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Interpreting in a Recreational Paediatrics Setting: Displaying (Inter)cultural Competence with Children

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Abstract: Any interpreter-mediated conversation poses a number of general challenges (among which bridging the gap between two different cultural worlds) and also more specific challenges related to both the setting (legal, medical, educational, etc.) and the beneficiaries of interpreting (doctors, or politicians, experts or lay people, etc.). Interpreting for children poses a number of additional challenges for interpreters and the other professionals (lawyers, police, social workers, etc.) involved in the interaction depending on children's cognitive and linguistic abilities and their inherent vulnerability. While interpreting for adults has been investigated quite extensively, interpreting for children is almost unchartered territory. This paper reports a case study carried out on recordings of interactions collected at a recreational paediatrics centre where the medical and other staff communicate with children through voluntary interpreters. This paper discusses interpreters' (non-)renditions produced during induction sessions held before some outdoor activities in which Italian children are the recipients of instructions given by Irish activity leaders. The aim is to see if any features emerged in the interpreters' performance that could be specifically related to the fact that the beneficiaries of interpreting were children. The findings show that interpreters produced autonomous discursive moves targeted to their audience which made reference to books, films, cartoons, sports heroes that are part of the (mainstream) cultural references among Italian children and adolescents.

Interpreting in a Recreational Paediatrics Setting: Displaying (Inter)cultural Competence with Children

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1. Introduction

The issue of cultural and linguistic differences when communicating in healthcare and other settings has been the object of a wealth of studies also as regards interpreting. In interpreter-mediated medical communication the issue of cultural differences (see 3.1) raises difficult questions. Can language and culture be considered separately? Should patients who speak a foreign language be treated by bilingual professionals? Should healthcare professionals be knowledgeable about the culture of their patients? Or should bridging cultural and knowledge gaps be completely left to interpreters? If so, what are their role boundaries when acting also as cultural mediators? And what if the patient or service user is a child or a teenager? What linguistic and cultural competence and communication skills are necessary to talk to and interpret for a paediatric patient? And who should adapt their language to the child: paediatricians and other medical staff or

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[1] Paragraphs 1., 2., 3., 3.1. and 6. by Amalia Amato and paragraphs 4., 4.1. and 5. by Giorgia Mangoni.

interpreters? It is, of course, beyond the scope of this paper to answer all these questions (and the many others), which, however, reveal the multi-faceted, multi-layered nature of interpreter-mediated communication across cultures and with a specific group of individuals, namely children and adolescents.

This study aims to see if and how interpreters display (inter)cultural competence when working with children. The dataset analysed was collected at Barretstown, an international therapeutic facility for children and adolescents with serious or chronic diseases, where voluntary interpreters are involved to help foreign children – in this case study Italian children – communicate with Irish medical and other staff. For child protection reasons, only talk produced by the staff and interpreters could be recorded and analysed.

2. Interpreting for children: a brief outline of controversial issues

Interpreting for children is not an extensively explored field and it poses a number of controversial questions. Most research has been conducted in paediatric settings in North America and Australia (Bonacruz Kazzi and Cooper 2003; Flores *et al.* 2003; Abbe *et al.* 2006; Pope *et al.* 2016; Guerrero *et al.* 2018), in paediatric oncology and asylum settings in Sweden (Keselman *et al.* 2008; Keselman *et al.* 2010a; Keselman *et al.* 2010b; Nilsen 2015; Granhagen *et al.* 2016) and in mental health settings (Jarkman Björn 2005; Rousseau *et al.* 2011; Leanza *et al.* 2015). Other publications focus on guidelines about how to work with interpreters, good practice and training material (Together for short lives 2011; Phoenix Children's Hospital 2011; UNHCR 2017). A recent field of research is interpreting for minors in legal settings (Balogh and Salaets 2015; Amato and Mack 2017; Fiorentino 2018; Fontes and Tiselman 2016; Powell *et al.* 2017).

Talking to children is different from talking to adults (see, for example, Owens 1984/2015; Lefevre 2010; Winter 2010). The first dilemma when talking to children through an interpreter is: who needs to adapt their language to the child? Leanza and Rocque (2015: 308) agree with Rousseau *et al.* (2011) in claiming that "language (i.e. word choice) needs to be tailored to the child both by the

practitioner and by the interpreter". In the legal field, EU Directive 2016/800 on procedural safeguards for children who are suspects or accused persons in criminal proceedings states that judges and prosecutors should ensure "communication in a language adapted to children" (art. 63). Abbe *et al.* (2006) in a study on language barriers in paediatric oncology conclude that clinicians could improve communication in terms of the accuracy and completeness of interpreting if they used more simple, easy to understand language. In a survey conducted among 32 Italian interpreters and 85 other professionals[2] working with children in legal proceedings, Amato and Mack (2017) found that two-thirds of both groups agreed that the interpreter should explain technical terminology to the child, and an even higher proportion of respondents in both groups (89% and 75%, respectively) stated that the use of child-friendly language is one of the interpreter's responsibilities, basically an opposite view from the EU Directive mentioned above.

There are also other controversial expectations regarding the interpreter's role. In a study conducted in Canada and France using separate focus groups of clinicians and interpreters in two child mental health clinics, the authors report that clinicians "would temporarily release interpreters from their translator role in order to solicit their views. Interpreters might also be asked to assess the level of a child's bilingualism" (Leanza *et al.* 2015: 365). In other words, interpreters are expected to provide an expert opinion in psychology and language development. This ambiguity in the role of interpreters when working for children (but the same could apply to adults) may undermine trust between professionals, but also between them and children when, for instance, the interpreter takes up the role of gatekeeper (regulating the communication flow and access to the floor; see Davidson 2000) or extra interviewer, as reported by Keselman *et al.* (2010b), who analysed asylum hearings with children mediated by uncertified interpreters. In this study a case worker let the interpreter act as both gatekeeper, (when, for example, she refrained from asking the interpreter to translate everything that was said and allowed him/her to omit and disqualify information provided by the

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[2] 19 justice and policing professionals, 4 psychologists and 62 childcare social workers.

asylum seeker), and as extra interviewer, (when, for example, she let the interpreter take over in conducting the interview). The issues of boundaries and expectations regarding the interpreter's role are closely linked to empowerment and disempowerment, a topic that has been quite extensively investigated in interpreting with adults (Mason 2015; Rudvin 2005; Hale *et al.* 2017), but not yet with children.

Even apparently secondary aspects in interpreter-mediated communication with children, such as seating arrangements, turn taking and overlapping talk appear controversial in literature (Amato and Mack forthcoming). For reasons of space, only seating arrangements are discussed here. In Nilsen's experimental study of interpreting for young children, seating was "arranged as the triangle typical for public-sector interactions such as police interviews with children" (2013: 17), while Wiener and Rivera (2004) argue that in psychotherapeutic sessions, whenever possible, the interpreter should sit to the side and a little behind the patient in order not to disrupt the patient-provider relationship. Amato and Mack (forthcoming) interviewed 18 Italian children (aged 6-17) after their first interpreter-mediated interaction. The group aged 6-9 stated that they had felt comfortable being seated in a small circle so that they could have eye contact with both the interpreter and the interviewer; having been given the choice about seating, the group aged 10-13 preferred to sit in front of the interviewer at one of the long sides of a rectangular table with the interpreter on the short side, between them and the interviewer, explaining that they perceived the interpreter as a go-between. In the group aged 14-17, every teenager chose a different seating arrangement, giving their personal reasons for the choice. Although the sample is small, children expressed needs and preferences that differed not only from each other, but also from what professionals and scholars suggest in relevant literature, indicating that this is probably another area deserving further investigation.

From this very brief overview, it seems that there are different, and at times conflicting, needs among participants (professionals, children and interpreters) in every setting, which suggests that leaving the interpreter to resolve all these dilemmas is probably not the best approach. It would appear more advisable to

have a framework within which both interpreters and the other professionals can get to know and trust each other in order to work together to find solutions in the best interests of the child.

3. Communicating across cultures: objective and subjective culture

The notion of culture has a long and controversial history and has been dealt with by countless scholars belonging to different areas including social scientists, philosophers, anthropologists among others. A comprehensive overview of this notion is outside the scope of this case study, for the purpose of which we define culture as "a set of values and ideas shared by a collectivity and one of the major factors making that collectivity more than just a gathering of individuals" (Tyulenev 2019: 334). In "monocultural" communication, mutual understanding is more easily achieved since it is *similarity-based*: "Common language, behaviour patterns and values form the base upon which members of the culture exchange meaning with one another in conducting their daily affairs" (Bennett 1998: 2). However, knowledge of a culture (such as its social, economic, political and linguistic systems) does not necessarily mean that one is able to effectively communicate with a member of that culture. A less evident aspect of culture that is not always taken into account in communication is what Bennett calls *subjective culture*, which "refers to the psychological features that define a group of people – their everyday thinking and behaviour – rather than to the institutions they have created" (1998: 3). This complexity represents a challenge for interpreters since "any communication can be of value if people are able to attach meaning to it" (Raval 1996: 37). In their systematic review of patients' experiences in communicating with primary care physicians, Rocque and Leanza (2015) investigated feelings of vulnerability and integrity in patients belonging to cultural minority groups and cultural majority sub-groups. The authors use the expression sub-groups or micro-cultural groups to define a group of people who share the same culture of the majority ethnic group they belong to, but have also something else in common – such as a medical condition or special needs – which makes them a distinctive sub-group. One of their findings was that not just

ethnic minority patients, but also ethnic majority patients belonging to specific sub-groups "experience disrespect in higher proportion and intensity than the general patient population. For instance, adults with intellectual disabilities and adolescents with chronic illnesses report stronger feelings of being dismissed and unrecognized as autonomous individuals" (*ibid.*: 22).

Tyulenev argues that "[c]ultures as understood on a large scale […] can be divided into smaller cultures or subcultures" and that "translation must play a role in mediating between cultures and their subcultures and between one subculture and other subcultures" (Tyulenev 2019: 351).

In our recorded interactions there are two layers of cultural differences: one at a "higher", cross-national level between the Irish staff (in this case study the activity leaders of outdoor activities) and the Italian children, and the other at a "lower" cross- and intra-national level (of sub-group/subculture) between adults (Irish activity leaders and Italian interpreters) and children. The young Italians who attend summer camps in Barretstown can be considered a sub-group of a majority ethnic group sharing some personal and cultural features that make them distinctive from other sub-groups of people: they are children and with a serious or chronic illness. In 5., we will discuss examples taken from our data to see whether and how interpreters at Barretstown are aware of and convey in their renditions and non-renditions the *subjective* layer of culture (of a sub-group) that can make communication more meaningful. First, however, the position of interpreters in relation to cultural differences as reported in literature is briefly examined to get an idea of the multi-faceted nature of this issue.

3.1. Healthcare interpreters and cultural differences: a complex relationship

People belonging to different cultures usually have different views, expectations and presuppositions also regarding health and healthcare (i.e. the notion of disease and treatment, the role of physicians, etc.). Several authors have focused on how healthcare interpreters position themselves with respect to the patient's and physician's culture and consequently the role they take. Jalbert (1998)

offered a classification based on work carried out by various scholars on interpreter-mediated medical interactions (Kaufert 1990; Kaufert and Putsch 1997; Kaufert *et al.* 1998) which distinguishes between less active and more active roles ranging from "translator" – defined by Kaufert and Koolage (1984: 284) as a role that "involves assisting health professionals in establishing a relationship with the client" and which corresponds to the narrowest definition of the interpreter's role – to "bilingual professional" and "advocate". When interpreters act as bilingual (healthcare) professionals, they conduct the interview in the patient's language and then report to the doctor. They act as advocates in a situation of conflict of values when they choose to "defend" or represent the patient against the institution. Between these extremes – where the interpreter sides with either the institution or the patient – there are two more roles: "cultural informant" and "cultural mediator" or "broker". In the former, interpreters help the healthcare professional to better understand the patient by making use of their knowledge of underlying cultural values and norms. The latter occurs when interpreters act as negotiators between two conflicting systems of values, helping participants to share a meaningful model of healthcare, behaviour or other.

A study conducted in a paediatric prevention clinic in Switzerland highlighted two further roles played by interpreters working with young migrant patients and their families: welcomer and family supporter (Leanza 2005). Interpreters interviewed in this study also attributed a welcoming function to their role, claiming that their presence made patients and their families feel less insecure in the foreign environment. Patients and their families (in this case Albanians and Tamils) confirmed that they felt more accepted in an institution with interpreters from their own community. The other additional role of interpreters supporting the family outside of the hospital was recognised as being relevant not only by interpreters and patients' families, but also by doctors.

Leanza (2005) offers a classification of the roles of interpreters in healthcare settings based on how they deal with and manage cultural differences (Fig. 1).
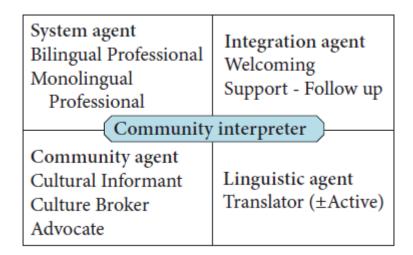
Fig. 1 Community interpreter's roles in healthcare settings according to their relation to cultural difference (Leanza 2005: 186).

When playing the role of "system agent", interpreters transmit the dominant discourse, values and norms to the patient by mitigating cultural differences and fostering assimilation rather than integration. The role of "community agent" is the exact opposite, with the values and norms of the minority (patient) presented as being as valid as the dominant values and norms, thereby recognising cultural differences. In the role of "integration agent", interpreters help people from a cultural minority to understand and negotiate meanings and adopt behaviours that acknowledge the coexistence of two different cultures. Finally, as a "linguistic agent", interpreters attempt to maintain a position of impartiality (as far as that is possible) by operating solely on the language and not on the object of the interaction. In a more recent study conducted in two different mental healthcare centres for children and adolescents, Leanza *et al.* (2015) again identified very similar roles among the interpreters. A distinction was made, however, between the role of "translator", understood as the practice of word-for-word interpreting (in the very narrow sense of providing a *verbatim* translation as requested in courts for instance)[3], and that of "interpreter", where "subjectivity was necessary to understand and convey meaning" (Leanza *et al.* 2015: 362). The latter role requires the understanding of the psychological concepts and cultural

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[3] A (mis)conception of the interpreter as "conduit" which was proven wrong by several authors who have demonstrated that this role is virtually impossible (see for instance Berk-Seligson 1990; Wadensjö 1998; Metzger 1999).

background of patients, as already claimed by Wadensjö (1998) in medical and other settings. In Italian medical settings, Baraldi and Gavioli have highlighted that cultural mediators (who act as community interpreters in Italy) engage in dialogic coordination activities which tend to "de-emphasize cultural differences" and "to treat participants as 'individuals' rather than as 'members of cultures'" (Baraldi and Gavioli 2015: 70), while Anderson and Cirillo (2020) have shown that in relation to cultural differences, cultural mediators in Italy generally take up the role of "system agent" defined by Leanza (2005).

The way interpreters' roles are observed and defined by scholars is one side of the coin. The other side is the perception interpreters and their users have about their role and position between two cultures. In a study concerning interpreters' experience in Swedish childhood cancer care, where ethical guidelines for medical interpreting are quite stringent, Granhagen *et al.* (2016) interviewed 11 interpreters about various aspects of their professional experience, including acting as cultural mediators. The interpreters interviewed highlighted the difficulty in balancing between cultures, also as regards healthcare issues, such as different views on diseases, treatment and healthcare staff. They felt that their position of neutral party was questioned and that they were seen as spies working for the Swedish healthcare system. This was reported to cause a loss of trust among patients even though the interpreters were striving "to strike a balance between their interpreting assignment and their desire to be a cultural link" (*ibid.*: 141). In another study conducted in a London child mental health setting, medical professionals were surveyed about interpreter-mediated sessions with Bengali families. Therapists reported that when they used an interpreter they communicated more with their clients and had a better understanding of them. The author concludes that "[w]hen the language and culture are very different, the interpreter is relied upon to give meaning […]. This is when the interpreter's role as a cultural broker becomes very important" (Raval 1996: 37). This short overview shows that interpreters' roles and their boundaries can be perceived in multiple ways, can be enacted differently, may entail ethical dilemmas and may have an impact on the interaction at hand but potentially also on society at large.

In the following paragraphs we will discuss interpreters' renditions and non-renditions (see 4.1) on the basis of a lexical analysis and we will try to see if and how interpreters show (inetr)cultural competence and how they position themselves with regard to the (sub)culture of their audience. But before that we will briefly describe the peculiar features of our setting – Barretstown camp – the data collection, selection and transcription and the tools used to analyse the interpreters' performance.

4. Interpreting at Barretstown

Barretstown camp[4] is a therapeutic and recreational facility for children and adolescents with chronic or serious illness and their families. The camp applies the therapeutic recreation model, as well as offering all the medical assistance the campers may need. It runs a series of different programmes, the most relevant of which for the purpose of this article are the summer sessions. These last approximately one week, hosting children and adolescents from different countries. The summer sessions are free, medically endorsed and offer activities specifically designed for children with illness. Barretstown camp is a very special setting: its goal is to make the children, who in most cases have been sick for their whole life, feel as normal and happy as possible, and make them forget about their illness for a few days. Therefore, all activities are made accessible to all guests of the camp, regardless of their disability or physical impairments. Great emphasis is placed on what they can do, rather than on what they cannot do. There is little talk about illness and medication, and everything related to healthcare is performed very discreetly. In short, the camp is child-focused, rather than illness-focused. The staff as well as the volunteers try to make sure that the children are enjoying themselves, that they notice what they are accomplishing in spite of their illness or disability, that they all feel treated equally and that they do not think or worry too much about their health condition. This influences the staff's (and interpreters' as we shall see) language choices, their decision to bring

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[4] https://www.barretstown.org/.

up and highlight certain topics and avoid others and how they divert from certain topics during conversations. The camp's staff who provide medical assistance and run the activities are mostly English-speaking. The campers, therefore, require interpreters to be able to take part in camp life. Each group of campers is chaperoned by volunteers from their country and welcomed at the camp by the official interpreters (also volunteers), who arrive a couple days earlier to be instructed about their tasks and the rules. Both the chaperones and volunteer interpreters interpret for the children every day, from the moment the children wake up until bedtime. They follow them during every activity and take turns providing interpreting in a range of different settings: encounters with the medical staff, outdoor and indoor activities, meals and spare time between activities.

4.1. Data collection, selection and transcription, participants and tools for analysis

The data analysed in the case study was collected during one of the one-week sessions of Barretstown camp's summer programme in July 2018. One of the authors of the study recorded interpreter-mediated interactions with a portable digital audio recorder at the camp. The interactions took place during different activities that the camp offered to its guests during that week. The total duration of the audio recordings is about 5 hours and 46 minutes.

Before starting the research project, the authors applied for and received permission to collect data and conduct the study by both the Bioethical Committee of the University of Bologna and Barretstown camp's Childcare Advisory Committee and Research Sub-committee. The latter did not allow the authors to record the voices of children. For this reason, most of the recordings are interactions in which the staff give preliminary instructions to the children before the beginning of an activity, or during public announcements in the theatre or in the dining hall. The format may therefore be considered (almost) monological, since there is generally no (recorded) answer or verbal feedback from the children. Unfortunately, since video recording was not allowed either, no information on non-verbal features of communication is available. The authors

listened to all the recordings and transcribed the interactions. For the purpose of this case study we selected nine interactions occurring before an outdoor activity amounting to 2 hours and 6 minutes. The transcription conventions applied are listed in Appendix 1.

All the participants in the research project were informed about the purposes of the study and the procedures for data collection. They all signed (including children) an informed consent form before the beginning of the study. All the staff of the camp agreed to take part in the study, as well as the volunteer interpreters from Italy who participated in the camp that week (8 people in total, including the researcher) and performed all the interpretations from English into Italian and vice versa. At Barretstown the volunteer interpreters are usually recruited by the camp management or by non-profit organisations that operate in the different countries the children come from. In the case of Italy, the screening is performed by an organisation called "Piano C" (formerly known as "Punto a Campo"), founded and run by former volunteers. Most volunteer interpreters are not professional interpreters, nor have they received any specific training, but they are eager to support the camp. All the aspiring volunteer interpreters are screened and interviewed by the organisation members. The following criteria of selection are applied: previous experience of work or volunteering with children, experience in similar camps, knowledge of English. The aspiring interpreters' level of proficiency in English is tested during a phone or skype call with a native speaker, usually a member of the camp's staff. Seven of the 8 volunteer interpreters we recorded were under 30 years of age: 2 young men, 5 young women and one man over 40 years of age. The target audience in the case study was a group of 20 Italian campers who came from all over Italy and were aged 11-15. They were affected by a range of illnesses, mainly childhood cancer, haematology-related diseases, and diabetes.

In the following paragraphs the interpreters' renditions and non-renditions – the latter being interpreter's initiatives not corresponding to prior utterances by one of the speakers (Wadensjö 1998: 108) – are the main categories used for our analysis of interpreters' performance and the focus of our discussion. The aim is to see if and how interpreters show (inter)cultural competence towards their

audience and what is their position towards cultural differences between Italian children and Irish adults at Barretstown.

5. Reference to the world of children

In interpreter-mediated communication at Barretstown, one aspect interpreters have to deal with is reference to the "world of children" made by staff members. With the expression "world of children" we mean books, films, cartoons, sports heroes which are generally known to (Italian) children, but also references to supposedly positive experiences for them such as eating an ice cream as we shall see in the excerpts from the recorded interactions. In the data collected references can be found above all during the explanations provided by activity leaders before the activity begins. In most cases these references were maintained by the interpreters in their renditions, but in some cases the interpreters produced non-renditions adding references to the world of (Italian) children that were not produced by the speaker. The aim of non-renditions was presumably to hold the children's attention by entertaining them when it was crucial that they listened to and took in the information necessary to perform the activity correctly and safely. The pragmatic effect was a more child-friendly way of communicating, displaying closeness and empathy.

The first excerpt is taken from the instructions given before a canoeing session. The activity leader (a member of staff) uses a particularly charming metaphor to explain how to paddle.

Example 1

```
S1   →   OK (.) so: (.) when we're in guys (.) just really
         quick how to go forward so (.) whatcha gon' do (.)
         this your big spoon (.) and you're gonna scoop (.)
         all this ice cream in here right here (.) and that's
         gonna make you go <forward> okay?
I6   →   OK ragazzi ((laugh)) (.) com'è che facciamo a
         muoverci? (.) allora voi dovete immaginare come se
```

```
                noi fossimo (.) in un grandissimo: (.) ma:re di:
                (.)
```

*Ok guys ((laughs)) how do we manage to move? well you have to
imagine that we are in a huge sea of (.)*

```
    I2          gelato=
```

ice cream

```
    I6    →     =di gelato (.) e questi sono i nostri grandissimi
                cucchiai  (.)  allora  per  andare:  (.)  per:  per:
                andare oltre (.) per muoverci dobbiamo proprio fare
                come stan facendo loro slurp slurp slurp
```

*ice cream and these are our huge spoons well to go forward to move
we really have to do like they're doing slurp slurp slurp*

In the first turn, the activity leader compares the oar to a spoon that children
should use as if they were going to scoop ice cream, meaning to move the water
towards them by paddling forward. The metaphor is used to keep children's
attention and ensure that they remember the instructions when they start
practising, as children usually like ice cream and supposedly they will like the idea
of using an oar to scoop it. The interpreter reproduces the metaphor in her
rendition and makes it even more explicit with some additions "imagine that we
are in a huge sea of ice cream…" and "these are our huge spoons", but
substitutes the following part of the activity leader's turn – where he tells the
children how to scoop the ice cream – by simply telling them to do exactly what
the activity leader is doing. Another element added by the interpreter in a non-
rendition is the onomatopoeic sound "slurp slurp slurp", generally associated with
eating something good in Italian. It is also interesting to note the interpreter's use
of the inclusive pronoun "we" instead of "you" used by the activity leader: "you are
gonna scoop […] and that's gonna make you go forward", which is rendered with
"… to move we really have to do like they are doing".

Example 2 is taken from an archery session. The activity leader asks the children
to express their feelings about the activity they are about to start using a colour

code. In the final part of his rendition, the interpreter adds a reference to a tale and cartoon hero.

Example 2

```
S          and depending on how you're feeling about archery
           (.) you're going to place this (.) on the blu:e
           yellow or red
I3         e a seconda di come vi sentite per l'attività di
           tiro con l'arco metterete il foglio su uno dei
           diversi colori
```

and depending on how you are feeling about the archery activity you are going to place the sheet of paper on one of the different colours

```
S          so blu:e is feeling (.) you:'re not really sure if
           you like archery: (.) yellow is (.) yeah I've done
           archery and that's OK (.) and red is you're a pro:
           archer
I3    →    quindi (.) il blu è se non siete tanto sicuri che
           questa attività faccia: al caso vostro (.) il giallo
           è se: (.) sì: l'ho fatta un paio di volte e: (.) mi
           son trovato bene (.) e il rosso è invece: (.) voi
           siete diecimila volte meglio di Robin Hood e tanto
           siete (.) talmente bravi °che non avete paura
           assolutamente di niente°
```

so blue if you are not so sure that this activity suits you? yellow is if it is yes I did it a couple of times and I could handle it and red instead is you are ten thousand times better than Robin Hood and you are so good that you fear absolutely nothing

In example 2, the interpreter faithfully transfers all the information contained in the original, but instead of translating "you are a pro archer" literally into Italian, he mentions Robin Hood, a tale and cartoon hero known for his archery skills who is very popular also among Italian children. This addition has an explanatory function, but it is also a way of involving and entertaining children by referring to a familiar, loved character, which makes the message easier to remember.

Moreover, the comparison is expressed in hyperbolic terms – "ten thousand times better than Robin Hood" and "you fear absolutely nothing" –, making the message more captivating.

Later on, during the same activity, the activity leader shows children how to stand correctly when shooting a bow. The same interpreter as in example 2 adds a reference to the world of his audience in this activity.

Example 3

```
S           so (.) you stand with your two feet apart: (.) and
            then: (.) face the target?
I3    →     lo conoscete Cristiano Ronaldo? vi mettete come
            Cristiano Ronaldo coi piedi separati? ((marked
            Sicilian accent))
```

do you know Cristiano Ronaldo? you stand like Cristiano Ronaldo with your feet apart?

In excerpt 3 the interpreter autonomously mentions a world-famous player in a non-rendition. Since the Italian campers here are boys aged 11 to 15, the interpreter knows that they will probably have seen Ronaldo playing and know how he stands before shooting a free kick. The interpreter probably thinks that visualising the correct position using this well-known image is more effective than simply explaining how the boys should position their feet. As in example 2, the interpreter makes reference to another children's hero, this time a footballer, thereby encouraging the boys to imitate their idol.

Another reference to football is autonomously produced by the interpreter during the introduction to a canoeing session.

Example 4

```
S           if I blow the whistle three times
            ((he blows three times))
            it means you have to head back to the beach (.) and
            our session (.) has ended
```

```
I6    →    OK (.) se faccio tre fischi: (.) è come il fischio
           (.) finale di una partita di calcio (.) giusto:?
           (.) quindi vuol dire che l'attività è finita: ed è
           il momento di (.) tornare indietro alla spiaggetta:
           (.) mmh?
```

Ok if I blow the whistle three times it is like the final whistle of a football match right? so it means that the activity is over and it is time to go back to the little beach mmh?

The activity leader explains to the children that three whistles signal the end of the activity and they have to go back to the shore. The interpreter adds a reference to the end of a football match, when the referee blows his whistle three times, a football convention that she believes is clear and cannot be misunderstood by the boys, as regards the end of the activity. Moreover, since football is not only a sport but also a game, the interpreter presents the whistle in a playful note rather than as an order, displaying a child-friendly attitude and avoiding a patronising one. The interpreter also adds two requests for confirmation that the children have understood ("right?" and "mmh?") producing a non-rendition. This is a recurrent phenomenon in our data, especially during "safety talks" preceding activities, and it shows that interpreters consider safety instructions a priority and want to make sure that the children have fully understood them.

Example 5 is taken from the same canoeing session as the previous one. The interpreter once more autonomously produces a reference to the world of children.

Example 5

```
S          so we're going to avoid (.) bumping into other
           canoes (.) so we're just not gonna hit off into
           other canoes
```

```
I6    →    OK e: non si chiama: (.) autoscontri delle canoe:
           (.) si chiama canoa (.) quindi quello che cercheremo
           di fare: (.) è di non (.) andare a sbattere
           volontariamente (.) contro (.) altre canoe (.) OK?
```

Ok and it is not called bumper cars with canoes it is called canoeing so what we will try to do is not intentionally bump into other canoes OK?

The activity leader instructs children to avoid bumping into other canoes, using a "neutral" wording, but with a repetition which stresses the message. The interpreter introduces a reference to a popular fair ride among Italian children – bumper cars – to highlight and visualise what they must avoid when canoeing. At the end of her turn, the interpreter generates an expression ("OK?") to check that the children have understood and will comply with the instructions, again producing another non-rendition since the activity leader had not requested any confirmation of understanding.

6. Concluding remarks

The aim of this case study is to show the relevance of cultural competence when interpreters work with children. Culture, here, means a set of values, beliefs and behaviours shared by a community or (sub)group of people. In this case the group comprises children with serious or chronic illness taking part in a therapeutic summer camp. The setting is Barretstown, a therapeutic camp specifically designed and medically endorsed for this group of particularly vulnerable children. Since recording the voice (or other forms of feedback) of children was not allowed, the data collected pertains to interpreter-mediated interactions in a monologic format, such as announcements in the dining hall or at the theatre and induction sessions before outdoor activities, the latter being the object of this paper. Therefore, it is not possible to investigate how children received and perceived the interpreters' performance. Another caveat is the amount of data collected (approximately 5 hours) which does not allow for generalisations. However, the analysis of the recorded interactions shows that at times the

volunteer interpreters working at the camp resorted to non-renditions that involve (inter)cultural competence at a subjective or subgroup level. The interpreters in these interactions seem to be not only aware of the language and cultural differences between Italian children and Irish caregivers, but also sensitive to and knowledgeable about the "world of children". Non-renditions containing references to the world of children suggest that interpreters have tried to make instructions more accessible and understandable for children. At the same time, these autonomous discursive initiatives taken by the interpreters show empathy and closeness, and this in turn may help build and foster a positive relationship between the children and the staff taking care of them in the camp. It is not possible to say whether the non-renditions we detected are specifically linked to the setting or could have been produced in any other interpreter-mediated interaction involving children; however it is noteworthy that the setting is specifically conceived and designed for children with chronic an serious illness and therefore everything in the camp is tailor-made for this group of particularly vulnerable children. So the setting and the one-day training of interpreters at the camp immediately after their arrival have to be factored in as contextual elements that influence the interpreters' performance.

With all the above mentioned caveats about the size of the sample, the lack of feedback by children and the absence of a control group of interpreters working with children in another setting, what we saw in this case study is that the interpreters produced some intercultural interventions towards their audience which Katan defines as occurring at two levels:

> At the first "formal" level, focus is on the accounting for difference in communication style (e.g. direct/indirect), politeness, norms, register and cultural practices. At the more hidden "informal" (or "out of awareness") level the T/I [translator/interpreter] will gauge the cultural distance in terms of connotations, beliefs, values and in general *affect.* (2013: 85)

With their non-renditions interpreters added references to the world of children showing (inter)cultural knowledge and also changed the "tone" of the instructions at times with the aim of making them more meaningful for their audience. This is an aspect which might be worth highlighting when training interpreters who wish

to communicate effectively and display empathy with children in general and with highly vulnerable children in particular, as in this case study.

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Appendix 1 – Transcription conventions (Sacks, Schegloff and Jefferson 1974):

?	a rising vocal pitch or intonation
bold	emphasis
CAPITAL	loud voice, shouting
lo:ng	stretched sounds
°quiet°	words spoken in a low voice
>speed-up<	increased speed of delivery
<speed-down>	decreased speed of delivery

[talk]	square brackets indicate overlapping talk
=	latching, contiguous utterances or continuation of the same utterance in the next line
(.)	micro pause, up to 0.9 second
(2.0)	length of pause in approximate seconds (how do you mean approximate seconds?)
((cough))	sound or feature of talk not easily transcribable (do you mean non-verbal activity?)
Xxx	inaudible or unclear segment
→	analyst's signal of a significant line of interest
wor-	truncated word
/	truncated utterance
S, S1, S2	activity leaders
I1, I2, I3, I4, I5, I6 =	Interpreters

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a cura di Adriano Ferraresi, Roberta Pederzoli, Sofia Cavalcanti, Randy Scansani

- Parte A – Metodi e ambiti (9 articoli)

  · Silvia Bernardini, "Analisi di corpora per la traduzione: una lezione introduttiva"

  · Adriano Ferraresi, "Metodi statistici per gli studi sulla traduzione e l'interpretazione"

  · Natacha Niemants, "Metodi di trascrizione e analisi del parlato interpretato"

  · Beatrice Spallaccia, "Dai *Women's Studies* alle teorie queer: una panoramica sugli studi di genere"

  · Raffaella Baccolini, Roberto Carnero, Licia Reggiani, "Metodi e approcci per l'analisi di testi letterari"

  · Randy Scansani, Alberto Barrón-Cedeño, "1949-2019: 70 anni di TA visti attraverso i dati utilizzati"

  · Danio Maldussi, Eva Wiesmann, "Traduzione settoriale e lingue speciali. La traduzione giuridica, la traduzione economico-finanziaria e la terminologia, tra alveo disciplinare e assi di ricerca"

  · Nicoletta Spinolo e Mariachiara Russo, "Approcci e metodologie di ricerca in interpretazione di conferenza"

  · Roberta Pederzoli, Valeria Illuminati, "Traduzione, infanzia e genere"

- Parte B – Case studies (6 articoli)

  · Mélanie Frank, Francesca Bartolesi, Silvia Bernardini, Alan Partington, "Is *Contamination* Good or Bad? A Corpus-assisted Case Study in Translating Evaluative Prosody"

  · Alessandra Luccioli, Ester Dolei, Chiara Xausa, "Investigating Gender Bias in Machine Translation. A Case Study between English and Italian"

  · Amalia Agata Maria Amato, Giorgia Mangoni, "Interpreting in a Recreational Paediatrics Setting: Displaying (Inter)cultural Competence with Children"

  · Bei Dong, Chiara Facciani, Ira Torresi, "The Influence of Defendants' Translanguaging Practices on Court Interpreters' Performance: A Case Study"

  · Chiara Bartolini, Sandra Nauert, "Qualitative Interviews for Investigating Translation Practices in Museums"

  · Nikita Lobanov, Anna Zingaro, "The Impact of *My Brilliant Friend* on Twitter: a Catalyst for a... Brilliant Digital Affiliation?"