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Foreword

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AS AN ARTICLE THAT APPEARED IN THE CURRENT ISSUE of the *Journal of Sociolinguistics* reminds us[1], communication that fully respects what is now commonly known as human dignity is far from being present between health providers and patients in all settings and everywhere in the world. Evidently, the question of human dignity raises questions about several aspects of the clinician-patient relationship, among others the aspect of understanding and being understood. At this regard, many migrants with native languages different to those spoken in their host country are at a particular disadvantage. This becomes obvious especially as concerns the newly arrived migrants in Europe and North America that visit frequently health facilities. This high frequency may be explained by their vulnerability as a possible result of their often problematic administrative status, low socioeconomic resources or past trauma experience in their countries of origin.

Both in the medical domain and elsewhere, the success of verbal communication presupposes, on the one hand, mutual communication codes that are used for interaction and, on the other hand, a number of cultural *implicits* that facilitate the correct decoding of the full meaning of a given message. The concept of "language barrier" is often used to refer to situations where very limited or no sharing of

[1] ODUOR OJWANG, B., MAINA MATU, P., ATIENO OGUTU, E. (2010). Face attack and patients' response strategies in a Kenyan hospital. *Journal of Sociolinguistics*, 14(4), 501–523.

these communication codes and cultural *implicits* are given. However, the concept of "language barrier" and the realities that it represents are yet to be fully exploited in linguistics studies. Does this concept have one univocal definition and can its "intensity" be measured? Does it not refer to an idealized endolingual communication that is supposed to be free from all obstacles? Answers to such questions, which focus on the measures allowing mutual comprehension between migrant patients and health providers, are subject of the papers in this volume. These papers were presented by researchers and clinicians at a two day international workshop taking place on November 11 and 12 2009 in Lausanne. The workshop as well as the publication of the presented papers were co-sponsored by the Département de Psychiatrie of the Centre Hospitalier Universitaire Vaudois (CHUV), the Centre de Linguistique et des Sciences du Langage (CLSL), the Section de Linguistique and the Décanat de la Faculté des Lettres de l'Université de Lausanne.

The first two papers in the present volume try to highlight, by using case studies, difficulties encountered in communication settings with multilingual migrant patients. Celia Roberts observes that there are a number of misunderstandings in clinical interaction. These misunderstandings revealed through discourse analysis are related to crucial aspects both for consultation as well as for decision making or the use of humor as a cohesive tool. As we shall see in this volume, Celia Roberts proposes that we may understand linguistic and cultural distances in other ways than in terms of barriers. In the second paper which also highlights communication misunderstandings and which is based on a clinical example, Melissa Dominicé Dao shows that communicational and relational problems that are encountered during communication with migrants result from a number of interrelated factors: linguistic, cultural, contextual and medical, together with the lack of competence in cross-cultural communication.

The articles of Betty Goguikian Ratcliff and Mette Rudvin specifically consider professional interpretation. Betty Goguikian Ratcliff highlights issues arising from the collaboration between health providers and professional interpreters by particularly pointing out the difficulties that can result from such collaboration. She also draws our attention to the differences between the translated (clinician-patient) consultations in the domain of psychotherapy and those in the somatic practice. Mette Rudvin shows how medical interpretation is practiced and organized in Italy. Seen from a proactive perspective, the professional profile of the cultural/linguistic mediator that dominates in Italy presents advantages and disadvantages, which Mette Rudvin describes and discusses from her experience in the field.

Research has shown over and over again that there is a certain resistance amongst medical personnel when it comes to using professional interpreters to facilitate their consultations with migrant patients. It is this resistance that Patricia Hudelson and Sarah Vilpert highlight using a study they conducted in Geneva. According to the two researchers, there is a low level of enthusiasm in using professional interpreters because the caregivers, which they interviewed in order to find out their preferred communication strategies with their migrant patients, prefer to draw on bilingual hospital staff rather than professional interpreters. Hans Harmsen's study focused on a sample of general practitioners who have experienced communication problems during their consultations with their migrant patients. He studied the scope of a model used to train physicians in cross-cultural communication that was developed by a Dutch research group of which he is a member.

One of the merits of Omar Guerrero and Hanneke Bot's papers is that they give us an insider's view of psychotherapeutic consultations where the issue of "language barriers" is more salient than elsewhere. In fact, how does one resolve the dilemma of allowing the

presence of a third party translator during therapy sessions with victims of torture or political violence as the psychoanalyst Omar Guerrero points out? As far as this dilemma is concerned, Guerrero knows how to make good use of professional interpreters where the undescribable is the norm. While emphasizing the indisputable contribution of professional translation for the enhancement of the quality of communication with migrant patients, Hanneke Bot attempts to describe the characteristic problems that result from collaboration between psychotherapists and interpreters, using her own experience in the field as well as her research in the domain. She also outlines strategies that can facilitate the quality optimization of the psychotherapeutic consultations where translation is done.

The relationship that multilingual patients have with their languages is in the focus of the last two papers that close this volume. Based on her practical experience as a psychiatrist/psychoanalyst, Saskia von Overbeck Ottino considers the complexity of such relationships, which may arise when it comes to migrant families and that can, for example, influence the choice of either their native language or the language of the host country during consultations. Another significant contribution of Saskia von Overbeck Ottino's paper is the way in which it shows how internal conflicts in the patients' subconscious, which are linked to their exile and their consequent cultural uprooting, can be expressed verbally. Finally, it is on the multilingualism of the sub-Saharan migrants that Singy and his co-researchers base their paper. Their paper is part of a study on medico-preventive discourse on HIV that shows, for example, that in certain settings where the topic is highly taboo, the use of first languages – which, as a rule, is generally promoted in medical interactions with migrant patients – can sometimes constitute a big obstacle for communication, contrary to the use of a second language, which can serve as a *distanciation* or *objectivation* tool.