Language brokering in multilingual caregiving settings

GUNILLA JANSSON AND CECILIA WADENSJÖ

Stockholm University, Sweden

Abstract

Using the methodology of conversation analysis to examine audio-recorded multi-party conversations between a Swedish-/Farsi-speaking resident and multilingual staff in a Swedish residential home, this article describes a practice for establishing shared understanding by one caregiver enacting the role of language broker. The focus is on caregiving settings where caregivers assist an elderly person with her personal hygiene. We demonstrate how brokering is used to (1) maintain the conversational flow in a small talk sequence and (2) address the contents in the resident's complaints. The article thus advances our understanding of language brokering as an activity that multilingual staff in a linguistically asymmetrical workplace setting take on to assist a colleague in performing client-oriented activities.

Keywords: conversation analysis; Farsi; language brokering; multilingual interaction; residential elderly care; Swedish

1. Introduction

In Sweden, as throughout the Western world, elderly care is a setting that is becoming increasingly multilingual. This is not only because elderly care employs the highest proportion of migrant workers, but also because the proportion of elderly with a foreign background in need of long-term care is rapidly increasing. This situation poses new demands on care facilities that experience a sudden and dramatic rise in linguistically and culturally diverse clients. Even if Sweden has a fairly large population of immigrants, there are

limitations in what cultural and linguistic adaptations can be made in relation to the individual needs of elderly immigrants. For this reason, elderly persons with a foreign background often live in residential homes where the linguistic background of the staff does not match that of the residents. In this article, we investigate how two caregivers in multi-party communication with a multilingual (Swedish/Farsi) Persian woman cope with such a linguistic mismatch.

The need for cultural and linguistic adjustments in elderly care has been acknowledged in previous research (e.g. Ekman 1993; Jansson 2014; Plejert *et al.* 2014). Plejert *et al.* (2014: 2) point out that the lack of cultural and linguistic matching between staff and residents in care contexts creates highly complex situations for all participants involved. Viewing utterances through a conversation analytic lens (e.g. Drew *et al.* 2001), Plejert and colleagues highlight the use of different kinds of responses as an essential ingredient in the joint negotiation of meaning and in the establishment and maintenance of shared understanding. Their study focuses on how a client's complaints produced in the client's mother tongue are responded to by a carer with very limited knowledge of this language, demonstrating that when there is a lack of a common language, the handling of the resident's complaints becomes problematic, since the carer, most of the time, is unable to address the actual content of these complaints.

The relevance of responses in interactions involving participants who do not share a language is also considered in the present article. As

further argued by Plejert *et al.* (2014: 3), response practices clearly reveal how mutual understanding is made manifest, as well as how understanding may be jeopardised. While the Plejert *et al.* (2014) study was conducted on dyadic interaction, the findings of the present article are based on analyses of triadic communication involving two caregivers, one of whom speaks and understands Farsi, the resident's first language, whereas the other has very limited competence in this language. The fact that the caregivers have divergent levels of linguistic expertise in the resident's mother tongue is of great relevance here, since it impacts on the way shared understanding is established. In her study of the organisation of repair in mundane conversations in tri-generational Russian-American immigrant families, Bolden (2012: 103) argues that the presence of additional participants may have a profound effect on how problems of understanding are resolved. She goes on to argue that in interactions with three or more interlocutors, participants may enlist others in resolving problems related to speaking and understanding. Moreover, she shows how a third person may monitor the talk of the current speaker for the benefit of the addressed recipient, thus enacting the role of a broker.

The term *language brokering* has been used in prior research on communication in immigrant communities, which has identified brokering as an activity that one family member takes on to facilitate interactions between the family and the surrounding community or between older and younger family members (this literature is reviewed in the next section). Here, this term is applied in a sense that is similar to the way it has been used by Bolden (2012), in her exploration of repair in bilingual conversations. Bolden states that to broker a (potential) problem of understanding is to

act as an intermediary between the other participants (i.e. between the speaker of the problematic talk and his/her addressed recipient) and to attempt to resolve the problem in a way that would expose and bridge participants' divergent linguistic and/or cultural expertise – for instance by providing a translation or a simplified paraphrase of the problematic talk
(Bolden 2012: 99)

The present article advances our understanding of language brokering as a situated communicative activity that multilingual staff in a linguistically asymmetrical caregiving setting take on to talk on behalf of the client and thereby assist a non-understanding colleague in addressing the contents of the client's talk. We focus on caregiving settings where caregivers assist an elderly person with her personal hygiene, a social context that in several respects differs from mundane conversations in immigrant communities, which was the research context for Bolden's and other previous studies on language brokering. Helping an elderly person to get clean and tidy is a caregiving setting that often entails elements of 'imposition' on that person. Previous research (Grainger 1993; Heinemann 2009a; Jansson and Plejert 2014) maintains that it is a great challenge for staff to be able to conduct such tasks in ways that maintain the elderly person's feeling of autonomy and integrity. We use the term *language brokering* to examine instances of bilingual interaction involving two or more interlocutors where such challenges are collectively managed.

The article is organised as follows. First, we briefly review previous research on language brokering and discuss the data and methodology of the present study. We then go on to analyse instances of language brokering in which the Farsi-speaking caregiver steps in as a third person to mediate potential problems of understanding between her colleague and the resident in sequences of small talk (questioning/answering) and complaining. Finally, we discuss how the Farsi-speaking caregiver's various stances and directions as a language broker affect both her own and her colleague's opportunity to maintain a trustful relationship with the resident.

2. Prior research on language brokering

In anthropological studies (e.g. Bailey 1969; Paine 1971) the term 'broker' is traditionally used to denote individuals who routinely take on the task of mediating and/or translating between others. 'Broker' is used in this sense also in a large body of literature on immigrant communities that

analyses communication between the immigrant family and different social institutions (e.g. Valdés 2003; Hall 2004; Morales and Hanson 2005) as well as communication within immigrant families (e.g. Ng *et al.* 2004; Del Torto 2008). In sociological research, the term ‘culture broker’ has also been used to describe a role that people assigned as medical interpreters take on and/or are ascribed in indigenous communities (e.g. Kaufert and Koolage 1984) and in immigrant communities (e.g. Angelelli 2004). As Morales and Hanson (2005) point out, ‘language broker’ and ‘cultural broker’ are sometimes used in parallel and interchangeably. Moreover, studies apply various theoretical frameworks. Some focus on brokering as a role certain individuals play in multicultural communities; others focus on brokering as a situated communicative activity, involving a broker and two or more brokerees, whereas in other studies, being a broker should rather be understood as being in a certain mental state or having a certain mental capacity (e.g. Bourhis *et al.* 1989). Some authors seek to combine these approaches, e.g. Ng *et al.* (2004) who explore parents’ brokering between grandchildren and grandparents in tri-generational conversations among Chinese immigrants in New Zealand. In parallel with ‘brokering’, the study by Ng and colleagues also uses the term ‘mediated accommodation’ (in contrast to unmediated accommodation), linking the results of their study to socio-psychological studies of communication accommodation in doctor–patient encounters and other caregiving settings. In this way, the authors take a cognitive and individualistic approach to brokering, rather than an interactionist one – the approach applied in the present study.

Like Bolden (2012), we regard the identity of the language broker as linked to certain intermediary *communicative activities*, rather than to certain individuals. In line with a *dialogical view of language and mind* – as for example explained by Linell (1998) in relation to studies of talk and social interaction generally, and by Wadensjö (1998) with particular reference to multilingual, interpreter-mediated encounters – we understand participants’ sense-making in interaction as contextually dependent and collectively accomplished.

Also, Traverso (2012), who explores the same phenomenon as this article (though in terms of ‘*ad hoc*-interpreting’), applies an interactionist approach. What Bolden (2012: 99) observes in ordinary conversation – that the role of a language broker can be momentarily inhabited by one participant or another – Traverso (2012) observes among people gathered in working groups for a large building and renovation project. The participants in her study spoke French, Arabic, and/or German, with English, understood more or less by all, serving as the *lingua franca*. Traverso demonstrates how participants occasionally use *ad hoc*-interpreting to manage mutual understanding and achieve local tasks and shows how this is performed collaboratively. Even if a specific participant is in charge of every instance of *ad hoc*-interpreting, others now and then intervene and express their opinions about word choices and formulations. *Ad hoc*-interpreting, Traverso explains, ‘is a sporadic activity, the necessity of which is each time assessed on the spot’ (Traverso 2012: 150). In healthcare generally, because of the increased linguistic diversity in modern societies, this kind of activity is becoming a normality. Research on language brokering as an activity that care staff resort to spontaneously, and what this implies for the organisation of care work and the wellbeing of care recipients, is more or less non-existent. In Bolden’s (2012) study, language brokering is linked to repair activities in everyday conversations. In the present study, brokering is linked specifically to activities such as small talk (questioning/answering) and complaining in elderly care contexts, a setting that is both important and under-researched.

3. Participants, data, and methods

The study described here is part of a larger project¹ concerned with multilingual practices in elderly care. The overall aim of this larger project is to explore how caregivers and trainees in elderly care are prepared in vocational education to meet the communicative challenges and complex demands of a multilingual workplace. The data were collected during fieldwork in a residential home in Sweden.

The study at hand involves a Farsi-speaking Iranian woman in her eighties living in an ordinary residential home located in a suburban area in Sweden. The woman, who had emigrated from an urban area in Iran to her relatives in Sweden, is bedridden after a right-hemisphere stroke. Dementia symptoms, such as agitated behaviour, disorientation, and language loss had gradually begun to develop after the stroke, but she has never been formally diagnosed. Farsi is her dominant and preferred language, and her competence in Swedish is limited, learned in old age in a basic language course for newly arrived immigrants. During care, she keeps to her first language and only randomly responds to her carers in Swedish, although she seems to understand the language to some extent.

The current study is based on one single audio recording, made during morning care in the resident's room and encompassing approximately 45 minutes. The two carers who were in charge this morning were both L2 speakers of Swedish. One of the caregivers (henceforth CG-SwF) learnt Farsi in her youth as a second language. The other is bilingual in Swedish and Tigrinya (henceforth CG-SwT) and has very limited competence in Farsi.

All data were transcribed and analysed using the methods of conversation analysis (henceforth CA; e.g. Drew *et al.* 2001). From a CA approach, utterances are connected in sequences of actions, so that an utterance is linked to and forms a response to what someone else previously has said. In line with this methodology, we apply a detailed analysis on a turn-by-turn basis. Each time translating takes place, we seek to answer the question: Why translate this turn particularly, in this way, at this moment?

A collection of approximately nine instances where the participants resort to language brokering was analysed. The discourse data have been transcribed and then translated from Farsi into Swedish by a proficient speaker of these languages. Translations from Swedish into English were made by one of the researchers and proofread by a Swedish-speaking native-English speaker. Two translation glosses are provided under each line in Farsi. The first gloss follows the word order of the transcribed talk

word-by-word. The second gloss is more of an idiomatic English translation.

The Regional Committee for Research Ethics has approved the study. In order to protect the participants' identity, all names in the transcriptions are pseudonyms.

4. Analysis

In subsequent analyses, we detail the conversational mechanisms through which brokering is performed in sequences of small talk (questioning/answering) and complaining. Three excerpts will illustrate how the Farsi-speaking caregiver acts as an intermediary between her colleague and the Farsi-speaking resident. We examine the course of action under way in each segment, what action each turn accomplishes, and what activity it advances. In this fashion we attempt to see what the translated turns do specifically *vis-à-vis* what just came before and the responses they occasion.

The excerpts are taken from a morning care session in the resident's one-room apartment, when the caregivers assist the resident with her personal hygiene. In the first two examples (Excerpts 1 and 2), the Farsi-speaking caregiver acts in the role of a language broker to assist her colleague in maintaining the progressivity of questioning and answering concerning small-talk topics such as family gatherings, celebrations, and travelling. In Excerpt 3, the Farsi-speaking caregiver steps in as a language broker in a complaint sequence initiated by the resident. In this excerpt, the Farsi-speaking caregiver provides a Swedish-language translation of a complaint that targets her colleague. The excerpt illustrates how the translation makes it possible for the colleague to address the contents of the resident's complaint in her response.

4.1. Brokering in a small-talk sequence

In this section we demonstrate how the Farsi-speaking caregiver steps in as a broker in a small-talk sequence to mediate potential problematic talk and secure (re)inclusion of her colleague, either by providing a translation (Excerpt 1) or by switching language (Excerpt 2).

Small talk is an aspect of interaction that has been extensively examined by sociolinguists, who have noted its socio-relational function of enacting social cohesiveness and establishing a non-threatening and friendly relationship with others (e.g. Coupland 2001). It has been explored in a wide range of social settings that include healthcare (Coupland *et al.* 1994) and caregiving settings (Marsden and Holmes 2014). In the context of residential elderly care, small talk has often been regarded from a purely transactional perspective as a time-filler that primarily fills the function of normalising the caregivers' presence in the resident's intimate sphere. For instance, Grainger (1993) has shown how small talk often is interwoven with transactional talk, which supports the argument that it serves as a softening device to gain and secure cooperation in embarrassing situations, such as bathroom and toilet assistance. More recently, Marsden and Holmes (2014) have provided a positive interpretation of small talk in caregiving settings that focuses on the warmth and friendliness of the relationship between the caregivers and residents. In their data, small-talk questions about, for instance, personal preferences in terms of food, clothes, and leisure activities are initiated by both participants, which according to the authors supports the suggestion that the relational dimension is typically privileged over the transactional dimension.

Given the role that small talk has shown to have for achieving transactional goals and maintaining a friendly relationship in the context of eldercare, it is not surprising that it is recurrently used by the caregivers in the present study. What shapes the small talk sequences in the current data is not only the context of residential elderly care, with all that this implies of physically intrusive care procedures and infringement on an individual's independence, but also the fact that there is a linguistic mismatch between the participants. Excerpt 1 exemplifies how the Farsi-speaking caregiver's Swedish-language translation makes it possible for her colleague to provide a response to a contribution in Farsi addressed to her by the resident. In so doing, the Farsi-speaking caregiver helps her colleague resume her small talk with the resident about travels to different parts of the world.

In Excerpt 1, the care recipient (CR) is assisted in the bathroom with her personal hygiene by the caregiver who does not speak her language and whose first language is Tigrinya (CG-SwT), while the Farsi-speaking caregiver (CG-SwF) is in an adjacent room cleaning the resident's bed. The resident is sitting in her wheelchair, and CG-SwT is helping her wash her face and comb her hair. The door to the bathroom is open, which enables communication between the participants. Prior to this sequence, the participants have talked about food and traditional celebrations in Iran and Sweden. The first part of this transcript (lines 01–13) is a dual-party conversation between CG-SwT and CR. In the final part of the transcript (lines 49–62), the Farsi-speaking caregiver steps in as a third person.

Excerpt 1: 'America also?' CR = Farsi-speaking care recipient; CG-SwT = Swedish- and Tigrinya-speaking caregiver; CG-SwF = Swedish- and Farsi-speaking caregiver.

01	CR:	Amerikan. (.) Kanada;
American Canada
02	CG-SwT:	aha:: har du v ₂ arit i Kanada
aha:: have you been in Canada
03		(0.3)
04	CR:	jo::,
yea
05	CG-SwT:	Am ₂ erika också.
America as well
06		(0.6)
07	CR:	Amerika också.
America as well.
08	CG-SwT:	ah↑a:: va roligt [(x-)
aha:: how fun
09	CR:	[Australia
[Australia
10	CG-SwT:	Austr↑alia också.
Australia as well.
11		(0.3)
12	CR:	jo:
ye:a
13	CG-SwT:	va ku↑::l.
how fun
- ((46 sec. of recording is excluded;
interaction about the resident's
travelling all over the world with her
family))

- 49 CG-SwT: de e rolit (.) alla har bra minne
it's fun (.) everybody has good memory
- 50 (2.8)
- 51 CG-SwT: ja::↑a
yes
- 52 (3.6)
- 53 CR: modati Mesr raftim.
time-ART Egypt went-1PL
we went to Egypt for a while
- 54 (0.6)
- 55 CG-SwF: Egypten hon har varit också.
Egypt she has been as well
- 56 (0.3)
- 57 CG-SwT: Eg↑ypten.
Egypt
- 58 CG-SwF: ja:a
ye:a
- 59 CG-SwT: Kai?ro.
Cairo
- 60 CR: Kairo.
Cairo
- 61 CG-SwF: .hm (.) så du pratade arabiska lite
grann
.hm (.) so you talked a little Arabic
- 62 CR: jo:.
yea
(Interaction about travelling
continues))

In line 01, after an exchange about celebrations, the resident self-selects and introduces a small-talk topic about places she has visited, 'Ameri-kan. (.) Kanada' ('American Canada'). CG-SwT responds with a confirmation check that takes the form of a yes/no interrogative prefaced by a news receipt (line 02), 'aha:: har du v₂arit i Kanada' ('aha:: have you been in Canada'). Following the resident's affirmative response in line 04, CG-SwT makes another confirmation check concerning the first name of place mentioned by CR, 'Am₂erika också' ('America as well'). The resident responds (in Swedish) by rephrasing this two-word phrase with falling intonation, 'Amerika också' ('America as well'), as if confirming that she has visited also this part of the world. The caregiver evaluates this answer with a positive assessment, prefaced by a news receipt pronounced with a strong rising-falling contour indicative of engagement (line

08), 'ah↑a:: va roligt' ('aha:: how fun'). In line 10, the resident self-selects in overlap with the caregiver's talk, now mentioning another part of the world, 'Australia' ('Australia'). In her follow-up turn, CG-SwT asks for confirmation by rephrasing this name of place with rising intonation (line 10), 'Austr↑alia också' ('Australia as well'). In response, CR confirms with an affirmative, 'jo' ('yea'). The caregiver then launches a sequence-closing positive assessment (line 13), 'va ku::l' ('how fun'). The interaction about travelling proceeds for another 42 seconds (not shown here).

The analysed sequence illustrates how CG-SwT manages to sustain the interaction with the resident without assistance from her Farsi-speaking colleague. Through their responses, the participants signal understanding, thereby demonstrating that they are satisfied with the progression of the small talk. CG-SwT's response practices, such as her confirmation checks and news receipts indicative of engagement, are of great relevance for how understanding is managed and maintained in this sequence.

In line 53, after a rather long silence in line 52, the resident self-selects by making an announcement in Farsi concerning a place that she has visited, 'modati Mesr raftim' ('we went to Egypt for a while'). A response from CG-SwT is due following this announcement. However, as evident by the gap in line 54, CG-SwT remains silent. Here, the Farsi-speaking caregiver intervenes and produces a translation of the resident's Farsi-language turn into Swedish (line 55), 'Egyp₂ten hon har varit också' ('Egypt she has been as well'). Following this intervention on the part of her colleague, CG-SwT resumes her small talk about places to visit by making use of the same response practices as in her dual-party conversation with the resident above. In line 57, CG-SwT rephrases the geographical name in CG-SwF's Swedish-language translation with rising intonation, 'Eg↑ypten' ('Egypt'), thus making a check for confirmation, to which CG-SwF responds with an affirmative. CG-SwT then proceeds with a confirmation check by mentioning the name of the capital in this country with rising intonation, 'Kai?ro' ('Cairo'), as if asking CR if she has been in

this place. The resident confirms her understanding with a modified repeat of this geographical name produced with falling intonation, 'Kairo' ('*Cairo*'). In line 61, CG-SwT goes on with another small-talk question about the language spoken in this place, 'så du pratade arabiska lite grann' ('*so you talked a little Arabic*'). The declarative design of this question elicits an affirmative response from CR, 'jo:' ('*yea*') (line 62).

By stepping in to do a translation of a Farsi-language turn, CG-SwF brokers a potential understanding problem for her colleague. Her translation makes it possible for CG-SwT to resume her small talk about different places in the world that CR has visited. In this fashion, CG-SwF brokers her colleague back into the conversation.

The small talk in the next example, Excerpt 2, concerns traditional celebrations and family gatherings. In this example, we will demonstrate how choice of language is used as a move to secure inclusion of CG-SwT. Skårup (2004), in his study of community formation in multilingual workplace settings, has called this type of code-switching 'bilingual brokering', in that the move brokers the uncomprehending participant back into the conversation. In this excerpt, both caregivers are present in the resident's bedroom. They are positioned at either side of the resident's bed adjusting the lift cloth on to the resident by means of which they are to move the resident from the bed to her wheelchair. In what follows, we will demonstrate how the caregivers collaborate in producing a response in Swedish to a Farsi-language turn by CR. Relying on the practice of anticipatory completion (Lerner 1996), CG-SwT builds affiliation with her colleague's turn-in-progress. By so doing, CG-SwT resumes her small talk with the resident about traditional celebrations.

Excerpt 2: 'So much money you are wasting.' CR = Farsi-speaking care recipient; CG-SwT = Swedish- and Tigrinya-speaking caregiver; CG-SwF = Swedish- and Farsi-speaking caregiver.

- 01 CG-SwF: °den ligger här °
it is here
02 CG-SwT: °bra °
good

- 03 CG-SwF: °ja ska göra bara de här °
I will just do this
04 →CR: NAVAD million toman faght melke
ninety million toman just property-
of
05 to Zafarieh kharid.
in Zafarieh bought-3SG
06 (0.7)
07 Baltha[zar
Balthazar
just alone the property in Zafarieh,
Balthazar bought for ninety million
tomans
08 CG-SwF: [så mycke pengar.
[so much money
09 CG-SwT: så mycke pengar du slösar,
so much money you're wasting
10 CR: [jo
[yea
11 CG-SwT: [på den här festen.
[on this party
12 CR: jo:
yea
13 CG-SwT: va bra: (.) va[bra:
how good (.) how good
14 CR: [(xxxx[xx)
15 CG-SwT: [alla dina barn kom till dzej,
[all your children came to you
(The conversation about family
gatherings continues.)

In lines 01–03, the caregivers are engaged in instrumental talk about the ongoing work with the lift cloth, and the small talk is halted for a while. CG-SwF's Swedish-language turn in line 03, produced in a soft voice, is addressed to CG-SwT and refers to the handling of the lift cloth. Following this turn, CR self-selects as the next speaker and issues an announcement in Farsi about a property in her home country that her husband bought for a considerable amount of money, 'NAVAD million toman faght melke to Zafarieh kharid. (0.7) Balthazar' ('*just alone the property in Zafarieh, Balthazar bought for ninety million tomans*'). The affective stance of this utterance is supported by the fact that the resident emphasises the price of the property by stressing the end vowel in 'NAVAD' ('*ninety*') and pronouncing the numeral as a whole with

increased volume. In line 08, CG-SwF delivers an assessment in Swedish of the amount of money mentioned by CR, 'så mycke pengar' ('so much money'), thus misaligning with the resident's choice of language. The format of this turn as not-yet-completed invites other speakers to make additions, an opportunity that CG-SwT makes use of. Thus, in line 09, CG-SwT rephrases CG-SwF's turn and furthers her colleague's undertaking, 'så mycket pengar du slösar' ('so much money you're wasting'). In line 09, CG-SwT, in overlap with CR's affirmative response, produces a completion of this turn-in-progress by adding the component 'på den här festen' ('on this party'). The demonstrative phrase 'den här festen' ('this party') refers to the resident's celebration of the Persian New Year with her family, a topic that CG-SwT has pursued with CR prior to this excerpt and now picks up again. By using the recognitional demonstrative 'den här' ('this') (Ariel 1990), CG-SwT appeals to a common ground shared with the resident. In line 10, CR responds with a confirming 'jo' ('yea'). CG-SwT then goes on with another small-talk question relating to CR's celebration of New Year (line 15), 'alla dina barn kom till d;ej' ('all your children came to you').

By misaligning with CR's choice of language, the Farsi-speaking caregiver orients to a Swedish-speaking community. In this way, CG-SwF secures the inclusion of her colleague, who henceforth can re-engage in small talk with CR.

4.2. Brokering in a complaint sequence

In this section we will demonstrate how language brokering is used to respond to and reject a complaint that targets a colleague who is present.

Complaining in talk-in-interaction has been examined in a range of settings with a CA methodology. We focus on complaining as a social activity in the broad sense of expressing 'feelings of discontent about some state of affairs, for which responsibility can be attributed to someone' (Heinemann and Traverso 2009: 2381). Complaints are typically dealt with as delicate and potentially problematic, in a way that makes them similar to troubles-telling (Jefferson 1988).

The delicate nature of complaints is also attested in previous studies undertaken in elderly care contexts. For instance, Grainger *et al.* (1990) have shown that care recipients' complaints about discomfort and inadequate care predominantly feature in sequences when the caregivers are involved in managing routine tasks such as bathing, cleaning, and dressing. The deflection of such troubles-talk, they argue, can be seen as a means to protect the integrity and efficiency of caring routines. A similar scenario develops in Excerpt 3, where the care recipient expresses discomfort and targets the care she is receiving as problematic. The caregivers have just engaged in changing the resident's diaper, a potentially embarrassing care task that involves handling of intimate parts of the resident's body. The resident is in her bed, and the caregivers are preparing to wash the lower part of her body. The excerpt is preceded by 15 seconds of silence, during which the caregivers are involved in managing the care task.

Excerpt 3: 'I'm fainting from hunger.' CR = Farsi-speaking care recipient ('Mitra'); CG-SwF = Swedish- and Farsi-speaking caregiver; CG-SwT = Swedish- and Tigrinya-speaking caregiver ('Tara').

((rustling sound from plastic sheets))

- 01 CR: sobhoneh ke naxordam.
breakfast ADV not-eaten-have-1SG
I haven't had breakfast of course
- 02 (0.5)
- 03 CG-SwF: jo:.
yea
oh yes you have
- 04 (2.3) ((rustling sound from plastic sheets))
- 05 CR: goshnegi daram [ghash mikonam.
hunger going-1SG [faint doing-1SG
I'm fainting from hunger
- 06 CG-SwF: [< hon har inte ätit>
she has not had
- 07 frukost säger hon Tara
breakfast she says Tara
- 08 (0.3)
- 09 CG-SwT: jo::↑::[:::
yea
oh yes you have

- 10 CG-SwF: [du har ät;it frukost (0.2)Mitra.=
you have had breakfast (0.2)Mitra
- 11 CG-SwT: =jo:: du har ä[tit gröt
oh yes you have eaten porridge
- 12 CR: [naxair
no
- 13 CG-SwF: du ät gröt:t.
you ate porridge
- 14 (0.7)
- 15 CG-SwT: me mjö:lk.
with milk
- 16 CR: un ger;oth
that porridge
- 17 CG-SwF: ja:↑a
yes
- 18 (0.7)
- 19 CG-SwT: gröt [(å mjö:lk)
porridge [(and milk)
- 20 CR: [inam azash shishta ghashogh
this-either from-that six spoon
not even six spoons of that
- 21 dad be man.
gave-3SG to me
s/he gave me
- 22 (2.2)
- 23 CR: shishtam na charta.
six-either not four
even not six but four
- 24 ((5 seconds of recording; CR is
requested to speak in Swedish))
- 25 CG-SwT: nej ja förstår inte persiska Mitra
no I don't understand Farsi Mitra
- 26 CR: goftam hichi nakhordam
said-1SG nothing
not-eaten-have-1SG
I said I didn't eat anything
- 27 man gorasnameh.
1SG hungry-1SG-is
I'm hungry
- 28 CGSw-F: prata på svenska Mitra. (.)
talk in Swedish Mitra (.)
- 29 Tara förstår inte persiska de e bara ja
Tara does not understand Farsi it's
only me
- 30 som förstår
who understands

In line 01, the resident initiates a complaint by stating in Farsi that she has not been served breakfast, '*sobhoneh ke naxordam*' ('I haven't

had breakfast of course'), an issue that is within the realm of CG-SwT's responsibility, as it was CG-SwT who was in charge of distributing the breakfast meal to the resident this morning. The resident thus explicitly points to a problem with the care provided by CG-SwT. In line 03, CG-SwF rejects this complaint by disagreeing with CR's statement, 'jo:' ('oh yes you have'). The Swedish 'jo' is here used as a polarity term, that signals disagreement with a preceding negative statement or claim.² After the lapse in line 04, CR points to the discomfort that CG-SwT's transgressive act has caused her. In line 05, she upgrades to an extreme case formulation (Pomerantz 1986) in Farsi: '*goshnegi daram [ghash mikonam*' ('I'm fainting from hunger'). Pomerantz (1986) argues that explicit expressions of something as complainable only surface in extraordinary situations when, as in the current case, a potential complaint has failed to receive a supportive uptake. Here, the Farsi-speaking caregiver addresses her colleague and provides a mitigated Swedish-language version of CR's complaint in overlap with CR's talk (line 06–07), '<hon har inte ätit> frukost säger hon Tara' ('she has not had breakfast she says Tara'); the address term 'Tara' indicates that the utterance is addressed to CG-SwT. That CG-SwF does not affiliate with CR's complaining is supported by the fact that her Swedish version of CR's complaint does not endorse the affective stance expressed by CR in line 05 with an explicit complaint-device in Farsi. Following her colleague's brokering turn, CG-SwT, the target of CR's complaint, displays her understanding by pursuing a response to the complaint. In line 09, she responds with a polarity term, pronounced with a markedly extended vowel and rising pitch, 'jo:::↑:::' ('oh yes you have'), thus emphasising the incorrectness of CR's statement of not having been served breakfast. CG-SwF is quick to join her by rejecting the grounds for the complaint (line 10), '[du har ät;it frukost (0.2) Mitra.= ' ('you have had breakfast (0.2) Mitra'). Latching on to her colleague's turn, CG-SwT now addresses the resident and reiterates her rejection of CR's claim by specifying the kind of meal she served her in the morning (line 11), '=jo:: du har ä[tit gröt' ('oh yes you have eaten

porridge'). The resident defies this argument in overlap with CG-SwT's talk with a straight denial in Farsi, '*naxair*' ('*no*'). In line 13, CG-SwF responds with a modified repeat of CG-SwT's prior turn, '*du åt grö::t*' ('*you ate porridge*'), with stress on the extended vowel in the nominal phrase '*grö::t*' ('*porridge*'), thereby marking agreement with her colleague's claim. After the gap in line 14, CG-SwT adds the complement '*me mjölk*' ('*with milk*'), which is syntactically dependent on CG-SwF's turn, thus teaming up with her colleague's line of argumentation. In line 16, CR initiates repair concerning the food distribution, '*un ger;oth*' ('*that porridge*'). In response, CG-SwF confirms that CR has been served porridge, which CG-SwT subsequently reaffirms (line 19), '*gröt (å mjö:lk)*' ('*porridge (and milk)*'). In overlap, CR further specifies the complainable act by stating in Farsi that the caregiver gave her not even six and not even four spoons (lines 20–23), thus implying that the distribution of the breakfast meal has not been adequately performed. CR's complaint is designed as a third party complaint. This is corroborated by the fact that she refers to the caregiver in third person with the inflected verb form '*dad*' ('*s/he gave*') in Farsi (line 21). In the subsequent interaction following this complaint turn, the caregivers point to the inconvenience caused by CR's use of a language that CG-SwT does not understand (lines 25 and 28–30). When CR restates in Farsi that she is hungry, CG-SwF requests her to talk Swedish. The caregiver's response in lines 28–30 that misaligns with CR's choice of language does not deal with the resident's complaint.

Previous research has shown that health professionals typically resist complaints about their colleagues, thus consolidating their institutional roles and cementing their collegial relationship (Heinemann 2009b; Ruusuvuori and Lindfors 2009). That is exactly what happens in Excerpt 3, where the caregivers jointly reject the grounds for CR's complaint by adding pieces that are syntactically dependent on earlier turns. As demonstrated, it is CG-SwF's brokering intervention in lines 06–07 that enables CG-SwT to address the complaint and thus form an interactional team with her colleague.

5. Concluding discussion

In this article we have examined multi-party communication between a multilingual (Swedish/Farsi) Persian woman and two caregivers, of whom one speaks and understands the resident's first language (Farsi), whereas the other has very limited or hardly any competence in this language. The focus has been on how potential problems of understanding are resolved in a linguistically asymmetric caregiving setting. Following Bolden (2012), we have called this practice 'language brokering'. We have demonstrated how a staff member's intervention, either by producing a translation (Excerpts 1 and 3) or by responding by disaffiliating with the resident's language choice (Excerpt 2), secures (re)inclusion of a non-understanding colleague in conversation with a client. These findings accentuate what other studies also show: that brokering in a variety of settings helps participants maintain or establish shared understanding (Angelelli 2004; Ng *et al.* 2004; Del Torto 2008; Bolden 2012).

The different stances and directions the Farsi-speaking caregiver takes in a turn where translation is done have implications for both her own and her colleague's opportunity to maintain a trustful relationship with the resident. In Excerpt 1, the Swedish-language translation is almost verbatim, and the caregiver does not omit any information from the resident's contribution. The translation thus aligns with the stance in the resident's telling. Also, the resident's contribution concerning her travel to Egypt fits very well into the ongoing conversation about travelling to different parts of the world. As the example attests, the brokeree mutually confirm their understanding, thereby demonstrating that they are satisfied with the progression of the activity. So far, brokering seems to provide an opportunity for the caregiver and the resident to engage in socio-relational and non-threatening talk. As previous research has pointed out (Grainger 1993; Coupland *et al.* 1994; Marsden and Holmes 2014), small talk fills an important function for securing cooperation and maintaining a friendly relationship in the kind of embarrassing caregiving situations that the caregivers are involved in here.

From a client-oriented perspective, the other two examples (Excerpts 2 and 3) are more complex. In these examples, the caregiver resists affiliative uptake to the resident's talk about troubles. Excerpt 3, where the resident complains about the care she is receiving, is an illustrative example of this. In this example, CG-SwF provides a selective translation that tones down the resident's affect display by leaving out the explicit complaint-device in her complaint. As demonstrated, CG-SwF's mitigated translation ends up with the target of the complaint, CG-SwT, disaffiliating with the complaint and the two caregivers being aligned in their response. The fact that the resident goes on with and even escalates her complaining attests that she is dissatisfied with the caregivers' deflection of her troubles-talk. On the one hand, the caregiver's translation enables her non-understanding colleague to address the resident's complaint, but on the other, the receipt of the translation resorts to deflective strategies (cf. Grainger *et al.* 1990), so that the resident's complaint fails to receive a supportive uptake. By disaffiliating with the resident's complaints, the caregivers deny the existence of a sufficiently close relationship with her. *Vice versa*, by affiliating with her colleague, the broker confirms professional loyalty and collegial relationship, a strategy that is common in care and healthcare settings when a client complains about maltreatment or negligence (Heinemann 2009b; Ruusuvuori and Lindfors 2009).

The findings from this study highlight the vulnerability of the client as well as the challenges faced by the caregivers, including the one who performs language brokering. The caregivers find themselves in the middle of dealing with the frustration, agitation, and discontent of an elderly multilingual woman who is struck by illness and pain. This makes her extremely vulnerable and dependent on her caregivers, who have to manage the client's outbursts in a language that is not shared among them. The challenge faced by CG-SwF is as follows: what choices are to be made in order to be supportive both to the client and to her colleague? As this study attests, the caregiver's interventions – for instance, through verbatim translation or mitigated, selective translation – inevitably impact on the

relationship with the client. One could question whether the caregiver who talks on behalf of the care recipient could have made other choices, for example by affiliating with the resident instead of siding with the care institution, which leads to lost opportunity to create connections with the client.

Finally, the findings presented in this article highlight the complexity of caregiving in an increasingly multilingual society. The practice described here is probably commonplace in caregiving settings, but has received scarce attention in research. Further research will shed light on how caregivers gain and are assigned rights to talk on behalf of a care recipient in multilingual caregiving settings, and how this can be done without losing this party as a ratified conversational partner.

Notes

1. The study is part of the project Multilingual Practices and Pedagogical Challenges in Elderly Care, with funding from the Swedish Research Council 2014–2017.
2. When used as a response to a negative statement, the Swedish 'jo' conventionally marks opposition to what is stated (Allwood 1987: 13). When used as a response to a positive statement or a question, 'jo' is equivalent to 'ja' (*yes*).

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Appendix 1: Transcription conventions

- ::: Prolongation of the sound just preceding. The more colons, the greater the elongation.
- After a word part or a word indicates a cut-off or self-interruption.

=	Utterances follow immediately after each other with no discernible silence between them.
[	A point of overlap onset.
((nods))	The transcriber's comment on how something is said, or what happens in the context.
(1.6)	A silence, approximately represented in tenths of a second.
(.)	A 'micropause', audible but not readily measurable, ordinarily less than 2/10 of a second.
(x x x)	Something inaudible is being said.
° °	Talk markedly softer or quieter than the adjacent talk.
<u>Yes</u>	Some form of stress or emphasis either by increased loudness or higher pitch.
.	A falling, or final intonation contour.
,	'Continuing' intonation, not necessarily a clause boundary.
?	Rising intonation, not necessarily a question.
¿	A rise, weaker than a question mark.
↑	A marked shift into higher pitch in the utterance-part immediately following the arrow.
< >	Bracketing an utterance or utterance-part indicates speeding up.

Appendix 2: Morphological gloss abbreviations

ART	article
ADV	adverb
SG	singular
PL	plural
1	first person
3	third person

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- Gunilla Jansson** is Professor of Swedish Language at Stockholm University. Her research interests include communication in health professions, training and education of healthcare professionals, and multilingualism in the workplace. Her PhD thesis was within pragmatics and dealt with cross-cultural writing strategies in the essays of second-language students. Her current research focuses on communication and interaction in elderly care and on methodological issues of ethnography and conversation analysis. Address for correspondence: Department of Swedish Language and Multilingualism, Stockholm University, S-106 91 Stockholm, Sweden. Email: gunilla.jansson@su.se
- Cecilia Wadensjö** is Professor of Interpretation and Translation Studies at the Institute for Interpreting and Translation Studies (Department of Swedish

Language and Multilingualism), Stockholm University, Sweden. She is currently involved in research on interpreter-mediated interaction in legal and healthcare settings. She has published extensively on interpreter-mediated social interaction, drawing on recordings of naturally occurring discourse data and exploring interpreting in medical, legal, broadcasted,

and other institutional encounters. Among her publications is the widely cited monograph *Interpreting as Interaction* (London: Longman, 1998). Address for correspondence: Department of Swedish Language and Multilingualism, Institute for Interpreting and Translation Studies, Stockholm University, S-106 91 Stockholm, Sweden. Email: cecilia.wadensjo@su.se