that is the use of clothing[57] and other type of artifacts as a codified manners to transmit non-verbal communication.

Moreover, kinesics could be further analysed in terms of audibility, *phonokinesics*, and visibility, *visible kinetics*. The former has to do with an array of audible cues, that are able to convey specific meanings when performed: slamming of a door, chair sliding, finger snapping, banging on a table, etc. The latter, instead, refers to a set of elements known as *emblems*. These are intentional signals that may be directly translated into words, since they are shared by the members of a certain social group (Bitti *et al*., 1991). Some common examples of emblems are represented by the 'OK' sign, expressed when the extremities of thumb and index touch one another to form a circle; the use of the index brought to a closed mouth asking someone to be quiet/silent; the 'v' sign for victory, conveyed by index and middle finger; etc.

As stated, emblems are normally shared by a linguistic and cultural community. However, they may give rise to misinterpretations and, in the worst of cases, to offensive outcomes when the interlocutors' repertoires of non-verbal cues feature major discrepancies. Indeed, for instance, in some countries some gestures that hint at hurrying up or getting moving may have sexual connotation or even be perceived as insults. Clearly, there are endless semiotic resources upon which participants may draw when finding themselves in a healthcare mediated encounter: body position, mutual spatial

---

[56]Physicians can make patients wait for relatively long periods of time, and the amount of time acceptable for such a wait may vary depending upon one own's culture. Further details about different ways of perceiving time shall be provided in the next sections when considering E.T. Hall's cultural model.

[57] The white coat worn by physicians conveys non-verbal cues about his or her function.

orientation, eye contact/movement[58], facial expressions, intonation, pauses and silence[59] only account for a small part[60] of what mediators/interpreters have to cope with when performing their tasks.

> Non-verbal behaviours are often the initial and dependable indicators of disorders. These behaviours also help to provide information that patients may not know themselves or are not willing to state (Miletich, 2015: 172).

Interactants tend to constantly and actively re-negotiate their roles in the backdrop, and in so doing they combine deliberate utterances and (un)intentional non-linguistic components that help them voice their thoughts, concerns, doubts, feelings.

> the [mediator] is the co-sender of a meaning in a language other than the original. […] S/he is not a mere listener, as previously argued, but a co-speaker who must appropriate the oral message and reformulate it in its entirety (Krémer & Mejía Quijano, 2017: 80).

In order to appropriate and reformulate a given message, mediators have to endeavour to maintain the bidirectional flow while also anticipating potential communication pitfalls. Therefore, they "need to participate in the interaction as active agents and monitor closely participants' verbal and non-verbal actions/reactions to ensure that AMs[61] are effectively empowered" (Davitti & Pasquandrea, 2013).

3.5.1 May non-verbal communication be taught to mediators/interpreters?

Since the birth of the so-called *Interpreting Studies*, great importance has always been ascribed to the proficient use of language as unique tool to mediate. Many have often regarded the mediator as someone who is invisible, upholding the 'conduit' model; the latter is somehow a metaphor which compares the mediator/interpreter to the hard/solid conduit of a pipe, tube. Thus, s/he would not be considered a flesh and blood intercultural co-participant, but rather a means to accomplish mere linguistic transfer. Nevertheless, as has been argued in the previous chapters, this does not correspond with the verbal and non-verbal flexibility that mediators must actually possess. Lately, indeed, scholars as Wadensjö (1998) and Angelelli (2004) have brought about a new paradigm shift in this

---

[58] It may suggest engagement or disengagement, and even willingness or unwillingness to take the floor.

[59] In Western cultures, it may hint at a failure in communication, whereas in Eastern ones is frequently a sign of respect, taking time to process the information.

[60] For the sake of the present research, it has been deemed appropriate to mention only some of the most common elements belonging to the non-verbal universe, since going through all of them would have required a complete dedicated section.

[61] Adults-in-mobility (immigrants).

field, which led to emphasising the visibility of such social actor. Along with its visibility, research has shown the substantial role played by an array of non-linguistic elements in mediated event, broadly referred to as non-verbal communication. In this respect, new generations of mediators/interpreters must become aware of this and, most importantly, should be provided with theoretical foundations about non-verbal cues so that their knowledge be sufficient to face such a draining job.

In terms of training, new ways of addressing non-verbal communication during mediators' academic path have been developed. One of the most beneficial strategies is that of presenting real datasets to learners, collected during real-life mediations. In the last few years, many mediated encounters have been recorded, transcribed and investigated by scholars[62]. The aim is to use real conversations to identify patterns as per non-verbal communication. In so doing, it would be possible to set shared guidelines or standards of practice, given that there is a clear difficulty in addressing non-verbal and paraverbal behaviours.

> In terms of training, isolating and defining specific attitudes, showing them in context through transcripts and videos and discussing the potential outcomes of different choices can greatly contribute to a general raising of awareness process among both interpreters and service providers (Davitti & Pasquandrea, 2013: 26).

As for healthcare settings, mediators are frequently exposed to non-verbal cues from two fronts, that is medical provider and non-Italian speaking patients. Each participant relies on the 'turn (at talk)', which can be defined as "any stretch of talk produced by any single speaker. In natural conversation, interactants are able to detect […] when another speaker's turn is potentially complete and it is possible for them to take the floor […]" (Davitti & Pasquandrea, 2013). By analysing recordings and videos of triadic mediated events, featuring these 'turns', it would be easier for mediators to become acquainted with specific non-verbal behaviours. As Ambaldy and Rosenthal claimed (1998):

> In healthcare settings, non-verbal communication is particularly important in establishing and maintaining the provider-client relationship and in influencing the client to comply with the treatment regiment (as cited in Miletich, 2015: 172).

---

[62] For further material regarding real-life recordings on mediation/interpreting refer to: G. Garzone, (2011) *Professional discourses in contact: Interpreters in the legal and medical settings*; Dal Fovo, (2017) *Healthcare across Languages in Italy: A Case Study*; Wadensjö, (1998) *Interpreting as Interaction*.

From this point of view, prior study of non-verbal signals may be helpful to decide whether non-verbal communication should be interpreted or not. Quasilexical utterances[63] may be understood by both physicians and patients on some occasions, thus the mediator does not have to intervene to verbally express the meaning conveyed by them. On the other hand, other reactions, such as blushing, may require clarifications; indeed, blushing may occur owing to a variety of reasons, for instance with patients featuring strong religious beliefs when discussing issues related to contraception[64].

Educating mediators to recognising and addressing each culture's non-verbal repertoire may also be carried out through other exercises, mainly in the form of role-plays. Although these cannot exactly reproduce real situations, they do mimic interactions akin to those mediators may be confronted with once they get into the labour market. Moreover, another way to reinforce mediators' non-verbal communication is through a game of emotional charades (Miletich, 2015). Trainee mediators may work in groups and try to express an emotion written on a card[65]. By doing so, they may concentrate on body postures, movements, facial expressions, and gestures. Additionally, they may write a script together in the form a dialogue in Italian and another language, including some stage directions. The latter may consist of moans, silences, interrupted utterances, loudness and so forth. Discovery learning, peer-based tasks and active experimentation are the pillars of a constructivist method of teaching. Experiential scenarios, as those described above, should thus be incorporated in the academic preparation of mediators and interpreters, given that the mediation practice requires a high level of pragmatism.

3.5.2 High-context and low-context cultures

As far as non-verbal communication is concerned, it has been deemed appropriate to dedicate a short section to a specific anthropological matter, that is to say the distinction between high-context and low-context cultures. Such terms were coined by the anthropologist E. T. Hall (1989), who deeply studied how different cultures tend to be more or less explicit/implicit when conveying a message, depending upon their underlying cultural values. On the one hand, in high-context communication, the listener is acquainted with the context and, consequently, does not need to be given background information. People belonging to this category attach great importance to implied meanings and non-verbal communication. They rely on a coded and an indirect system of cultural values. In addition to

---

[63] E.g., the 'glug, glug' sound, uttered to indicate the action of drinking.
[64] It is interesting to note that, many cultures as the African and Middle Eastern ones show high levels of misinformation as for contraceptive use.
[65] As for the mediation analysed from a didactic perspective, see also G. Trovato, *Mediación lingüística y enseñanza de español/LE*, 2016.

that, they are defined as *polychronic,* in that they are keen on being involved in a wide range of activities at any given time. The latter is conceived as something flexible, therefore it may be manipulated or stretched as needed.

On the other hand, within low-context communication, the listener knows very little about a certain topic and must be told practically everything. Cultures inserted in this category are referred to as *monochronic,* for they perceive time as sequential and highly scheduled. Being deemed a precious commodity for all members, time should not be wasted. Conversely, punctuality and promptness are seen as basic and inescapable courtesy.
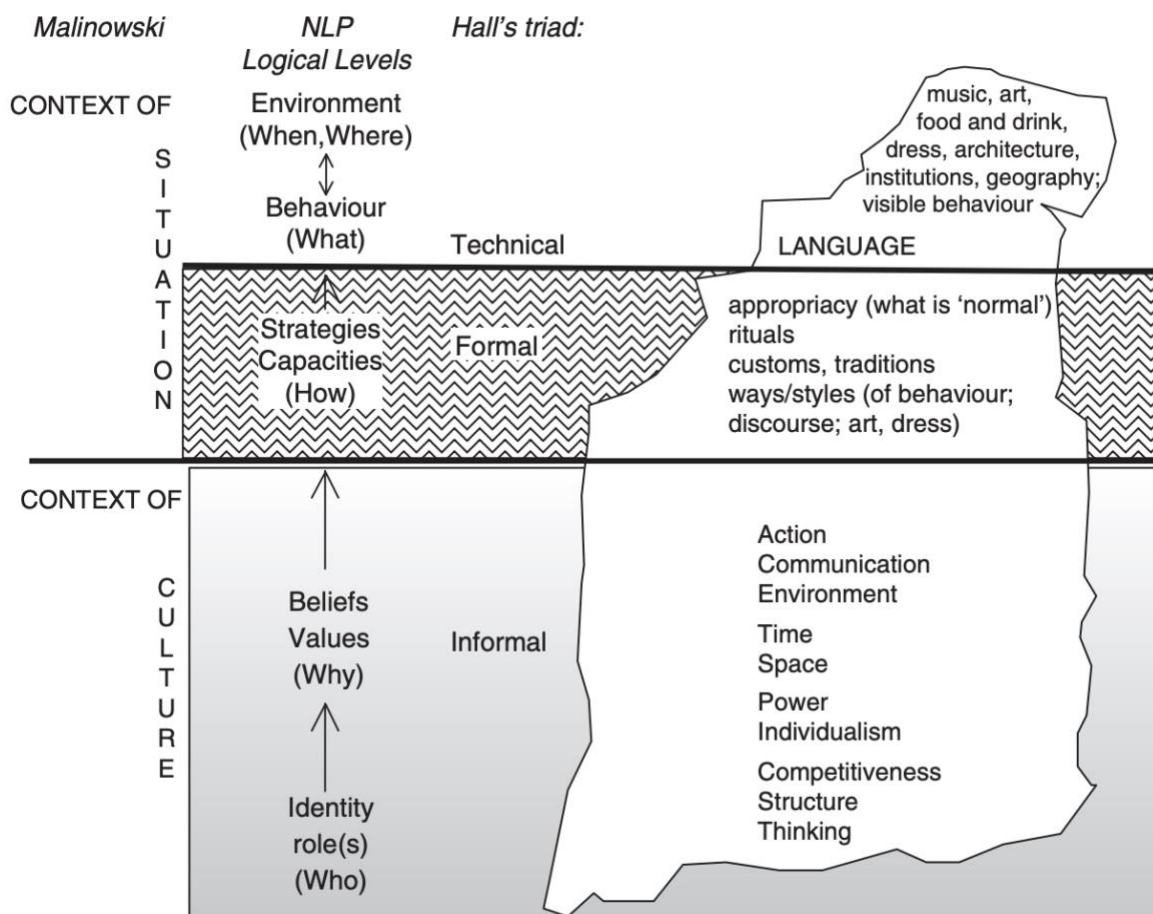
The figure above[66] has been inserted in order for the readership to have a clearer and more visual idea of the matter being herein discussed. As one may observe, the iceberg is divided into three different sections, whose dimensions differ from one another as well. The tip, which lies above the

---

[66] The iceberg representation of culture (adapted from Katan 1999/2004: 43). See also D. Katan, (2009) *Translation as intercultural communication*.

surface, represents the conscious surface of a culture; whereas the other two largest parts lying underneath, which are respectively semi-invisible and invisible, embody the subconscious aspects of culture. It may be of interest to note that the largest submerged piece of the iceberg contains the most powerful elements of any social interaction performed on a daily basis. All of them may be defined as *value orientations*[67], that is to say patterned principles that determine preferences for certain outcome over others. Most of Germanic and English-speaking cultures tend to be low-context, thus, their linear, logical and concise view of the world lead them to stress the importance of what is being said rather than how it is done. Such information is extremely convenient if one applies it to settings in which mediators are required to work. For instance, when considering a dyadic or triadic mediated event, English-speaking persons are likely to be more meticulous as for turn-taking. Indeed, when A stops talking, then B starts: interruptions are seen as impolite interventions that should be avoided.

Conversely, Latins are prone to interrupting frequently other interlocutors: A stops B and vice versa in order to show one another their personal interest in what has been said. Undoubtedly, Italian natives are included in this last group, as they "consider their language as an instrument of eloquence and use long, complex sentences to achieve greater expressiveness when conveying their ideas" (Pistillo, 2004: 20). In actual fact, Italy could be positioned halfway on the high/low-content spectrum, due to the fact that Southerners are closer to high-context parametres compared with Northerners, to whom low-context standards seem to be more compatible.

It goes without saying that mediators must be aware of the discrepancies existing between these cultural models. The ability to identify whether a patient is more related either to a high-context or low-context community may be a huge advantage to select a suited strategy to let the entire exchange unfold smoothly.

> In this shift [between low/high context], the interpreter alone has the responsibility of providing each interlocutor with the amount of context that is most appropriate in his/her culture to reach complete understanding. (Pistillo, 2004: 20).

As has been demonstrated, culture and non-verbal features are intertwined with one another. Mediators and, more broadly, linguistic experts ought not to neglect this deeper layer lying beneath the linguistic practice, but rather embrace and study it to guarantee a first-rate job.

---

[67] For further details on value orientations, see Kluckhohn & Strodtbeck 1961, Walker *et al.* 2003.

3.5.3 The purposes of non-verbal communication applied to acts of speech

It has been demonstrated that non-verbal cues are as fundamental as verbal ones. To provide a fuller picture, it is of the utmost importance to give a brief and specific overview on the functions that these signals may have during the process of comprehension performed by the mediator/interpreter:

As maintained by Krémer and Mejía Quijano (2017: 85), there are five main functions that non-verbal communication may project:

1) it helps mediators to complete the speaker's verbal message by adding underlying intentions behind the communication, according to the economy principle shared by all languages.
2) It allows mediators to understand the verbal elements. There is no doubt about the fact that words are polysemous and that they may have different meanings depending upon the context. Non-verbal elements may thus help determine the accurate nuances of verbal components.
3) It may be used by the mediator to confirm himself/herself that the verbal message has been properly understood.
4) It allows mediators to anticipate key information before they have been uttered. Indeed, gestures do precede words by a few fractions of a second.
5) It allows the non-communicative function of words to be revealed when interferences such as slips, or emotional charge arise.

These are the crucial manners through which non-verbal signals may come to the aid when there is partial or no access to verbal information. Together with non-verbal cues, mediators should orientate themselves across the oral events even by relying upon two other pivotal aspects, that is to say redundancy and coherence. The reiteration of specific elements throughout the linguistic and cultural oral exchange should be skillfully used by mediators to keep on track and, possibly, re-shape their renditions before passing the baton to other participants. In addition to that, coherence is the second component one should draw upon; specifically, non-verbal cues add more 'contextual' information, thus helping report the situation to life as coherently as possible.

By doing so, mediators can construct some sort of mental images (Chernov, 2004) when providing the interpretation of the speaker's message. These images feature a unique semantic depth, yet they are neither photographs nor mirrors or reflections of a given thing/matter. They are flexible, malleable and tend to occur in dialogue-like scenarios when participants decide to narrate personal experiences or life anecdotes.

> For transfer to succeed, the interpreter will let his/her imagination summon to the surface images evoked by the speech, […] they are not static and can be altered, corrected, or completely reworked. […] This honing of mental images, which the interpreter performs at a more sensory and almost latent level of conscious activity, allows transfer to take place more quickly (Krémer and Mejía Quijano, 2017: 86-87).

Despite the reluctance of many to recognise non-verbal features as crucial component of mediation/interpreting, they are surely part and parcel of human social interactions. Their use by mediators and interpreters is still an uncharted territory, and, as has been discussed at length in the previous section, rarely is verbal language used by itself. Interlinguistic transfer accounts for one of the several components of which speech is made up. Thus, there is a general consensus as per the untenability of the traditional 'conduit' model, according to which mediators should merely perform language transfer activities.

Furthermore, it is noteworthy that mediators' interventions may not be necessarily positive or negative. There are no fixed rules one should comply with when it comes to dealing with non-verbal communication during mediated encounters. Each situation ought to be assessed independently; as a result, every mediation-based event must be faced through a case-by-case basis, by taking into consideration a wide range of contrasting elements. "The interpreter's task is not to imbibe these non-verbal elements in isolation and decide whether s/he should or should not interpret them for his/her audience" (Poyatos, 1897). "Rather, interpreters must include whatever elements they deem pertinent to their overall comprehension in its entirety and thereby equip themselves to present that whole to the listener" (Krémer and Mejía Quijano, 2017: 83).

4. Introduction to the empirical questionnaire-based research

The present MA research project has provided, so far, many different theoretical concepts which have been crucial to clarify and shed light onto what LCM entails. Nonetheless, theory should always be analysed and applied according to its pragmatic counterpart. Thus, in order for this dissertation project to be as complete as possible, it has been deemed appropriate to include an 'experiential' part as well. The latter consists of a specific questionnaire, which was tailored and handed out to several linguistic and cultural mediators. In the following sections, such a study, along with its context, participants, methodology and related data will be extensively discussed.

4.1 The study: research field, aim, context, recipients

The questionnaire featuring in this MA thesis is specifically focussed on Linguistic and Cultural Mediation. As demonstrated in the previous chapters, there is not one and sole correct way of working as a mediator; each mediator tends to develop his/her own personal style as for the communication with service providers/patients, the interpreting techniques, the use of non-verbal cues, etc. The existence of such heterogeneity, in terms of actual practice, is something enriching that should be further analysed to better understand the pivotal role of these linguistic and cultural figures.

The aim of such a survey has been to collect some data on how mediators operate when they are on duty, in order to identify discrepancies and similarities as far as professional habits are concerned. Although, nowadays, academic literature regarding LCM is experiencing a true expansion, it is also worth underlining that some aspects of such a profession are still unknown and may even vastly differ from what occurs in real-life scenarios. Therefore, the purpose of this research has been to unveil latent peculiarities, standards of practice, tacit rules, accepted and unaccepted behaviours which may (or not) be shared by mediators on the front line.

The questionnaire was handed out to fifty candidates of both sexes, all of whom are currently working as linguistic and cultural mediators in Italy. The age of mediators ranges from twenty-three to forty-five years old. This has allowed to gather data of mediators featuring different professional experiences. Precisely, those who were interviewed reside in the following regions: Veneto, Emilia-Romagna, Friuli-Venezia Giulia, Lombardy, Piedmont, Tuscany, Lazio, Marche, Campania, Sicily. The choice of selecting just half of the twenty Italian regions is due to two main reasons. Firstly, the questionnaire is aimed at giving a general overview and at identifying some recurring patterns on how the LCM event unfolds. It does not attempt to be a panacea for all those who are/will be mediators; instead, it intends to draw some considerations as for the status of LCM in 2021. As a

result, it would have been too complicated and time-consuming to find and include mediators residing within all the twenty Italian regions.

Secondly, it should be bore in mind that mediators have neither an official registry where they can be listed, nor trade/sector associations[68] to whom they may refer. Consequently, it has been almost impossible to find interviewees in certain regions, thus the survey has mainly included those reachable candidates who were willing to collaborate on the project.

Another important caveat that must be mentioned is that the survey was filled in by mediators who not only work in healthcare settings, but also in other contexts such as schools, police station, administrative structures, town municipalities and so forth. As already seen, one single mediator is often required to do his/her job in a variety of contexts. In this respect, gathering experiences, opinions and thoughts of mediators who are not limited to healthcare scenarios has seemed to be the most suitable option for the sake of the present study.

4.2 Methodology and data collection caveats

The questionnaire comprises twenty-two questions. These are mainly closed-ended, yet, in some sections, also open-ended ones were used to allow each mediator to explain and argue his/her own viewpoint. Once drafted, the questionnaire was distributed to mediators mostly through the aid of the most common social media (Facebook, LinkedIn, etc.). This has been deemed the most useful way of addressing mediators, as there are several communities on the net who actively interact on a daily basis[69]. These groups are focussed on sharing mediation job offers, training opportunities, general tips on how to get involved in the LCM world, etc. Moreover, some questionnaires were also passed out via the private agency with which I collaborate as a mediator. They gladly accepted to help me when I explained to them how this entire study would target the pivotal role of mediators, trying to make them more visible. Eventually, I also distributed some other forms myself to some colleagues of mine, with whom I have become acquainted over the past months. Ideally, it would have been convenient to carry out in-person interviews, as in so doing it would have been possible to establish a deeper connection with other mediators. Unfortunately, this was not achievable due to both the covid-19 restrictions and to the geographical distance. Hence, relying almost entirely on the Internet was the best alternative available. It took approximately a month and a half to collect all the necessary

---

[68] The so-called Italian 'associazioni di categoria'. Normally, mediators tend to be included, in broad terms, within the most popular associations for interpreters and translators.

[69] Among the major online groups which were consulted to distribute the questionnaire are: 'Rete Italiana dei Mediatori Interculturali' (RIMI): https://www.facebook.com/reteitalianadeimediatoriinterculturaliRIMI/?ti=as; 'Associazione Professionale Mediatori Linguistici e Culturali': https://www.facebook.com/mediazionelinguistica/?ti=as.

data, and it was surprisingly less time-consuming than it had been expected. Fortunately, networking, among mediators seems to be a consolidated habit, which has thus led to a very quick feedback.

4.2.1 Framework of the questionnaire

This subparagraph will feature a sample of the questionnaire which was used to carry out the data collection. Below, the different parts of the survey are presented, along with some considerations on how it has been conceived.

Master's Degree in Interpreting and Translation for Special Purposes
SURVEY FOR LINGUISTIC AND CULTURAL MEDIATORS

PART 1

1. What is your native language? _____

2. What is your sex? _____

3. What is your age? _____

4. What region are you from? _____

5. What other languages do you speak? _____

6. Which linguistic combination do you use the most during mediation services? (Please, indicate only one language pair) _____

7. How long have you been working as a mediator?

0-5 years	5-10 years	>10 years

8. Have you ever attended professional or academic courses on linguistic and cultural mediation? (e.g., University Degrees, Regional Courses, etc.) | YES | NO |

   If so, please feel free to specify the name of the institution(s) that held the course(s).

   _____

9. How long did the course(s) last?

< 100 hours	150-200 hours	300-400 hours	>500 hours

10. Do you hold any official regional certification to work as linguistic/cultural mediator?

| YES | NO |

As one may notice, the questionnaire features four different sections, each of which has been specifically thought to target some aspects of mediators' professional life. This framework has been deemed the most appropriate as it allows interviewees to focus on a particular matter, one at a time, without feeling overwhelmed because of the number of questions. Likewise, the general-to-specific way of ordering questions has been considered convenient to gradually lead the participants to an inner analysis of their personal professional experience. As said, each part corresponds with a particular area of interest. Part one is thus devoted to understanding and profiling the interviewee; it is the longest part since it is aimed at collecting important data on linguistic education and habits of each of the candidates, along with their familiarity with the world of mediation. This former approach must indeed lay the foundation for examining in depth the real pros and cons of LCM.

PART 2

11. What are the skills that a mediator should possess?

Only Linguistic	Only Cultural	Both Linguistic & Cultural	Linguistic, Cultural, Relational/Emotional	Others

12. Have you ever attended courses aimed at teaching mediation techniques? (ex. Development of short-term/long-term memory, note-taking for mediators/interpreters, active listening, etc.)

YES	NO

13. Do you usually take notes during mediation encounters?　| YES | NO |

If so, what information do you normally write down? (e.g., Numbers, names, etc.)

_____

14. Do you use the first or third person singular when translating? | FIRST P. | THIRD P. |

Part two is, instead, related to practical expertise mediators should possess. Therefore, in this case, the focus is upon those skills and methodologies that may be used to face mediation events. Investigating such an aspect is essential to identify work-related patterns as well as certain proficiency in dealing with goal-oriented interactions.

PART 3

15. What are the chief communication issues that you have encountered during mediations?

_____

16. Do you use any strategies to enhance communication between the participants?

| YES | NO |

If so, feel free to explain what you precisely do by providing some examples.

_____

17. What do you do when you do not know a (technical) term during a mediation encounter?

You Stop the mediation	You simplify the form	You omit it	You ask for additional information/clarification	You ignore it

18. What do you usually do if the client/patient cannot understand the message that is being conveyed?

You Stop the mediation and repeat it	You simplify the form	You omit it	You ask for additional information/clarification	You invent something

19. Have you ever sight-translated any documents, that is reading a text in an A language while orally and simultaneously translating it into a B language? (e.g., privacy consent, exam results, etc.) | YES | NO |

20. Have you ever witnessed one or more cultural misunderstanding during a mediation encounter?

| YES | NO |

Then, part three goes a bit deeper, as it points at the issues that may arise when carrying out the proper mediation practice. In this case, interviewees are required to pay attention to those aspects that may hinder their performance. By self-examining their completed assignments, they shall list the strategies upon which one may rely the most when on site. This part is particularly focused on demonstrating how mediators may be resilient when confronted with adverse working conditions/participants.

Eventually the last section, part four, has been conceived to let interviewees express how they perceive themselves as mediators, from a very personal perspective. It is the shortest part and has intentionally been thought this way since it gives room for manoeuvre to include subjective speculations. How do interviewees position themselves on the professional social ladder? Does their satisfaction balance the struggles they must tolerate to do such a job? Voicing one's own truth shall give a unique understanding of the behind-the-scenes elements.

Moreover, regarding the questions selected for the survey, they have been laid out considering the practical purpose of the whole research. They seek to bring to light concrete facts about an unknown profession, drawing a distance from abstract conjectures. Specifically, they have been thought to observe the diversity of models and practices that may coexist withing this particular work setting.

As for the expected results, hopefully the survey will provide insightful observations regarding the discrepancies existing between LCM, analysed from an academic perspective, and LCM conceived as real profession. Moreover, it shall also underline the importance of mastering skills (e.g., body language cues, emotional support, etc.) that are not just linguistic or cultural, thus providing a new way of considering linguistic and cultural mediators in the present era.

4.3 Presentation of collected data

In this section the data collected through the questionnaires are provided. Below are the questions of the survey along with the related data, inserted in specific charts. Then, in chapter 4.4 the results are to be extensively discussed.

1. **What is your native language?**

Language(s)	Interviewees (number)	Interviewees (percentage)
Italian	28	56 %
Chinese - Italian	5	10 %
Arabic	3	6 %
Bangla	3	6 %
Romanian	3	6 %
Nigerian languages[70] – pidgin English	3	6 %
Arabic - French	2	4 %
Albanian	2	4 %
Portuguese – Italian	1	2 %

2. **What is your sex?**

---
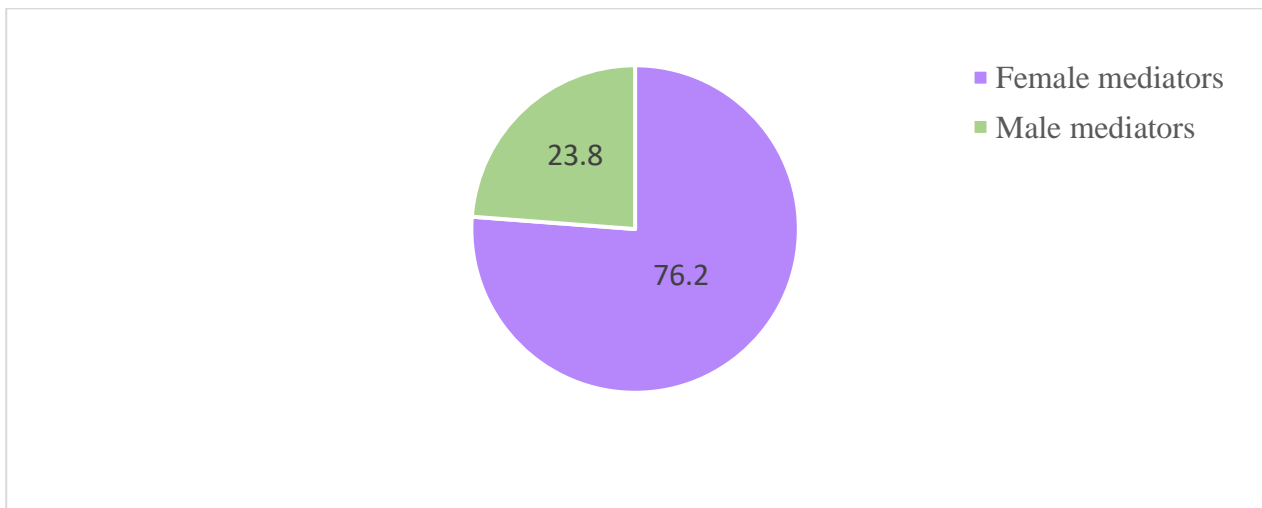
[70] Specifically, two of the three interviewees speak Yoruba, whereas the other one is a Hausa native speaker.

3. What is your age?

Age range	Interviewees (number)	Interviewees (percentage)
20 – 30 years old	40	80 %
30 – 40 years old	7	14 %
> 40 years old	3	6 %

4. What region are you from?

Region	Interviewees (number)
Veneto	19
Emilia Romagna	7
Lombardy	6
Sicily	4
Friuli-Venezia Giulia	3
Piedmont	3
Lazio	3
Tuscany	2
Marche	2
Campania	1

5. What other languages do you speak?[71]

English

German

Urdu

Northern/Central/
Southern Italian
dialects

Dutch   Russian

Spanish

Northern-African
dialects

Italian   French

LIS

Catalan   Ukrainian
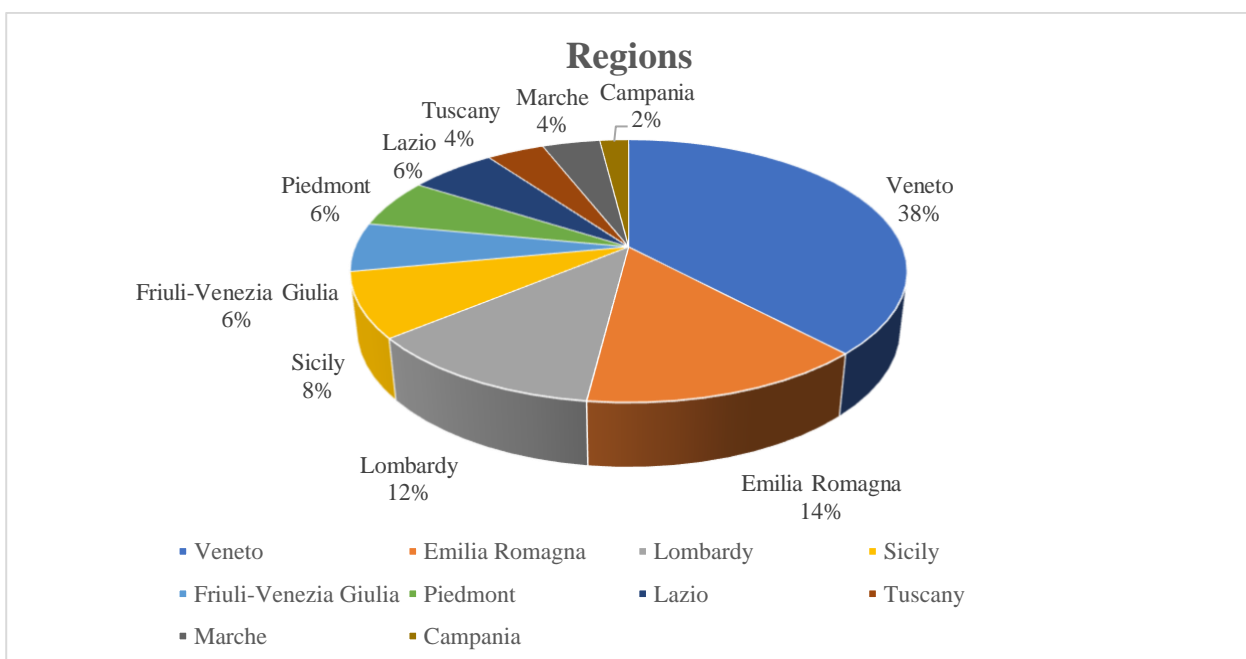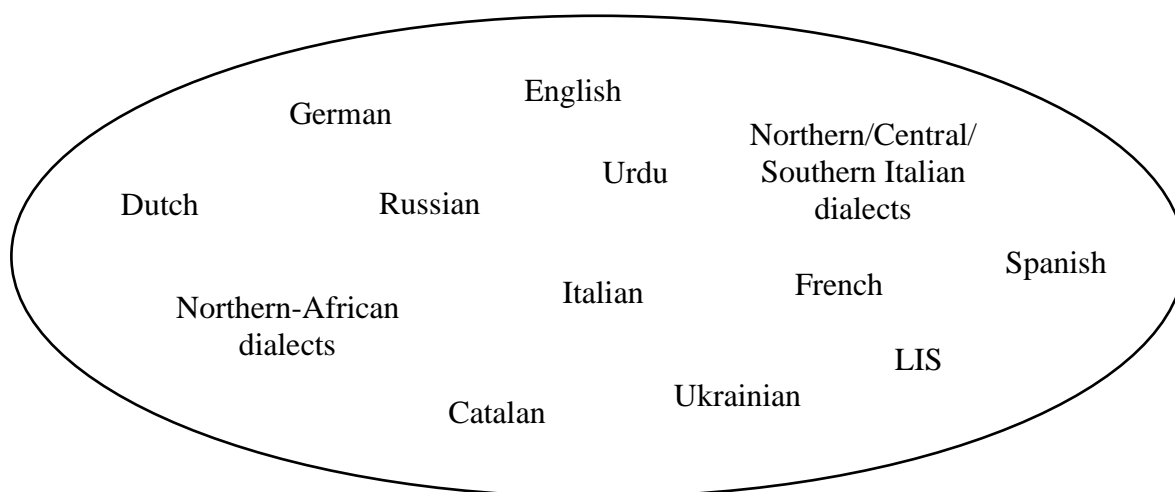
6. Which linguistic combination[72] do you use the most during mediation services?

Language(s)	Interviewees (number)	Interviewees (percentage)
English – Italian	19	38 %
Chinese – Italian	8	16 %
Spanish – Italian	4	8 %
Arabic – Italian	3	6 %
Rumanian – Italian	3	6 %
Albanian - Italian	3	6 %
Nigerian languages – Italian	3	6 %
Bangla – Italian	2	4 %
French – Italian	2	4 %
LIS – Italian	1	2 %
German – Italian	1	2 %
Russian – Italian	1	2 %

---

[71] Note that the languages herein considered are second or third languages, of which mediators are not native speakers. Moreover, in this case it has been deemed sufficient to provide a general chart with second/third spoken languages, without being too specific, as in question 6 a detailed number of speakers/linguistic combinations is given.
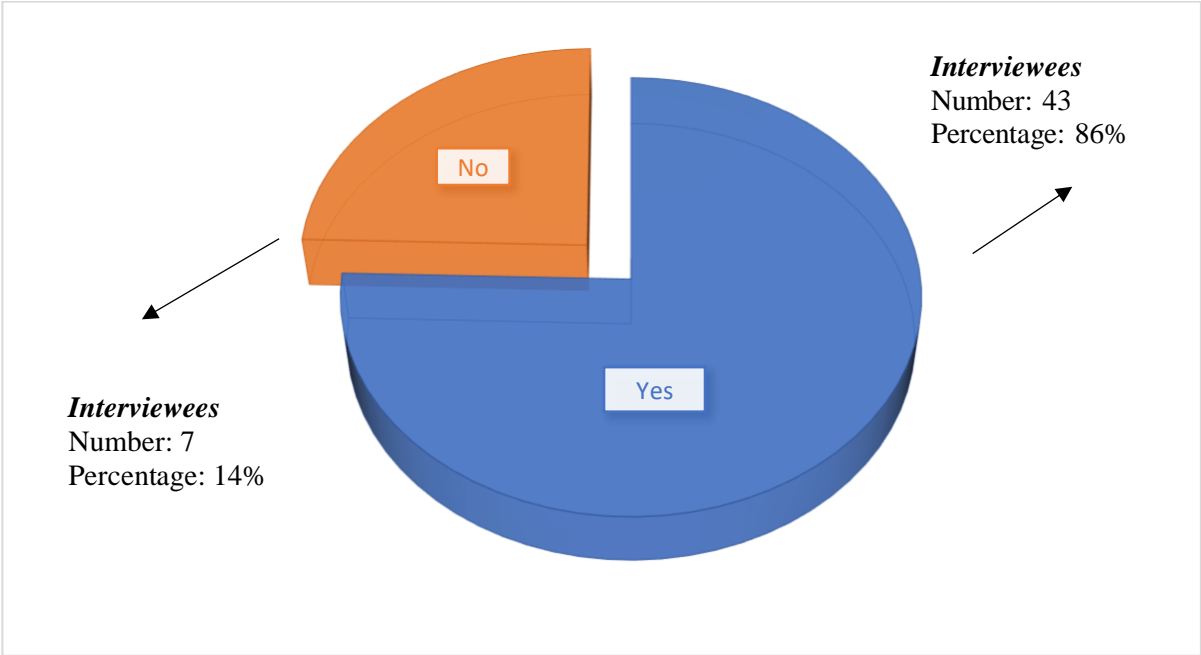
[72] Since each mediator may feature several linguistic combinations, it was required to specify the one they tend to use the most for work;

7. How long have you been working as a mediator?
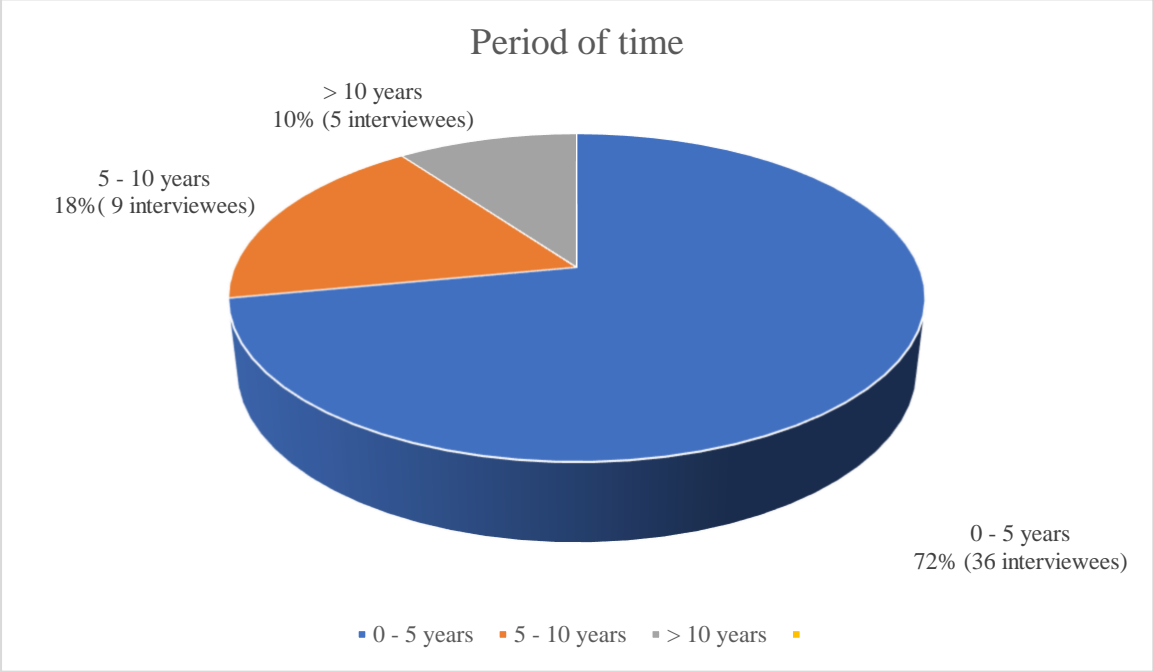
8. Have you ever attended professional or academic courses on linguistic and cultural mediation? (e.g., University Degrees, Regional Courses, etc.)

If so, please feel free to specify the name of the institute(s) that held the course(s).

Name of the Institute	Interviewees (number)	Interviewees (percentage)
Ca' Foscari University of Venice	19	38 %
Civica Scuola Interpreti e Traduttori Altiero Spinelli	7	14 %
University of Trieste (SSLMIT)	6	12 %
IULM (Private University of Milan)	5	10 %
University of Milan	4	8 %
University of Bologna (SSLMIT Forlì)	3	6 %
University of Naples 'L'Orientale'	2	4 %
UNINT (International University of Rome)	1	2 %
Institute for Linguistic Mediators 'Carlo Bo'	1	2 %
University of Insubria	1	2 %
Icotea	1	2 %

9. How long did the mediation course(s) last?

Duration of the course(s)	Interviewees (number)	Interviewees (percentage)
> 500 hours	25	50 %
300 – 400 hours	14	28 %
150 – 200 hours	11	22 %
> 100 hours	/	/

10. Do you hold any official regional certification to work as linguistic/cultural mediator?
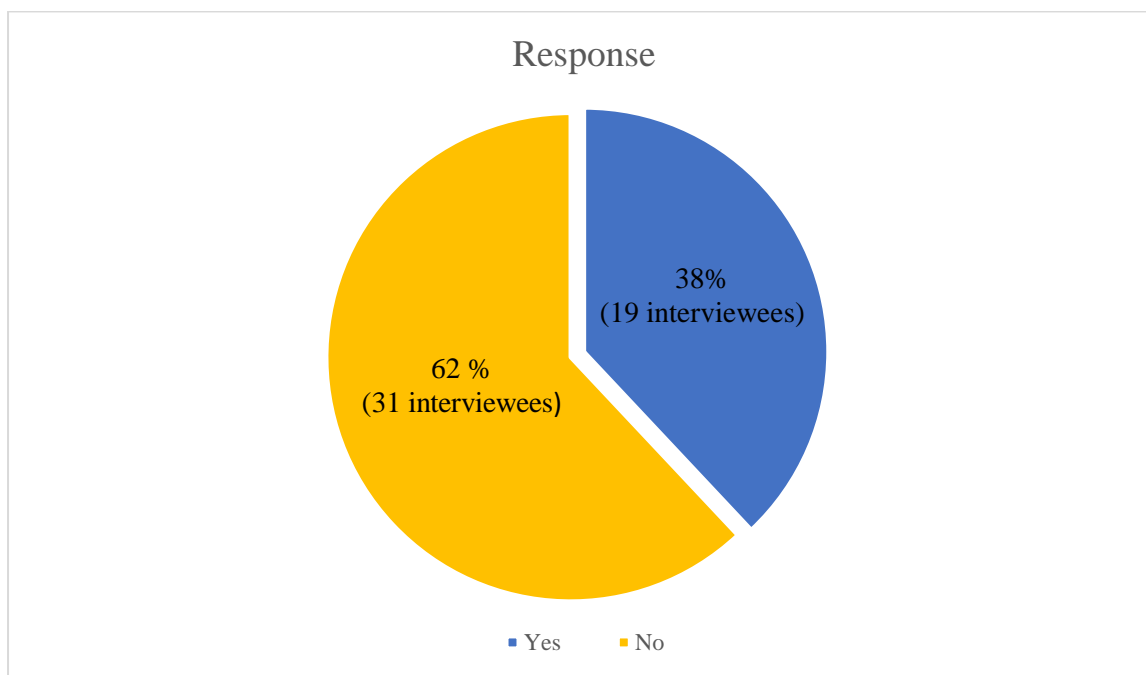
11. What are the skills that a mediator should possess?

Skills	Interviewees (number)	Interviewees (percentage)
Only Linguistic	/	/
Only Cultural	/	/
Both Linguistic & Cultural	10	20 %
Linguistic, Cultural, Relational/Emotional	40	80 %
Others	/	/

12. Have you ever attended courses aimed at teaching mediation techniques? (e.g., development of short-term/long-term memory, note-taking for mediators/interpreters, active listening, etc.)
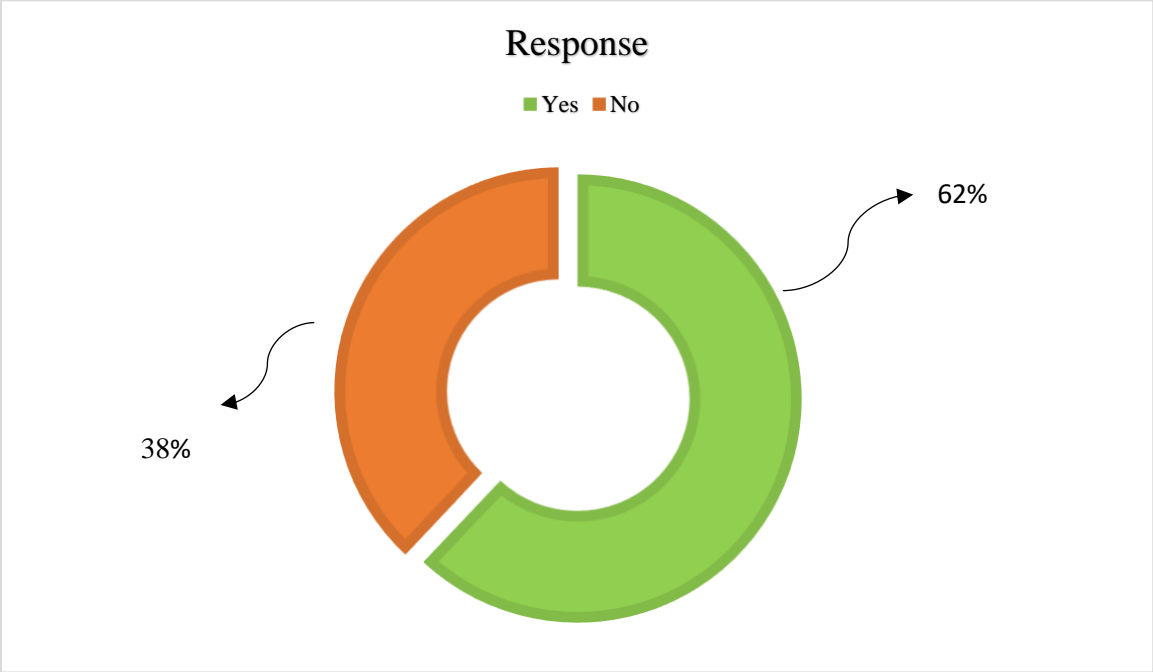
13. Do you usually take notes during mediation encounters?
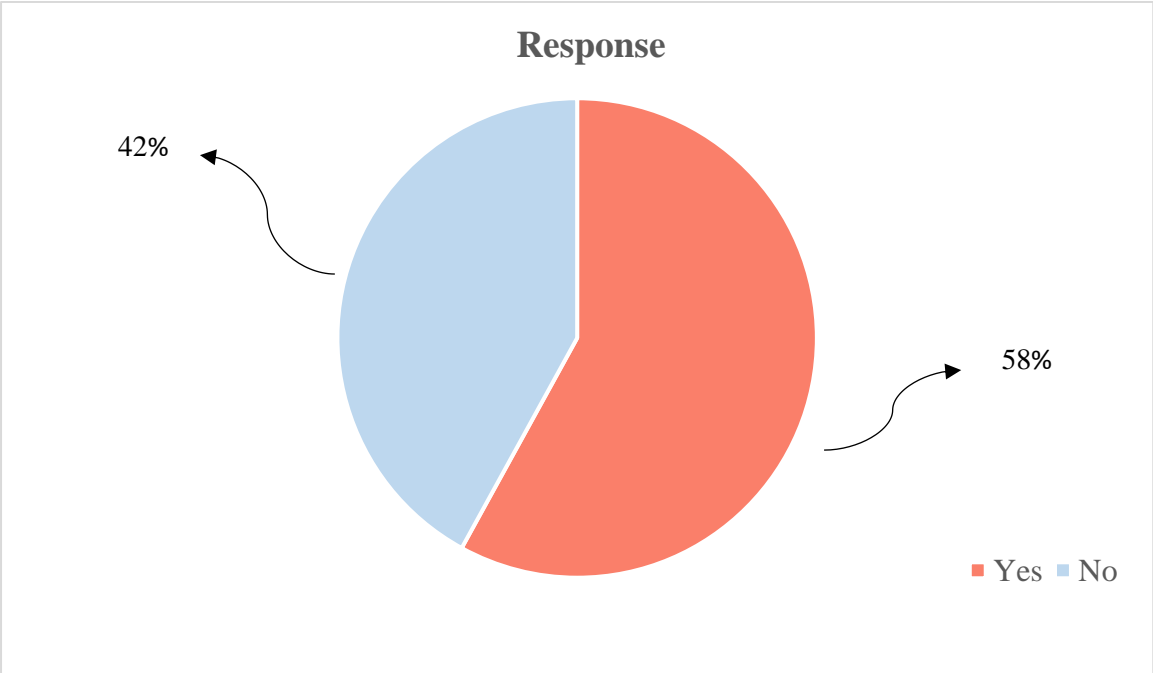
If so, what information do you normally write down? (e.g., Numbers, names, etc.)[73]

➢ Names of people/places, dates, and numbers

➢ Acronyms

➢ Units of measurements

➢ Subject, verbs (especially modals), tense (present, past, future), long/complex objects/complements

➢ recurring words related to a specific topic (e.g., name of ailments, specific bureaucratic procedures, etc.)

14. Do you use the first or third person singular when translating?

Response	Interviewees (number)	Interviewees (percentage)
First person singular	26	52 %
Third person singular	24	48 %

15. What are the chief communication issues that you have encountered during mediations?

➢ Presence of cultural-bound problems (untranslatable terms, unwillingness to discuss delicate topics, sexual taboos, discrepant religious beliefs, etc.)

➢ Linguistic-based issues (marked accent of participants, 'floating' register, lack of prior knowledge regarding medical terminology, use of either regional or dialect-related terms.)

➢ Fast pace of interlocutors' utterances (with related absence of pauses)

➢ Absence of turn-taking and consequent overlapping of voices/utterances

➢ External disturbance/interferences caused by the action of other individuals who are not directly involved in the mediated event

➢ Instant conversion of units of measurement

➢ Social-related issues (recipients' fear of enduring injustice, incapability of understanding the Italian bureaucratic and administrative system, marked sensitivity, etc.)

➢ Mistrust towards the mediator when s/he is not a compatriot

---

[73] Out of the fifty questionnaires, most answers were very similar, therefore the list herein provided summarises the overall results.

16. Do you use any strategies to enhance communication between participants?

Response	Interviewees (number)	Interviewees (percentage)
Yes	23	46 %
No	27	54 %

If so, feel free to explain what you precisely do by providing some examples.

➢ Use of non-verbal communication/cues to clarify implicit concepts (smiling, eye-contact, use of hands to signal turn-taking, etc.)

➢ Adaptation of register from a higher to a lower one (simplifications, expansion of the rendition, explanations of technical terms, etc.)

➢ Demand of pauses to process the information and provide an adequate delivery

➢ General briefing and summary of the previous encounters (especially if more than one mediator has been involved)

➢ Use of coordination instead of subordination

➢ Suggestion to participants of keeping a medium-low tone of voice

17. What do you do when you do not know a (technical) term during a mediation encounter?

Action performed	Interviewees (number)	Interviewees (percentage)
Interruption of the mediation	/	/
Simplification of the form	17	34 %
Omission of details	2	4 %
Request for additional information/clarifications	31	66 %
Neglection of it	/	/

18. What do you usually do if the client/patient cannot understand the message that is being conveyed?

Action performed	Interviewees (number)	Interviewees (percentage)
Interruption of the mediation and request for repetition	10	20 %
Simplification of the form	25	50 %
Request for additional information/clarifications	13	26 %
Omission of details	1	2 %
Insertion of make-up information	1	2 %

19. Have you ever sight-translated any documents, that is reading a text in an A language while orally and simultaneously translating it into a B language? (e.g., privacy consent, exam results, etc.)
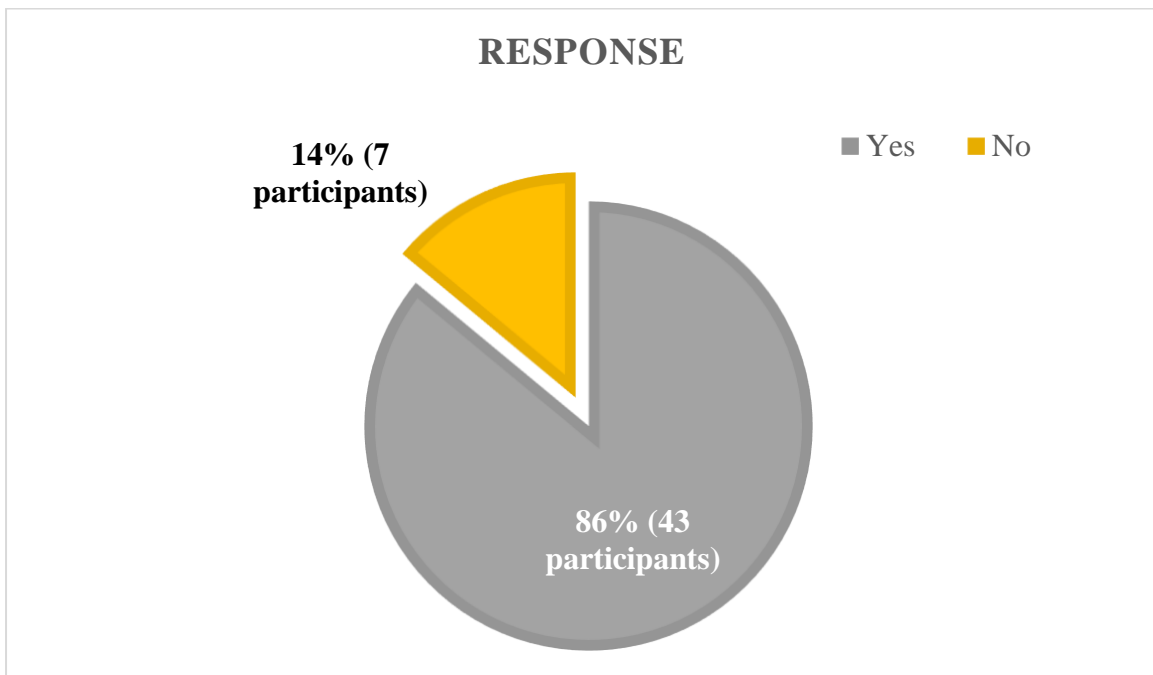
20. Have you ever witnessed one or more cultural misunderstandings during a mediation encounter?

Response	Interviewees (number)
Yes	29
No	21

Response

42%

58%

- YES   - NO
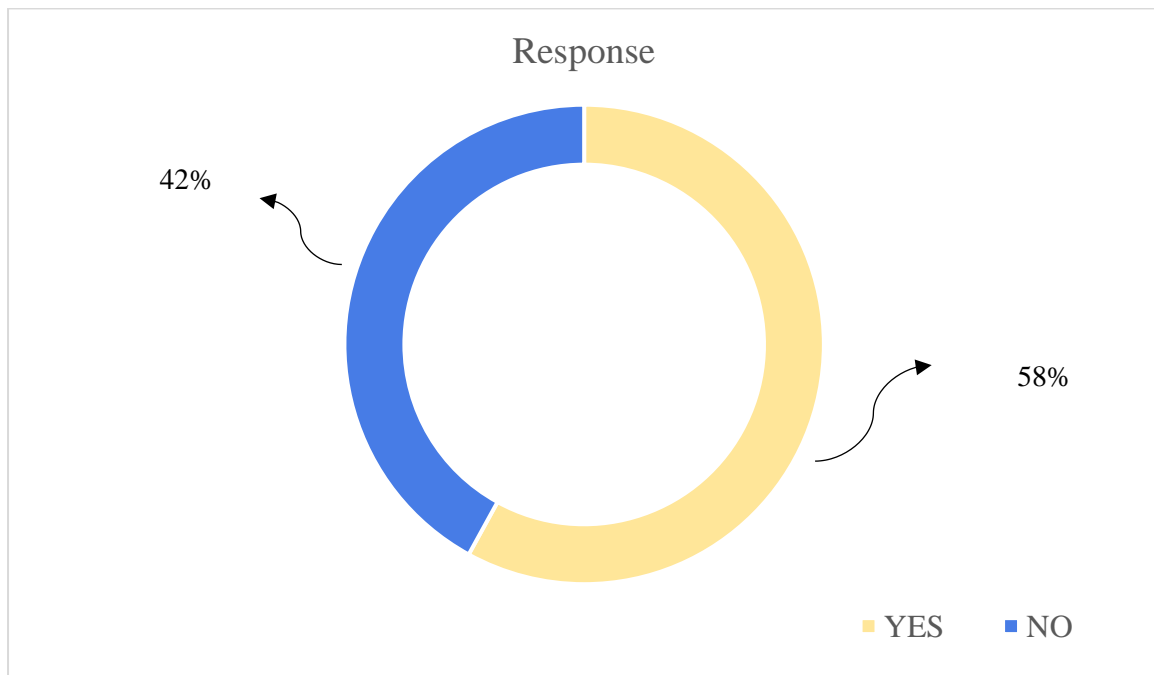
21. How many hours do you usually work per week as a mediator?

Hours per week (s)	Interviewees (number)	Interviewees (percentage)
0-10 hours	38	76 %
10-20 hours	12	24 %
20-30 hours	5	10 %
>30 hours	1	2 %

22. Do you like working as a mediator?

Response	Interviewees (number)	Interviewees (percentage)
Yes	45	90 %
No	5	10 %

Positive aspects that mediator have assessed about their job:

➢ Possibility of serving as cultural bridges and help those who cannot otherwise understand one another

➢ Discovering and sharing clients' own life experiences

➢ Diversity of settings, assignments and participants, unique challenge-based tasks

➢ Constant necessity of studying and thus being up-to date, life-long learning

➢ Improvement of one's own interpreting, relational and social skills

➢ Pragmatic application of bilingualism

➢ Being surrounded by people and avoiding feeling isolated

➢ Creation of new social relationships

➢ Being key to clarifying cultural misunderstandings

➢ Networking opportunities with colleagues

➢ Insights into organisational systems of certain institutions (hospitals and healthcare departments, schools, police stations, refugee centres, etc.)

4.4 Analysis and discussion of results

The prevailing trends emerging from the results obtained will be illustrated in the following discussion, which concentrates on those findings and parametres that turned out to be the most significant.

4.4.1 First part: education, linguistic models, professional experience(s)

As far as our research specimen is concerned, results showed that more than a half of mediators interviewed are Italian natives. Few of them are natives of other languages (Romanian, Albanian, Bangla, Arabic, etc.), whereas ten of the overall respondents are bilingual. This is particularly interesting, since, according to LCM academic literature, foreign mediators used to be much more employed than Italian ones until some years ago. However, results demonstrate that the trend is apparently suffering a turnabout.

Moreover, a great gap in terms of sex has been registered too. Indeed, 76,2% of the interviewees are women and only 23,8 % are men. Along with that, 80% of all mediators involved in the survey are of young age; their age is comprised between twenty and thirty years old. Only 14% of them belong to the 30 – 40 age range and just three respondents are more than forty years old. This suggests that many of them are probably university students/graduates who have just entered the market.

As for the region of origin, Veneto ranked on first place (38%), followed by Emilia Romagna (14%), Lombardy (12%) and Sicily (8%) where the presence of mediators is higher than in regions as Tuscany, Marche, and Campania. As stated in the chapter two (section 2.1.1), northern regions have been the pioneers in launching mediation services across the Italian territory; surprisingly Sicily occupies the fourth position although being in the South. This is mainly due to the huge migration flows of North-African people that the island has been experiencing over the last decades. Furthermore, interviewees were also required to specify whether they knew or spoke any second or third language. Apart from mentioning the most common European languages (French, Spanish, German, Dutch, Italian, etc.), some niche/rare ones were equally cited, such as Urdu, Ukrainian, Catalan and the Italian Sign Language. Interestingly, a few interviewees included some forms of dialects as well. This information is unusual, yet positive, as dialects are usually underrated and not deemed proper languages by the majority of speakers. As a result, most mediators demonstrated to be trilingual rather than bilingual. Nonetheless, when it comes to professional settings and linguistic combinations, their supposed trilingualism does not always apply, as they tend to work with the same pair of languages. In this respect, it is also to be noted that, the most required combination is English – Italian, followed by Chinese – Italian and Spanish – Italian.

What is also worth underlining is how long mediators have been carrying out such a job. Thirty-six out of fifty have been working in this field for less than five years. Nine mediators answered to have been involved in such an activity for more than five years but less than ten. Eventually, only five of them stated to have been in the mediation market for more than ten years. This leads to two crucial considerations: firstly, the trends show that LCM, in Italy, seems to be a field where young professionals have been and still are able to penetrate and acquire a dominant role; secondly, it is likely that the high percentage (72 %) of mediators, who have been in the market for less than five years, is a consequence of the re-discovery of LCM. This means that it has only been in the last decade when the Italian government, along with national and local institutions, has acted to promote and guarantee LCM in all the settings of society.

Moreover, another important aspect assessed through the survey has been the number of mediators who received formal education in LCM field. In this regard, forty-three (86%) interviewees stated that they had attended university or private courses specifically tailored to train future mediators. These data confirm, once again, what has been discussed at length in the previous chapters (2 – 3). Mediators are figures who must possess a solid theoretical and practical knowledge of what their work consists of. They are not makeshift interpreters/translator, but professionals who have spent time and made a huge effort to achieve such results. The worthless idea, according to which, mediators would be mere migrants who have properly learnt the local language is not applicable anymore in 2021.

Among the institutes where interviewees received their education are almost only Italian private and public universities. Many of the respondents have studied at Ca' Foscari University of Venice, which still offers a renowned BA in Linguistic and Cultural Mediation, as well as an MA in Interpreting and Translation for Special Purposes. Along with Ca' Foscari, numerous universities specialised in Interpreting and Translation Studies were mentioned as well (IULM, Civica Scuola Interpreti e Traduttori Altiero Spinelli, Forlì's and Bologna's SSMLIT, etc.). Only one participant attended a non-academic course (Icotea). As per the duration of the courses, 50% of the interviewees received more than 500 hours of formal mediation-based education, whereas 28% of the of them attended courses whose duration was comprised between 300 and 400 hours. 100/200-hour courses were attended by a very low percentage of mediators, and none of them have ever attended a course of less than 100 hours.

This represents a positive result given that, as seen, mediation skills require a huge amount of time to be developed and honed. Consequently, courses of less than 300 hours are normally considered insufficient to provide all the necessary tools to properly enter LCM labour market.

Last but not least, interviewees were also asked whether they held an official regional certification to operate as LC/CM. The majority of them (62%) do not possess it and stated that their degree was sufficient to execute the job. As already seen in chapter two, LCM across Italy is not regulated uniformly and official registers for mediators may vastly vary depending upon each region's internal organisation. Although it may be a paradox, regional/national certifications are apparently unnecessary to do such a job and professional experience keeps being one of the most important elements to be taken into account.

4.4.2 Second part: skills and work methodology

The second section of the survey was devoted to the skills that mediators should possess in order to do their job rightly. When participants were asked to express their own opinion as for such an aspect, the majority of them (80%) stated that mediators ought to feature linguistic, cultural and relation/emotional skills. Instead, the other 20% of respondents upheld a second view, in which only linguistic and cultural skills are necessary. None of the interviewees argued that mediators should only have either linguistic or cultural expertise. Although the binomial language – culture is a consolidated principle upon which mediators rely and organise their professional activity, results show that a particular shift towards the realm of human relationships has been occurring. Interviewees acknowledged being demanded to go beyond a mere linguistic and cultural component. A new era of commitment to provide relational and emotional support has begun, and this restates, as seen, the flexibility and malleability of such figures who have always to be ready to face multiple tasks at a time.

Furthermore, thirty-one participants declared to have attended *ad hoc* classes or courses to learn a variety of mediation techniques, whereas nineteen of them were never taught any particular interpreting methodology. This information reveals somehow a negative aspect, as almost 40% of surveyed mediators do not use specific techniques. As argued in the previous chapters, mediation techniques cannot be considered optional elements and the fact that 40% of the interviewees lack them means that their overall performances may be negatively affected. These techniques should be an integral part of mediators' tool repertoire, given that they may be very helpful in serving as 'crutches' while memorising and listening to utterances, sparing time in executing the delivery, concentrating on complicated terms, and selecting only pertinent information.

In addition to that, it is worth emphasising that note-taking is only carried out by 58% of mediators, while 42% of them do not rely upon it. The most common elements to be jotted down are: numbers, names and dates; acronyms and units of measurements; reduced sentence structure (SVO) with a focus on when the action occurred (tense); recurring words that may be used several times in

the same speech; specialised terminology. Thus, results show a widespread tendency of participants to exclusively employ their memory. Unfortunately, this method is not adequate in certain circumstances. Sooner or later, even the most trained mediator would experience problems if s/he keeps using only his/her memory. Indeed, there are numerous setbacks that may come into play when mediators work (informationally dense utterances, length of speech, mumbling speakers, redundancies, interruptions etc.) and the ability of taking note on a regular basis may avoid unpleasant situations as such. Moreover, another interesting point is related to how mediators decide to transmit the message to the other party. Giving the rendition into the other language, mediators may choose between two options: translating it by using either the first or the third person singular. According to the questionnaire's results, approximately half of the respondents (52%) do the delivery using the first person, whereas the other half (48%) uses the third person. This is something that should be insisted upon, as bilateral mediated events feature room for selecting between these two modes. Conversely, in conference interpreting, for instance, the third person singular is almost never used as it is perceived as unprofessional and incapable of voicing the client's actual intentions.

4.4.3 Third part: issues and strategies

The analysis of the collected data has also brought to light the main issues that may arise during a mediated event. Most mediators interviewed agreed on the fact that each situation, even the most peaceful one, may suddenly turn into a conflict. In this regard, many mediators asserted that cultural-bound concepts/behaviours are the worst enemies to handle. These are deeply interconnected with linguistic-based issues (accent, clients' lack of knowledge on a specific matter, etc.). Specifically, mediators working within the Veneto region sometimes complained about a very interesting aspect, that is the widespread use of dialect instead or along with standard Italian. They specified that, in several scenarios, even well-educated lay persons demonstrated a tendency to address migrants using their dialect, thus leaving the other interlocutor completely puzzled. Mediators are called upon to deal with such problems, even though they would not be supposed to do so. Other frequent issues witnessed by mediators are: the absence of turns during the encounter with a consequential overlapping of voices/utterances; fast-paced utterances with consequent prevention of mediators from retaining all the necessary information; external interferences caused by parties who are no directly involved in the encounter (phone ringing, children's weeping/screaming, etc.); social-related issues, that is to say the recipients' fear of not being understood, not being given a second chance, feeling lost and unable to communicate their inner needs within the Italian society. What is more, Italian-native mediators stated that, oftentimes, they have perceived mistrust coming from their clients, owing to their Italian background. Some migrants have prejudices towards Italian mediators because

they are afraid that they may manipulate or change the information, thus worsening their uncertain social condition. The aforementioned issues vastly correspond with what has been discussed in chapter two and three of the present research.

In support of this general view, there are some strategies that only a small percentage of respondents (46%) confirmed to apply in order to enhance communication between participants. Strategies include a wide use of non-verbal cues such as nodding, keeping eye-contact, moving hands to facilitate turn-taking, etc. Another important way of overcoming possible drawbacks is by adapting the register according to the interlocutor; this, in turn, may consist of expanding some renditions or providing additional explanations on a given matter. A few respondents stated that, especially in healthcare-based mediations, briefings and knowledge of patients' clinical history may be decisive to implement communication.

That being said, mediators were also required to explain how they normally react when they do not know (technical) terms and how they cope with clients who seem not to understand the message. As for the former, the most common solution is to request some additional information to the speaker on that specific phrase. Yet, some mediators (34%) prefer to avoid asking for clarifications and to opt for a simplification; only a couple of them stated that they rely on omissions in such cases.

On the other hand, as per the impossibility of understanding the message, half of the respondents argued that simplification is the best option in such scenarios. Instead, 26% of the interviewees stated that they tend to ask for more information; 20% of them usually require a repetition, hence interrupting the interaction. Fortunately, only two persons stated they would omit or invent details. Results show that simplification and confirmation of uttered information are the main strategies that the interviewees use. Omissions, in certain circumstances, may be sparingly used to streamline the exchange, for instance, when redundancies occur. Conversely, make-up information ought not to be considered a proper manner of keep oneself out of troubles. Inserting something that has never been uttered by none of the participants may have serious implications not only for them but even for the mediator himself/herself.

Additionally, the questionnaire showed that a fairly high percentage of interviewees (86%) have been required (at least once throughout their serving) to sight-translate some sort of document. This confirms, once more, the importance of being taught specific interpreting/translation techniques to face such thorny situations. Twenty-nine interviewees out of fifty also confirmed that they have witnessed one or more cultural misunderstanding when on-duty. As for this aspect, some mediators have spontaneously decided to provide some examples of cultural struggles that they experienced in work settings. Unfortunately, it has not been possible to insert each of them here, otherwise this would

have lengthened the research excessively. Please, see the footnote[74] underneath for an example of real-life cultural misunderstanding, provided by one of the interviewees.

4.4.4 Fourth part: career prospects and work-related satisfaction

The last part of the survey has been devoted to assessing what mediators think about their employment status. To do so, they were asked to provide information on the approximate amount of hours they spend working as mediators on a weekly basis. Results show that 76% of them work 0 – 10 hours a week; 24% work 10 – 20 hours a week; 10% work 20 – 30 hours a week and only one of the interviewees stated to be engaged in mediation services for more than thirty hours each week. These data are crucial, as they demonstrate that most of respondents cannot earn a living just by relying upon LCM. Indeed, if we consider that in Italy, a full-time job is normally forty hours a week, it seems obvious that LCM is insufficient to be a source of livelihood. Hence, LCM tends to be frequently carried out as a parallel activity and not as a main job.

Nevertheless, this information contrasts with the percentage of general satisfaction that this job generates. As a matter of fact, 90% of the interviewees stated that they do like this profession for a number of reasons. Among these are: the possibility of serving as cultural and linguistic bridges; the narration of others' personal life stories; the plurality of settings, assignments and participants involved; the never-ending preparation and study to always face new challenges; the development of meaningful relationships, with colleagues and third parties; networking; the application of bilingual skills while having insights into unknown institutional scenarios. Undoubtedly, there is a glaring discrepancy existing between the high satisfaction rate for the job and the low employment rate interviewees witnessed.

---

[74] "A Chinese client required me to ask the car dealer to insert the number 8 onto the number plate of the car he had purchased. Besides interpreting into Chinese such a concept, I added some cultural-bound information. I explained to the Italian dealer that, in China, number 8 is a symbol of good luck, whereas number 4 should be avoided as it is related to death. I added this extra information to let the dealer know why the Chinese client requested such a thing, thus making aware the Italian person of a Chinese cultural aspect. The Chinese client had taken for granted that number 8 is a symbol of luck, therefore he had not understood the necessity of further clarifying it."

4.4.5 General conclusions

A number of relevant findings have been yielded by the study reported in this paper. The analysis of the questionnaires identified Italian native mediators as the main figures in charge of carrying out LCM services. Few of them are foreigners who learnt Italian as a second language. According to the data collected, the average mediator is a female subject whose age ranges between twenty and thirty years old. As for the area where interviewees operate, Northern Italian regions are the leading ones, especially Veneto, Emilia Romagna and Lombardy, where great communities of migrants have settled in the last decades. Moreover, most mediators, who participated in the study, are trilingual individuals. Along with European languages, some rare ones (e.g., Catalan, Urdu, etc.) have been found in the respondents' linguistic combinations. As per the latter, English < > Italian ranked in the first place, as it is the combination most interviewees tend to use when working. Chinese < > Italian and Spanish < > are the two other combinations mostly used.

With regard to professional experience, a high number of interviewees have been working in this field for less than five years. Thus, it may be assumed that only recently has LCM begun being given the right importance as social phenomenon. Secondly, the fact that few, among the respondents, have been involved in such an activity for more than five years may be sign of a general difficulty to keep being a mediator owing to a variety of factors (e.g., low wages, sporadic assignments, deadlock situations preventing to climb the ladder, etc.)

As far as formal education is concerned, almost all participants confirmed to have attended academic or professional courses focused on LCM, chiefly at Italian public or private universities. For half of the candidates, the courses lasted more than 500 hours. This corroborates the idea that mediators are to be highly-skilled figures. In ways as such, the traditional stereotype identifying the migrant as the only possible LC/CM, vastly advocated by academic literature on LCM, is proved to be not true anymore. This model could be applied to describe the migration phenomena many years ago; however, with the new-century migration flows as well as with the progress that societies have undergone so far, mediators are now experienced and qualified professionals.

As to official regional certifications, it has been demonstrated that the majority of interviewees do not hold any LCM regional qualification. University degrees and other type of diplomas are the predominant documents attesting the eligibility to do such a job. As seen, the absence of a national legislation on LCM impedes Italian regions to create a uniform system based on the assessment of accreditations as primary and only source of hiring.

Furthermore, in terms of skills, respondents largely agreed on the importance of featuring not only linguistic and cultural skills, but also relational, social and emotional ones. This leads to another conclusion, that is the idea of not dividing the two figures of LC and CM any longer, yet letting them

merge into a sole subject who must pay attention to a myriad of needs. Similarly, results showed that a high percentage of participants attended *ad hoc* courses aimed at learning mediation techniques, confirming the average trend of Italian mediators to be fully prepared, thus displaying a quite solid work methodology. However, almost half of the interviewees stated that they are not used to taking notes during mediated encounters and, in addition to that, there are not fixed rules as for the use of the first or third person when expressing the rendition into the other language. This heterogeneity still shows both the necessity of raising awareness on what is good practice among mediators and setting some additional work directives.

Moreover, a great plethora of communication issues have been witnessed by interviewees. These may depend on a wide range of factors, although cultural collisions are the most common triggering events. Many mediators rely upon some specific strategies to tackle such problems, such as the use of simplifications or the request for additional information. Employing non-verbal language along with certain prosodic elements was proved to be one of the most common solution put into action on many occasions. Conversely, omission as strategy to enhance communication is limited to very sporadic cases, which in turn confirms the tendency of interviewees of being as faithful as possible when conveying the message, thus avoiding misinterpretations.

Finally, collected data also illustrated the positive opinion in terms of job satisfaction. Although LCM is a profession which apparently does not allow earning a living itself, according to most respondents, there is no doubt that almost all of them are satisfied with what this job entails: almost all interviewees expressed the joy of helping people and being committed to transforming the whole world into a societal system where integration, equality and linguistic/cultural diversity be the pillars of our lives.

5. Common issues regarding LCM practice

5.1 The widespread use of informal mediators

In the previous sections, some general information has been provided as for the issues that may arise while being involved in a mediated event. As seen, linguistic and cultural issues include a variety of nuances of which one should be aware in order to provide a first-rate service.

This chapter will thus examine in depth some common mistakes and issues that may have a negative impact on the whole mediated event, leading even to serious consequences for all the parties.

As a mediator myself, I would like to focus upon a particular scenario, which may lead to acute problems, that is to say the use of the so-called 'informal mediators/interpreters'. Who are they and to what extent are they eligible (or not) to be employed in LCM settings?

First and foremost, it is necessary to clarify the concept of informal mediation/interpreting. Academic literature extensively refers to the latter also as *ad hoc interpreting*, *lay interpreting* or *natural interpreting* which, according to Pöchhacker (2004: 22) is "interpreting done by bilinguals without special training for the task". These individuals clash with those who are professional mediators, who have instead received formal education and training to perform mediation tasks. To understand why and how this figure was born, it is necessary to take a plunge in the past; as said, LCM developed in Italy as a true societal phenomenon since the beginning of the first migration flows. As previously argued, Italy began experiencing and receiving large migration waves since the 70s. During this period and until the end of the 90s, immigrants vastly struggled for integrating, as the Italian society and institutions were, *de facto*, standing before a new and unknown reality. Due to such circumstances and to the absence of an adequate response in terms of linguistic and cultural facilitation, migrants could rely nothing but upon their only close acquaintances to communicate. As a matter of fact, they started 'using' their children along with other relatives as linguistic and cultural mediators. Thus, second-generation children were given the onerous task of smoothing interactions by connecting not only two different languages but also two different worlds. As maintained by Wadensjö (1998: 36) "natural translation would be immigrant children assisting their parents as interpreters at the doctor's, or in reading messages from the authorities". As a result, for several years, informal mediators were used to bridge a gap existing between institutions and migrants. It was a makeshift solution at a time when LCM was still in the process of being acknowledged as an actual practice.

Subsequently, with the passing of time and the advance of society as for the integration of foreigners, LCM was able to emerge and become part of our lives. Mediators started being recognised by the government, local authorities and citizens themselves. At the same time, as previously stated, even universities became involved in creating new curricula aimed at teaching students how to acquire mediation-based skills. Therefore, more prepared candidates could be assigned mediation tasks and informal mediation underwent a sort of decline in favour of professional practice.

Nonetheless, nowadays, *ad hoc* mediators keep being employed in some sectors, to a lesser extent.

> Public and private institutions in need of language services frequently recruit on the understanding that 'knowing the language is sufficient' leading to a situation where the use of untrained interpreters, especially for languages of limited diffusion, is prevalent. (Rudvin & Spinzi, 2014: 62).

As argued by Rudvin and Spinzi, these types of untrained mediators are usually hired when it comes to minority languages. The unavailability of mediators for certain linguistic combinations frequently leads to turning to informal mediators as last resort. Unfortunately, malpractice in this case may cause harmful consequences for all participants.

> A growing body of evidence suggest that the use of informal, untrained interpreters can lead to serious miscommunication, and so to inadequate care. Untrained interpreters may be proficient in both languages but may lack interpreting skills (Verrept, 2012: 6 – 7).

As already seen, mastering two languages at a native level is not sufficient to operate as LC and CM. As Verrept argued, oftentimes informal mediators lack specific interpreting skills which are crucial as per the expertise a mediator should feature. This holds particularly true if applied to healthcare settings, where precision in delivering the messages must be present during the whole oral interaction. Indeed:

> Research has also made clear that untrained, ad hoc, interpreters have a greater likelihood of committing interpreting errors with potential clinical consequences, of distorting and omitting information, e.g., the explanation of medication side effects (Verrept, 2012: 6 – 7).

It is worth underlining that those general errors, omissions and distortions of uttered information may give rise to clinical consequences in medical settings. For instance, as cited above, a very common problem is related to the explanation of medication side effects. Misinterpreting these specific details may have a profound impact on patients' treatment and recovery.

Moreover, it is also to be noted that, those who may be greatly affected by unprofessional mediation practice are mediators themselves. As Verrept argued (2012: 7) "relatives, especially children, are also at a high risk of stress disorders themselves if they have to translate emotionally charged interviews". This might occur, for instance, when a physician communicates to the informal mediator (in this case a child) that one of his/her parents has cancer, thus generating severe emotional distress.

This type of unexpected bad news could represent a major issue for the informal mediator to handle the whole three-party constellation. Conversely, a professional mediator would try his/her best to be as neutral as possible when touching upon such delicate topics. This restates the importance of hiring exclusively those who have been taught how to face and cope with mediated encounters.

Another example of malpractice and inefficiency regarding informal mediation is related to a personal and professional experience of mine. I deem appropriate to herein insert this fact that I witnessed unfolding in person, while I was on-duty. Last May, I was called by the Antidiabetic Centre of the town hospital to assist a Nigerian woman, suffering from gestational diabetes. I was in the waiting room of the Antidiabetic Centre with my client; close to where we were seated was another foreign woman, of Bangladeshi nationality assumingly. She was in the company of a middle-aged Italian lady to whom she was talking using a very broken Italian. Being in the same room, I unintentionally overheard some of the conversation they were having and, suddenly, the Italian lady told the woman that she would be in charge of the translation during the medical examination. Hearing this, I immediately thought that the Italian lady was a mediator like me. After a couple of minutes, the two women were received into the nurse's office. Upon finishing and leaving the office, they came back to the waiting room where I was still waiting with my client. At that precise moment, a young girl entered the waiting room as well, addressing the Bangladeshi woman in Bangla. The Italian lady appeared quite puzzled and asked the young girl who she was and why she was there. The girl, in turn, explained to the lady that she was a linguistic and cultural mediator and that she was called by the ULSS 2 Antidiabetic Centre to provide language/cultural support for the woman. The lady seemed instantly annoyed by the presence of the mediator. Indeed, the Italian lady began saying that she, herself, was in charge of helping translate the information and that there was no need for the 'real' mediator to stay there. At that point, the mediator turned to the Antidiabetic Centre's supervisor to explain that the Italian lady was neither a hired nor a qualified mediator. It turned out that the lady was a mere neighbour who offered herself to take the Bangladeshi woman to the medical appointment in exchange of some money. She knew neither Bangla nor any other foreign language. Thus, she pretended to be a linguistic mediator without featuring any of the skills required to do such a job. As far as I am concerned, I was completely astounded when I realised what had occurred. A random

individual had attempted to act as a mediator despite having none of the skills required to do so. In the worst of cases, this may have led to detrimental and traumatic effects on the patient's health.

5.2 Linguistic and Cultural Mediation from a COVID-19 perspective: an overview

In 2019, as we all know, the Coronavirus disease began spreading worldwide leading to an ongoing pandemic that, at the present time, has not been eradicated yet. COVID-19 has turned people's lives upside-down and forced them to stay isolated to survive. Social interactions have completely collapsed, leaving room to a plethora of restrictions that have, in turn, prevented individuals from having a 'normal' routine. On many occasions, the virus had an impact not only on physical health but also on mental one. Many lost their job and had to reinvent and rethink their own lives.

Among the various fields that have been adversely affected by such a phenomenon, mediation and, more broadly, interpreting services rank on top of others. Conference interpreting[75] has probably been the profession which experienced the greatest challenges, as it has seen a shift towards a remote work setting. Along with that, also LCM underwent some changes due to the pandemic. Face-to-face interactions in schools, hospitals, public administration's offices, etc., were limited or avoided for several months, thus mediators were not allowed to work on site. Only in a few cases, for instance in healthcare settings, were mediators allowed to be physically present. However, most of them were frequently required to work remotely, via videocall or on the phone[76].

By doing so, on one hand, contacts between mediators, consumers/clients and other third parties were minimised, thus providing actual protection for the participants, especially for certain groups of people (aged 70 and over; aged 65 and over featuring chronical conditions) who may contract serious illnesses from COVID-19. In addition to that, another positive aspect has been the rapid and increased access to mediators, who did not have to commute between sites. On the other hand, it is worth underlining that this whole new situation caused some potential disadvantages. Specifically, in dialogue-based contexts, as those LCM relies upon, the impracticability of attending meetings in person paved the way for a wide range of communication problems. As argued in the previous chapters, a person might offer visual signals or other cues through his/her body language, which, for example, cannot be noticed if the consultation is on the telephone. Moreover, when it comes to videocalls, drawbacks could include technical issues such as poor video or audio quality as well as

---

[75] Even renowned interpreter associations, like the International Association of Conference Interpreters (AIIC) have given their members the green light to use remote solutions during this time (along with guidelines for best practices and safety measures).

[76] Interestingly, while conference interpreting has been able to benefit from this shift, due to the monological format, linguistic and cultural mediation was significantly affected because of its dialogue-like nature, which was completely discarded.

problems with regards to digital literacy. There is no doubt that these are not the ideal conditions to perform LCM services. Nonetheless, adaptability and flexibility have been key to overcoming these hindrances. In the following section, meticulous attention shall be paid to LCM-related issues in clinical settings.

5.3 COVID-19 complications during on-site healthcare mediated encounters

As the present MA thesis is mainly focused upon mediation in healthcare settings, it has been deemed convenient to devote the present paragraph to analysing some of the complications that may arise during LCM tasks within a COVID-19 scenario. In Italy, during the first stage of the pandemic, access to hospital and other healthcare premises was possible only for medical personnel and for patients. Mediators/interpreters were not initially allowed to go on site, except on rare occasions. Therefore, they were forced to work from home; unfortunately, oftentimes patients were not provided with any language support and were left cast adrift.

> The present pandemic has meant that many people have lost their loved-ones without having the possibility to be close to them at the end, but one might suppose that this is exasperating for people who know that family relatives suffered, and potentially died, in a confused state of communicative limbo (Runcieman, 2020: 17).

After a couple of months from the outbreak of the disease, restrictions were a bit loosened, and mediators could go back to work as usual. However, on-site mediation events suffered a complete change, entailing several new problems for mediators themselves. Firstly, obligatory social distancing has been the toughest limitation as for mediated encounters in healthcare settings. In dialogue-like contexts as such, physical proximity is essential in the early phase to create a bond between mediators and the assisted person. It may sound trivial, yet having the possibility of conversing close to one another positively enhances the medical examination's outcomes. In doctor's offices, social distancing was worsened due to the presence of acrylic glass panels, which were put on the desks/tables so at to separate the physician from the mediator and the patient. Plexiglass panels have the ability of absorbing the vibrations produced in the environment while deadening them at the same time. Hence, one may imagine the struggles with which mediators have to deal when they receive a sequence of muffled words/utterances. The delivery cannot be executed properly and, in order to avoid possible misinterpretations, mediators have to interrupt the whole interaction and ask for repetition. Additionally, another troubling element is represented by the use of face masks. At the present time, face masks must be worn mandatorily indoors, in Italy, particularly within clinical

premises. Although they are aimed at protecting each of us from being infected or infecting the others, it must be acknowledged that they cause heavy strain on mediators owing to a number of reasons: in the first place, face masks, similarly to acrylic glass panels, damp human sounds, which may come out as distorted and not completely clear. Secondly, they do not let mediators lip-read assisted patients. Specifically, lip-reading might come in handy with those persons, featuring a very strong accent. Sometimes, marked accents may challenge mediators' entire comprehension of the message, thus by analysing how the muscles of the mouth articulate certain sounds and syllables it is possible to disambiguate meanings and concepts. Last but not least, face masks are also responsible for the lack of visual contact between participants. Covering one's own face with such a medical device leads to be barely able to glance at one another and keep consistent eye contact.

Furthermore, among the other numerous issues related to COVID-19 mediation services stands the limited number of people who can join the medical encounter. Before the pandemic, relatives (husband, children, etc.) and other acquaintances could be present in the doctor's office, along with the mediator and the patient. At the moment, this is not allowed anymore, and clinical exchanges usually involve only three individuals, namely the physician, the patient and the mediator. Then, what is the matter? The problem lies in the foreign patient, who is frequently unwilling to leave his/her partner/children in the waiting room. The presence of these additional figures represents a way of fostering emotional security, particularly when the patient knows that his/her medical conditions may be at risk. Even though the practitioner should be the one trying to persuade the patient to enter the consulting room alone, frequently this does not reflect the actual dynamic. Indeed, it is the mediator who has to repeatedly explain and negotiate the rules which limit the access to only few persons.

Eventually, another crucial concern is related to the handling of medical consultations involving physical checkups/screening. Due to the in-force restrictions, when a patient needs to be palpated by the physician during a clinical examination, it is now required to wear specific disposable safety garments. In so doing, medical staff try to avoid a possible spread of the disease in the environment, should the patient be found infected. Yet, the patient himself is also guaranteed a higher protection; in this case, the drawback lies in the clothing that the assisted person is forced to wear. Some patients may be reluctant to take their clothes off and put on the disposable ones, some others may feel 'bound' and be at unease, especially when they have to keep such clothing for long. This may have a dramatic impact on the patient's mood, which, in turn, may negatively affect communication between participants. Once again, the mediator is summoned to go beyond a mere linguistic transfer for smoothing potential hesitant behaviours while restoring order.

As seen, COVID-19 has been responsible for worsening the conditions under which linguistic and cultural mediators must work. Mediators are experiencing new types of strains which have challenged them and revolutionised their professional methodology. Nevertheless, they keep being linguistic and cultural bridges even in such a situation, since they are aware of the importance of supporting patients.

> Not speaking the language of their carers (nurses and medical staff), a deterioration in their mental state and their feeling of confusion and/or desperation to understand their present and future prognosis could be seen as impacting on their potential to survive (Runcieman, 2020: 17).

Carers have the opportunity of trusting and relying upon mediators even in these uncertain times. Maybe the pandemic has temporarily stopped our lives, yet it has not been able to prevent mediators from boosting the quality of care and improving the patient's health outcomes.

6. Deontological issues and standards of practice

This section shall be dedicated to shedding light onto one of the most debated aspects of the profession, that is to say the set of principles and standards usually known as Code of Ethics. A brief and general introduction on ethical principles shall be provided. Then, some more specific references will be given for standards of practice in the field of Italian linguistic and cultural mediation, touching upon healthcare-based settings and professional liability.

6.1 What is Ethics?

The word *Ethics* comes from the Greek term *ethos,* which means 'habits and customs'. It refers to a code of conduct accepted and shared by a given community. Thus, ethics entails both the definition of the Good (meta-ethics) and the set of rules which are a guide for human conduct (normative ethics). Ethics may be deemed the study focussed on finding the manner via which an individual should behave, according to certain conditions (time, space, context, participants, etc.). It is the search for the right conduct that may consequently lead to a state of well-being, while experiencing a satisfying life.

The definition given above has been formulated considering ethics from a historic and somehow philosophical perspective[77]. Nowadays, codes of ethics are extensively present in our society, not only in work-related settings, but also in other type of contexts such as schools, sports centres, healthcare departments, public transports, etc.

> The code of ethics is thus a management tool that establishes and articulates the responsibilities, values, obligations, rights and ethical ambitions of professionals, and also the way the system functions (Pena-Díaz, 2018: 100).

As argued, it is a tool that help keep order among members of a certain group while monitoring their behaviours. Likewise, it can be used to assess whether these members carry out their activities properly without harming the community. Should this not be the case, some actions might be taken so that those who have not complied with the set of rules be subject to some sort of sanction.

Having briefly outlined what ethics implies, it shall now be possible to provide a close-up of how the whole matter of ethics is perceived and managed in Italy, in terms of linguistic and cultural mediation.

---

[77] For an in-depth analysis of the bond existing between Ethics and Moral Philosophy, please see M. Rudvin (2015) '*Etica, Filosofia e Mediazione Linguistica: Dall'Etica della Filosofia al Codice Deontologico della Mediazione Linguisti*ca'.

6.2 Linguistic and Cultural Mediation: towards a Code of Ethics

As far as LCM is concerned, the matter regarding how mediators should behave and act while performing their tasks is still being much debated at present time.

> Over the last few years, the issue of professional ethics has received much attention in the field of Interpreting and Translation. […] Today, 'ethics' figures prominently in the literature, in international conferences, in interpreting courses, in translation/interpreting mailing lists as well as in the working lives of professional mediators and interpreters (Rudvin, 2015: 393).

Due to its face-to-face interaction and the direct involvement of all participants, linguistic and cultural mediation has always had, since its birth, a great impact on people's life, especially if compared with conference interpreting, which occurs in isolation. Mediators tend to be very pro-active actors who, as said, are aimed at bridging gaps, co-costructing and coordinating social-based interactions. In a context as such, one might wonder whether a specific mediators' code of ethics[78] apply. The answer to this question is anything but easy. Firstly, it must be bore in mind that LCM, in Italy, is not an accredited profession. The absence of official legal registries, gathering those who practice such a profession, is detrimental to the category itself. This is a former assumption that already demonstrates the impossibility of sharing one and only collection of principles.

Secondly, owing to its multifaceted nature, mediation comes into contact or even into conflict with deontological principles of other professionals: physicians, teachers, lawyers, etc. Undoubtedly, fields as such may feature discrepant guidelines and objectives which do not even correspond with those pursued by mediators. For instance, the notions of 'good', 'virtue', 'duty', 'responsibility' and 'utility, just to name a few, may be perceived and applied differently depending on the field and on the persons involved.

Therefore, apparently, Italian mediators do not have any specific code of conduct upon which they may rely. In order to get some sort of protection and acknowledgment from the institutions, mediators broadly refer to associations of interpreters and translators. Unfortunately, these have their own deontological codes[79] specifically created to target scenarios and circumstances that may arise in relation to Interpreting and Translation. Little or no reference to mediation-based events is made

---

[78] The herein discussion is only focused upon the existence of a code of ethics for mediators working in Italy.

[79] In Italy, the most popular associations for interpreters and translators are ANITI and AITI. Both feature a detailed code of ethics. For further information on their codes of conducts, see https://www.aniti.it/associazione/codice-di-condotta/; https://aiti.org/it/associazione/codice-deontologico.

within these codes and, despite that, mediators find themselves obliged to adhere to them, in order to be only slightly safeguarded.

However, in the last few years, the widespread need for mediation services has raised a new issue: both professional mediators and academicians[80] have been wondering and reflecting about the utility of drafting and introducing a code of ethics exclusively dedicated to LCM.

Interestingly, in 2015, Rudvin published an article in which she investigated the actual possibility for LCM to feature its own set of ethical principles. In so doing, she mentioned that there are three main concepts that should be included within the deontological sphere of linguistic and cultural mediation: *accuracy, impartiality,* and *confidentiality*.

The first one, also referred to as *precision* by some scholars, may be seen as a 'contract' between the mediator/interpreter and the client, whereby the mediator agrees on providing oral/written translation, as faithfully as possible, in accordance with the source 'text'. The other two tenets, impartiality and confidentiality, are mainly thought for safeguarding the mediator's conduct towards the speaker/author of the utterance as well as towards the receiver, namely the reader/listener (Rudvin, 2015). These are considered the three great tenets that should be inserted within a hypothetical code of conduct for mediators; by doing so, it would be possible to align the practice of each professional mediator with national/regional standards. There would be two main advantages stemming from the introduction of an *ad hoc* code. On the one hand, mediators could unburden themselves of a massive obligation represented by the constant necessity of making delicate choices; hence, when a compromising scenario arise, they could just adhere to what their code dictates. On the other hand, should any type of issue occur during a mediated event, the code shall be used to identify whether the mediator's reaction has been adequate or not, according to that specific situation. In case the mediator did not perform his/her tasks properly, the code would be the tool via which one may intervene to restore order.

Furthermore, another important and relevant aspect is the relationship existing between codes of ethics and mediators' professional training. As previously stated, training is deemed an essential component of mediators' education, since it provides them with all the skills and tools required to work proficiently. In this regard, it should be assessed to what extent standards of practice are being currently included in professional training paths. In most cases, ethical standards tend to be neglected not only during mediators' university-based courses but also in courses held by private institutes. This is a huge problem, as many times newbie mediators feature a substantial amount of theoretical

---

[80] Among the most committed scholars are: Garzone, Valero-Garcés, Corsellis, Rudvin.

expertise, yet they lack the fundamentals to professionally address their clients and make a good impression.

> Training in ethical issues should be prioritised in courses dedicated to mediators, since these professionals often find themselves confronted with ethical dilemmas *in situ* for which they need to refer to a specific code of ethics in order to guide and protect themselves in their everyday practice (Pena-Díaz, 2018: 101)

On-site work entails dramatic dilemmas sometimes. In such circumstances mediators can count nothing but on their problem-solving abilities and decision-making autonomy. It is quite unfair that they might experience injustices or even legal sanctions just because they cannot refer to a code or they have not been properly taught how to behave. As Pena-Díaz (2018) advocates: "in theory, it is reasonable to expect that a code of conduct may be a functional tool which can be applied and consulted in a practical and realistic way in most settings". There is no doubt that this is not always the case, as in many professional activities codes are mere collections of rules and tenets which are not directly available. Indeed, Díaz also states that "more different and unique situations may arise", when on-duty.

Yet, something that should be insisted upon and that cannot be neglected is the inclusion of codes of ethics during mediation classes. Students must be got accustomed to facing difficult situations, and in cases as such, they have to display basic rudiments on how they should act according to a deontological point of view.

> Ethical codes may be presented and even analysed in the classroom, but the wide range of situations where ethical problems may arise during everyday work cannot be covered in general […] training programmes. (Pena-Díaz, 2018:101).

Not all situations may be covered in class, and there will surely be those in which mediators may feel lost and incapable of facing thorny and controversial issues. Nonetheless, receiving a smattering of what ethics means and comprehends shall make a different, thus preventing linguistic, cultural, and emotional factors from playing havoc with the three-party interaction. The fact is that, in real life, little or no attention is paid when it comes to educating mediators as for the ethical method with which one should comply.

What is more, Rudvin also underlined that maybe the solution is not that of adhering only to one single deontological code. Conversely, she proposes that:

> Interpreters should possess more competences to adapt to each institutions's needs as opposed to holding one universal deontological code, as this may not foresee the great variety of interpretative situations caused by ideological and cultural factors. (Rudvin 2007, as cited in Pena-Díaz, 2018: 103).

As already discussed, cultural factors are the trickiest elements mediators may encounter during their service. In order to cope with such aspects, deontological codes may be of help to address them, thus letting mediators feel relieved from such a burden.

6.3. Healthcare-related mediation: absence of ethics and professional liability

In the previous paragraphs, a general overview on what ethics consist of has been outlined, by taking into consideration the Italian context as far as LCM is concerned.

For the sake of the present research, it has been deemed convenient to provide some additional reflections on how the lack of a code of ethics may relate to and affect linguistic and cultural mediation in Italian healthcare settings. As already demonstrated, healthcare is a peculiar field where mediation services require highly-skilled professionals that should be able to address participants in a very tactful way.

> Healthchare [mediators] have to take into account elements such as identity, culture, and ethnicity, and cannot limit their practice to simply linguistic and cultural differences, but must also consider intervening in ethnic and ideological issues, which are concrete and specific to each individual and his or her background and personal experience (Pena-Díaz, 2018:103).

What distinguishes healthcare LCM from other types of mediation is the fact that the health, and even the life of patients might be at stake. Acting as an intermediary between doctors and foreign patients, mediators may incur into severe consequences deriving from malpractice, thus "the legal aspects of professional liability should not be forgotten" (Tommasini, 2012). During medical encounters mediators must be accurate in reporting the interlocutors' statements and in specifying physicians' warnings about what should be done and about what should be avoided.

> Civil or criminal legal proceedings can be initiated due to translation/interpreting mistakes leading to invalid informed consent and/or misdiagnosis deriving from incomplete or erroneous information delivered to the patient. […] Interpreters may be held professionally liable for their interpretations, and doctors tend to safeguard their performances by using the formula: "the interpreters reports that…" on their statements, clinical records, etc. (Tommasini, 2012: 45).

As seen, there is a high degree of responsibility with which mediators have to cope. The absence of an official code of ethics for mediators, especially for those working in medical settings, worsen their situation. If there were a specific code of conducts to abide by, it would be easier for mediators to understand how to handle unpleasant situations from which malpractice may stem. Unfortunately, this is impossible and in most cases mediators must instantly decide what to do, only relying upon their common sense.

As far as my personal experience is concerned, several times, I had to face tragic circumstances, during which I wished there was a code of ethical principles with which I could comply. For instance, once, I was required to translate a medical report from Italian into English by a physician. I refused to do it for many reasons, mostly because I am not an English native speaker. If I look back at that episode now, I deem my choice fairly professional, as I avoided any possible issue arising both for me and the client. In this case, deontological aspects debated during university lectures proved useful to me. Nonetheless, it is worth noting that not all mediators are lucky enough to receive training as per ethical principles. Some of them may not know how they should act before certain issues. Hence, Italy has still a long way to go as far as LCM ethics is concerned.

Yet, interestingly, the same does not hold true when considering other countries. For example, in the United States, medical interpreting is much more institutionalised than healthcare LCM in Italy. Indeed, the National Council in Interpreting in Healthcare published the *National Code of Ethics for Interpreters in Healthcare*[81]*(NCIHC)*, in 2005. Similarly, another set of standards was introduced by the International Medical Interpreters Association (*IMIA*)[82], an institution based in the United States as well, whose aim is to reach a professional harmony in the field of interpreting worldwide. These are just a few examples about how LCM ethics is addressed differently outside of Italy. Generally speaking, in countries such as the U.S., Canada, Latin America, Australia, etc. interpreting-related professions feature deeper roots, probably owing to the massive migration waves that these countries began experiencing earlier than Italy.

Codes of ethics are essential tools to regulate such a draining and committing profession, and although in many countries there have been advances in this field, Italy still remains one of those lacking accreditation and regulation. In the last chapter, there shall be presented some overt conclusions with regard to ethics and the way it should be approached by the Italian authorities and institutions.

---

[81]https://www.ncihc.org/assets/z2021Images/NCIHC%20National%20Standards%20of%20Practice.pdf

[82] https://www.imiaweb.org/standards/standards.asp (There is a specific section named "Standard Professionali per L'interpretariato Clinico", which is similar yet different from what linguistic and cultural mediation entails.)

7. Concluding Remarks

The present research has tried to investigate some peculiar aspects of Linguistic and Cultural Mediation in Italy. In the first chapter, a general overview of what LCM is and how it originated was provided. As seen, LCM is a concept of recent origin, that spread as natural consequence of migration flows massively experienced by our country in the last few years. Particular attention was paid to shedding light onto the time-immemorial debate regarding the discrepancies existing between linguistic mediation and cultural mediation. Thus, the study showed that the most appropriate way of addressing LCM is that of embracing and letting merge both culture and language together, without conceiving them independently. Moreover, LCM was also contextualised according to its kinship with Translation and Interpreting Studies; such a comparison has proved the umbrella-based function of LCM and the fact that TS and IS tends to feature, still, a more theoretical influence. In addition to that, a specific section was dedicated to making overt the relationship existing between LCM and Community Interpreting (CI). Although both share some common elements with one another (e.g., oral translation, *ad hoc* interpreting skills, etc.), there is reason to believe that CI differ from LCM due to the lack of a series of elements (e.g., mediation *per se*, awareness raising, understanding of cultural needs, etc.), which are instead permanently present in mediation-based events. Some general introductory considerations were also provided as per the skills mediators should possess, stressing the importance of combining linguistic, cultural, relational, and extra-linguistic knowledge.

Subsequently, chapter two focused on examining the concept of LCM from a national perspective. Although the Italian legislation has acknowledged the existence of such a practice, it has not been able to identify specific criteria to define the profession yet, thus leaving the linguistic and cultural mediator drowning within a legislative void. This also led to some other observations: Italy is currently lacking a national or central accreditation system for mediators. The situation is evolving mainly on a local basis, and it is almost impossible to have a full picture on common recruitment requirements and procedures. As for the role of universities, these have become involved in this area belatedly and as demonstrated, most academic courses aim to provide students with skills and expertise that are fairly different from those required in the LCM job market. In addition to that, the second half of chapter two was devoted to introducing some general parameters regarding LCM performed in healthcare settings (story-telling scenarios, goal-oriented clinical diagnosis, triadic encounters, etc.). Despite its informal nature, healthcare-based mediation does feature some unique elements and phases (admission, diagnosis, treatment, discharge) which make prior preparation and training indispensable. Apart from an excellent command of two or more languages, mediators must be acquainted with medical terminology and be context-sensitive, as they might assist people who

feel not at ease while narrating their personal health conditions. In such situations, the study revealed that the long-standing concepts of 'impartiality' and 'invisibility' seem not to be the most appropriate way to describe the action of mediators. Conversely, the profile of the mediator working in healthcare settings should be visible sometimes, thus becoming a model of empowerment and advocacy for the client.

Chapter three was instead extensively focused on a case study, that is to say how LCM intertwines with the Marca Trevigiana area. The data showed the high percentage of foreign citizens residing within the Marca Trevigiana, who frequently are not acquainted with the Italian language. Hence, this confirmed the actual need of linguistic and cultural figures to assist them, especially in clinical-based contexts. Linguistic and cultural mediation was then put in relation to the specific health local units operating in the Marca Trevigiana (ULSS 2). It was highlighted how the majority of patients are of African, Chinese and Slavic backgrounds and that the variety of settings where mediation may be needed is vast and diverse (Mental Health Centres, Gynaecology, Obstretics, Endocrionology, etc.). Furthermore, chapter three was also used to insert and narrate my professional experience as a linguistic and cultural mediator. After providing information on my academic path, the focus shifted onto personal methodologies and tools that may be helpful to prepare for a mediation assignment (glossary drafting, training of short/long memory, *ad hoc* study of medical journals/articles, etc.). Such an insight proved that consistency, in terms of personal pragmatic education, is key to facing such a daunting job and nothing can be left to chance in order to succeed. What is more, an attempt was made to raise awareness as for the dynamics that may take place during mediated encounters. It was illustrated that, commonly, research has focused on 'ideal dynamics' that apply to triadic mediation exchanges. According to this view, all participants are supposed to interact properly and smoothly (no overlapping of voices, no additional participants, no external noises, etc.), and the mediator is therefore guaranteed to translate one every other utterance, without experiencing any problem. Unfortunately, as said, these are ideal conditions which contrast with actual mediation-based dynamics. The discrepancy existing between theory and practice is huge. As a matter of fact, in actual mediated encounters, participants may be more than three; they tend to neglect turn-taking and sometimes they even refuse to collaborate. Noises and external disturbance are common components prone to affecting the exchange together with non-verbal communication. The latter was also investigated from different perspectives (kinesics, proxemics, objectics, chronemics). Results showed that non-verbal cues are essential as they allow the mediator to anticipate some information, to understand, confirm and complete verbal details, to respect the authenticity of the message conveyed. Depending on the client's culture, non-verbal elements may vary vastly. Despite the importance of decoding such signals, what has been underlined is that there is still a long way to go

as far as the teaching of non-verbal communication is concerned. Academic courses should insist more upon this aspect, as oftentimes the main hindrances mediators are obliged to tackle relate to non-linguistic factors.

Chapter four represented the core of the entire research project as it featured an empirical questionnaire-based research. The latter was aimed at gathering data, opinions, thoughts, and considerations on mediators' working conditions. In so doing, it has been possible to identify patterns, similarities and discrepancies between LCM analysed from a real-life perspective, and LCM conceived from an academic point of view. The survey demonstrated that most mediators possess very different educational backgrounds and skills. As a result, work methodologies vary hugely across them: although this may be deemed positive as each mediator develops his/her own way of performing and facing mediation tasks, it is worth highlighting that, in certain situations (for instance when cultural misunderstandings arise), the possibility of relying upon a set of rules/code of conduct would be extremely useful. The lack of homogeneity in terms of mediators' education is an issue that could be addressed by creating an *ad hoc* course through which trainee mediators may receive all the support and education required to carry out assignments properly.

For the sake of the present research, it has been deemed convenient to introduce a brief chart featuring how such a course may be structured:

MODULE 1: Theory of Linguistic and Cultural Mediation (20 hours)	• General introduction to linguistic and cultural mediation (history, development and present situation) • The figure of the mediator: personal profile • Types of linguistic and cultural mediation: market niches • Introduction to mediation skills
MODULE 2: Practice of Linguistic and Cultural Mediation (100 hours)	• Overview on the skills required: linguistic proficiency, short/long-term memory, interpreting skills, etc. • Development of mediation skills through practical exercises: part 1: focus on memory, active listening and cognitive part 2: summary of brief articles without note-taking part 3: introduction to note-taking for mediators/interpreters part 4: mock interpreting of articles applying note-taking techniques part 5: ad hoc mediation role-plays regarding a variety of settings (hospital, municipality, school, police station, etc.)

MODULE 3: Seminars and workshops (5-10 hours)	• Lectures/seminars/workshops held together with local mediators working in different fields (healthcare, bureaucracy, refugee centres, etc.)
MODULE 4: Internship (200 hours)	• On-site internship: • Part 1: trainee mediators'participation to joint sessions with professional mediators (observation activity) • Part 2: mediation assignments performed by trainee mediators with supervision/tutoring of professional mediators • Part 3: mediation assignments performed by trainee mediators on their own (with remote supervision)
MODULE 5: Feedback (10 hours)	• General remarks on the internship experience • Pros and Cons of real-life assignments • Issues encountered and possible strategies to handle them • Final observations and scope for improvement

The above chart displays a possible training course aimed at preparing individuals who will become future mediators. The course is divided into five modules. The first one should provide the basics of mediation from a theoretical perspective. This is a preparatory stage for the following modules, and it would allow acquiring deeper knowledge on the mechanisms of the LCM universe. The second module, instead, focuses on teaching all the possible mediation techniques that may be necessary to perform a real-life assignment. Modules are thought to progressively increase the difficulty, so that the learner may gradually get acquainted with the new methodology. Module three is an essential part of the course structure, as it entails lectures and workshops with professional mediators. The idea of sharing experiences and observations coming from individuals who are already working in the mediation market could help students understand the dynamics of such a profession as well as boost students' determination to achieve their goals. The academic preparation would then be accompanied by an extended internship period (module four), during which participants may observe, implement and put into practice what they have learnt. This is the crucial phase of the course, via which one should also understand whether such a professional trajectory may or may not be the right one.

The internship, which would be supervised by a tutor, will be followed by the last module (module five). The latter is conceived as several group-based feedback sessions, in which each of the participants may discuss and share their personal observations about the internship. With regards to the instructors, the course would feature both academicians/experts in the field of LCM and actual mediators.

What emerges from the chart is the pragmatic aspect of the course. This course would target one of the main issues regarding academic courses, that is the exaggerated number of theoretical classes over the practical ones. Such a course could either be activated as a private course, possibly through the support of some private institutes, or be implemented publicly within regional/university courses. In this regard, it may be partially inserted into students' study plan: it may complete and enrich the education of BA [83] /MA students who are enrolled in Linguistic and Cultural mediation/Interpreting and Translation courses in the Veneto region. On the one hand, this would represent a great opportunity for students to experiment with real-life work, in keeping with their academic path. On the other hand, it would be a marvellous way to generate placement opportunities as well as supporting local institutions and migrants to find a model of integration.

Chapter five was devoted to exploring a particular and uncommon aspect related to linguistic and cultural mediation, that is to say the use of informal mediators.

As seen, the role of natural mediators is usually played by client's relatives/acquaintances. Unfortunately, these are non-professional mediators. Thus, generally, neither have they received any education related to mediation, nor have they got any working experience in such a field. The study showed the wide tendency of patients to rely upon non-professional figures. This bad habit is detrimental to the mediated interaction, as informal mediators normally lack specific interpreting skills and are not able to handle the exchange considering all the collateral aspects. Employing informal mediators may cause great problems; for instance, in clinical settings, not only can they produce general linguistic errors, but such errors may give rise to omissions and even distortions of uttered information with possible clinical consequences for the assisted person. Pretending to be a mediator and to be adequately skilled to tackle mediation tasks should be completely avoided, given that this behaviour damages the category and the professionality of true mediators.

Furthermore, chapter five also analysed the impact of COVID-19 on mediated-based events. The pandemic has worsened the conditions under which mediators have to carry out the assignments. Main complications encompass obligatory social distancing, which prevents the parties from creating a direct bond with each other. Moreover, the use of acrylic panels along with face masks puts a heavy

---

[83] In this case, it would preferably be thought for third-year BA students, who have already learnt the basics of LCM.

strain on mediators, as they struggle to process sounds and utterances correctly. Hence misinterpretations were demonstrated to be much more likely to occur and to negatively affect the dialogue.

Eventually, chapter six focused on one of the pivotal facets of such a profession, namely codes of ethics. All professionals should possess a set of rules or principles to which they may refer if need be. Nonetheless, when it comes to LCM, that proved not to be possible. Although LCM is crucial in order to break down both linguistic and cultural barriers, it keeps being relegated to a limbo-alike dimension in Italy, where no specific code of conduct applies. Mediators are commonly forced to turn to professional codes for interpreters and translators, which, despite being helpful, are not exhaustive enough, since mediation is a unique profession with its own rules. The lack of a detailed code gathering mediation ethics should be addressed by institutions. A possible solution may be the creation of regional trade associations specifically thought for mediation services, where mediators could gather and discuss pros and cons related to the job. Regional grouping may be useful to lay down a set of rules that may apply within a certain territory. Once come to an agreement on what kind of principles may be enforced on a regional basis, the second step might be that of merging the various deontological codes into a single national one. Undoubtedly, this represents a true challenge, yet changes may be accomplished only if mediators themselves begin expressing their opinion on what should be done to enhance their social status. Accepting to work without any specific deontological protection, especially in healthcare settings, may lead to serious outcomes in terms of professional liability. As any other worker, mediators are entitled to demand fair and institutionalised ethical principles, so that they may perform their duties with no fear of undergoing legal or criminal procedures.

This research has been aimed at sharing a small portion of the great world represented by Linguistic and Cultural Mediation. Despite being still quite unknown, it is clear that LCM is a societal phenomenon which fully affects our lives. Societies are becoming more and more multiethnic, featuring linguistic and cultural patterns deeply and tightly intertwining with one another. We, as human beings, have the massive burden of welcoming such a diversity and be prepared to raise awareness on it. Integration among individuals might be tough and take a while to be achieved. Nonetheless, linguistic and cultural mediators shall support us during such an uncertain and challenging journey. In the meantime, what we can all do is to stop letting mediators live in the shadows. We need to acknowledge them and provide them with the right visibility; we need to spread information on who they are and what they do for our community. Only then shall such a profession be recognised and granted the dignity it deserves.

Abbreviation Index

CI = Community Interpreting

CM = Cultural Mediation

LCM = Linguistic and Cultural Mediation

LM = Linguistic Mediation

IS = Interpreting Studies

MT = Marca Trevigiana

TS = Translation Studies

References

Agorni, M. (2005). *La Traduzione, teorie e metodologie a confronto,* Milano: LED.

Amato, A. & Garwood, C. J. (2011). "Cultural Mediators in Italy: A New Breed of Linguists", in *inTRAlinea* 13. Available online http://www.intralinea.org/archive/article/1673 (accessed 8 July 2021).

Angelelli, Claudia. (2004). *Medical Interpreting and Cross-cultural Communication*. Cambridge: Cambridge University Press. DOI: 10.1017/CBO9780511486616.

Archibald, J. & Garzone G. (2014). "Conceptualising Linguistic and Cultural Mediation", in *Lingue Culture Mediazioni/Languages Cultures Mediation,* Vol. 1, n. 1-2 (2014), 7-15.

Blini, L. (2008). "Mediazione linguistica: riflessioni su una denominazione", in *Rivista Internazionale di Tecnica della Traduzione* 10, 123-138.

Cassany, D. (1996). "La mediación lingüística, ¿una nueva profesión?, in *Terminómetro* n. "La terminología en España", Barcelona: 62-63.

Catarci, M. & Fiorucci M. (2014). "Indagine nazionale sul profilo del Mediatore Interculturale", in Melandrini E., Carbonari L. & Ricci A. (eds) *La Qualifica del Mediatore Interculturale. Contributi per il suo inserimento nel Futuro Sistema Nazionale di Certificazione delle Competenze*, Roma: Centro Informazione ed Educazione allo Sviluppo, 41-54.

Catarci, M. (2016). "Intercultural Mediation as a strategy to facilitate relations between the School and the Immigrant Families", in *Revista Electrónica interuniversitaria de Formación del Profesorado* vol. 19, n. 1, 127-140. https://revistas.um.es/reifop/article/view/244161 (accessed 2 August 2021).

Chernov, V., (2004) *Inference and Anticipation in Simultaneous Interpreting. A Probability-Prediction Model*, Amsterdam/Philadelphia: John Benjamins.

Chiarenza, A., Dall'Asta I., Ciannameo A. (2017) "Linguistic and Cultural mediation as part of a system strategy in the AUSL of Reggio Emilia", in *Exchange seminar on intercultural mediation in Belgium and Italy* (17th -18th Nov. 2017), Reggio Emilia.

Dal Fovo, E. (2017). "Healthcare across Languages in Italy: A Case Study", in *Lingue Culture Mediazioni/Languages Cultures Mediation* 4 (2017) 1. 33-55.

Davidson, B. (2001) "Questions in Cross-Linguistic Medical Encounters: The Role of the Hospital Interpreter", in *Anthropological Quarterly* 74, n. 4: 170-178.

Davitti, E., & Pasquandrea, S. (2013). *Interpreters in intercultural communication: How to modulate the impact of their verbal and non-verbal practices?* 1-29. Accessed 14 July 2021, from https://www.researchgate.net/publication/281451658_Interpretersmediators_in_intercultural_ communication_How_to_modulate_the_impact_of_their_verbal_and_non-verbal_practices.

Falbo, C. (2013). *La comunicazione interlinguistica in ambito giuridico. Temi, problemi e prospettive di ricerca*, Trieste, EUT Edizioni Università di Trieste, 1-111.

Farini, F. (2013) "Interpreting and Intercultural Mediation in Italian Healthcare Settings", https://immi.se/intercultural/nr33/farini.html .

Filmer, D. (2019). "Mediating Migrants: Trust and Identity in Communicating the Migrant Crisis on the South East Coast of Sicily", in *mediAzioni* 25, http://mediazioni.sitlec.unibo.it, ISSN 1974-4382.

Garzone, G. (2004). "Osservazioni sul concdtto di mediazione linguistica nella prospettiva della formazione universitaria", in Kroker, P., Osimo, B., *Tradurre non è interpretare*, Firenze: Alinea, 94-100.

Garzone, G. (2009). "Osservazioni sul profilo professionale del mediatore linguistico e dell'interprete in ambito sociale nella prospettiva deontologica" in Miller D. R. & Pano A, (eds) *La geografia della mediazione linguistico-culturale,* Bologna: d.u.press. 125-151, ISBN 978-88-95451-47-3.

Garzone, G. (2011). "Professional discourses in contact: Interpreters in the legal and medical setting", in N.C. Candlin/ S. Sarangi (eds) *Handbook of Communication in Organisations and Professions*. Berlin: Mouton-De-Gruyter, 319-340.

Hale, S. B. (2007). *Community Interpreting.* London: Palgrave McMillan.

Hall, E.T. (1989) *Beyond Culture*, New York: Anchor Books.

Hudelson, P. (2005). "Improving patent-provider communication: insights from interpreters*,* in *Family Practice*, 2005. Oxford: Oxford University Press, 22: 311-316.

Katan, David. (1999). *Translating Cultures: An Introduction for Translators, Interpreters and Mediators. Manchester*: St. Jerome Publishing.

Katan, D. (2009). "Translation as Intercultural Communication", in Munday, J. *The Routledge Companion to Translation Studies*. Oxford: Routledge, 74-92.

Klemm, I., Verrept, H., Cruz, C., Diniz, M., Basili, N. Raguso, C., *et al*. (2016) "Reasearch report on Intercultural mediation for immigrants in Europe", in Theodosiou, A., & Aspioti, M., (eds) *Intellectual Output n. 1.* Patras: Hellenic Open University: 1-79.

Kondo, M., *et al*. (1997), "Intercultural Communication, Negotiation, and Interpreting", in Gambier, Y., Gile, D., Taylor, C. (eds) *Interpreting: Current Trends in Research*, Amsterdam: John Benjamins, 149-166.

Krémer, B. & Mejía Quijano, C. (2017). "Non-verbal communication and interpreting", in *The Routledge Handbook of Translation Studies,* 79-94.

Luatti, L. (2006a). "Introduction", in Luatti. L. (eds.) *Atlante della mediazione linguistico culturale. Nuove mappe per la professione di mediatore*, Milano: Franco Angeli: 17-19.

Mason, I. (2009). "Dialogue Interpreting.", in *Routledge Encyclopedia of Translation Studies*, ed. By Mona Baker and Gabriela Saldanha, London/New York, Routdlege: 81-83.

Merlini, R. (2007) "L'interpretazione in ambito medico. Specialità di lessico o di ruolo?", in Poli, D. (eds), *Lessicologia e metalinguaggio*. Roma: Il Calamo, 433-452.

Miletich, M. (2015). *Accounting for nonverbal communication in interpreter-mediated events in healthcare settings,* in *Translation and Translanguaging in Multilingual Contexts* 1:2 (2015), 162-181. Amsterdam: John Benjamins Publishing Company. DOI 10.1075/ttmc.1.2.02mil issn 2352–1805 / e-issn 2352–1813.

Pena-Díaz, C. (2018). "Ethics in theory and practice in Spanish Healthcare Community Interpreting.", in Montalt, V., Zethsen K. & Karwacka W. (eds) 2018. *Retos actuales y tendencias emergentes en traducción médica/Current challenges and emerging trends in medical translation*. MonTI 10, 93-115.

Pignataro, C. (2012). "Interlinguistic and Intercultural Mediation in Healthcare Settings", in *The Interpreters' Newsletter* 17, Trieste: EUT, 71-82.

Pistillo, G. (2004). *The Interpreter as Cultural Mediator*. http://mail.immi.se/intercultural/nr6/pistillo.pdf (accessed May 17, 2021).

Pittarello, S. (2009). "Interpreter Mediated Medical Encounters in North Italy: Expectations, Perceptions and Practice", in *The Interpreters'Newsletter* 14/2009. Trieste: EUT Edizioni, 59-90.

Pöchhacker, Franz. 2004. *Introducing Interpreting Studies*. London: Routledge.

Pöchhacker, Franz. (2008). "Interpreting as mediation", in Valero-Garcés, C. & Martin, A. (eds) *Crossing Borders in Community Interpreting*, Amsterdam/Phuladelphia: John Benjamins, 9-26.

Pokorn, N., Grammenidis S., Skaaden, H., Falbo, C. *et al*. (2016). *TRAMIG – Training newly arrived migrants for community interpreting and intercultural mediation,* http://tramig.eu/wp-content/uploads/2019/11/TRAMIG_ita.pdf (accessed 15 April 2021).

Poyatos, Fernando. (2002a). *Nonverbal Communication Across Disciplines: Culture, Sensory Interaction, Speech, Conversation*. Vol. 1. Amsterdam: John Benjamins. DOI: 10.1075/z.ncad1.

Poyatos, Fernando. (2002b). *Nonverbal Communication Across Disciplines: Paralanguage, Kinesics, Silence, Personal and Environmental Interaction*. Vol. 2. Amsterdam: John benjamins. DOI: 10.1075/z.ncad2.

Rudvin, M. & Tommasini, E. (2008). "Migration, ideology and the interpreter-mediator. The role of the language mediator in educational and medical settings in Italy", in Valero-Garcés, C. & Martin, A. (eds) *Crossing Borders in Community Interpreting*, Amsterdam/Philadelphia: John Benjamins, 245-266.

Rudvin, M. & Spinzi C. (2014). "Negotiating the Terminological Borders of 'Language Mediation' in English and Italian: A Discussion on the Repercussions on the Terminology of the Practice, Self-Perception and Role of Language Mediators in Italy.", in *Lingue Culture Mediazione/Language Culture Mediation* 1 (2): 57-79.

Rudvin, M. (2015). "Etica, Filosofia e Mediazione Linguistica: Dall'Etica della Filosofia al Codice Deontologico della Mediazione Linguistica", in *Lingue e Linguaggi,* 16 (2015), 393-412.

Russo, M. (2005). "Community interpreter, liason interpreter, ad hoc interpreter, intercultural mediator…what kind of curriculum for such a multifaceted profession? in Critical Link *4th International Congress on Interpreting in the Community* (20-23 May Stockholm, Sweden).

Snell-Hornby, M. (2006). *The Turns of Translation Studies: New Paradigms or Shifting Viewpoints*? Amsterdam/Philadelphia: John Benjamins.

Tommasini, E. (2012). "Healthcare interpreting in Italy: current needs and proposals to promote collaboration between universities and healthcare services", in *The Interpreters' Newsletter* n. 17/2012. *Public Service Interpreting.* Trieste: EUT Edizioni Università di Trieste: 39-54.

Trovato, G. (2012) "L'interpretazione di Trattativa: cenni storici, caratteristiche e problematiche terminologiche" in *Illuminazioni* v. 19, 70-89.

Trovato, G. (2013) "La Mediazione Linguistica e culturale: definizione, formazione e mondo del lavoro" in *Atti della Accademia Peloritana dei Pericolanti,* 243-248.

Trovato, G. (2019). *Mediación lingüística y enseñanza de español/LE* (second edition). Madrid: Arcos Libros, S. L.

Valero-Garcés, C. (2016). *Training Public Service Interpreters and Translators in the Legal Context.* https://www.researchgate.net/publication/308600416_TRAINING_PUBLIC_SERVICE_INTERPR ETERS_AND_TRANSLATORS_IN_THE_LEGAL_CONTEXT, 320-226. (accessed 13 June 2021).

Venuti, L. (1995). *The Translator's Invisibility: A History of Translation*. London: Routledge. DOI: 10.4324/9780203360064.

Verrept, H. (2008), "Intercultural Mediation: an Answer to Health Care Disparities?", in Valero Garcés, C. & Martin, A. (eds) *Crossing Borders in Community Interpreting*, Amsterdam/Philadelphia: John Benjamins, 187-201.

Verrept, H. (2012) "Notes on the employment of intercultural mediators and interpreters in health care", updated version of: Verrept, H. "Integrating Ethnic Minorities in Health Care", in Fernandes, A., & Pereira, M., (eds) *Health and Migration in the European Union*. Lisbon, 2008: 61-71.

Wadensjö, C. (1998). *Interpreting as Interaction,* London and New York: Longman.

Wadensjö, C. (2011). "Community Interpreting.", in *Routledge Encyclopedia of Translation Studies*, ed. By Mona Baker and Gabriela Saldanha, London: Routledge. 43-48.

----, (2016). *Self-study Course for Trainers of Intercultural Mediators: Resources on intercultural mediation.* Olympic Training and Consulting Ltd. (www.mediation-time.eu)

----(2016), TIME – *Training Course for Intercultural Mediators for Immigrants*, part 3, Training Material, www.mediation-time.eu (accessed 23 August 2021).

Websites

<http://dati.istat.it/Index.aspx?DataSetCode=DCIS_POPSTRRES1#> (accessed 26 July 2021)

<http://professioni.istat.it/cp2011/scheda.php?id=3.4.5.2.0 > (accessed 27 July 2021)

<https://www.comune.roma.it/web/it/scheda-servizi.page?contentId=INF38618&pagina=3> (accessed 10 April 2021)

<https://www.tuttitalia.it/veneto/statistiche/cittadini-stranieri-2020/> (accessed 27 July 2021)

<http://turismo.provincia.treviso.it/Engine/RAServePG.php/P/3526010070303/T/La-marca-trevigiana > (accessed 1 August 2021)

Dictionaries

Cambridge Dictionary (2021), Cambridge: Cambridge University Press

GRADIT, De Mauro, T. (2007): *Grande dizionario italiano dell'uso*, Torino: Utet. Online version: https://dizionario.internazionale.it/

Oxford Learner's Dictionary. (2021), Oxford: Oxford University Press. Online version: https://www.oxfordlearnersdictionaries.com/