An Interactional Perspective on Interpreting as Mediation

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Abstract

The importance of mediation in dialogue interpreting has been highlighted in a number of recent studies. Franz Pöchhacker has outlined three analytical dimensions to look at interpreting as mediation: (1) linguistic/cultural mediation, including intercultural mediation, is basically a synonym for interpreting; (2) cognitive mediation explains the subjectivity of interpreters; (3) contractual mediation involves facilitation of communication, conflict management and power relations. Pöchhacker advocates a distinction between the cognitive and the linguistic/cultural dimensions of mediation on the one hand, and the dimension of contractual mediation on the other. Empirical analysis of interpreter-mediated interaction can be used as the starting point for understanding the complexity of interpreting as mediation. The analysis of interpreter-mediated interactions in Italian healthcare services evidences: (1) the complex nature of linguistic (or language) mediation; (2) the relationship between language mediation and its cultural forms and contexts; (3) the relationship between language mediation and intercultural mediation; (4) the meaning of language mediation as facilitation of communication; (5) the limitations of interpreting as mediation. This analysis can have important implications for the achievement of higher levels of professionalism in interpreting.

Keywords: dialogue, facilitation, interaction, language mediation, renditions.

1. Analysing interpreting as mediation

The proposal to observe interpreting as mediation was first introduced in the 1980s (Knapp-Potthoff and Knapp 1987), well before the upsurge of interest in public service interpreting (Wadensjö 1998; Davidson 2000).

In 2008, Pöchhacker summarised the main tenets of this proposal, highlighting three analytical dimensions that may be used to explain interpreting as mediation: linguistic/cultural mediation, cognitive mediation, and contractual mediation (Pöchhacker 2008).

Linguistic/cultural mediation is a synonym for interpreting, as interpreting always includes both linguistic and cultural aspects. According to Pöchhacker, linguistic mediation is unavoidably cultural mediation. Cognitive mediation indicates the inevitable subjective autonomy of the interpreter, which prevents interpreting from being restricted to a 'faithful transmission' of information, and rejects the 'translation machine metaphor' of interpreting (Hale 2007). According to Pöchhacker, the interpreter's subjectivity is at the core of mediation. Contractual mediation refers to mediation intended as resolution of (intercultural) conflicts, i.e. as the facilitation of cross-cultural understanding and communication beyond language demarcation. According to Pöchhacker, the idea of interpreting as contractual mediation originates from theories of conflict mediation.

Pöchhacker advocates a clear separation between the dimensions of cognitive and linguistic/cultural mediation, on the one hand, and the dimension of contractual mediation, on the other. Such a separation should ensure a clear professional separation between interpreters and contractual (conflict) mediators, the latter being also referred to as 'intercultural mediators' (see Pittarello 2009). Pöchhacker expresses his concern that interpreting may become established as contractual mediation, and particularly that intercultural mediators may be preferred to professional interpreters in some institutions (e.g. in Italian healthcare services), in that they are considered more competent in managing intercultural relations and conflicts, thus facilitating intercultural communication.

This concern originates from the fact that, while professional interpreting is important in public services in anglophone and Northern European countries (Carr et al. 1997; Roberts et al. 2000; Hale 2007; Corsellis 2009), in some other countries, including Italy, intercultural mediation services have developed which are rooted in the observation of problems of intercultural communication involving services and migrants (Merlini 2009; Pittarello 2009; Lizana 2012; Verrept 2012). Intercultural mediators are employed not only with the function of translating between the languages of host communities and those of migrant communities, but they are also charged with managing cultural differences, which may arise during public service encounters. Pöchhacker seems to fear the rise of a professional field in which the function of establishing positive intercultural relations between the parties is separated from, and maybe prevails

over, the function of mediating between languages – a professional field in which the primary professional competence is not interpreting.

While the reasons of this concern are quite clear, the analytical dimensions of interpreting as mediation and the distinction between professional interpreting, including linguistic/cultural and cognitive mediation, and intercultural mediation, intended as contractual mediation, deserve further reflection.

Firstly, linguistic/cultural mediation may be conceptualised in different ways. Wadensjö (1998, 277-278) defines interpreting as cultural mediation in that, by promoting mutual understanding in interactions, interpreters make it possible to identify cultural differences as differences in worldviews. Davidson (2000, 381) describes interpreters' mediation as a form of cross-cultural communication "between immigrants and agents of the institutions of the First World". In particular, he sees cultural mediation as a form of 'gatekeeping' of the medical system, whereby migrants' utterances are adjusted to the agenda of the medical consultation through translation. According to Angelelli, "interpreters are needed to bridge the cultural communities of the provider (and medicine) and of the patient" (2012, 252); therefore "cultural mediation is needed to achieve shared understanding" (2012, 264-265). According to Penn and Watermeyer (2012, 270), the interpreter acts "as a bridge across the different cultures, worldviews and lifeworlds present in an interaction". Davitti (2013, 169) describes interpreting as "closely intertwined with intercultural mediation, a social activity promoting cultural acceptance, participation, mutual understanding and empowerment". To sum up, cultural mediation may be observed as identification of cultural differences (Wadensjö), management of power relations (Davidson), bridging of cultural communities (Angelelli, Penn and Watermeyer), or promotion of acceptance, participation and empowerment (Davitti).

Secondly, the concept of cognitive mediation as a subjective process is also controversial. Hale (2007, 42) maintains that accuracy in interpreting is not associated with the translation machine metaphor, as interpreters need to "render the meaning of the utterance at the discourse level, taking into account the pragmatic dimension of language". It seems that the cognitive or subjective autonomy of interpreters does not fully explain the interactional dimension that is stressed by Hale in the analysis of accuracy in interpreting, nor the conceptualisation of cultural mediation as identification, gatekeeping, bridging or promotion of cultural difference.

Thirdly, facilitation of communication, conflict management and shaping of power relations are not necessarily combined in the existing

account of interpreting as mediation. For example, shaping of power relations may be associated with gatekeeping (Davidson 2000) or hierarchical subordination of interpreters (Inghilleri 2005); when this is the case, shaping of power relations means neither facilitation of communication nor conflict management. Therefore, the concept of contractual mediation is probably not sufficient to account for facilitation of communication, conflict management and shaping of power relations as concurrent facets of interpreting. Furthermore, the distinction between 'cultural' mediation and 'intercultural' mediation is not clearly drawn in the literature.

These conceptual problems may be faced starting from the idea that, as Pöchhacker (2008) observes, mediation is achieved in interpreter-mediated interactions. This paper aims to clarify the meanings of interpreting as mediation, and its dimensions, building on the analysis of authentic interpreter-mediated encounters.

According to Wadensjö (1998), interpreting means coordination of interactions, rather than simple rendition of the contents uttered by parties-at-talk. The interactional dimension of interpreting may be investigated through the combination of linguistic and cultural aspects of mediation, which has an impact on the accuracy of renditions as well as on the facilitation of communication.

The following sections will present an empirical analysis of interpreting as mediation, looking at cases of 'intercultural mediation' in Italian healthcare services. This analysis is based on an ongoing research project, in which more than 300 interpreter-mediated interactions have been collected. This collection includes bilingual interactions with healthcare providers speaking Italian, and patients speaking Arabic, Chinese, English, and in some cases French and Vietnamese. The mediators belong to the same communities as the patients; they are non-professional interpreters and are expected to cater for both translation and the management of intercultural communication. The extracts analysed in the next sections will provide a general idea of the meanings of interpreting as mediation.

This analysis of interpreter-mediated interactions aims to clarify: the complexity of what is called linguistic or language mediation (section 2); the relationship between language mediation and its cultural forms and contexts (section 3); the relationship between language mediation and intercultural mediation (section 4); the meaning of language mediation as facilitation of communication (section 5); the limitations and problems of interpreting as mediation (section 6). Finally, the possible relevance of this analysis to professional interpreting will be briefly discussed.

2. Interpreting as language mediation

Interpreting implies mediation between different languages used in interaction. However, this simple observation is not sufficient to define the meaning of 'mediation'. The meaning of language mediation may be associated with particular types of interpreter utterances: modified renditions of interlocutors' utterances and/or additional talk or non-renditions (Wadensjö 1998). Interpreters are linguistic mediators in that they contribute to the interaction and coordinate it, by reducing or expanding other participants' utterances in their renditions and/or producing additional talk (or non-renditions), thus enhancing mutual understanding (Baraldi and Gavioli 2012).

Extract 1 exemplifies this meaning of language mediation. In turn 1, the doctor inquires about the patient's last menstruation. Her question is translated by the mediator in turn 2. After the patient's answer, and a two-second pause, the mediator checks the answer using a 'gloss-for-confirmation' question (Heritage and Robinson 2006), i.e. a question that needs a simple confirmation of previously acquired information (turn 5). The patient confirms the information given, but the mediator continues to inquire, suggesting, with a new question (turn 7), that the patient's answer implies absence of menstruation in the current month. In so doing, the mediator leads the patient to reveal that she is currently menstruating, thus clarifying the misunderstanding of the first question in turn 2. The contradiction between the two answers (in turns 3 and 8) leads the mediator to ask three focused questions (turns 9, 11, 15). This sequence of actions promotes the patient's expanded answer, which in turn achieves accuracy. The reduced final rendition, which is an answer to the doctor's question, makes the implication of the patient's answer explicit.

Extract 1. D = doctor; M = mediator; P = patient.

01. D: Ultima mestruazione quando è stata?
Last menstruation when was it?
02. M: Akhir marra jatk fiha l 'ada shahriya?
Last time you had your period?
03. P: Rab'awa'ishrin (.) f sh'har juj;
Twenty-fourth (.) in the month of February.
04. (2)
05. M: F sh'har juj?
In February?
06. P: Ah, rab'awa'ishrin (.) f sh'har juj.
Yes, twenty-fourth of February.

07. M: F sh'har – f had sh'har ma jatksh?
In the month – in this month you didn't have it?
08. P: Majatnish, yallah jatni, ghlt lik dart liya retard tis' ayyam.
I didn't have, I have just had it, I told you I had a nine-day delay.
09. M: Yallah jatk?
You've just had it?
10. P: Ah.
Yes.
11. M: Imta jatk?
When did you have it?
12. P: Jatni:: el bareh.
I had it yesterday.
13. M: Ehm, ya'ni les regles tsamma dyal l bareh mush –
Ehm so yesterday menstruation don't –
14. P: Ah, ghlt dyal bareh, mashi lli ghlt dak sh'har.
Yes I said yesterday, not that from last month.
15. M: Eh, no, akher marra. ma'natha nti daba haid?
Well no, last time. So you're having your period now?
16. P: Ah.
Yes.
17. M: Allora, attualmente è mestruata. (.) Le sono venute ieri.
Well, she's having her period now (.) It came yesterday.

Extract 1 shows that the mediator autonomously pursues the patient's answers to the doctor's question, until she can offer a summarised (reduced) rendition thereof. It also shows that the mediator's lack of 'faithfulness', which is stressed by Pöchhacker (2008) as a characteristic of interpreting as mediation, depends on the interactional dynamics, rather than on her subjective (or cognitive) limitations: the mediator's initiative, which promotes an expanded dyadic sequence with the patient, originates from the patient's unclear answer. The complexity of this interactional dynamics prevents the mediator from proffering accurate renditions of the patient's specific utterances, leading her instead to proffer a reduced rendition after a dyadic sequence that clarifies the patient's answer. Extract 1 shows that language mediation (1) depends on the organisation of the interaction, and (2) is a condition of functional coordination of a complex interaction, which (3) prevents interpreters from offering a 'faithful' rendition of the interlocutors' utterances, i.e. from being translation machines.

This example makes it possible to identify some important ways in which language mediation is performed in complex interactions. Mediators' renditions can significantly change what has been proffered by other participants, by reducing it, excluding part of it, and/or including additional talk. Mediators' modified renditions can be expansions of previous

utterances, such as patients' explanations, as highlighted in extract 1. In these cases, mediators produce non-renditions. In particular, mediators can 'prepare' their final summarised rendition (see extract 1, turn 16) by promoting participants' production of turns (see extract 1, turns 4, 6, 8, 10, 12, 14). Mediators act as responders who help interlocutors to produce their own utterances, e.g. through requests for clarification (as in extract 1), comments, or minimal responses (Gavioli 2012).

Extract 2 shows another example of actions promoted by the mediator that are functional to coordinating complex interactions. In turns 1 and 3, the doctor provides an explanation of ultrasound tests, which is acknowledged by the mediator with two minimal responses (turns 2 and 4). This explanation may be understood as a way to ask the mediator to take the initiative with the patient ("we have to tell her"). This understanding leads the mediator to produce an expanded rendition, which is acknowledged by the patient's husband through minimal responses. The mediator produces informational content (explanation of the meaning of ultrasounds), which promotes the understanding of the patient's husband.

Extract 2. D = doctor; M = mediator; P = patient; H = patient's husband.

01. D: Allora adesso le dobbiamo spiegare le tre ecografie (..) allora la prima la facciamo il primo trimestre la seconda è la più importante però si vedono solo le cose fisiche –
So now we have to tell her about the three ultrasound tests (..) now, we do the first one in the first trimester, the second one is the most important but we see only the physical features –

02. M: Sì.
Yes.

03. D: La terza che vediamo quanto è cresciuto.
The third one when we check how much it ((the baby)) has grown.

04. M: Ok. I bit ullak, halla' ihna khilal elhaml (..) fi Italia, bini'mil thalath talfazat (..). 'thalfaza aloula 'lli bitin'iml hadi nghul fi 'shahr 'thani 'shahr 'thalith taqriban, 'lli tutbit 'nu mawjud alhaml w 'tifl dakhil 'rahim w kulshi mzian (.) 'talfaza 'thaniya 'lli bitin'imil taqriban fi 'shahr alkhamis aw bayn 'rabi' wa alkhamis, hadi tbayin ennu 'tifl kamil ala'daa'.
Ok. She says about your pregnancy (..) in Italy we have three ultrasound tests (..) the first one is in the second third month, about, this shows that the pregnancy has started and that the foetus is in the right position and that everything is alright (.) the second one is taken during the fifth – between the fourth and the fifth month, this shows that the baby's body is complete in all its parts.

05. H: Ah.
Ah.

06. M: Idih w (.) rjlih w 'ra's w lbatn w l ma'ida.
Her feet (.) her hands and all the rest.
07. H: Ah.
Ah.
08. M: Ya'ni kul haja mawjuda fi aljism.
That everything is in place.
09. H: Aywa.
Yes.
10. M: W 'thalfaza al ukhra 'lli 'ala ishahr (.) nghul bayn 'sabi' w akhir 'sabi' w awwal 'thamin taqriban akthar had.
The third one is taken between the (.) beginning of the seventh and the eighth month maximum.
11. H: Ah.
Yes.

Extracts 1 and 2 highlight the importance of both modified (reduced or expanded) renditions and additional talk (non-renditions) in connecting other participants' utterances and promoting mutual understanding, thus achieving language mediation. They also indicate that language mediation can face difficulties not only when 'replaying' participants' expressions (Mason 2005), but also when 'replaying' *orientations* of interactions, as we will see in extract 3 below. In order to face these difficulties, interpreting needs to be language mediation.

3. Cultural forms and contexts of mediation

As Pöchhacker (2008) suggests, linguistic mediation makes reference to cultural aspects. In Interpreting Studies, cultural aspects of interpreting have been conceptualised in different ways. Let us consider some examples.

Baker (2006a) has conceptualised interpreting as the production of narratives. Narratives are social constructions in which reality is interpreted and 'storied'; far from simply representing reality, narratives constitute its meaning. In particular, Baker (2006a, 105) states that interpreters "accentuate, undermine or modify aspects of the narrative(s) encoded" in source utterances, by translating "utterances that participate in creating, negotiating and contesting social reality". Interpreting, in other words, contributes to construing new narratives, thus producing particular sets of categories.

Mason (2006) has observed that interpreters' renditions may clarify interlocutors' cultural assumptions. In interpreter-mediated interactions,

the actual meaning of participants' utterances is subject to contextual assumptions, which are not always explicit when participants contribute to interpreter-mediated interactions. Therefore, the interpreter needs to make one interlocutor's utterance more explicit to the other by rendering not only what is said in the utterance, but also adding the contextual assumptions of what is said in the rendition.

Cronin (2006, 130) argues that partial renditions or non-renditions of utterances, rather than signalling failures of translation, reveal "the necessary complexity of language and culture without which translation would not exist and which justifies its existence in the first place". In other words, partial renditions and non-renditions show that interpreting has the potential to introduce new 'cultural forms'.

The concept of 'cultural forms' is used by Cronin to stress the creative and 'negentropic' cultural products of translation. Here, it is adopted to describe the important cultural productions of interpreting activities. According to Baker, Mason and Cronin, interpreting means producing new cultural forms, such as narratives or cultural assumptions, through partial renditions and non-renditions. Therefore, language mediation is the production of new cultural forms for which the interpreter is ultimately responsible. In other words, language mediation is cultural mediation in that it produces cultural forms in interpreter-mediated interactions. These cultural forms are produced through modified renditions (e.g. new narratives) and non-renditions (e.g. cultural assumptions).

The production of cultural forms, however, is influenced by the social system (Luhmann 1995) in which language mediation is performed. Interpreting always occurs in social systems, e.g. in educational processes or during the delivery and reception of healthcare services. These social systems set the cultural presuppositions for language mediation, i.e. they contextualise its achievement. These cultural presuppositions are "the contextual presuppositions that underlie situated interpretations" in interactions (Gumperz and Cook-Gumperz 2009, 24). For example, in healthcare systems, language mediation depends on the primary value of treating illness and restoring health, on the one hand, and on the expectations regarding provider's and patient's roles, on the other.

By producing new cultural forms, language mediation may modify these cultural presuppositions in specific interactions. On the one hand, cultural presuppositions shape interpreter-mediated interactions, while on the other, interpreter-mediated interactions affect cultural presuppositions. Therefore, (1) interpreting is contextualised by cultural presuppositions in the social systems in which it is performed, and (2) interpreting may possibly re-contextualise (Baker 2006b) cultural presuppositions

by producing new cultural forms (through modified renditions or non-renditions).

Re-contextualisation means change of *orientation* in interpreter-mediated interactions. Modified renditions or non-renditions, while being contextualised by predefined cultural presuppositions, can promote changes in the orientation of interactions. Extracts 1 and 2 show examples of re-contextualisation. These extracts show that, through their modified renditions and non-renditions, mediators promote important changes regarding not only the content of the interlocutors' utterances, but also the orientation of interactions. In particular, extracts 1 and 2 show the production of new narratives regarding patients' menstruations and ultrasound tests; extract 2 also shows the production of a cultural assumption, which clarifies the way in which ultrasound tests are organised 'in Italy'.

Re-contextualisation means promotion of both patients' expressions and doctors' explorations of these expressions. On the one hand, mediators promote their interlocutors' active participation in dyadic sequences, on the other they provide precise, although modified, renditions of either patients' answers (extract 1) or doctors' instructions (extract 2). Our analysis leads to identification of the cultural form of language mediation that allows the re-contextualisation of predefined cultural presuppositions in a social system. In particular, extracts 1 and 2 show that this cultural form is a *dialogic* form (Baraldi 2012). The dialogic form of language mediation, by including both non-renditions in dyadic sequences and modified (expanded or summarised) renditions of these sequences, promotes both patients' perspectives and expressions, and doctors' explorations of patients' problems and needs.

4. Intercultural mediation

While language mediation is always *cultural* mediation, this does not necessarily imply that it is also *intercultural* mediation. While cultural mediation means that interpreting produces new cultural forms, intercultural mediation means that interpreting establishes new conditions of intercultural communication. The need for intercultural mediation is based on the observation of a lack of fit between institutional and clients' perspectives. Intercultural mediation is considered important because, while institutional cultural presuppositions are well-established, it is presumed that new cultural forms, which may be neither known nor accepted by institutions, can create serious problems in interaction.

The mediator's coordination should be successful in managing the lack of fit between different cultural forms, creating the conditions for cross-cultural adaptation (Kim 2001) and enhancing the participants' display of their cultural identities (Ting-Toomey 1999). In other words, mediation should enhance new positive intercultural relations (see section 1). In this respect, the intercultural aspect of language mediation implies making the expression of cultural diversity possible in interactions thereby transforming it in positive intercultural communication. Let us clarify the concept of "positive intercultural communication" (Baraldi 2009 e 2012; Baraldi and Gavioli 2007) by means of another example.

Extract 3 regards a pregnancy-monitoring encounter with an Arab woman. The extract shows the mediator's modified rendition (turn 2) of the doctor's question about past miscarriages (the doctor uses in fact the Italian word 'aborto' which includes both 'miscarriage' and 'abortion'). In this rendition, the mediator: (1) avoids using a specific word equivalent to 'miscarriage' and/or 'abortion' (she uses the expression a "pregnancy that did not continue"), (2) refers to the reassuring presence of the patient's children ("you have two children") and to the future one ("now it is the third pregnancy"); (3) uses an Arabic expression ("al baraka", i.e. "God bless"), which highlights the importance of the 'existing' children in a specific 'discourse of culture' (Holliday 2013). This modified rendition includes both a narrative of problems related to early pregnancy and an assumption regarding their cultural meaning.

Extract 3. D = doctor; M = mediator; P = patient.

01. D: Poi chiedi se non ha avuto degli altri aborti (.) delle altre –
Then ask her if she had other abortions (.) other –
02. M: Ya'ni 'indik elbaraka waladin w halla' elhaml ithalith elbaraka (.) ghir hik waqa' haml w ma kamal, law ya'ni ma iktamal la qaddar Allah.
You have two children, God bless them, and now this is your third pregnancy, God bless it (.) beyond that, was there any pregnancy that did not continue or –
03. P. La.
No.

In Extract 3, language mediation re-contextualises the interaction by introducing a 'cultural difference'. The mediator's modified rendition enhances the patient's active participation in a delicate situation, which involves the patient's worries about pregnancy and a shared religious culture. Intercultural mediation is produced through a modified rendition, which (1) introduces a possible cultural difference between the

participants, and (2) supports the patient's acceptance of and answer to the doctor's question, thus avoiding problems of communication. This extract shows that language mediation can promote interlocutors' active participation and involvement in interactions by enhancing discourses of culture (Holliday 2013). Language mediation can also promote patients' active participation by highlighting specific cultural practices, for example regarding food consumption or traditional medicaments.

By introducing discourses of culture and cultural practices, language mediation can promote interlocutors' participation, rather than stress cultural differences. Our analysis leads to the conclusion that intercultural mediation may be seen as a *subset* of the dialogic form of language mediation, which promotes patients' perspectives and doctors' exploration of patients' problems and needs. Intercultural mediation reproduces and enhances this dialogic form through cultural discourses and clarifications of cultural practices.

5. Mediation as facilitation of communication

The function of language mediation as facilitation of communication has been classified by Pöchhacker (2008) under the label of contractual mediation, together with management of conflicts and power relations. Pöchhacker associates facilitation of communication with conflict mediation. Like language mediation, conflict mediation is coordination of interactions. However, as we have seen in extracts 1-3, language mediation does not necessarily deal with conflicts and does not work on conflicting relationships.

Nevertheless, language mediation means facilitation of communication, which takes place whenever mediation is implemented to support communication between participants in the interaction, for instance by promoting understanding and overcoming language barriers. On a theoretical level, this function is shared by language mediation and conflict mediation. Winslade and Monk (2008) highlight the importance of enhancing narratives in conflict mediation, as Baker (2006a) does for interpreting and translation. Bush and Folger (1994) stress the importance of empowering the conflicting parties, while Hale (2007, 11) states that "the interpreter's aim is to empower the speakers to communicate with each other by removing the language barrier through the medium of interpreting". Conley and O'Barr (2005) analyse interactions showing ways in which conflict mediation can empower disputants and promote new narratives. Therefore, language mediation, as well as conflict media-

tion, can be seen as both production of narratives and empowerment of interlocutors' active participation, as we have seen in extracts 1-3. While language mediation deals with different problems compared to conflict mediation, these two types of mediation have quite a lot in common, in that they concern facilitating communication between co-participants.

Some studies also suggest that interpreting implies management of power relations. This management may be more or less successful, depending on the positioning of interpreters in interactions, which can be a powerful positioning (Baker 2006a), a negotiating positioning (Mason and Ren 2012), or a weak positioning (Inghilleri 2005).

As we have seen, language mediation produces narratives and contextual assumptions to empower interlocutors, enhancing equal opportunities for active participation. To what extent does this mean managing power relations? We believe it is misleading to confuse *empowerment*, which applies to facilitation, and *power*, which applies to advocacy or gatekeeping. The function of dialogic language mediation regards the facilitation of participation, rather than the management of power relations.

In conclusion, the dialogic form of language mediation may be seen as facilitation of communication, but not as management of either power relations or conflicts.

6. Failures of language mediation

Finally yet importantly, language mediation can fail, in that modified renditions and non-renditions can give rise to problems of coordination and understanding. The failure of language mediation has been dealt with in a number of studies on different settings (e.g. Bolden 2000; Davidson 2000; Merlini 2005; Hsieh 2007; Baraldi and Gavioli 2008; Van der Mierop et al. 2012; Davitti 2013). This failure originates from a specific form of interpreter-mediated interactions, which is shown in extract 4.

In turn 1, the doctor invites the mediator to inquire on the patient's menses. In turns 9 and 11, the mediator asks about the patient's menses. Following the patient's answers (turns 10 and 12), the mediator initiates and coordinates a dyadic sequence shifting the topic first to unprotected sex (turn 13), then to the patient's suspicious behaviour (turns 15 and 17), and finally to a reprimand of the patient's negative behaviour (turns 21 and 23).

Extract 4. D = doctor; M = mediator; P = patient.

01. D: Sister, indaga sulle mestruazioni.
Sister, please inquire on her menses.

((turns 2-7 omitted D speaks with a nurse))
08. D: Eh no, chiedi.
Eh no, ask please.
09. M: Your last menstruation?
10. P: On the eighth of next, eh, last month.
11. M: Have you seen it this month?
12. P: No, °it doesn't come° (.) I don't feel e::hm
13. M: You had unprotected sex?
14. P: °Yeah° I don't take prevention
15. M: You knew you are pregnant.
16. P: °Mhm?°
17. M: You knew you are pregnant.
18. P: Pregnant.
19. M: You knew you could be pregnant?
20. P: °(That's true)°
21. M: Bene, you come here and you wasted my time. Okay, now you was supposed to go to the other side, not here.
22. P: [Eh=
23. M: [(We wasted) (all these things)

In extract 4, first the mediator inquires about the patient's behaviour and, then stresses it as negative. Extract 4 differs from extracts 1-3 as regards the consequence of the mediator's actions on the interlocutors' participation. In extract 4, the mediator *leads* the interaction, rather than coordinating it; she substitutes the doctor and presses the patient. In cases like this, interpreter-mediated interactions take the form of mediator-centred monologues. While the dialogic form of language mediation is concluded with a modified rendition, in mediator-centred monologues, renditions seem to be superfluous. Therefore, this form re-contextualises interpreter-mediated interactions by reducing interlocutors' active participation.

Mediator-centred forms of interpreter-mediated interactions may also promote "cultural essentialism" (Holliday 2010), which means that participants are considered members of cultural groups (e.g. Africans) and therefore do not choose actions and contents autonomously. Cultural essentialism creates important negative consequences in interactions, as extract 5 shows.

In turn 1, the patient is asked about her height. In turn 2, the mediator introduces a cultural assumption, modifying the rendition of the doctor's question to signal a doubt about the patient's knowledge ("do you know your height?"). In turn 3, the patient confirms that she does not know her height. This confirmation, together with an expression of surprise by the doctor ("this is weird", turn 19), prompts the mediator to

explain the 'African' cultural attitude in dealing with details like height and weight (turn 20).

Extract 5. D = doctor; M = mediator; P = patient.

01. D: Quant'è alta la signora?
How tall is the lady?
02. M: Do you know your height?
03. P: No.
04. M: ((laughs))
05. D: SAI QUALCOSA VIVIANA:? ((patient's name))
DO YOU KNOW ANYTHING VIVIANA:?
06. ((laughter))
((13 turns omitted in which the patient is measured))
19. D: (Questa è be:lla)
(This is weird))
20. M: ((laughs)) eh eh (.) no:: nessuno guarda questo in Africa. quanto è alta:, quanto pesi, no nessuno mai.
Eh eh (.) No:: nobody looks at this in Africa how tall she is:, your weight, no nobody never ever.

The mediator's explanation of cultural difference is provided in normative, undebatable terms, as "what Africans are and do", i.e. as an essentialist cultural discourse on Africans and the cultural practices of Africans. Moreover, the African culture is used as an explanation of the patient's incompetence in answering the doctor's 'simple' questions, thus highlighting an ethnocentric form of interaction (Baraldi and Gavioli 2008), which excludes the patient's personal expressions as potential contributions. This form of categorisation attaches a specific meaning to the patient's utterances, while preventing or reducing her active participation.

The mediator-centred form of interpreter-mediated interactions shows that mediators' actions can, in fact, enhance power relations; however, by so doing, they neither facilitate communication nor empower participants' actions. This mediator-centred form of interpreting, enhancing power relations, has also been highlighted in interactional analyses of conflict mediation, which show that disputants are not equally empowered through the mediator's actions (Conley and O'Barr 2005).

The mediator-centred form introduces a normative order in interpreter-mediated interactions, which results in substituting, underestimating or ignoring other participants' contributions. This form emphasizes We-identities (Ting-Toomey 1999) as determining participants' utterances, thus ignoring any expression of personal (i.e., as non-We) identities.

7. Conclusions

This paper has shown that the analysis of interpreter-mediated interactions can shed light on the meaning of interpreting as language mediation, and its connections with cultural forms, intercultural communication, and facilitation of communication. Starting from the three dimensions observed by Pöchhacker (2008), i.e. linguistic/cultural mediation, cognitive mediation and contractual mediation, the paper has highlighted the complexity of interpreting as mediation.

Firstly, the analysis has shown that language mediation includes systematic modified renditions and non-renditions of interlocutors' utterances as ways of coordinating interaction. These modified renditions and non-renditions may be seen as production of narratives and cultural assumptions. Systematic modified renditions and non-renditions determine lack of 'faithfulness' (and corresponding inadequacy of the translation machine metaphor) in interpreting, which depends on the complexity of interpreter-mediated interactions, and in particular on the function of language mediation as coordination of these interactions, rather than on cognitive or subjective factors limiting the interpreter's performance.

Secondly, the analysis has shown that language mediation takes a specific cultural form, which orients the interaction and re-contextualises the cultural presuppositions that are predefined in the social system in which interpreting is performed. In particular, language mediation takes a dialogic form, which is functional to the coordination of interpreter-mediated interactions, in that it promotes interlocutors' active participation.

Thirdly, the analysis has shown that a dialogic form of language mediation can facilitate communication between participants, empowering them and enhancing new narratives in interpreter-mediated interaction. A dialogic form of language mediation can thus re-contextualise the cultural presuppositions of a social system by promoting active participation; for example, it can re-contextualise doctor-patient communication in the healthcare system by promoting migrant patients' active participation.

Fourthly, analysis has shown that language mediation may take an intercultural form. However, intercultural mediation does not coincide with language mediation; rather, it is a subset of dialogic language mediation. Dialogic mediation can also highlight cultural discourses and practices through the empowerment of participants' contributions, including these discourses and practices as ways of promoting active participation. Therefore, the intercultural dimension of language mediation highlights its dialogic form, which however is not necessarily a form of intercultural mediation.

Finally, the analysis has pointed out that coordination of interlocutors' active participation in interpreter-mediated interactions can fail, if interpreter-mediated interactions take the form of mediator-centred monologues. This form establishes a hierarchical relationship between the mediator and the other participants, replacing the mediator's coordination with the mediator's leadership. Mediator-centred monologues may also highlight an essentialist and ethnocentric perspective on cultural difference.

These results can be said to depend on the use of 'non-professional interpreters' in Italian healthcare settings where intercultural mediators are preferred over professional interpreters. However, many studies in other cultural contexts (e.g. Angelelli 2004; Mason 2006; Hsieh 2007; Angermeyer 2009; Pittarello 2009; Penn and Watermeyer 2012; Van de Mieroop et al. 2012; Davitti 2013) show that both language mediation and its failures can be inherent in the work of professional interpreters. In particular, analyses of failures of language mediation (e.g. analysis of gatekeeping) are associated with professional interpreters' attempts to lead, rather than coordinate, interpreter-mediated interactions. Therefore, mediator-centred monologues, rather than the use of non-renditions and modified renditions or the function of facilitating communication, seem to be the most important problem in interpreter-mediated interactions, for both intercultural mediators and professional interpreters.

Ultimately, this paper has shown that the interactional perspective may lead to a detailed analysis of the complexity of interpreting as mediation. This analysis may be important for both professional interpreting and intercultural mediation, and the use of concepts like 'professional' and 'intercultural' can be problematized and probably revisited. Further and more generalised efforts in this type of research could enhance understanding of interpreting as mediation in different settings and cultural contexts.

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