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A Qualitative Analysis of Language Brokering Within the Medical/Health Domain Using
A Focus Group Methodological Approach

A thesis submitted in partial satisfaction of the requirements for the degree Master of
Arts in Applied Linguistics

by

Monica Padilla

2015

ABSTRACT OF THE THESIS

A Qualitative Analysis of Language Brokering Within the Medical/Health Domain Using
A Focus Group Methodological Approach

by

Monica Padilla

Master of Arts in Applied Linguistics

University of California, Los Angeles, 2015

Professor Olga Tsuneko Yokoyama, Co-chair

Professor Marjorie E. Orellana, Co-chair

When professional translators are not available parents often rely on their children to help them translate written and verbal communication. These children serve as language brokers. This research qualitatively looks at language brokering within the medical/health domain by means of focus groups. Looking at data from seventeen participants - focus group data is qualitatively analyzed using the constant comparison approach in order to answer the research questions. The answers to questions leading this research provide insight about who language brokers translate for, where within the medical/health domain brokering occurs, and the tasks that are associated with brokering. It also provides insight on themes that arose during the focus groups. These themes include analyzing tactics of language brokers, methods for easing the experience formulated by language brokers themselves, feelings of language brokers, the parental role during a brokering experience. This research contributes to the gap in language brokering literature seeking domain specific analysis.

The thesis of Monica Padilla is approved.

Marianne Celce-Murcia

Marjorie E. Orellana, Committee Co-chair

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University of California, Los Angeles

2015

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CHAPTER 1 **INTRODUCTION**

1. OVERVIEW

For many immigrant families transitioning into a new country can mean learning a new way of living. So-called easy tasks such as answering phone calls, shopping, reading mail, talking to teachers, doctors, and store cashiers demand language skills and abilities that immigrant parents may not have (Orellana & Guan, forthcoming, 1). Some settings provide professional translators, but in other settings professionals are unavailable; in such cases, parents rely on their children to help them. Children are often called upon by parents to leverage their linguistic, cultural, social, and pragmatic knowledge in order to help their family's transition into their new land (Orellana & Guan, forthcoming, 1). Children serve as an outlet for their families allowing them access to resources; they are language brokers. Tse first defined the term child language broker as "intermediaries between linguistically and culturally different parties" (Tse, 1995, p.180).

Nearly two decades after Tse introduced the term, research regarding language brokering has grown, as researchers across multiple fields are gaining interest in the topic. A vast amount of research has been conducted on the individual language broker in attempt to discover a prototypical language broker; however, a prototype is hard to find, as language brokering experiences differ with every family. Examining the feelings of language brokers is one research area that, too, has produced contradictory findings, showing that the feelings of language brokers differ from instance to instance.

This study contributes to a better understanding of language brokering, given that language brokering is circumstantial, by focusing solely on the medical/health domain.

While research has grown monumentally in the field of language brokering, there is a need for domain-specific analysis (Orellana, forthcoming). Some work on the medical/health domain has already appeared looking at general practitioners, some medical personnel, and the individual language broker (Vasquez et al., 1994; Cohen et al., 1999; Green et al., 2004; Orellana et al., 2003); however, more needs to be done in order to fully understand the phenomenon. Past researchers such as Cohen et al. (1999) reported a qualitative study of general practitioners based on interviews (166). The General Practitioners that they interviewed found that it was “less problematic” to use children as interpreters when professionals weren’t available (179). Other studies have focused on the individual child language brokers in the medical/health domain in an attempt to gain insight on the tasks associated with brokering, as well as on the feelings of language brokers (Green et al., 2004; Orellana et al., 2003).

This present study will broadly focus on the medical/health domain and will provide a more comprehensive understanding of brokering focusing on all tasks and participants of a brokering experience as well as examine themes that arise within the medical/health domain such as determining what role the parents play, and what methods all those involved may employ for easing the brokering experience, tactics of language brokers themselves, and feelings of language brokers. The results of this study will therefore not only benefit the field of language brokering as a whole, but will also contribute specifically to the medical/health domain, allowing us to get one step closer at fully understanding this phenomenon. The term *child* will be used in this research to describe the participants of the study even though they were in their teens, since their recollections could extend from their childhood to present age.

2. GOALS OF THIS STUDY

The primary purpose of the study is to explore language brokering experience within the medical/health domain. The goal is to answer the following research questions:

- For whom do child language brokers translate?
- What tasks are linked with child language brokering?
- Where do child language brokers experience health-related brokering?

The study will also investigate some themes that arise within the medical/health domain, such as:

- feelings of child language brokers,
- methods for easing the experience formulated by child language brokers themselves,
- tactics of language brokers, and
- the parental role during a brokering experience.

This is a qualitative study using the focus group method. It involved seventeen high school students who all had experience brokering. There were a total of five focus groups conducted, each of which was audio and/or video recorded. An open-ended semi-structured protocol was followed. The purpose of the focus groups was to gain data on brokering experiences within the medical/health domain. Once the data was collected, data analysis was performed using the constant comparison analysis technique. The themes outlined above were topics of discussion that arose in narratives

of multiple participants signifying importance in the medical/health domain; therefore, requiring further analysis.

3. ORAGNIZATION OF THE STUDY

This thesis consists of six chapters. Following this Introduction, Chapter 2 will provide a review of literature and research that inspires and generates the research questions addressed in this thesis. It will look at a variety of perspectives providing not only a general review of research conducted on language brokering, but also paying special attention to research that has been conducted within the medical/health domain. Gaps in the review of literature are identified and research questions are suggested. Chapter 3 will explain the methodological approach used in the study. Two qualitative methods used for data collection and for data analysis will be described. Key findings from the data analysis will be illustrated in Chapter 4, "Results," where the results from both methodological approaches are discussed. Chapter 5, "Discussion," includes a detailed account and interpretation of the findings of the study returning to the research questions. The findings will be discussed in light of previous relevant research findings. Lastly, Chapter 6 concludes the study and summarizes the findings and contributions to the field of language brokering while also commenting on the study's limitations and recommendations for future research.

CHAPTER 2 LITERATURE REVIEW

1. INTRODUCTION

Due to an increasing number of non-English speaking immigrants in the United States, the study of language brokering has become exponentially important (Morales & Hanson, 2005). This literature review will provide a general overview of language brokering and for purposes of this study it will go into detail on what has been done within the medical/health domain. To begin this literature review, the second section “From Unknown to Known: The Beginning” will provide an introduction to the term *language broker* providing insight on how research of the practice began. The third section “The Individual, Families, and Communities” will focus on how families and communities shape language brokers, as well as discuss findings concerning the individual child language broker. The fourth section “Schools and Classrooms” will focus on the findings discovered within the domain of education. Section 5 “Feelings of the Language Broker” will broadly discuss the feelings of language brokers across numerous domains. Section 6, “Language Brokering in the Medical/Health Domain,” will go into detail on all the research done within the medical/health domain. In the seventh section “Filling in the Gaps: What Needs to Happen Next,” I will elaborate on what is missing within the field of language brokering research. The last section “Conclusion” will provide an explanation of the importance of this study and the contributions it will bring to the field of language brokering particularly within the medical/health domain. I must acknowledge the tremendous importance for this chapter of Marjorie Orellana’s forthcoming work, “Dialoguing Across Differences: The Past and Future of Language

Brokering Research,” which she generously allowed me to preview. Her overview of what research has been done – the questions that have been asked, the framings that have driven the work, and suggestions for what needs to be done next and what is still missing – has been most helpful. Orellana’s (forthcoming) arguments will be the point of reference for following sections: “The Individual, Families and Communities” (section 3), “Schools and Classrooms” (section 4), “Feelings of the Language Broker” (section 5), and “Filling in the Gaps: What Needs to Happen Next” (section 7).

2. FROM UNKNOWN TO KNOWN: THE BEGINNING

Tse was the first to introduce the term *language broker* nearly two decades ago. Tse (1995) defined the term *child language brokers* as “intermediaries between linguistically and culturally different parties” (180). In her study she looked at immigrant Latino high school students and examined the relationship between brokering and language brokers’ language development and school performance. Tse found that most students participated in some form of brokering for their family members. Additionally, most of the students she had looked at claimed to have had experience in translating notes and letters between home and school (189). Tse also found that the students translated other documents far above their proficiency level such as rental agreements, job applications, and insurance forms (189). This study showed that child language brokers translate across many domains for various agents. In a broader sense Tse’s findings concluded that language brokers differ from formal translators because language brokers are influenced by the contents and nature of what they translate, therefore, affecting the decisions and perceptions of those whom they broker for (180).

This was the beginning of much research to follow slowly but surely – and now quite rapidly, growing monumentally in the last decade.

3. THE INDIVIDUAL, FAMILIES AND COMMUNITIES

Most studies have focused on child development and the individual language broker as a focus unit for analysis. It is important to note that community and family context shape language brokering, given that brokering is a sociological phenomenon. Valenzuela (1999) raised questions about gender, finding that more girls than boys served in the role of a language broker for families (728). Subsequently, Garcia Sanchez (2010) looked at gender as well in her work with Moroccan immigrant communities, showing that gender is an important topic of discussion when trying to understand the complexity of this phenomenon. Research in the fields of sociology and anthropology has emphasized that language brokering also satisfies the demand for other things such as: ‘access to resources, connecting families to media sources of information, and meeting the demands of family life in immigrant communities’ (Orellana, forthcoming). In 1997, Song found that language brokering was one element of a child’s contributions to a family-run business (in Orellana, forthcoming). Bauer (2010, p.142) claimed that language brokering shapes civic participation, as the children are actively a part of negotiating disputes; while Katz (2010, p.304 ff.) claimed the language brokering is one of the key manners in which immigrant families access media and communications technology. Newer research such as that of Kwon (2013, p. 5 ff.) is filling in a gap in research by exploring social class in language brokering, elaborating on the class-specific language brokering that working class children of immigrant

Korean families are involved in – allowing for a comparison to prior research dealing with low income Latino immigrants and Asian immigrants.

4. SCHOOLS AND CLASSROOMS

An important, but limited amount of research has been conducted within the scope of education. Olmedo (2003, p.150) looked at bilingual kindergarteners and analyzed the spontaneous translations that occurred revealing that children were responsive to the language needs of their fellow classmates. Bayley et al. (2005) analyzed how bilingual youth translated teacher talk for their classmates and found that most translations were simplistic and dealt with summarizing instructions from the teacher. A typology of language brokering events was proposed by Coyoca and Lee (2009, p.264) that revealed variations in the ways children use their languages to facilitate understanding. Broadening the scope, Hall (2004, p.290 ff) and Valdes (2003, p.4) asked children to reenact language brokering encounters between school officials and their parents; Valdes argued that language brokering showed high intellectual abilities. Garcia Sanchez and Orellana (2006, p.212 ff) and Garcia Sanchez et al. (2011, p.149ff) looked further into brokering encounters involving school officials by audio taping parent teacher conferences and analyzing how the youth handled what was demanded of them; revealing that culture influenced how children broker. Contrary to what some may have claimed, the children did not exaggerate or emphasize their achievement, but rather they downplayed their successes and took responsibility for problems more than was actually being said by their teachers.

5. FEELINGS OF THE LANGUAGE BROKER

Researchers have strived to answer the question - how does language brokering make children feel? It is hard to pinpoint one answer because there have been multiple answers to this single question. Researchers, however, typically sway to one extreme or the other, arguing that they like it and that it is not stressful; or they don't like it and it is stressful (Orellana, forthcoming). Language brokers have expressed feeling frightened, empowered, exhilarated, satisfied, anxious, and normal when faced with a brokering encounter (Orellana, forthcoming, also Orellana, 2009, p.119-121). Researchers such as Kam (2011) and Weisskirch (2006) have found a correlation between negative feelings towards language brokering and more negative outcomes than in those cases where children reported feelings of positivity. Recently, Weisskirch (2012) followed up on his 2006 paper correlating the brokers' feelings towards language brokering with perceived levels of parental support. Negative perceptions towards language brokering can be mediated, 'with greater support, higher-levels of parent-child bonding, greater sense of family obligation, or higher family levels of acculturation' (Orellana, forthcoming). Hua and Costigan (2012) found a correlation between negative feelings and problematic families (in Orellana, forthcoming). In order to understand the feelings of children there are other factors to consider, for example, the amount of language brokering being asked of a child and the experience of the child. To gain perspective on this, Cline et al. (2010) looked at children who had experience with the practice and children who had no experience. They found that monolinguals that had no experience said it was strange, but bilingual students who had experience, on the contrary, saw it

as normal and appreciated the practice because they knew the task of brokering entailed many factors, many of which are complex.

6. LANGUAGE BROKERING IN THE MEDICAL/HEALTH DOMAIN

In the medical/health domain when children translate for medical personnel they are directly serving their parents, but they also provide a service to the doctors, nurses receptionists and any other medical provider that they interact with (Orellana, 2009, p.74-78). In some states this service provided by children is one that medical institutions are legally obligated to provide. Brokering in a medical setting is different from brokering in other domains, such as, in the home (translating phone calls, mail, etc), as there are monumentally harder hurdles for the children to overcome in medical institutions, such as medical jargon (Katz, 2014, p.81). In order to understand why researchers have urged for domain specific analysis of language brokering within the medical/health domain it is important to see what has been done. After seeing what has been done it will become apparent what still needs to be done. The remainder of this literature review will elaborate in detail on the research and findings of language brokering within the medical/health domain. It will begin by looking at early work that includes a rare transcription of an actual language brokering interaction. It will continue by exploring the views of general practitioners, children who have experienced language brokering, parents of child language brokers, and health care providers of families with child language brokers.

Vasquez, Pease-Alvarez, and Shannon (1994) draw the conclusion that the bilingual child is a resource that others draw upon to negotiate second language and culture (17). In their book *Pushing Boundaries*, they include one of the few available

transcripts and analyses of a child brokering for her mother at a medical appointment with a chiropractor. They claim that translating and interpreting falls into the category of intercultural transactions because both of these tasks “involve resources to multiple sources of linguistic and cultural knowledge in order to create meaning, negotiate a task, or solve a problem” (96). Bilingual children put into brokering situations must call upon the knowledge they have of both languages when interpreting and translating. The transcript analyzed in their book involves a young girl accompanying her mother (who had been suffering from back pain) to her medical appointment. The mother is a dominant Spanish speaker, while the doctor is predominately English speaking so the daughter translates for both during this office visit (97). The authors analyzed the dual direction brokering experience, i.e. interpreting from Spanish to English, and from English to Spanish. What they found was that this brokering encounter was a group effort. The mother drew upon her own receptive knowledge of English and her familiarity with the basic requirements of a successful translation, rather than being a passive participant in the interaction (100). The encounter was not fully successful largely due to pragmatic problems; however, the encounter would not have been possible at all without the daughter’s help. The author’s claim that brokering experiences may contribute to the child brokers’ cognitive development by providing them with an occasion to treat language and culture as abstract entities (108). This analysis differs from the work of other research that follows in that it is based upon an actual transcription of a brokering encounter in a medical setting.

Cohen et al. (1999) focused their research on children who interpret during general practitioner (GP) consultations. They believed that the operational constraints

that GPs faced were due to the limited availability of bilingual health advocates and interpreters (165). This in turn led to situations in which children were accepted by GPs to interpret. For their qualitative study they interviewed 38 GPs in the United Kingdom, exploring their views on accepting children as interpreters during consultations (166). Their research concluded that many GPs found that when there was no professional interpreter available relying on children was “less problematic,” however, the GPs worried about the appropriateness of the task for the child. The GPs felt torn because while using the children’s assistance was necessary to help the patient, they were at the same time burdening the child emotionally (179). This research contributed not only to the research of language brokering, but also contributed to the research of language brokering specifically within the health domain, providing insight from a medical professionals perspective.

Green et al. (2004) further explored language brokering in the health domain by interviewing 76 young people ages 10-18 in London. They aimed to explore the experiences that the children had interpreting for family or friends in primary care settings. What they found was that children did not feel exploited, but rather they felt proud of the help they were providing. Children felt that they could provide a better understanding, support, and convenience compared to professional interpreters (2108). On the other hand, it was not always the simplest of tasks and some of the challenges children reported were in reference to feeling discomfort advocating in the health domain. Green et al. (2004) challenged the previous notion of children interpreting in health-related settings as a social problem, but rather appreciated the contributions and work that children make when helping their friends or families. This study qualitatively

contributed to the research of language brokering in the health domain by voicing the experiences of children who have experienced brokering first hand.

Using a mixed methods approach including a survey of 236 Spanish-speaking children, extensive interviews, participant observation, and audio-taped data, Orellana et al. (2003) explored how bilingual children use their institutional practices (such as speaking, listening, reading, writing) to help their immigrant parents and families. They described how these immigrant children's serving as translators and interpreters allow access to resources for their families to different domains, including the medical/health domain, which would not otherwise be available. The term "para-phrasers" introduced by the authors is used "to signify the various ways in which children use their knowledge of the English language and of U.S. cultural traditions to speak for others in order to accomplish social goals" (508). In the medical/health domain, they found that the tasks children complete can be as simple as everyday translations at home (e.g. translating medical labels, instructions, etc.), or they can evolve into more difficult tasks in specialized encounters including scheduling and attending medical office visits (dentist, doctor, etc.). The observations demonstrated that the children did not simply translate or move words and ideas between speakers, but rather that they were active participants in the presentation of health information and in families' health related decisions, and that they were answering and asking questions (518). It was seen in one instance that the doctor came to speak to the child directly, rather than her parent, wanting her to make decisions for her parent. However, it is important to note that observations also revealed that in some cases parents made decisions in private with their children. While parents might not seem like active participants in those moments when their words are

being interpreted to the doctor, they have already made decisions with their children privately, making it possible for the children to contribute prior to the time when they translate for the doctor and the parent. The authors conclude that children serve as access to resources, making them active participants in their household, although in a limited manner, because there are some constraints due to the fact that they are children. The children help their families' health, survival and social advancement. That said, it is important to remember that while the children help their families in many tasks, they often do not have the final word. This study further elaborated on the phenomenon of language brokering within the health domain by discussing the tasks that children are asked to complete and addressing details of the parental role using a mixed-methods approach.

Most recently Katz (2014) examined how child language brokers facilitate their families' connections to health care providers and health care related resources. For this study Katz conducted interviews with immigrant parents, the children they identified as the primary brokers, and health care providers in institutions that these families visited, based on 18 months of field observation at two of the institutions (199). What Katz found was that health care providers viewed families with child language brokers as posing unique challenges because they worried about the child's feelings and the appropriateness of the task (201). With this in mind, however, family members unify to manage these interactions as a cohesive unit and try help one another throughout the process by seeking clarification, engaging in active communication, and providing positive support for one another (210).

7. FILLING IN THE GAPS: WHAT NEEDS TO HAPPEN NEXT

Outlined above are some of the many findings that researchers have found about language brokering over the past couple of decades. Despite considerable advances in language brokering research, there are still many more topics that need to be further explored or explored for the first time. The phenomenon of language brokering is very complex and research needs to dig deeper to truly understand the practice. This section will further elaborate on some of the suggestions for future work that Orellana (forthcoming) has put forth in order to broaden the scope and get closer to understanding the phenomenon that is language brokering.

Orellana raised many questions that still need answers. One concerns the influence of age on language brokers and their families. Additionally, there is a need for expanding emphasis beyond the individual child language broker and his/her family and consider how the community, schools, and other settings are impacted by the phenomenon of language brokering. She also calls for domain-specific research in contexts that have not yet been analyzed as thoroughly, such as clinics, hospitals, stores, schools, and bus stations. The surface has been touched within the education domain, but more needs to be done in order to challenge or accept the findings that have been presented, and to further elaborate on the role of teachers and peers during brokering exchanges. Most research has focused on Latino immigrants, but the scope of participants needs to be broadened because the specifics of the practice are influenced by culture. There are many gaps that need to be filled within language

brokering research and it is important to keep looking beyond what has already been done to understand all the complexities of the phenomenon.

8. CONCLUSION

This review has provided a background to what research has been done regarding language brokering. Detailed discussions on language brokering within the medical/health domain have been outlined. Lastly, an analysis of what needs to be done within the language brokering field has been presented. As just stated, there is an urgent need for domain-specific research, such as that within the medical/health domain. While research has been based on recollections of first-hand experiences by language brokers themselves, none has been collected in the context of focus groups. My research addresses this particular gap. The data that I will look at is based on the experiences of brokering within the medical/health domain as they emerged from focus group discussions. The analysis conducted will contribute to prior claims that have been made, including the feelings of language brokers within the medical/health domain, and the parental role during a brokering exchange. It will also contribute new material and ideas that have not been analyzed before. These new ideas include tactics language brokers use to ease the brokering experience, as formulated by language brokers themselves. It is hoped that these findings will fill some gaps in the existing literature on language brokering.

CHAPTER 3

METHODOLOGY

1. INTRODUCTION

In this chapter I will introduce the methodology and design I used to investigate language brokering in the medical/health domain. Not only will this research provide new insights into the phenomenon of language brokering, but it will also be conducted in a manner that has not been used by past researchers. In order to address the research questions on language brokering that I wish to explore, I will use a multi-method approach first in data collection and then in my analysis. I will begin my overview of the data collection from an outline of research design; specifically, how I resorted to look at data from focus groups using an open-ended semi-structured protocol for my analysis. Due to the importance of the design, justification for this method will be given for validity purposes. The following section “Data” will detail the process used for data collection, including participant characteristics. The fourth section “Data analysis” will illustrate the methodological approach and procedures used for data analysis. Ethical issues regarding University research processed will be clarified in the section entitled “Ethics.” Lastly, in the section “Conclusion” I will briefly recapitulate this chapter.

2. RESEARCH DESIGN

A focus group can be defined as a discussion among a selected group of individuals about a particular discussion topic (Wilkinson, 2004). Focus groups are often referred to as collective conversations, as they are arranged to examine a specific set of topics (Liamputtong, 2011, p.3). As described by Liamputtong (2009), “the primary aim of a focus group is to describe and understand meanings and interpretations of a select

group to gain an understanding of a specific issue from the perspective of the participants of the group” (in Liamputtong, 2011, p.3). Focus groups consist of roughly 6-8 participants who share similarities such as social and/or cultural backgrounds, or who have had similar experiences and/or concerns. The participants gather to discuss a specific topic or issue with the help of a mediator and engage in discussion for one or two hours. According to Hennink (2007), a primary characteristic of a focus group is to “encourage a range of responses which provide a greater understanding of the attitudes, behavior, opinions or perceptions of participants on the research issues” rather than aiming to reach a verdict on the discussion topic (in Liamputtong, 2011, p.3). Much of the success of a focus group relies on creating a non-threatening environment where participants feel comfortable to discuss their opinions and experiences. Focus groups allow for group dynamics and help researchers capture shared experiences, which are unattainable by other methods. Participants hold most of the control over what occurs in a focus group discussion. Participants are also more involved; allowing researchers to hear each participant voice their opinion on whatever topic is up for discussion. Unlike other methods, focus groups allow researchers to obtain insight and understanding on a wide array of views that individuals have about a specific issue and/or topic while also discussing the issue (Liamputtong, 2011, p.5).

In addition to the defining factors and characteristics of a focus group as just described, it is also important to point out that there are many methods that can be used to structure a focus group, and that this relies heavily on the protocol used. The protocol used by the mediators and/or researchers sets up the discussions that will arise. By using an open-ended semi-structured protocol the participants are allowed more

freedom with the discussion. Open-ended semi-structured protocols will allow for participants to have a topic of discussion but give them the liberty to deviate from the questions asked, allowing them to provide narratives and real life experiences and testimonies about the topic at hand. Given the topic of language brokering, focus groups using an open-ended semi-structured protocol will provide insight through this new methodological approach, and will also allow for analysis beyond simplicity. Although there is a vast amount of research dealing with the basics of language brokering it is important to go beyond the scope and dig deeper into the phenomenon of language brokering, not only emphasizing the specific medical/health domain, but also looking at the narratives and hearing individuals voice their opinions and testimonies on their brokering experiences. The data that arises from focus groups are first-hand recollections, which are valid for the qualitative analysis that I set out to perform.

3. DATA

For my analysis I looked at data collected via focus groups conducted in 2014 emphasizing issues relating to health including language brokering. Two graduate students residing within the University of California, Los Angeles (UCLA) Graduate School Of Education and Information Studies directed the research, guided by Professor Marjorie Faulstich Orellana. The participants of the focus groups conducted were students of the UCLA Community School located in Los Angeles, California. The student body population of the school is predominately Latino (80%) and Asian (14%). All participants were high school students and were children of immigrant families from Mexico, Central America, Korea, China, or Bangladesh. There were a total of five focus groups conducted with a total of seventeen student participants. Four focus group

meetings were conducted in English and one was conducted in Spanish. Each focus group meeting was approximately 40-70 minutes in length and were audio- and/or video-recorded. The protocol created for the focus groups dealt with an array of topics about health and health-related phenomena, such as health related language brokering. The open-ended semi-structured protocol allowed for participants to provide as little or as much as they wanted in their responses. Probe questions were pre-meditated in order to assure that participants did not deviate from the topic heavily and/or to ensure that the discussion did not come to a halt. It was important to pre-meditate these possible problems because while focus groups provided research through a new outlet they are potentially troublesome as they require participants to rely solely on their memory of past experiences.

4. DATA ANALYSIS

For my analysis of the transcriptions I used the constant comparison technique developed by Strauss & Corbun (1998) (in Dickinson et al., 2009, p.5). This three-step analysis technique begins with open coding. Taking into consideration the analysis questions I set out to explore, this meant coding for answers to the following questions: who, what, where (later described in the results). The second step includes grouping the data into categories (further discussed in the results). Finally, the third step of analysis allows for the researcher to develop themes that express the content of each group, which will be introduced in the “Results” chapter and further elaborated upon in the “Discussion” chapter.

Looking at transcriptions from these focus groups, strengthened the results by allowing me to qualitatively look first-hand at the thoughts and recollections from

language brokers themselves who had experienced brokering specifically within the medical/health domain. Focus groups allow participants to collectively share their experiences and help one another surface experiences that perhaps one would not have remembered. Following the constant comparison analysis technique, Step One (further discussed in “Results” chapter) answered the health-related exploration questions I wanted to address in my research: Who – For whom do child language brokers translate in the health domain? What – What tasks are linked with child language brokering? Where – Where do child language brokers experience health-related brokering? During Step Two, the results from Step One were compartmentalized and grouped into different settings. Once Step Two was completed, I conducted Step Three of the constant comparison analysis (elaborated further upon in the “Discussion” chapter) and returned to the transcriptions looking beyond the narratives for further implications, such as: feelings of child language brokers, means for easing the experience, tactics of language brokers, and the parental role during a brokering experience. The results following the constant comparison analysis technique will be discussed in detail in the “Results” and/or “Discussion” chapters.

5. ETHICS

In order to satisfy University requirements, the Institutional Review Board (IRB) approved this study prior to the gathering of data. Prior to analyzing the data collected, the IRB was amended to include me as one of the researchers of the project. All privacy and confidentiality guidelines were adhered to through-out the entire process. Prior to the study, the participants were given a contract requiring signed consent outlining the process and their agreement to willingly participate in the focus groups. If the participant

was not 18 years or older, a parent or guardians signature was also required. Before each focus group began, participants were reminded to keep all content of the discussions confidential. Participants were also informed that pseudonyms would be used to protect the identity of everyone participating in the study.

6. CONCLUSION

In this section I have outlined the methods used for my research. I first discussed my data collection method, which consisted of using a focus group. A qualitative approach looking at focus group transcriptions was used to fill in the gap in literature that called for domain-specific research concerning language brokering specifically within the medical/health domain. Use of the three stages of the constant comparison analysis ensured that all research questions were answered. Lastly, all ethical guidelines were adhered to through out the entire process.

CHAPTER 4 RESULTS

1. INTRODUCTION

This chapter will provide an overview of the results extracted from the narratives using a qualitative focus group method. The next section “Overview” will provide a general outline of the results, following which an overview of the tasks that occur within each medical/health setting, and for whom those children broker will be presented in the following sections: (3) “Medical Setting”, (4) “Community”, and (5) “Home”.

2. OVERVIEW

As described in chapter 3, the steps used for data analysis followed the constant comparison technique of Strauss & Corbun (1998) (in Dickinson et al., 2009, p.5). The first step of analysis included open coding. For purposes of this research the following questions were asked:

- For whom do child language brokers translate for within the medical/health domain?
- What tasks are associated with brokering within the medical/health domain?
- Where do medical/health related brokering encounters arise?

The answers to these questions based on what children reported in the focus groups are shown in Table 1.

Table 1: Step 1 of Data Analysis: Initial mapping of whom child language brokers translate for, what child language brokers translate, and where child language brokers encounter health-related brokering experiences

FOR WHOM	WHAT	WHERE
<ul style="list-style-type: none">- Doctors- Nurses- Paramedics- Dentists	Translating and interpreting: <ul style="list-style-type: none">- spoken communication	<ul style="list-style-type: none">- Doctor’s office- Dentist’s office- Hospital /clinic- Ambulance

<ul style="list-style-type: none"> - Optometrists - Administrative Assistants, Receptionists, etc. - 911 phone operators - Family members - Strangers/random members of the community 	<ul style="list-style-type: none"> between medical personnel and family members - internet searches - prescription labels - medical and insurance paperwork - nutrition information 	<ul style="list-style-type: none"> - Optometrist - Pharmacy - Stores - Home
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Step two of analysis included grouping the results from Table 1 into categories.

Table 2 exhibits the results of this step of analysis. The results were reorganized by three settings: (3) Medical Settings, (4) Community, and (5) Home. The tasks associated within each setting are presented in detail in the following sections 3-5.

The final step consisted of developing themes across the content. The themes developed are summarized in Table 3; they will be further discussed in chapter 5.

3. MEDICAL SETTING

The summary of brokering activities in medical setting can be seen in Table 2:

Table 2: Step 2 of Data Analysis: Grouping the brokering activities by settings. Medical setting.

MEDICAL INSTITUTIONS	FOR WHOM	TRANSLATION CONTENT
<ul style="list-style-type: none"> - Doctor's office - Dentist's office - Hospital/Clinic - Ambulance - Optometrist's office 	<ul style="list-style-type: none"> - Medical personnel (doctors, nurses, assistants, etc.) - Parents - Sibling - Extended family members - Strangers 	<ul style="list-style-type: none"> - Symptoms - Diagnosis - Concerns (from parents) - Questions - Recapitulating what happened (in ambulance) - Doctor's recommendations - Insurance questionnaires - Health questionnaires / paperwork

		- Prices for medical needs (glasses, braces)
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Medical settings were naturally the main places where children were likely to encounter medical/health related brokering. These include spaces such as: doctor’s and dentist’s offices, hospitals/clinics, ambulances, and optometrist’s offices. Within all these spaces children described translating for numerous people. Such people included doctors, nurses, dentists, optometrists, administrative assistants, receptionists, any other medical personnel, family members, and strangers when professional translators were unavailable and sometimes even when they were available.

The main task that was reported by the majority of children involved translating person-to-person dialogue during doctor’s visits. The children serve as interpreters and mediators and are responsible for relaying information between patients and medical personnel (e.g.: doctors, nurses, receptionists, etc.), and parents (when they are not the patient themselves). The tasks involved with relaying information back and forth from one party to the other include translating symptoms, diagnosis, concerns, questions, and doctor’s recommendations. Kristina explains that when the doctor is not bilingual her parents communicate through her only: “They have to speak to me and then I have to tell the doctor.” While the children serve the role of mediator and translator their parents often guide them. Chela explained how her mother contributed to the exchange: “They, she tells me what to, like, ask the doctor. Or, like, what to, like, what to say to the doctor because she doesn’t really know how to, like, get herself through to, like, other people in English.” Karen shared similar experiences when translating for her mother at a doctor’s visit: “She would, like, tell me, well, ask her if, ask her this. She would just,

like, tell me to ask the doctor more things...” In some cases the doctors attempted to ease the task of the children by using their knowledge of Spanish to help Spanish-speaking parents understand what were are saying, but the children were still in charge of making sure that everything was comprehended and all points made were getting across.

Most children reported that they were asked to step in and translate because no professional translator was available. Adrianna shares her sentiment about translating for her parents: “Yeah, because they need help. If there’s nobody else to help, so, it feels kind of bad seeing them, like, struggle.” Children are aware that there is no one to help translate and because of this when accompanying family members to, say, a doctor’s visit, they step in and translate. Maria shares her experience at the doctor’s office:

“It’s automatic, even if you try not to, you’re so used to it, that you just translate. Without noticing it because we’re so used to it, if we don’t do it, no one else can, so then we don’t really have a choice.”

While in most circumstances the children were accustomed to brokering in medical spaces there were some times when they were caught off guard. For example, when children were asked to translate for strangers the content that they were asked to translate could be troublesome, since they had no prior knowledge of what the scenario they are walking into may be. Marco shares his experience at the doctor’s office when he was volunteered by his mother to translate for a random stranger who was struggling without a translator:

“My mom went up to the lady and told her that I was translating for her, so if she needed help, to translate for the lady, but I didn’t notice...And this lady told me to, like, help her. I was upset, but I am, like, ok, I went. But the lady, her son had

cancer, so like the doctor didn't want to say her son had cancer, cause he had, like, a tumor, and it was hard for me to tell the lady that her son had cancer."

In some cases there are professionals available, but the children still reported having to step in. Reina shared an experience where she asked to step in and translate for her aunt because she felt that she could translate for her aunt better than the nurse who was assisting them. She said:

"Yeah there was another, a nurse, but, my aunt, since she was crying, the nurse, I think that, umm, she's not prepared for people that cry, to calm people down. So, I told her if I could translate cause I know the nurse was getting frustrated. So, I am, like, can I translate? And she said, ok, but she was, like, the nurse was with me, like, if I got something wrong she would tell me.

Children voiced concern over mastery of their home language and unfamiliarity with medical jargon, for example, Elena explains: "I kind of forgot my language cause I came here when I was really small." Children reported struggling at times and feeling unsure and nervous about their language skills, which sometimes caused frustration. Other times, children passed the work on to their siblings. Francisco shared how he lets his brother translate because his brother's Spanish is better than his own, "I don't know I find it troublesome, because my Spanish is horrible, so I don't know, when my little brother is there I let him translate." Children understood that the material they were translating was important and felt the pressure to translate correctly. Sara shared an experience she had when she tried her best, but was not successful at translating for her mother at a doctor's visit. The doctor shared with Sara that her mother had a cyst, however, Sara did not know the term for a cyst and struggled when trying to explain it to her mother. She said, "I felt pressured. I felt pressured and scared cause I didn't know what to tell my mom. I didn't want to tell her something bad." In cases like this the children admitted to the doctor or medical personnel that they did not know or

understand what was being said. In Sara's case in particular the doctor's appointment was rescheduled and a formal translator was present the next time.

Despite the challenges involved with brokering in a medical setting, children felt fulfillment from helping others. They understand that in some cases there isn't help available and rather than seeing their parents struggle they are happy to help. Some even saw it as a way to show off their language abilities. Carlos expressed it as follows: "I feel happy...because, I don't know, I get to show off." While there were reports of being thanked for their work, many said that they never expected anything in return for the work that they do. Marcos sees it as a selfless act to help others, he explains:

"There was one time when I was translating, this women was so impressed with my translating, she wanted to give me money, I am, like, no, bunch of thanks, but no. But, like, she kept on insisting, and I am, like, no, no thank and I just left."

In addition to translating person-to-person dialogue, the children are also given other tasks. When children accompany their parents to doctor visits they help their parents by translating health questionnaires and in some cases insurance questionnaires. While this is sometimes challenging, the children assist their parents with any task, trying to complete it from beginning to end, and expecting nothing in return aside from self-satisfaction knowing they helped their family.

4. COMMUNITY

In addition to interactions occurring in a medical setting, children also brokered in the community. This includes spaces such as pharmacies, stores and anywhere in between. Within all these spaces children described translating for numerous people. Such people included: pharmacists, family members, family friends, and sometimes

strangers. The summary of brokering activities in medical setting can be seen in Table 3:

Table 3. Step 2 of Data Analysis: Grouping the brokering activities by settings. Community setting.

COMMUNITY PLACES	FOR WHOM	TRANSLATION CONTENT
<ul style="list-style-type: none"> - Pharmacy - Stores 	<ul style="list-style-type: none"> - Family members - Family friends - Pharmacist - Strangers 	<ul style="list-style-type: none"> - Directions to pharmacy and stores - Prescription labels and directions - Nutrition Information: labels, recipes - Prescription medicine labels / directions

Pharmacies are sometimes located in hospitals and clinics, and sometimes in supermarkets and other stores. I will consider them together as part of community experience. When children accompany their parents to the pharmacy, they anticipate being used for translating and mediating in the conversations that their parents might have with the pharmacist. While at the pharmacy, they are sometimes tasked with translating prescription medicine labels and directions. At grocery stores, children also often found themselves translating nutrition information. Within the community, children also sometimes helped family friends by translating medicine directions for them.

Marisol shared her experience helping out a family friend:

“Probably my mom’s friend, they’ll come up to me and, oh, what does this say? ... ’case it says take two tablespoons or take one tablet or tablespoons, and I just tell them...”

Helping out a family friend on spur of the moment does not catch the children off guard as much as it does when strangers ask them for help. Rafael recalls a time he helped a stranger: “For me it’s, like, directions, strangers will come up to me and ask me for

directions.” Claudia agreed with Rafael’s experience, adding: “Directions for me too, I know, like, I’m old, I still confuse my left and right in Spanish.” Rafael added that he used hand signals to help him get his point across since words would slip out of his mind in these spontaneous translations.

While brokering in these places was a considerable part of their experience, the children did not elaborate as much on the brokering encounters within these spaces. Predominately much of their medical/health brokering experiences that they shared in detail dealt with the medical setting and within the home, which will be looked at next.

5. HOME

The last space used in my analysis in which children’s brokering extended to was inside their homes. The summary of brokering activities in medical setting can be seen in Table 4:

Table 4. Step 2 of Data Analysis: Grouping the brokering activities by settings. Home setting.

WHERE	FOR WHOM	TRANSLATION CONTENT
- At home	- Family members	<ul style="list-style-type: none"> - Health insurance forms - Letters from health care provider - Prescription information - Cooking directions - Nutrition labels - 911 phone calls - Information that was not translated in real time - Internet searches: - Recipes (to support diabetic individuals) - Exercises (for the obese) - Unfamiliar/unknown terms (medical, food, health)

At home the people for whom children brokered for were their parents and family members. The children elaborated on numerous health brokering tasks that they were given at home. They reported that some tasks were not as difficult as others. Unlike in other spaces, however, the children utilized the resources available to them at home, such as the Internet. At home tasks ranged from translating mail, health insurance forms, phone calls, prescription labels, nutrition labels, and conducting internet searches to help their parents. Children reported using the Internet as a resource to look up recipes, exercises, symptoms, and for help with unfamiliar words.

Children shared their experiences showing that at home some of the tasks they performed were used to follow up on the interactions that occurred in a medical setting. Maria shared an experience she had when a letter was mailed in English to her mother after visiting the doctor:

“Actually, you did say if I translated over the phone, and yeah, I have. There’s been paper mailed in regarding, you know, we’re going to have to set up a new appointment ‘cause you ended up being positive or negative and whatever her test were.’ And so she be, like, ‘I don’t understand, does that mean I am sick again? Or does that mean I am clear?’ And so I would have to call and be, like, ‘you know, I read here that the test show that they’re positive, is she good? Or what does that mean?’ And then they’ll be, like, ‘you know, we’re going to have to check up again because we lost her results or something. That’s what it end up being, so we don’t know whether she’s positive or negative.’ And so, those kinds of things, my mom would be confuse if she was by herself, but because I was there her instead got frustrated and angry ‘cause apparently it’s painful and now she had to go again and like do all those things. But that’s one of, it rarely happens when I have to, but it’s only when neither of us understand what the letter is saying.”

In this case Maria brokered not only the letter, but the phone call that she assisted her mother with since there was confusion about the content of the letter. The letter was too advanced for Maria’s language skills and her mother was unable to help her with it either. Maria added that the experience was difficult because she was not

present at the initial appointment with her mother, so she lacked the background information. It was also more difficult than face-to-face brokering encounters because visual cues helped her with translating:

“I just got a letter saying some information and in this case it was the results getting lost, but if it would’ve been, like, the actual results or whatever I wouldn’t have known how to explain because I wasn’t there beforehand. So translating I can kind of get an idea by looking and use whatever I saw as a way to explain to her rather than just getting a letter and translating from what I hear and see.”

Mario shared an experience where he also had to broker a phone call, but in an emergency situation. Mario’s cousin had a seizure, which required Mario’s aunt to call 911 for an ambulance, but the operator did not speak Spanish. Mario had to step in and translate what had happened. Luckily in his case he had seen it occur first hand, and this made the translation easier:

“Yeah, there was one time get, umm, what’s it call, I forgot the word, a seizure. And my aunt was really scared and when we called 911 the register - couldn’t speak Spanish so I started to speak English, ‘oh my cousin is having a seizure, we gave him his medicine, we gave him a shot and he wont stop, it was a really hard seizure. “

Mario’s work did not stop there. He recalled: “There was, there was only one person that could go in the ambulance with him, but since the other Americans they couldn’t speak Spanish I told them that I could with my aunt, and they told me no.” However, Mario saw that his aunt was flustered and panicking so he kept on insisting to go with them and finally he was allowed on the ambulance with his cousin and aunt. While there he was able to translate what had provoked the seizure. Mario was adamant about staying with his aunt because he knew that this was a critical situation where no error would be forgiven. It was important for him to stay by his aunt’s side to

make sure that he could translate everything for and to her. Even at a young age Mario was aware of the importance of his being present during this emergency situation.

In some cases parents were self-sufficient with some tasks and only required very little help from their children. Cesar recalled a time when his sister was sick. His father was able to go on the internet himself and Google his daughter's symptoms and Cesar only stepped in at the end for clarification: "Like, if he found something like bird flu and stuff, I'd be, like, no it's not that, get out of that, you know it's not that, it's just a normal kid flu, put in ages... kinda helping him."

Another task that children are familiar with is making sense of prescription labels and cooking instructions. David has performed both tasks. While he did not go with his mother to the pharmacy, once at home he began helping his mother by translating critical information for her:

"Sometimes when she gets her medicine, she doesn't know what it says so I have to translate... Well, she's asked me how many times she needs to take it, two times a day, once a day. And sometimes when she cooks too. She cooks, you know, the green box, and tells you how to make it. I have to read the instructions that it tells her. "

Rafael also helped translate prescription labels for his mother. Rafael, like Mario, was aware that the work he did was truly critical despite the different circumstances:

"You can't give it to him, my little brother, 'cause these are 12 and older and he's 10. Or no, this one isn't for pain killer relief, it's just this or that. It's little things, but it does make a difference. She could've gotten herself more sick or my brother."

The Internet was heavily used at home by children for conducting health related searches for their family members. Juan utilized the Internet when his aunt came to him with a strained back and leg. Juan recalled his experience:

“I went to my room, I typed it up in my computer. We found out on the Internet, it was this doctor, doctor Leon...I can't say his last name, but he was talking about the healthiness of obese people and what's good for them to eat and what's good for them to exercise. “

It turned out that his aunt, who suffers from obesity, had been doing exercises that were overtaxing her body causing her more harm than good. Another participant, Sofia, was tasked by her mother to find recipes for her father who suffered from diabetes. Her mother guided Sofia by asking her to look for foods that lower sugar levels. Sofia explained: “So I had to look, look for it and sometimes it wasn't what she was looking for so I had to type it into different things.” Sofia continued to search until she found a recipe for a green smoothie on a professional looking website which she credited as reliable.

Lastly, at home children translated information that they were reluctant to translate elsewhere in public. Claudia shared an experience where she did not translate something in real time. Claudia had accompanied her mother to her sister's doctor's appointment and the doctor said something rude. Rather than telling her mom right then and there Claudia waited until they got home in order to prevent a public scene:

“She was being rude, I guess, to my sister, like, how she was treating her as patient and stuff, like, I don't know, she called she even called her a hippo one time, and then, like, well, I translated to my mom what she had said but after we had left.”

Claudia's mom was infuriated at the doctor when Claudia told her what happened once at home. Claudia had anticipated this and her assumption was correct.

This concludes the results of the focus group discussions. Apart from the setting-specific tasks and concerns, the discussions also revealed reoccurring notable themes

that ran through the narratives. These themes will be discussed in the next chapter, while here I simply provide the summary of them in Table 5:

Table 5: Final step of analysis: Themes that arose through narratives

- | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">- Feelings of child language brokers- Methods for easing the brokering experience- Tactics child language brokers use- Parental role during a brokering exchange |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

CHAPTER 5 **DISCUSSION**

1. INTRODUCTION

This chapter provides a detailed analysis of key findings presented in chapter 4, with reference to each of the research questions. The results of this study will also be discussed in relation to previous research studies. Section 3 will focus on the feelings of child language brokers. Section 4 will voice the opinion of language brokers describing methods they think would ease their brokering experiences. Section 5 will portray the tactics of children language brokers, describing what resources they use to help themselves and families. Section 6 will highlight the parental role during a brokering exchange. Lastly, a brief summary of the chapter will be provided elaborating also on the contributions of this research.

2. OVERVIEW OF RESEARCH QUESTIONS

In the beginning, I posited the following research questions: For whom do child language brokers translate in the health domain? What tasks are linked with child language brokering within the medical/health domain? Where do children experience medical/health related brokering? In order to answer these questions a qualitative methods approach was used in this study. This research looked at transcriptions from focus groups. Using the Strauss & Corbin (1998) constant comparison technique for data analysis, the answers to the research questions were described in Chapter 4 “Results”, which was concluded with Step 3 of the constant comparison technique, i.e. developing themes from the data. The following themes were developed, which are repeated here from the end of chapter 4.

- Feelings of child language brokers
- Methods for easing the brokering experience
- Tactics child language brokers use
- Parental role during a brokering exchange

The results of this step will be analyzed in detail in Sections 3-6 of this chapter.

These themes were established based on the totality of the narratives, leading to further implications. The final, third step is not simply an exploration of the phenomenon of language brokering. It looks beyond the practices observed and explores the mindsets of the participants.

3. FEELINGS OF CHILD LANGUAGE BROKERS

A theme that arises with most language brokering research revolves around the feelings of the language broker. It is a sensitive subject because there is no one answer to this question. Children differ in their opinions and feelings about the work they do. Researchers have also started to look beyond the feelings of language brokers and have tried to examine why children feel the way they do. Orellana and Guan (forthcoming) examine the case of a child broker who dealt with some stressful brokering situations. In this particular situation, they found additional stressors on the family, such as mixed citizenship status – these were entwined with the need for language brokering and contributed to the stress. Hall and Sham (2007) looked at a case where a child broker had to interpret for his father, a restaurant owner, and an agent from the Health and Safety Environment Department. This child reported anxiety, as he was being told by his father not to answer the agent's question in fear that they would lose their restaurant (in Orellana and Guan, forthcoming, 7). Likewise Reynolds

and Orellana (2009) discussed pain that language brokers felt when translating in places where their families were exposed to racist views (in Orellana and Guan, forthcoming, 7). Guske found that language brokers reported pressure when translating for medical, financial, and legal situations. This pressure was made worse when their parents did not realize the difficulty of these translations (in Orellana and Guan, forthcoming, 7). Other research has documented positive feelings associated with brokering, and in a vast majority of situations brokering is seen as natural – something to do to help the family (Orellana, 2009). The important thing to remember when looking at both the positive and negative feelings is the underlying reasons that are contributing to the emotions.

This section will focus on the feelings children reported when brokering within the medical/health domain only. One participant shared that she felt nervous at times: “Sometimes I feel kind of nervous because I might not, like, ask what she wants me to ask. Or I might say the wrong things that she’s not asking, you know.” The children know that the work they do is important and in some cases there is no room for error. Others also reported feeling nervous; however, unlike other domains it is medical jargon that caused the children to feel nervous, as well as to feel uncertainty about their translating skills. Luis explained: “Like, I can have a conversation, but when it comes to vocabulary wise, I am not that great.” Luis had accompanied his mother to a doctor’s appointment and struggled with some of the terminology such as ‘x-rays.’ With that said, he tried his best to get the main point across. Here he explains how he dealt with the uncertainty of medical terms:

“And then I am, like, ok, so in my brain I am thinking, ‘I heard this, which means this,’ so if I were to put it in my Spanish baby words it would sound like this. And I

tell her, 'well, she said that you're not that sick, but you could be more sick in the future if you don't treat it,' that's how I would tell her. She says that, but I don't get into specifics as she would tell me, you know, like, we're going to do an x-ray. 'Cause, because I didn't even know how to say x-ray in Spanish, so it's like, it does get hard, there are some stuff that I cannot translate completely, but I do my best."

A study by Villanueva and Buriel (2010) had similar findings where their findings found that children reported problems with vocabulary and pronunciation (in Corona et al., 2011, 795).

In other cases the act of brokering can be emotionally burdening. Marco was asked to translate for a stranger. As we learned earlier, Marco translated for a stranger at the doctor's office. It turned out that this stranger's son had cancer. Telling the lady that her son had cancer was an unbelievably hard task for Marco to complete. Marco recalled his feelings, "And, I don't know, that day, I cried for some reason, tears would come out. I said, I am very sorry, the doctors said that your son has cancer."

Additionally, children reported a feeling of obligation. Adrianna shared the following: "Yeah, because they need help. If there's nobody else to help them, so it feels kind of bad seeing them, like, struggle. So you're kind of obligated to help them." On the contrary, however, others reported a sense of normalcy when translating:

"It's automatic, even if you try not to, you're so used to it, that you just translate. Without noticing it because we're so used to it, if we don't do it, no one else can, so then we don't really have a choice."

Other feelings that children reported included feeling useful, but at the same time also pressured and scared. There was no one feeling that all participants agreed on. However, there was an overwhelming consensus understanding the importance of the work that they did. One participant in particular shared his feelings about being put into the brokering role as follows: "but it's the same situation where I feel pressured because

again we're in an important situation where it affects life and everything." Translating medicine and prescription labels as well as symptoms and diagnosis leave no room for error; parents, doctors, and language brokers are all aware of this factor. Rafael had helped his mom multiple times with reading medicine labels making sure that she was aware of the correct dosage and that the medicine was age-appropriate: "It's little things, but it does make a difference. She could've gotten herself more sick or my brother." It is of utmost importance to understand that feelings of language brokers are often influenced by outside factors, such as the amount of brokering they are given to complete, how much experience with brokering the child has, and lastly, the language abilities of the child performing the tasks. While the children expressed both positive and negative feelings about brokering in the medical/health domain, one thing was always present - they felt it was necessary for them to help, and, as one participant said, she did it "from the bottom of our heart." Children felt fulfilled being able to help family members.

4. EASING THE EXPERIENCE

Language brokering is an emerging phenomenon in which there are contradictory debates on whether it is right or wrong for children to be put into brokering situations. Like the feelings of language brokers, there is no one right answer to this dilemma. This research did not set out to decide if brokering was right or wrong. The phenomenon of brokering will never cease to exist. For this reason it is important to listen to what would help children with brokering tasks, especially in a medical/health domain where there is little room for error. With this in mind, the focus groups allowed

for the children to voice their opinions on what would make brokering exchanges easier for them within the medical/health domain.

Children urge for more accessible bilingual information, as one participant put it, “Like bilingual labels, bilingual papers, like paperwork.” Another participant Miguel agreed: “More information in Spanish or, like, yeah more information in Spanish so we can know, and more adults that speak Spanish.” Miguel also thought that more translators or bilingual workers are needed, and he was not the only one who thought so. Maria, too, argued for “more bilingual workers, I guess, or more people that speak Spanish around you.” Having someone available would help the children feel less pressure. Marcos shared how relieved he is when a professional is available to help: “Like it sucks you feel you are in this position. Like, that, like, everyone, like, I was, like, waiting for you to say an answer and somebody comes and it’s, like, let’s pay attention to him now.” Likewise, Claudia shared similar sentiment:

“I feel kind of better when they have someone there to translate that knows what they are talking about, ’cause that way I don’t say anything that is wrong and what they are saying is for sure.”

However, it is important to note that while there are professionals available, sometimes they are not competent or fully trained. This causes trouble in the medical/health domain. One participant said:

“...But my aunt, since she was crying, the nurse, I think, that umm, she’s not prepared for people that cry, to calm people down. So I told her if I could translate cause I know the nurse was getting frustrated.”

In his case there was a professional available, but he preferred to step in and continue translating because the nurse was not well trained. In a medical setting it is not unheard of for someone to be crying and professionals should be prepared to deal with

such scenarios. Some of the negativity associated with language brokering, such as feeling pressure and anxiety, could be easily fixed by having more professionals available to translate and mediate, easing the experience for individual child language brokers.

5. TACTICS OF CHILD LANGUAGE BROKERS

This section will provide insight on the inner thinking of child language brokers by examining the tactics they use when faced with unknown words and/or uncertainty in their language skills. While children have proven to be efficient translators and mediators there is no doubt that they are often faced with hurdles. Children shared their experiences dealing with them. The vast majority of participants shared that the Internet, particularly Google, was their go-to resource when they encountered unknown terminology. As one participant put it: “Yea, ’cause, like, sometimes, like, when I don’t know a word I just Google.” Orellana and Guan (forthcoming) found similar findings. They found that children also drew support from online resources, and that access to the Internet as well as the knowledge to navigate it made a big difference for language brokers as they search for information to help their families (5).

One participant was tasked with looking for a healthy recipe. One ingredient of the recipe was kale, which she didn’t know how to relay to her mother in Spanish. Here is how she dealt with this experience:

“Yeah, and it was hard for me because it said Kale and I don’t know I didn’t know how to say Kale in Spanish. So I was, like, I just kept thinking and I kept looking for it on the Internet and I finally found it.”

The Internet is also used to ease their brokering experiences. One participant commented that she would use the Internet to “try and look for a clinic that has, like, if

we're going for a physical check up, we can look for a hospital or clinic where our language is available." Another participant used the Internet to look up what he had translated earlier to ensure that it was done correctly. He said, "yeah, once, that was actually when I helped my mom, 'cause I didn't know if I got it right, but actually did." Child language brokers are actively seeking ways to make their experiences accurate as well as easier by seeking professional help. When children are faced with uncertainty or unfamiliarity they don't hesitate to tackle the task.

In addition to using the Internet as a resource, children attempt to find a comparison if they cannot think of an exact translation. Jaime explained: "I don't Google it, I just give up, I just try to compare it to some other thing that is similar to it." Similarly, children make up words that others would understand. Sara recalled an experience she had when she was giving directions to the pharmacy to a stranger on the street. The stranger only spoke Spanish and Sara had forgotten how to say 'blocks.' In order to complete the task of giving the stranger directions she made up a word, she said, "...So I have to say in Spanish...son dos quadras, I used to say, bloques...(giggles)..." While the term 'bloques' is not correct, Spanish speakers would have pieced together that she had meant to say the Spanish term for 'blocks' – 'quadras.'

Two other tactics were mentioned by the children. One was the use of hand gestures. When trying to translate 'pill' in Spanish one participant blanked and relied on using his hand gestures in addition to his vocalizations to get his mother to understand. He said, "I also use hand gestures...like 'cositas.'" He used hand gestures in addition to making a comparison since 'cositas' translates to 'little things', allowing his mother to piece together that he was trying to say 'pill.' The last tactic that was shared by the

children was paraphrasing. In the medical setting medical jargon often causes the children to struggle. Word for word translations are sometimes not possible. In these cases children made sure to paraphrase while still including all the important points. As one participant put it, “like, use paraphrase, so you don’t tell them everything.” Another participant shared a similar sentiment: “So I try to explain what that word is supposed to be, so my mom gets it.”

Children have proven to be very pro-active. They use all resources available to them in order to make sure that the work they do is correct. It is also important to note that they stay up-to-date with resources. Children ten years ago would not have used Google as a source for help, but in current times it is one of the most effective means for assistance.

6. PARENTAL ROLE DURING A BROKERING EXCHANGE

The parental role during a brokering exchange is circumstantial and differs with every family. This research provides evidence that parents are active participants during brokering exchanges in the medical/health domain. Corona et al. (2011) discovered that parents and children described language brokering experience as a ‘team effort’ (793). Orellana and Guan (forthcoming) found that in many cases parents speak and understand some English; therefore, they rely on their children to assist them, but do not necessarily expect them to do it all by themselves (5). They also found that families have different ways of supporting the children who serve as language brokers. When the parent is an active participant in the brokering experience – they are all pooling from their linguistic, cultural, and social knowledge to accomplish the task. Working together

as a team not only lessens the burden on the child but also enhances their learning and development (13).

The findings of this research support the idea that parents are participants in brokering experiences. They provide back channeling, ask questions, and seek clarification. Whether they are speaking to the medical personnel or letting their children speak for them, parents are active participants in the conversation. One participant explained: “Yeah, she tells me what to, like, ask the doctor. Or what to, like, what to say to the doctor, because she doesn’t really know how to, like, get herself through to, like, other people in English.” This proves that parents have some power and control over the conversation that the child broker is having.

On the other hand, parents are aware that it is their children who are providing them with a service and not the other way around. For this reason, parents show their gratitude. As one participant shared, “they thank me for helping them and just being there for them with, like, when they don’t know what to do.” Likewise, children are also aware that their task is to translate information for their parents. One participant shared an experience where she did not translate for her mother in real time because she did not want her mother to get mad and cause a public scene. She said, “well, I translated to my mom what she had said but after we had left.” Even though it wasn’t translated in real time her daughter made sure that her mother was still aware of the entire conversation. This shows that the children consider their parents as equal participants in the conversation, and ensure that their parents know everything about the conversation that they brokered. Both the child language brokers and parents are aware of the role they play for one another in a brokering exchange.

7. SUMMARY

In this chapter I discussed the present study's findings with reference to the research questions and the themes that were developed from them; I also considered them in relation to other relevant studies. The study provided an exploration of whom language brokers translate for, where they translate, and explained the tasks associated with language brokering within the medical/health domain. It also explored themes within the medical/health domain by elaborating on the tactics of language brokers, the parental role during a brokering experience, the feelings of language brokers and, lastly, the ways children feel their brokering experiences could be made easier. The findings of this study show the benefits of domain-specific research that, in this case, focused on the medical/health domain.

CHAPTER 6 **CONCLUSION**

1. INTRODUCTION

In the section “Finding and Contributions”, I will begin by presenting a summary of the key findings of the research referencing the methodological features of the study. They will be followed by an evaluation of the importance and contributions of this study to the language brokering field. Lastly, in the following section, “Recommendations and Limitations”, the limitations of the study are stated, followed by a consideration of implications and recommendations for future research.

2. FINDINGS AND CONTRIBUTIONS

The primary objective of this study was to provide an exploration of language brokering within the medical/health domain. In order to do this, the research questions created for this study were the following: For whom do child language brokers translate? What tasks are involved in children language brokering? Where do child language brokers experience health-related brokering? The additional goal of this research was to look for themes that arose from the answers to these research questions. These themes include: the parental role during a brokering experience, tactics of language brokers, feelings of language brokers, and ways to ease the brokering experiences as formulated by language brokers themselves.

The transcripts for this study were obtained from focus groups conducted with high school students who had brokering experience. The study was carried out qualitatively, using the constant comparison technique developed for a qualitative approach to data analysis.

The results of the present study show that language brokers are very important within the medical/health domain. They translate in instances where professionals are unavailable and even when in some cases they are available. They translate in many spaces within the medical setting, community, and home. The vast majority of brokering is done for conversations between patient and doctor, and for their parents - in cases where they themselves are not the patients. However, they also translate for strangers, and other family members. The tasks associated with language brokering within these medical spaces mainly included person-to-person translations, but also, especially when translating between patients and medical personnel, these tasks include translating prescription labels, medical forms, and conducting Internet searches to help their family members. This research also examined the opinions of language brokers and discussed manners in which they thought the brokering experience could be made easier. Their suggestions included having not only more professional bilinguals and translators, but also making sure the professionals are competent in medical spaces. Additionally the parental role was discussed. This research found that parents usually act as participants in the brokering experiences. They provide back channeling, questions, and feedback; in other words, they are active participants who are aware of the conversation at hand. Tactics of language brokers was also explored. Most participants, in addition to paraphrasing and finding comparison, heavily use the Internet – proving that they are pro-actively seeking ways to ensure that they are completing tasks in an accurate and efficient manner. Lastly, this research explored the feelings of language brokers, and, looking beyond the scope of this study, also explored the reasons why language brokers felt a certain way (for example, stress can arise from

unfamiliarity with medical jargon). This research not only generally explored language brokering within the medical/health domain, but also contributed findings to themes that needed further examination, such as those just described.

This study has answered the call for domain-specific work, contributing to the medical/health domain. It also contributed to prior research dealing with feelings of language brokers, and the parental role during a brokering experience; however, unlike other research, it has focused on the medical/health domain. It also contributed new themes and ideas that had not been analyzed in detail, such as the tactics of language brokers and methods for easing the brokering experiences, as formulated by language brokers themselves. The findings of the present study fill gaps in the literature within the language brokering field.

3. RECOMMENDATIONS AND LIMITATIONS

While this research contributed to filling gaps currently present in language brokering literature, it has merely touched the surface. More needs to be done within the medical/health domain. While there was some cultural diversity in the participants of the focus groups conducted for this research, the group was predominately of Latino decent. More research needs to be conducted looking at different cultures, given that culture highly influences the brokering experience. The parental role was discussed from the perspective of language brokers themselves. This research, too, needs to be supplemented by gathering data from the perspective of parents. They are active participants in brokering experiences, and in order to fully understand the phenomenon we need to understand first hand how parents feel about the work that their children do. In fact, since most of the brokering experiences described in the focus groups involved

three active participants: doctor, parent, and language broker, the perspective of all three participants needs eventually to be analyzed in order to fully grasp what occurs within the medical/health domain. Lastly, more work needs to be done looking at the exact translations that language brokers do. In this study the participants shared their tactics such as paraphrasing, and finding similar words, but those tactics still need to be further analyzed by seeing if that is indeed what occurs during brokering exchanges.

There were a few methodological limitations to this study, as well. The sample size was small and the study was also limited by the duration of the research. Adding one-on-one follow up interviews with at least a sampling of the participants from the focus groups would have been beneficial. This, however, must be relegated to a larger research project.

REFERENCES

- Bauer, E. (2010). Language brokering: Practicing active citizenship. *mediAzioni*, 10. Retrieved from <http://mediazioni.sitlec.unibo.it>.
- Bayley, R., Hansen-Thomas, H., & Langman, J. (2005). Proceedings of the 4th International Symposium on Bilingualism: Language Brokering in a Middle School Science Class, 223-232. Somerville, MA: Cascadilla Press.
- Cline, T., de Abreu, G., O'Dell, L., Keynes, M., and Crafter, S. (2010). Recent research on child language brokering in the United Kingdom. *mediAzioni*, 10. Retrieved from <http://mediazioni.sitlec.unibo.it>, ISSN 1974-4382.
- Cohen, S., Moran-Ellis, J., & Smaje, C. (1999). Children as informal interpreters in gp consultations: Pragmatics and ideology. *Sociology of Health and Illness*, 21(2), 163-186.
- Corona, R., Stevens, L. F., Halfond, R. W., Shaffer, C. M., Reid-Quinones, K., & Gonzales, T. (2012). A qualitative analysis of what Latino parents and adolescents think and feel about language brokering. *Journal of Child and Family Studies*, 21, 788-798.
- Coyoca, A. M., & Lee, J. S. (2009). A typology of language-brokering events in dual-language immersion classrooms. *Bilingual Research Journal*, 32(3), 260-279.
- Dickinson, W. B., Onwuegbuzie, A. J., Leech, N., Zoran, A. G. (2009). A qualitative framework for collecting and analyzing data in focus group research. *International Journal of Qualitative Methods*, 1-6.
- García Sánchez, I. M. (2010). (Re)shaping practices in translation: How Moroccan immigrant children and families navigate continuity and change. *mediAzioni*, 10.

Retrieved from <http://mediazioni.sitlec.unibo.it/index.php/no-10-special-issue-2010.html>.

García Sánchez, I. M., & Orellana, M. F. (2006). The construction of moral and social identity in immigrant children's narratives-in-translation. *Linguistics and Education*, 17(3), 209-239.

García Sánchez, I. M., Orellana, M. F., & Hopkins, M. (2011). Facilitating intercultural communication in parent–teacher conferences: Lessons from child translators. *Multicultural Perspectives*, 13(3), 148-154.

Green, J., Free, C., Bhavnani, V., & Newman, T. (2005). Translators and mediators: bilingual young people's accounts of their interpreting work in health care. *Social Science and Medicine*, 60, 2097-2110.

Guske, I. (2010). Familial and institutional dependence on bilingual and bicultural go-betweens: Effects on minority children. *mediAzioni*, 10. Retrieved from <http://mediazioni.sitlec.unibo.it/index.php/no-10-special-issue-2010.html>.

Hall, N. (2004). The child in the middle: agency and diplomacy in language brokering events. In G. Hansen, K. Malmkjar, and D. Gile (Eds.), *Claims, Changes and Challenges in Translation Studies*. Amsterdam: John Benjamins. 285-296.

Hall, N., & Sham, S. (2007). Language brokering as young people's work: Evidence from Chinese adolescents in England. *Language and Education*, 21(1), 16-30.

Hua, J. M., & Costigan, C. L. (2012). The familial context of adolescent language brokering within immigrant Chinese families in Canada. *Journal of Children and Adolescence*, 41(7), 894-906.

Kam, J. A. (2011). The effects of language brokering frequency and feelings on

- mexican-heritage children's mental health and risky behaviors. *Journal of Communication*, 61(3), 455-475.
- Katz, V. S. (2010). How children of immigrants use media to connect their families to the community: The case of Latinos in South Los Angeles. *Journal of Children and Media*, 4(3), 298-315.
- Katz, V. (2014). Children as brokers of their immigrant families' health-care connections. *Social Problems*, 62(2), 194-215.
- Kwon, H. (2013). The hidden injury of class in Korean-American language brokers' lives. *Childhood*. 1-16.
- Liamputtong, P. (2011). *Focus Group Methodology: Principle and Practice*. SAGE Publications Inc.
- Morales, A., & Hanson, W. E. (2005). Language brokering: An integrative review of literature. *Hispanic Journal of Behavioral Sciences*, 27(471), 471-503.
- Olmedo, I. M. (2003). Language mediation among emergent bilingual children. *Linguistics and Education*, 14(2), 143-162.
- Orellana, M. F. (Forthcoming). Dialoging Across Differences: The Past and Future of Language Brokering Research. *International Journal of Bilingualism (Special Issue on language brokering)*. Ms.
- Orellana, M. F. (2009). *Translating Childhoods: Immigrant Children, Language and Culture*. New Brunswick, NJ: Rutgers University Press.
- Orellana, M. F., & Guan, A. S. S. (Forthcoming). Immigrant family settlement processes and the work of child language brokers. In C. Suarez-Orozco, M. Abo-Zena & A. Kerivan Marks (Eds.), *The Development of Immigrant-Origin Children and*

- Children: A Contextual Approach*. New York: New York University Press. Ms.
- Orellana, M. F., Dorner, L., & Pulido, L. (2003). Accessing assets: immigrant children's work as family translators or "para-phrasers". *Social Problems*, 50(4), 505-524.
- Reynolds, J. F., & Orellana, M. F. (2009). New immigrant children interpreting in white public space. *American Anthropologist*, 111(2), 211-223.
- Song, M. (1997). 'You're becoming more and more English': Investigating Chinese siblings' cultural identities. *Journal of Ethnic and Migration Studies*, 23(3), 343-362.
- Tse, L. (1995). Language brokering among Latino adolescents: Prevalence, attitudes, and school performance. *Hispanic Journal of Behavioral Sciences*, 17(180), 180-192.
- Valdes, G. (2003). *Expanding Definitions of Giftedness: Young Interpreters of Immigrant Background*. Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Valenzuela, A. (1999). Gender roles and settlement activities among children and their immigrant families. *American Behavioral Scientist*, 42(4), 720-742.
- Vasquez, O. A., Pease-Alvarez, L., & Shannon, S. M. (1994). *Pushing Boundaries: Language and Culture in a Mexicano Community*. Cambridge, England: Cambridge University Press.
- Weisskirch, R. S. (2012). Family relationships, self-esteem, and self-efficacy among language brokering Mexican American emerging adults. *Journal of Child and Family Studies*, 1-9.
- Weisskirch, R. S. (2006). Emotional aspects of language brokering among Mexican American adults. *Journal of Multilingual and Multicultural Development*, 27(4), 332-343.

Wilkinson, S. (2004). Focus groups: A feminist method. In S. N. Hesse-Biber & M. L. Yaiser (Eds.), *Feminist perspectives on social research* (pp. 271–295). New York: Oxford University Press.