The role of translation as an accommodation technique in migration contexts

by *Francesca Vigo**

Abstract

One major source of language variation is contact. Contact linguistics investigates stable contact settings, conversely, sociolinguistic research on variation mostly focuses on monolingual speech communities (Léglise & Chamoreau, 2013). However, these approaches seem slightly limited, since they do not manage to account for the super-diversity that characterises speech communities nowadays. Language contact is also relevant in migration studies since it is through language that migrants construct their life in the new place. Migration is part of our life, institutions continuously struggle to cope with the many issues it raises, among which is the language one. Most migrants do not speak the language of the place they live in, hence, they are not able to access services or follow procedures dedicated to them. To overcome communication problems, very often English is thought to be the solution. Still, the frequent requests for help put forth by migrants disclose a problematic situation as far as the 'variety' of English employed. In this context, the role of translation as "a form of social practice" (Ji & Laviosa, 2021, p. xv) comes into play and in the paper, the role of translation as an accommodation practice in specific domains will be investigated employing a corpus of interactions, and interviews to expand the scope of study which has, until recently, mainly focused on analyzing how English is used in those contexts.

Keywords: Accommodation, Translation, Language contact, Language variation, English.

1
Introduction – Language contact, super-diversity, migration

Contact linguistics has mostly focused on studying speech communities whose language was, or has been, influenced by contact with another language. Strictly related to language contact is language variation even though it has long been studied mostly in monolingual settings, as Léglise and Chamoreau (2013) claim: "The role of variation in changes occurring in multilingual settings has not been much discussed in the literature and the exact role and interplay of the notions of 'variation', 'change' and 'contact' have not yet been fully explored". Besides historical linguistics (Weinreich, 1953), more recent contact studies (Winford, 2003; Heine & Kuteva, 2005) also focused on stable settings

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investigating samples horizontally, to explore changes in contemporary scenarios and vertically, or diachronically, to follow the routes of variation, yet looking at one single and stable setting as the benchmark. Despite the wideness and consistency of research studies, constructing a comprehensive sample to trace contact situation phenomena and consequent language changes is not straightforward and requires sociolinguistic issues, such as diastratic, diamesic, and diatopic ones, to be taken into account (Matras & Sakel, 2007). Contrary to common belief, also sociolinguistic research has mostly concentrated on monolingual samples even when super-diversity (Vertovec, 2007) was at play.

Seminal works like Labov's (1966; 1972), Fishman's (1967) Gumperz's (1982), Myers-Scotton's (1993a; 1993b), and Muysken's (2000), to name but a few, investigate several different phenomena, such as code-switching, intra-varietal change, and multilingualism; however, integration of the outcomes of their studies has, so far, been discounted. Hence, the possible strong connection between contact, variation, and change has not yet been fully explored.

Contact settings are super-diverse, currently growing, and connected to migration flows too. The reasons that lay behind language contact are different. Lately, studies on language contact have grown in number since "The linguistic effects of globalization and increased migration have also boosted the research activity in languages in contact" (Clyne, 2003, p. 1) *Dynamics of Language Contact English and Immigrant Languages Michael Clyne*. Language contact stems from people's movements, be them due to political reasons, such as colonialism, or to personal reasons or emergency, as in the case of the climate crisis, poverty, wars, etc. Hence, contact studies can be also linked to migration studies for the focus on multi-lingual settings they both share.

Recently, as said, migration leads to super-diverse settings. Super-diversity is a *summary term* (Vertovec, 2007, p. 1026) employed to highlight the complexity of the social scenario which characterized the UK from the 90s. Migration and immigration contributed to the development of super-diversity greatly, since they managed to increase the variety of migrant groups to include "differential immigration statuses and their concomitant entitlements and restrictions of rights, divergent labour market experiences, discrete gender and age profiles, patterns of spatial distribution, and mixed local area responses by service providers and residents." (Vertovec, 2007, p. 1025) The British social context depicted by Vertovec is not at all different from other social contexts similarly influenced and continuously modified by a new kind of migration. The type of migration our post-Covid-19 contemporary time is experiencing is different in numbers, as more and more people migrate from one place to another as shown in the following figure:
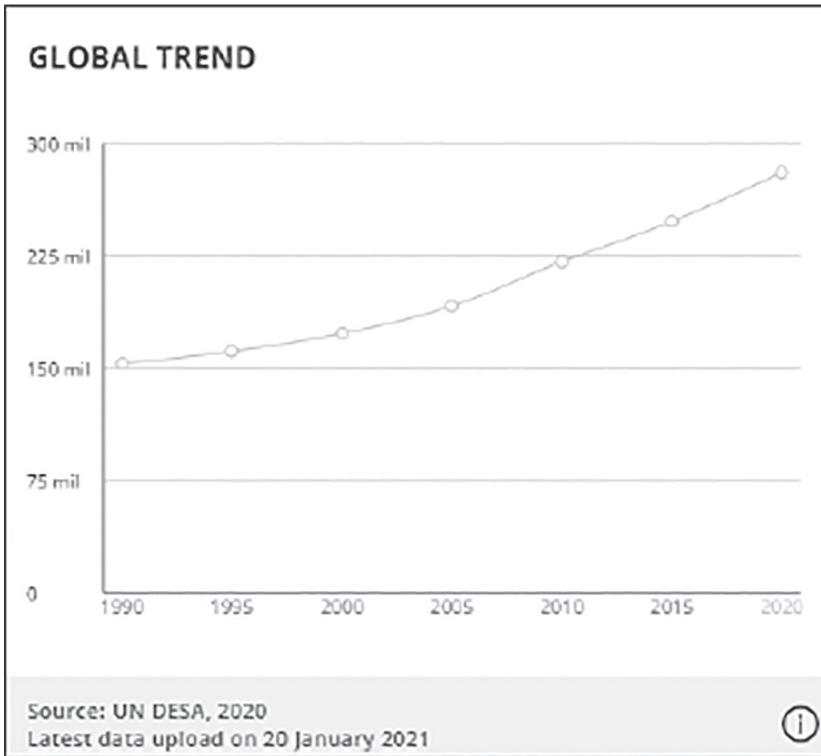
It is also different in quality and destinations as the 2022 World Migration Report claims: "Covid-19 has radically altered mobility around the world, [...] The last two years also saw major migration and displacement events [...] Long-term data on international migration have taught us that migration is not uniform across the world, but is shaped by economic, geographic, demographic, and other factors, resulting in distinct migration patterns, such as migration"corridors" being developed over many years" (WMR, 2022, p. 2). Migration is an old phenomenon that affects nearly every society. It is complex, difficult to define, and enormously varied. Migration studies analyse the phenomenon to avoid its exploitation by politics and institutions, as the latest report on migrations states (WMR, 2022, p. XII). Unlike common belief, internal migration, i.e. the movement of people within the same country, is higher than that between different countries (WMR, 2022, p. XII) even though less investigated. For this research, across-border migration will be considered.

Migration implies movement, and this mobility is "an ongoing process, as a series of departures and arrivals" (Schuster, 2005, p. 758). However, within the hosting country, there is also a less known kind of movement, that between different migration statuses: documented/undocumented migrant, asylum-seeker, refugee, etc[1]. This shifting between categories is referred to as status mobility (Schuster, 2005, p. 762). Besides, it

prevents a reliable description of migration and, at times, hinders a smooth integration of migrants.

2
Setting the scene: migration, language, and accommodation

Migration has extensively been studied within linguistics for the role language plays when migration turns into a concrete issue to cope with, i.e. when the focus shifts from the general phenomenon to the actors involved, i.e. migrants. Language is used to mediate and understand how a society can welcome migrants in the best possible way, it is used to instruct, to discuss issues related to the migrants' lives in their new country, and the like. Most of the research has been carried out on narratives in English of two given categories of migrants: asylum-seeker and refugees to be more specific, also because "it is through them that asylum claims can be established" (Catenaccio, 2020, p. 87). Narratives are crucial to understanding migrants' experiences, expectations, fears, and mental health, they are also used to treat mental problems or traumas (Appadurai, 2019; De Haene *et al.*, 2010; Guido, 2018; Sabaté i Dalmau, 2018; Sell, 2017; Shahar, Lavie-Ajayi, 2018). In migration contexts, the very first encounter between a migrant and the 'new' country is through language, which is used to gather and provide basic information. The investigations carried out on migrant narratives seem to miss their points since they are prescriptive, and do not consider sociolinguistic issues, thus neglecting (hence hindering a smooth interaction) possible variation stemming from the language in use, diatopic or diastratic differences. Migrants' narratives in English are normally assessed as being deficient and inadequate, even though more recent studies (Guido *et al.*, 2017; Woolley, 2014) have pointed out the value of migrants' narratives and their use of language. Likewise, a different perspective, though currently a narrow one, has shed some light on migrants' narratives' importance, displaying a change in the migrants' linguistic attitudes, which seem to originate from a more conscious and solid linguistic knowledge. Conversely, Barsky (2000) suggests more research should be carried out on migrants' well-constructed chunks of language since it might unveil different practices, experiences, or contexts that have so far been disregarded.

As said, most of the studies focus on the exchanges between migrants and local actors/mediators/officers. Exchanges in English prove complex and demanding for the linguistic and cultural distance between the participants and for the unbalanced context in which the migrants might experience fear and discomfort. The investigations concentrate on the quality of the exchange in terms of interactional aim accomplishment, but the cooperative principle seems compromised for the unbalanced nature of the interaction (Briggs, 1996), which is often not successful in the first place also for the presence of the interviewer/mediator whose role is never neutral (Slembrouck, 2015).

Despite the significant body of research that has been carried out on the migrants' narratives, which includes the situations in which English is used as a Lingua Franca, all the scenarios in which migrants and language are involved are not entirely covered.

This article tries to present less investigated contexts in which neither interactional aim nor institutional decisions are to be accomplished, but in which migrants and language, namely English, are equally at play. More specifically, it expands the analysis of migrants' linguistic performances to include scenarios in which translation is at play and verify its possible pragmatic role in interactions as an accommodation strategy. The more general scenario is that of those migrants who have successfully passed all the necessary stages and have been granted permits to live in a country, Italy in this case. They are supposed to be members of the new social group and, consequently have been granted rights and access to services in general. To access the services migrants must follow some steps which imply some linguistic competence. There are not always real dialogues or exchanges but, still, considering the dialogic nature of every communicative act, migrants can be considered the addressees of a series of textual resources that engage them in different kinds of 'exchanges' in which the participants are not synchronically present.

One of the main features of migrants' use of language is accommodation, as Guido has extensively shown (Guido, 2012) especially when the language, English, is used as a Lingua Franca (Cogo, 2009; Firth, 1996; 2009; Gallois *et al.*, 2005; Howard *et al.*, 1991). Accommodation is the human tendency to adjust one's own behaviour while interacting (Giles, Coupland & Coupland, 1991), even though, as far as migrants and mediators are concerned, "unequal power distribution in these encounters is not favorable to such accommodation – which, instead, normally obtains in relatively "equal" encounters" (Guido, 2012, p. 219). Accommodation heads towards the reduction of the differences and the accomplishment of the linguistic function or aim. It is a process toward convergence. Frequent accommodation features and processes are rewording, reformulation, adaptation, and hybridization of forms. Accommodation is at play in every exchange since speakers might have different languages and social backgrounds which might hinder, or impede, interaction/conversation if accommodation strategies do not come into play.

Accommodation is mostly studied, comprehensibly, with regard to conversation, in which the interactional aim is immediately visible and implied. All the same, accommodation studies can prove productive in other, and perhaps unexpected, language contexts.

3
Aim and rationale of the research

The rationale for the study stems from the awareness that accommodation is a key strategy in the migrants' language behaviour and that translation can be considered a type of accommodation in migration settings. After having gone through all the procedures

successfully, migrants find themselves living in countries or societies where their mother tongue is not a possible resource. Even though it is true that monolingualism is not a feature of migrants (Hajek & Slaughter, 2015), their wide and varied linguistic repertoire might not include languages that are productive for the new social context they live in. In many migration settings, English is the language used as a Lingua Franca, as many scholars have extensively shown (Catenaccio, Guido among others). All the same, however, very often the competence migrants have in English is enough for them to survive, linguistically, and perform daily duties and routines, but not to deal with more complex matters and specialized language. This study investigates migrants' linguistic behaviour in more specialized settings to highlight what strategies are at play. Special attention is devoted to the role of translation as a form of accommodation.

4
Materials and method

The research relies on fieldwork carried out in 2020 which was preceded by thorough reading and analysis of some texts written as guidebooks for migrants. The context of reference is the medical one, the guidebooks are published by the National Health Service and the Italian Government. The fieldwork was carried out in a hospital in Sicily where an observer was granted access to the Casualties department where most of the migrants refer to when they have, or think to have, health problems. Most of the problems could be sorted out by the family doctor or following other established procedures. Unfortunately, the migrants seem not to be aware of that and the publications at their disposal do not seem to be a solution. Two different methodological approaches were used. An ethnographic approach was used for the fieldwork to collect data through direct and silent observation and interviews. Besides, following Gotti's (2011) framework for the analysis of ESP texts, a qualitative linguistic analysis was carried out on the texts used on the site where the fieldwork was carried out. The analysis of the texts was necessary for the specific, hybrid nature of the research, which aimed at investigating whether and how translation could be considered an accommodation strategy.

4.1. Phase 1 – qualitative text analysis

Before starting the observation and the interviews, some texts were analysed to understand what kind of language was used, and what text types they were for the relevance text-typology has as far as comprehension and effectiveness are concerned. For the present article, the investigation focused on two publications: Informasalute (2014) and Practical Guide for Asylum Seekers in Italy (2020). The former is published by the Ministero della Salute (Department of Health and Social Care), Ministero dell'Interno (Home Office) and supported by the EU, the latter is published by Home Office – National Commission for the Right to Asylum. Both texts are meant to help migrants with bureaucratic procedures to access services etc. The texts are detailed,

precise, and comprehensive but, apparently, not effective, in so far as they fail in accomplishing their primary function, i.e. inform and guide migrants.

The texts belong to the medical-specific domain within the wider ESP sphere and are constructed accordingly. For completeness' sake, it should be added that some parts of the texts are of a more legal nature, hence they comply with legal language construction rules. The texts display the following features, which are typical of ESP genres as extensively investigated by Gotti (2011), Rahman (2015), Swales (1990), Bhatia (1993), Hyland (2002), Belcher (2009), Belcher *et al.* (2011), Johns (2013) (handbook), Laurence (2018):

1. specific vocabulary;
2. complex syntactic structure;
3. high degree of subordination;
4. specific textual structure;
5. absence of emotions or emotional markers.

As for specific vocabulary, the texts are lexically dense and display several instances of specific terms or specific usage of more general terms, which might challenge the readers greatly, as in:

(1) you can refer to <u>authorised legal operators</u>
(2) you must follow the <u>international protection procedure</u> if you consider applying for it
(3) <u>declaring your intention</u> of applying
(4) refer<u> to the Police Station or Border Police</u>
(5) filling out<u> specific registration forms</u>
(6) interview with<u> Territorial Commission</u>
(7) you have<u> a chance to appeal</u>
(8) <u>mandatory registration</u>

as Guido (2012, p. 219) maintains, migrants use English concerning their own lingua-cultural conventions and might find it difficult to process meaning when it is constructed with reference to other lingua-cultural conventions. In the above-mentioned examples, the vocabulary used is not clear and immediately comprehensible on behalf of those who are not familiar with legal organization and procedures. Migrants might not understand who *authorised legal operators* (1) are, what the *international protection procedure* (2) is and what is the *Border Police 4* let alone identify the correct *registration forms* (5) or the *Territorial Commission* (6) or apply *for appeal* (7).

As for the sentence and text structure, the texts present instances as follows:

(9)   if you believe the situation is different from the above nonetheless you still need to remain in Italy for other reasons, request further information on different types of residence from a legal expert

(10)   Foreign citizens with regular stay permit and their regularly staying dependent family members are entitled to the same treatment, rights, and responsibilities of Italian citizens with reference to contributory burden [...]. This right has the same validity of in the time of the stay permit [...]

(11) Foreign citizens who meet the requirements provided by law

(12) To obtain health assistance, registration with SSN is required.

(13) You have to apply for registration at the ASL at your municipality of residence or, in case you are not already registered with the registry office, abode.

(14) In Italy, the doctor on duty (guardia medica) is a free health care service you can contact by phone in an emergency when your GP is not available. […] After examination and first treatment he can issue a medical certificate and suggest hospital admission.

Texts are not specifically addressed to people, no inclusive pronouns are used neither is direct language.

The texts present features of legal and medical ESP and seem to be more text-typology oriented than readership oriented. In texts that are supposed to help readers cope with their daily life, the choice of using English complying with ESP rules might prove little productive. Indeed, considering the dialogical nature of the texts, it is possible to claim that their informative function is not fulfilled and that, more importantly, they hinder and slow down the process they describe hence not helping the migrants. The latter find themselves in a pending situation that forces them to start the process again relying on other resources.

To double-check these hints, a control counter-research action was carried out during the fieldwork. During the interviews, migrants were asked about the above-mentioned publications. The answers corroborated the claim that migrants with low competence in English, who use English as a Lingua franca for their daily needs, and who have also learnt some Italian, find it difficult and pointless to refer to government publications for they find them '*difficult to understand*' and would have liked someone they could have asked to instead of reading. Migrants stated that either they found it difficult to understand what the steps refer to, as for what concerns offices, boards, etc, or they found it complex to understand the different phases of the procedures, which in most cases they are unable to follow.

4.2. Phase 2 – fieldwork

The fieldwork was carried out in a Sicilian hospital at the First Aid/Casualties Department. The fieldwork was conducted by an observer who was granted access to the Department for six months at different times. The observer participated silently in the interactions, taking notes according to observation and analytical grid specifically devised to record key issues, such as: hesitations, turn-taking, pauses, repetitions, general vs specific language, code-switching, language shifts, rephrasing, and accommodations. The interactions analysed occurred between the doctors in charge and/or the nurses with migrants asking for help. After six months a total of 400 variously long interactions had been observed.

Before analysing the interactions and discussing the outcomes, it is of the utmost importance to recall the context in which the interactions occur and their nature. As

already mentioned, the observation was carried out in an Emergency department where events are unpredictable and do not follow any particular routine. In that department, there were no mediators or helpers dedicated to migrants and only a few members of staff could handle some English. The interactions occurred in a context of anxiety and fear, according to the reported health problem, where time constraints were at play for the particular nature of the situation. The interactions were also between people who had no previous and existing relationships, hence they could not rely on any kind of previous knowledge. As far as the English language is concerned, there was a wide variation in the language used both at the linguistic level, with reference to pronunciation, prosody, and vocabulary, and at a pragmatic level in the management of the interaction itself.

The aim of each interaction was sorting a health problem out, the nature of the interaction was, thus, transactional (Corbleet & Carter, 2001; Rosenblatt, 1985). Generally speaking, the interactions shared some problematic features: the migrants had different mother tongues and lingua-culture contexts (Guido, 2012) which made the interaction even more problematic, a high degree of interference (Jiang, 2000; Dijkstra & van Heuven, 2002; Kroll *et al*., 2010; Guido, 2012) could be spotted, and quite a significant occurrence of forward and backward transfer[2]. The forward transfer was more frequent than backward, thus highlighting the low competence in English participants following Taylor (1975), Kellerman (1979), Major (1986), and Chan (2004) who claimed that forward transfer occurs primarily with low competence speakers and decreases when proficiency increases. Besides, the forward transfer is also typical of ELF speakers (Guido, 2012).

Following are some extracts from the interactions. Each interaction is identified by I + number. Participants are identified by role M for migrants, N for nurses, D for Doctors + number. No CA transcription conventions are reported since the focus of this research is not on pragmatics or CA. Translation is added for comprehensibility's sake.

I-14
M14: sono male, gola/*I am pain throat*
N14: signora deve riempire il modulo e andare all'accettazione/*Madam, you must fill in the form at the entrance*
M14: io con documenti/*I with documents*
N14/1: no, non servono i documenti/*no, no you don't need documents*
M14: io sì con documenti/*I yes with documents*
N14/1: Signora deve andare dal medico di famiglia/*Madam, you must go to your family doctor*
M14: I have pain, throat
M14: no, non capisco l'inglese. Legga questo/*I don't speak English/you can read this*
The nurse hands a leaflet to the lady [the passage is taken from *Informasalute*]

The general practitioner

Every person registered with the Italian National Health System is entitled to choose a general practitioner, also called family doctor.

You have to choose your GP by looking up in the list available at the ASL of your place of residence (or abode), where registration with the SSN is achieved.

A regards under-14 children, a paediatrician should be chosen following the same modalities as for GPs.

The main task of the general practitioner and the paediatrician is to protect health by making diagnoses and prescribing the most suitable treatments.

You can decide to replace either the general practitioner or the paediatrician whenever you want.

Each GP or paediatrician has an outpatient department where he guarantees free general medical examinations at the fixed hours.

You can also refer to him for:

M14: io no GP. GP? Io no money soldi. Io no family

N14/1: chiamo una collega/*I'll get a colleague of mine*

M14 (to N14/2): I no money, I pain, throat. I no family. I no doctor

N14/2: ok ok give me the leaflet. Yes this. [*N14/2 takes the leaflet from M14's hands*]

N14/2 intralinguistically translates from the leaflet and interlinguistically translates from Italian. Gestures complete the translation.

N14/2: The Italian government helps you. It cares for you and will treat you. Don't worry. You can have help. Ok?

M14: yes, yes, thank you. Thank you.

N14/2: But, you can use hospital for emergency. When you are ill, you can go to your doctor, in town. Do you have a doctor?

M14: no, I no have doctor.

N14/2: (referring to the leaflet) Can you understand it?

M14: No.

N14/2 reads the section of the leaflet dedicated to the GP and then translates it intralinguistically for M14, thus rephrasing it using accommodation strategies.

TAB. 1
The original text and N14/2's version

The general practitioner	Choice of the General Practitioner and/or Paediatrician
Every person registered with the Italian National Health System is entitled to choose a general practitioner, also called family doctor. You have to choose your GP by looking up in the list available at the ASL of your place of residence (or abode), where registration with the SSN is achieved. As regards under-14 children, a paediatrician should be chosen following the same modalities as for GPs. The main task of the general practitioner and the paediatrician is to protect health by making diagnoses and prescribing the most suitable treatments. You can decide to replace either the general practitioner or the paediatrician whenever you want. Each GP or paediatrician has an outpatient department where he guarantees free general medical examinations at the fixed hours. You can also refer to him for:	If you have documents you can have a doctor (medico di famiglia-family doctor) for you and your family. It is a free service. You can choose from a list. You can also have a doctor for your children (14 years old). It is called the paediatrician. The doctor (family doctor-medico di famiglia) helps you when you are ill, with treatments and prescriptions. If you are not happy you can change the doctor and choose another one.

This interaction, whose aim is transactional, seems at stake for M14 does not understand Italian and cannot interact with N14/1 productively, besides M14 does not understand what the leaflet reads for lack of proficiency. To avoid miscommunication and more importantly to avoid denying medical help, strategical processes need to be activated on behalf of the 'stronger' participants, namely the one who is not anxious and does not fear for their health, i.e. the nurses. If accommodation strategies come into play in interaction to avoid miscommunication and try to accomplish the aim of the communicative event, then it is possible to claim that in the interaction I-14, above reported, a different kind of accommodation strategies was exploited. In this case, the accommodation strategy used by N14/2 is an intralingual translation chosen to make the original text comprehensible for the receiver and to let the interaction be productive and the speakers achieve the aim, i.e. being helped.

I-36
M36: Buongiorno. Ho temperatura, gira la testa. Mi spavento/*good morning. I have temperature, I feel dizzy. I am afraid*

N36/1: Buongiorno, per la febbre non deve venire in Pronto Soccorso. Deve andare alla Guardia medica/*goodmorning, if you have temperature you don't have to come here, you have to refer to the doctor on duty*

M36: ma io ho documenti. **I have documents**

N36/1: non mi interessa. Io non la posso aiutare, qui./ *I don't care. I cannot help you here.*

M36: io paura. **Please**. Io temperatura, di notte. **Cold**. Ho **headache. I don't feel well. I have temperature**

N36/1: Signora deve andare alla Guardia Medica/ *you have to refer to the doctor on duty*

M36: Guardia medica? No, non so. **I don't understand.**
N36/1: Wait. (*N36/1 gives M36 the Informasalute leaflet and reads*)

The doctor on duty

In Italy, the doctor on duty (guardia medica) is a free health care service you can contact by phone in emergency cases when your GP or paediatrician is not available.
The service is normally in operation during the night and on holidays.

Please note.
The telephone number of the doctor on duty varies from city to city. Always look up in the telephone book of the city you are in.

By calling this number, a doctor will give you advice and make an in-home examination if needed. After examination and first treatment, he can prescribe medicines, issue medical certificates and suggest hospital admission.

N36/1: Do you understand?
M36: No
N36/1: (*translates to accommodate*)

The doctor on duty	Available doctor (not hospital)
In Italy, the doctor on duty (guardia medica) is a free health care service you can contact by phone in emergency cases when your GP or paediatrician is not available. The service is normally in operation during the night and on holidays. **Please note.** *The telephone number of the doctor on duty varies from city to city. Always look up in the telephone book of the city you are in.* By calling this number, a doctor will give you advice and make an in-home examination if needed. After examination and first treatment, he can prescribe medicines, issue medical certificates and suggest hospital admission.	In Italy, there is a doctor on duty (called Guardia Medica). You can contact the doctor on the phone during the night and on holidays. The doctor will help you on the phone or will come to your house if needed. The doctor can give you medicines or send you to the hospital. The telephone numbers are different in every city. You can find them…

M36: Grazie. Io understood now

The interaction turned fruitful and M36 learnt what to do. The strategy used by N36/1, similar to the strategies used by many other nurses and doctor aims at the accomplishment of the transactional aim. M36 decided to rephrase the text, thus accommodating it to the situation and the addressee. The text that was supposed to help

the migrants, in fact, did not. The participants involved in the exchange negotiated the meaning in the first place, code-switching between English and Italian and repeating their remarks. They tried to accomplish their task and eventually turned to translation as a form of accommodation to lead the interaction a step forward.

Conclusions

Previous research has demonstrated how frequent and productive accommodation is in unbalanced exchanges when migrants are involved. Migrants find themselves in complex situations once they have been granted a permit to remain in the country. Often, they are not able to perform simple tasks or enjoy the services they are entitled to because they are not able to understand the procedure and the various steps they have to follow. In this scenario, as it happens as soon as migrants arrive, language plays an important role since it is the means by which migrants can move a step further or can receive help, or can sort some situations out. Unfortunately, despite the many efforts made by Italian institutions to improve their communication with the migrants and to provide as much information as they can, the outcome is not satisfactory. Migrants are not autonomous in following the procedures, simply because the latter are not clearly explained. The publications dedicated to the migrants prove complex,unproductive, and misconstructed. They trigger frustration and a lack of confidence in the migrants. All the same, since these texts provide information as for the steps and procedure to follow to access services and rights, migrants often remain a step back and do not enjoy the services they are entitled to have, simply because they don't know what to do. The analysis of the texts carried out before the fieldwork, clearly showed how inadequate they are for the language they use, for the structure of the texts, and for not considering their addressees. The analysis of the interactions, of which only two are presented in this study, corroborated the faulty construction of the texts and their being inadequate to fulfill their functions. The analysis also showed how in the case of interactions between migrants and professionals, in the medical settings, it is not possible to rely either on one language only or on the publications provided. Migrants code-switch between English and Italian both when their competence in both languages is equally low and when their competence in one language, usually English, is higher in the attempt to accommodate for a better accomplishment of their aim. The analysis of the interactions has also shown that the consciousness and will the participants have to let their exchanges go on smoothly lead them to look for productive interactional strategies among which translation can be listed. In migrant/medical professional exchanges, translation occurs not only to translate utterances, thus in its interlingual form but also to rephrase or to adjust the text to fit the situation, thus in its intralingual shape. In this latter form, translation can be considered a kind of accommodation since it is used to adapt the text to the situation to proceed with a productive exchange and achieve an aim.

This article started with a reflection on the link between language contact, variation, and language change, and highlighted the need to connect them in research for a better and more complete understanding of certain linguistic contexts, among which that including the migrants is to be considered. Migrants find themselves, from the very beginning, engaged in complex linguistic settings since it is through language that their situation can change. In migration contexts, given the high variety of languages involved, English is the language mostly used in the initial encounters and in the following phases. English is also used in written communication. However, migrants' competence in English is neither homogeneous nor standard, variation is its main feature both at the level of competence and in the varieties referred to. Hence, in investigating migrants' language variation should be considered more at length as well as other issues of a more sociolinguistic nature together with considering that among the more traditional accommodation strategies translation could be granted a place thus fulfilling its social role (Laviosa, 2021).

Notes

1. Morris (2001a; 2001b), Kofman (2002) and others highlighted how stratified the 'itinerary' of a migrant is and how much this affects their life, their rights and their integration. Schuster's fieldwork showed how frequent it is for a migrant to experience more than one status without necessarily going forward (Schuster, 2005; Carfagna, 2002; Reyneri, 2001).

2. The debate upon L1-L2 transfer is part of interlanguage research (Selinker & Lakshmanan, 1992) with reference to the "syntactic errors" produced by L2 learners. However, it is also retrieved in ELF studies to account for "the way that the cognitive encoding of the speakers' L1 influences the variable form that their ELF takes" (Guido, 2012, p. 222).

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