

## A Review of: *Translanguaging Outside the Academy; Negotiating Rhetoric and Healthcare in the Spanish Caribbean*

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*Translanguaging Outside the Academy; Negotiating Rhetoric and Healthcare in the Spanish Caribbean*, Rachel Bloom-Pojar, Urbana, Illinois: Conference on College Composition and Communication/ National Council of Teachers of English, 2018. 161 pages, \$29.99.

Reflecting on her work as a medical interpreter, in *Translanguaging Outside the Academy* Rachel Bloom-Pojar interrogates what it means to speak a language. In doing so, Bloom-Pojar reveals the nuances of “linguaging” as speakers of different languages and dialectical variations negotiate effective and situationally appropriate patterns of communication in a multicultural healthcare setting.

Bloom-Pojar writes from multiple perspectives. She balances her roles as both an ethnographer and a medical interpreter at a summer health program in the Dominican Republic sponsored by a Catholic university in the United States. She also writes from her position as (initially) an outsider with respect to the local, rural culture, and she is aware of the institutional bias conditioning her initial reaction to differences in local Spanish versus more “correct” Spanish taught in U.S. academic settings.

The clinic described through these perspectives was deliberately designed to build cross-cultural relationships among local volunteers who help administer the program and visiting healthcare providers. Communication was fostered between patients and visiting healthcare providers via a half dozen bilingual *ayudantes* (helpers) consisting of U.S. undergraduates and local young people. Visiting healthcare providers lived with host families, thus emerging themselves in a rural culture with which they were unfamiliar.

Her book is both a narrative of discovery and an argument for recognizing linguistic, racial, economic, national, regional, age-based, and gendered divides—ultimately finding points where those divisions can dissolve through shared discourse and common ground for the benefit of everyone involved. Throughout the book, Bloom-Pojar calls on readers to continually question assumptions made about linguistic—and by extension, cultural and ideological—capital. To do so, she draws on nearly two dozen open-ended interviews with participants from the Dominican Republic and the U.S., along with daily field notes. Through her judicious use of participant quotations and perceptive observation, Bloom-Pojar explains how linguistic resources were effectively shared among patients, providers, *ayudantes*, and host families with the common intention of providing and receiving much-needed healthcare (pp. 37–38).

Bloom-Pojar begins by orienting readers with a detailed chapter on translanguaging, drawing on scholarship from education, linguistics, and rhetoric. In the first pages, Pojar-Bloom dispenses with notions of “translating,” a term that ironically reaffirms distance between people. Translating is about fitting one person’s meaning into another person’s cultural framework. Instead, Pojar-Bloom argues in favor of “translanguaging” which she describes as “the deployment of a speaker’s full linguistic repertoire without regard for watchful adherence to the socially and politically defined boundaries of language, race, class, and gender” (p. 2).

At the most specific level, Bloom-Pojar is concerned about medical translation and the linguistic space shared among patient, interpreter, and healthcare provider. Each brings their own context, assumptions, and agenda to the medical encounter. If successful communication is to occur, with the patient’s ultimate benefit of primary importance, there needs to be a shared space where all are brought together and where communication can be respectfully multidirectional for mutual understanding to occur.

Contrary to what many in U.S. colleges and universities might assume from language classes, Bloom-Pojar explains that there is no one “proper”

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form of Spanish. Indeed, many forms of Spanish exist, even in relatively small places. Different forms of language—including dialect—are associated with cultural identities as well as cultural and economic capital, with some forms privileged over others. Assumptions made about “proper” ways of speaking can be silencing, “othering” forces contributing to contexts in which people are reluctant to speak and unwittingly resistant to listen.

Bloom-Pojar then widens the scope of her argument further, arguing that shared translation spaces are part of a larger context consisting of tacit ideologies about what forms of language are appropriate and valued, ways in which trust and respect are typically constructed and maintained through language prioritization, and willingness to re-evaluate perspectives and behaviors for the purpose of clear communication—again, with the patient’s benefit foremost in mind.

Once she establishes her theoretical basis, Bloom-Pojar presents her research design in Chapter 2, describing her dual role as researcher and medical interpreter during the summer program. She briefly discusses who participated in the study, her means of interviewing, participant observation as a method, transcription, coding, and analysis. The brevity of this chapter establishes the ethnographic nature of the study, but does not linger longer than necessary in discussion of interpretive methodology.

It is worth noting, however, that Bloom-Pojar’s attempt to act as both interpreter and fieldworker was not fully welcomed by everyone among the U.S. program administrators. Passing mention of this conflict foreshadows a restrained critique of presumed academic institutional privilege and superiority—a theme that threads its way through the remaining chapters.

Chapters 3 and 4 demonstrate how linguistic hierarchies have become established in multiple contexts, notably, via historical and economic relationships between Dominican and other Spanish-speaking populations and also through the teaching of “proper” Spanish in U.S. colleges and universities. Here, Bloom-Pojar reveals how ways that people speak in local settings can be marginalized by professional discursive patterns. This marginalization of some forms of speech and privileging of others leads to mistrust on the part of patients, frustration among healthcare providers, missed communicative opportunities going both ways, and potentially dangerous miscommunication in healthcare situations. As Bloom-Pojar succinctly puts it, “the rhetoric of translanguaging aims to challenge these hierarchies and the oppressive work they do to keep marginalized speakers

in rhetorically, socially constructed ‘boxes’ within certain spaces of power and prestige” (p. 45).

Chapters 4, 5, and 6 explain initial gaps in communication and how communicative adaptation primarily and necessarily occurred among U.S. visitors who recognized the value of using local terminology, expressions, and customs. By learning to use, or at least demonstrate respect for, the local dialect, members of the U.S. team who did adapt challenged the implicit power structure favoring formally educated outsiders, thus facilitating better communication between patients and providers. This is not to say that all members adapted or that all power inequities dissolved, and Bloom-Pojar is careful not to romanticize the scenario.

Although healthcare is the context of *Translanguaging Outside the Academy*, that setting is really the vehicle for a much wider lesson on intercultural communication. Focusing liminal, translingual spaces, Bloom-Pojar argues that it is primarily the responsibility of the more economically and socially privileged participants in the space to recognize and lay aside their own biases so that common communicative experience can be achieved. Pojar-Bloom wastes no time in discarding the “deficit” model of communication (p. 14), a model that establishes unspoken hierarchies and expectations about who speaks and who listens, whose realities are accepted and who must adapt to those realities. In short, she complicates and interrogates the marginalizing and stigmatizing effects of linguistic inequity (p. 18).

Rather than emphasizing potential conflict and misperception, Pojar-Bloom perceives translingual spaces as places of opportunity where meanings can be shared in innovative ways, albeit conditioned by the history and culture particular to each locale. Crucially, such spaces require willingness of participants to open themselves to languages as they are, not as they “should” be. Effective communication in translingual spaces required intention, Pojar-Bloom argues, specifically, intentional sharing of resources in the co-construction of collaborative relationships (p. 22–26). Once those relationships are formed, collective, purposeful action can be achieved, and in doing so, community is constructed, or more accurately, community is achieved. Within community, communication functions in respectful, welcoming, multi-directionality.

Bloom-Pojar’s engaging account describes how visiting ayudantes and healthcare providers abandoned their assumptions about standard Spanish, learning local pronunciation, intonation, cadence, metaphors, and idioms

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as a necessary step toward accurate interpretation of patient narratives. Knowledge of local Spanish was also essential in offering instructions that would be accepted and understood. Linguistic hierarchies taught via inequitable power structures—universities, medical facilities, and other institutional settings—needed to be set aside as visitors immersed themselves in Spanish as spoken *in situ* (p. 45).

Ways of speaking, Bloom-Pojar reminds readers, are infused with cultural perceptions and assumptions. A particularly vivid example is how the mostly Catholic population credited everything to God's will. This perspective, embedded in everyday sayings, surprised visiting healthcare providers when patients thanked God for successful medical treatment first and providers second. Providers used to being credited for jobs well done learned to see that, from the perspective of their patients, God worked *through* providers.

Certainly, patients were grateful to healthcare providers, but providers needed to reorient their perspectives to understand what gratitude means in that setting. This religious reorientation is particularly noteworthy because it required a shift in perspective despite the fact that the sponsoring organization was Catholic and many visiting participants shared some form of Christian faith. Bloom-Pojar notes that hearing and often adopting phrases thanking God for success, "forced the visiting participants to consider what assumptions are made about their own control over the world" (p. 121). Getting into the minds of patients from another culture by using common words and phrases, in other words, provided the valuable opportunity to reconsider one's own deeply held assumptions.

Building community, especially in healthcare, Bloom-Pojar argues, is ultimately an ethical responsibility born mostly by those with the more powerful position in the provider-patient relationship. "From a rhetorical perspective," she writes, "interpretation that privileges communal discourses serves as an ethical step toward ensuring mutual understanding and advocacy on behalf of the patient" (p. 61). Often, the process of relinquishing privilege was challenging in the clinical setting, especially in moments of role reversal when healthcare providers relied on *ayudantes* or patients for the right words or expressions; however, it is through this sharing of rhetorical power that more mutually supportive, trusting relationships can be created.

I do not mean to suggest that visiting providers became fluent in Spanish during Bloom-Pojar's fieldwork. Rather, Bloom-Pojar relates how

ayudantes learned and adapted to the Spanish spoken by patients, while providers learned useful words, phrases, and localized forms of nonverbal behavior not only to communicate, but to build trust through demonstration of respect and common purpose.

Despite her optimistic account of adaptation and community building, Bloom-Pojar is careful not to overplay her hand. She also writes of frustration felt by visiting providers who felt “othered” when left out of conversations held in Spanish. As with othering in general, the experience was discomfiting for those who knew little more than a few words or phrases in Spanish. Yet, even here, Bloom-Pojar sees a silver lining, reporting that visiting providers felt a new sense of empathy for immigrant patients in the U.S.: “If translanguaging seeks to make more just social structures, then part of that structural change can begin with empathy for others” (p. 107).

Bloom-Pojar closes her story by arguing that community building in healthcare through translanguaging is in no way limited to clinics in far-away places. Linguistic inequality occurs everywhere. Even in settings where doctors and patients speak the same language, professional medical discourse is privileged over lay forms of expression. Language variation, Bloom-Pohar concludes, need not be a barrier to communication. Rather, it can be a resource through which we can learn to share, build trust, and communicate *better*.

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