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# **Sociolinguistic Justice and Language Barriers: Exploring Linguistic Unease in Healthcare Contexts**

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# Roadmap of today's presentation

## Introduction /1

- General introduction
- Wider framework of study
- Contributions from political theory
- The dual nature of language
- Dimensions of linguistic unease

# The study a nutshell

## Introduction /2

Evaluation of the effectiveness of public policy in reducing **language barriers** in the access to **healthcare**

- Comparative perspective: NI, Catalonia, South Tyrol
- Autochthonous and allochthonous languages
- Evaluation of policy design and implementation
- Linguistic unease

# “Linguistic unease”

## Introduction /3

“A situation in which speakers feel that their pragmatic linguistic competence is not fitting the **communicative requirements** of the linguistic act they are about to perform – or even that the **symbolic value** of their speech acts is perceived as misplaced” (Iannàccaro et al., 2018: 367)

# Access to public services

## Wider framework /1

Area of language policy concerned with the choice of language(s) that **public services** should be offered in

- Impossibility of a **neutral stance** towards language
- Democratic state is meant to provide essential public services to individuals (**social inclusion**)
- But communication issues can make **access** to public services **difficult** or impossible!

# Patterns of linguistic diversity

## Wider framework /2

Context of “**multilingual challenge**” (Grin et al., 2022)

- Co-occurrence of two general tendencies:
  - Greater recognition of historical minorities
  - New trends in the phenomenon of immigration
- Interplay of **old and new** patterns of linguistic diversity
- Additional challenge in terms of language policy

# Language barriers in healthcare

## Wider framework /3

Possible consequences for patients:

- Lack of understanding of the questions asked
- Poor adherence to medication and treatment
- Avoidance to resort or delayed resort to care
- Recurrent hospitalizations and longer stays
- In extreme cases, threat to an individuals' life and basic human rights

(Flores, 2005; Priebe *et al.*, 2011; Brisset *et al.*, 2014; Moukrim, 2017; Jacobs & Diamond, 2017; UN Special Rapporteur on minority issues, 2017; Mamadouh & el Ayadi, 2018; Pokorn & Čibej, 2018; Civico, 2021)

# Issues with *ad hoc* interpreters

## Wider framework /4

Problems linked to reliance on non-professional interpreters in healthcare

- More likely to commit **errors** with potential clinical consequences
- **Confidentiality** issues when resorting to family members
- **Ethical concerns** (especially in the case of child language brokering)

(Bischoff et al., 2003; Priebe et al., 2011; Wilson-Stronks & Galvez, 2007; Nielsen et al., 2020)



# Statutory framework

## Wider framework /5

### Inconsistency in provision and **equality issues:**

- **No statutory framework** or comprehensive binding policy to ensure the provision for allophones
- Reliance on regional and national laws or on local provision
- Considerable differences in practice even within one state – existing initiatives often represent **ad hoc responses** to linguistic realities relying on the action of single providers.

(Dunbar, 2006; Phelan, 2012; Dunbar & McKelvey, 2018; 2022)

# State obligations...

## Political theory /1

Questions around public communication and linguistic diversity:

- What is the **extent** of the state's obligation to accommodate linguistic diversity
- What **criteria** should be used to decide who to grant linguistic rights to? (autochthonous vs. allochthonous, lingua franca, dialect...)
- What **measures** should be adopted? (bilingual staff, interpreters, automatic translation...)

# ...and speakers' rights

## Political theory /2

These issues can be approached within a **framework of language rights**:

“The question as to whether public services should be offered in some language X, for instance, is often analysed as a question about whether X-speakers should have a legal right to receive public services in their own language”  
(Patten & Kymlicka, 2003, p. 26)

# The dual nature of language

## Communication and identity /1

Distinction between two main dimensions of language:

- **Instrumental** value: language as a mere tool for communication
- **Symbolic** value: language as constitutive part of an individual's sense of identity

(De Schutter, 2007; Riera-Gil, 2016)

# Agreement on the identity value

## Communication and identity /2

- In contemporary debate, there is no longer a disagreement over the **existence** of the identity value of language (De Schutter, 2007)
- Although some point out the **contingency** of the link between language and identity, this does not undermine the fact that language *does* hold a **special place** in an individual's perception of their own identity
- “**Heightened saliency** of language issues in many historical and contemporary political conflicts” (May, 2003, p. 106)

# Disagreement on identity value

## Communication and identity /3

- On the other hand, there is **not** always full **agreement**, on the **normative significance** of the identity value of language:
  - **Instrumentalists** still believe that it should **not inform** policy decisions;
  - **Constitutivists** hold that both the communicative and the symbolic functions should **be considered** in the design of policy measures

(De Schutter, 2007)

# The communicative value of MLs

## Communication and identity /4

Common assumption that:

- **majority languages** are linked to a communicative function and socio-economic justice
- **minority languages** are linked to an identity-related function and ethno-cultural justice
- Riera-Gil (2016) argues for the communicative value of minority languages:
  - language **skills** of speakers
  - **contextual** factors

# Co-existence of both dimensions

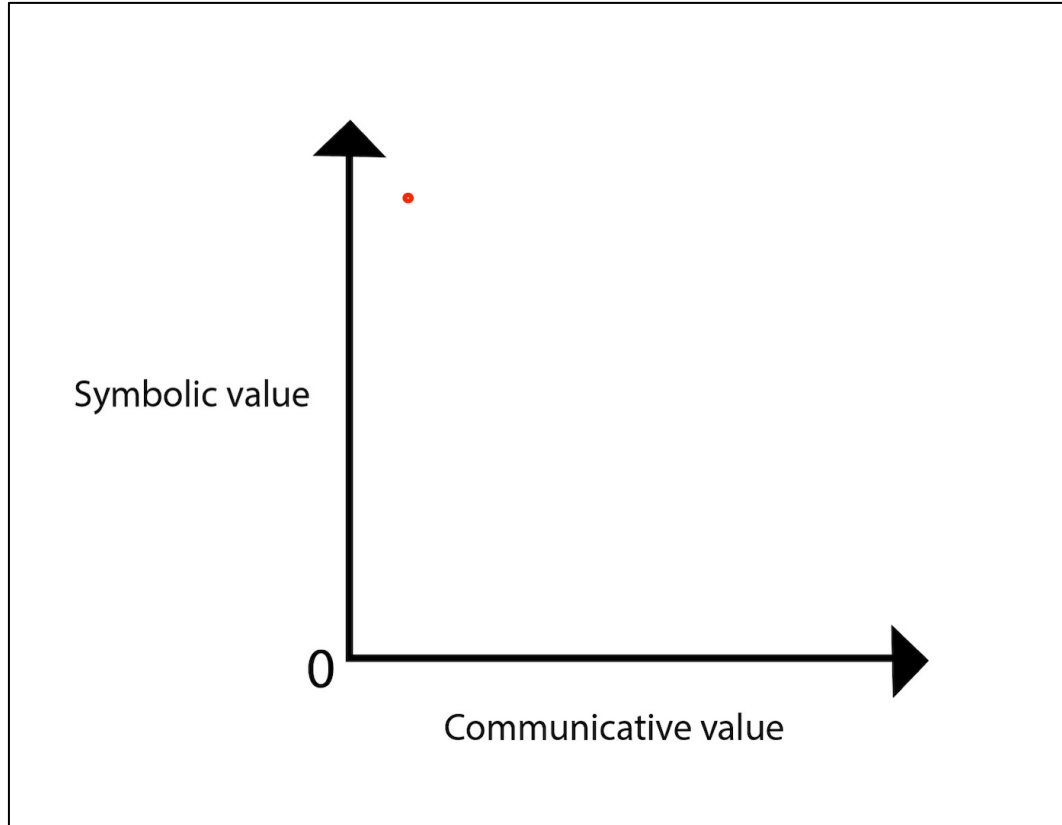
## Communication and identity /5

- Of course, the opposite is also true: languages mainly associated with an **instrumental** value have a strong **identity** value for its L1 speakers
- **Both communication and identity matter to the speakers of any language**
- Relevant for **linguistic unease**: (almost) never purely symbolic or purely communicative



# Representation of linguistic unease

## Communication and identity /6



e.g. Representation of a situation of minimal communicative and maximal symbolic unease

# Typologies of language rights /1

## Communication and identity /7

The communicative vs symbolic value of language is also useful for the categorisation of language rights.

Author(s)	Communicative value	Symbolic value
Rubio-Marín (2003)	“instrumental language rights”	“non-instrumental language rights”
Patten and Kymlicka (2003); Patten (2014)	“accommodation-oriented rights”	“promotion-oriented rights”
Shorten (2022)	“supplementary inclusion measures”	“language rights proper”

# Typologies of language rights /2

## Communication and identity /8

9.

	Accommodation-oriented rights	Promotion-oriented rights
Function:	<b>Instrumental:</b> establishing communication between the public institution and individuals	<b>Symbolic:</b> supporting or promoting particular language(s)
Proficiency in majority language:	Depends on limited proficiency	Can be exercised <b>independently of the speaker's proficiency</b>

# Typologies of language rights /3

## Communication and identity /8

9

	Accommodation-oriented rights	Promotion-oriented rights
Rationale:	Guarantee access to the <b>rights</b> and benefits to which they are entitled (Patten, 2014) / reduction of linguistic <b>disadvantage</b> (Shorten, 2022)	Mainly concerned with the protection of people's <b>linguistic and cultural identity</b>
Example:	Translations and interpreting services	Bilingual healthcare staff
Typically granted to:	Allochthonous minorities	Autochthonous minorities

# General systematisation

## Dimensions of linguistic unease /1

In order to conceptualize linguistic unease more precisely, I break down the concept into:

- a) Societal dimensions for autochthonous minorities / dimensions of mobility for allochthonous minorities\*
- b) Interaction between individual repertoire (IR) and linguistic environment (LE)

\*Since this is meant to describe reality, we follow here the distinction, ingrained in the status quo, between autochthonous (“aut.”) and allochthonous (“all.”) minorities.

# Societal dimensions

## Dimensions of linguistic unease /2

These dimensions overlap with the criteria considered when assessing the **vitality** of a language, for instance:

- Absolute number of speakers and territorial concentration
- Use in informal and formal domains
- Use by public authorities and in education
- Use in the media and on the internet
- Attitudes towards the status of the code; code value
- Code evolution within the community (increase, stable, decrease; age and number of speakers vis-à-vis other languages)
- Claim for political recognition
- Kin state (existence and function in terms of protection)

(mostly adapted from Gazzola and Iannàccaro, 2023)

# Aut. – IR-LE interaction /1

## Dimensions of linguistic unease /3

Dimensions	Why it matters
Prestige of and attitudes towards minority language(s)	Low prestige is highly likely to lead to a higher degree of linguistic unease, directly (mainly symbolic unease) and / or indirectly (less likelihood for medical staff to know the language, adds communicative unease)
Knowledge of majority language (most probably also the most employed for healthcare provision)	Knowing the language in which healthcare is mostly delivered, of course, is the easiest way to avoid (at least) communicative unease. It always needs to be considered that, even to speakers of relatively high proficiency, medical terminology can be unintelligible.

# Aut. – IR-LE interaction /2

## Dimensions of linguistic unease /4

Dimensions	Why it matters
Mutual intelligibility	Mutual intelligibility can make communication possible, therefore leading to a reduction of linguistic unease. Given the vital importance of communication in healthcare, the degree of mutual understanding, however, needs to be carefully assessed in order to avoid misunderstandings.
Expectations about language rights to be granted	Unmet expectations of the provision of language right can lead to symbolic linguistic unease, and possibly to communicative linguistic unease. Linguistic rights granted to other groups, against one's expectations, can also lead to symbolic linguistic unease.



# Dimensions of mobility

## Dimensions of linguistic unease /5

Some criteria to consider are, for instance:

- Duration of mobility (normative significance)
- Presence of groups sharing the same language (“where-numbers-warrant criterium”)
- Territorial concentration
- Direction of mobility

# All. – IR-LE interaction

## Dimensions of linguistic unease /6

Dimensions	Why it matters
Prestige of and attitudes towards varieties present in IR as perceived in recipient society	Low prestige is highly likely to lead to a higher degree of linguistic unease, directly (mainly symbolic unease) and / or indirectly (less likelihood for medical staff to happen to know the language, adds communicative unease). Here, it is especially important to consider the prestige of less-valued varieties of widely spoken languages
Proficiency in majority language	Knowing the majority language is, of course, the easiest way to avoid at least communicative unease. It always needs to be considered that, even to speakers of relatively high proficiency, medical terminology can result unintelligible. Generally speaking, this criterium can undergo significant change, as migrants often learn the language of the recipient society. This, however, depends on several other factors.

# Conclusion

## What now?

- The development of this systematisation should help me to identify the existence and severity of linguistic unease in the case study regions.
- This, in turn, would constitute the basis to answer the questions I ask in my evaluation of public policy:
  - Are policies relevant? (i.e., are they aimed at the right groups?)
  - Are policies comprehensive? (i.e., do they reach all the groups they should reach?)
  - Are measures taken appropriate? (from a sociolinguistic, a medical, and a practical point of view)?

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**Thank you for your attention!**

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