Universität Hamburg
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Agency in multilingual health communication

Insights from different disciplines and perspectives

23. & 24.04.2026 HAMBURG

MAZZA
Moorkamp 5
20357 Hamburg

ABSTRACTS

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APRIL 2026

15:15 - 16:00

Ideological promises associated with healing from the perspective of agency

Erzsébet Barát

CEU, Vienna & TNT, IEAS; University of Szeged

My talk will take, as its launchpad, scenes from the French film, Anatomy of a Fall (Justine Triet, 2023), winner of the Palme d'Or at the Cannes Film Festival in 2023. It has a powerful scene in which a mother involved in a court case surrounding her husband's death challenges the prosecutor's assertions concerning her son's disability. The widowed wife, Sandra Voyter, the acclaimed novelist is challenged by the prosecution in the courtroom about the 'limited' value of her son, Daniel's recollections of the events preceding the father's death in their home, due to the boy's blindness. The boy, sitting in the court room throughout the whole trial, is exposed to that evaluation of his capacities. Enraged by the assumption in the prosecution's argument that one can only succeed in life by overcoming 'disability', the mother immediately jumps in. She unequivocally claims that she has made sure that the car accident cannot devalue Daniel's bodily life. He is a teenager in control of his life: he can play the piano, do his studies in home schooling, go on walks with his guide dog, or find his way around the house. Challenging the prosecution's verdict of common sense, the position of the spectator invites the viewer to challenge the normalization of the idea that the 'disabled body' should naturally need some medical intervention (Baril 2015:66). I read the movie's invitation as an act of agency that grants personhood to all forms of embodied life beyond the routine ideology of ableism and its promise of 'cure.' It exposes the dominant logic that links bodily defects with the need for 'cure', leaving the body open to public shame (Clare 2013, 262). The investment in cure works as an ideology of ableism grounded in the concepts of natural and normal. I do not argue, however, against access to such technologies, especially not against those who seek access to them. I rather want to problematize the hegemonic ideology of ablism for precluding the possibility to opt out of it. Drawing on Jasbir Puar's (2019) 'crip theory', I argue for seeing the worth in the most devalued lives (bodies) through understanding 'disability' as a matter of social justice. Once we reconceptualize 'disability' within a social frame instead of pure medicalization, we may approach the devaluation of particular forms of embodiment as a matter of power struggle. Devaluation comes about as the result of what Puar calls 'disaster capitalism' (Puar 81) that invests in maintaining economies of disability and the assumption that the 'disabled body' is naturally in need of some medical intervention – for the privileged. From within the social justice frame, the ideology of cure can be decentered to achieve effective forms of social inclusion on terms of the differently abled.

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09:50 - 10:20

New Scenarios of Multilingualism: Insights and Perspectives

Doris Höhmann

Università di Bologna

The wide range of languages or language varieties spoken by patients who are not speakers of local languages leads to communication problems that cannot be solved with the currently available resources. This presentation will outline and explore alternative ways of organising multilingual healthcare services made possible by recent technological advances, focusing on easily accessible healthcare content in a large number of national languages, the use of AI-assisted translation and interpretation applications, and content generation tools.

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11:50 - 12:20

Speaking medicine: generative AI, dialogue systems and the future of healthcare delivery

Kaspars Kauliņš

Tilde - Language Technology Company

Artificial intelligence language technologies - including large language models, clinical speech recognition, medical machine translation and generative knowledge systems are transforming healthcare from a documentation-centred profession into a communication-centred one. Clinical environments are increasingly supported by ambient systems capable of transcribing consultations, summarising clinical evidence, generating patient-specific educational materials and enabling multilingual interaction. Generative AI is shifting digital health from static decision support towards conversational infrastructure: systems that not only retrieve information but contextualise it for clinicians, patients and learners. Concurrently, medical education is evolving towards interactive learning through AI-mediated dialogue, simulated patients and adaptive case-based training. These developments introduce new professional competencies alongside significant epistemic and ethical challenges. Probabilistic outputs, hallucination risks, data protection requirements and accountability necessitate a human-in-the-loop model in which clinicians remain responsible for clinical judgement while supervising machine reasoning. Healthcare education must therefore move beyond software literacy to AI literacy: the ability to critically evaluate generated knowledge, validate outputs and collaborate with intelligent systems. AI language technologies should thus be understood not merely as productivity tools but as cognitive partners reshaping clinical communication, patient engagement and the pedagogy of healthcare professions.

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16:30 - 17:15

‘Oh my. So I'm a walking medical book’
The language of post-Covid in Hungarian contexts

Ágnes Kuna
Eötvös Loránd University, Budapest

Thomas A. Williams
University of Szeged, Szeged

COVID-19 has affected over two million people in Hungary, and the number of patients struggling with post-COVID-19 syndrome there is estimated to be between 200,000 and 400,000. In recent years, there has been a wide range of communication in Hungary about the post-COVID-19 condition from institutional and healthcare sources, as well as in various media outlets.

Part of an international project, this study investigates the linguistic representation of the post-COVID-19 condition in (untranslated) Hungarian-medium mass communication and interview data. It explores linguistic aspects of how the health condition is labelled and framed, as well as linguistic markers of identity and agency, including power and markedness, semiotic processes of identification, and tactics of intersubjectivity.

The material for our presentation is drawn from 20 semi-structured interviews in Hungarian, which we conducted with doctors and patients in Hungary based on the joint interview protocol agreed by the Post-Covid Research Group within the Agency in Multilingual Health Communication Project (NGP, University of Hamburg). Further sources are Internet articles, blogs and videos (50 in total), covering socially constructed language use between professionals, between professionals and laypeople, and between laypeople.

For this presentation, we have processed this multilayered material within two broad frameworks: (1) cognitive linguistics and metaphor theory and (2) linguistic anthropology. Our research over the past two years shows that the experiences, narratives and personal perspectives of post-COVID patients have a much narrower scope in the Hungarian community than in other countries, for example, Germany or the Netherlands. Preliminary findings also suggest that figurative language use plays a major role in framing the post-COVID condition. It has been shown that the (nearly) everyday and (more-or-less) scientific nature of the discourse has an impact on the conceptualisation of post-COVID in the language. We have likewise noted that participants (both experts and lay people) express agency in a variety of ways.

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11:30 - 12:15

“There was a need for doctors”: Migrant Doctors’ Construction of Agency in Chilean Hospitals

Mariana Lazzaro-Salazar

Catholic University of the Maule

This paper examines how migrant doctors in Chile construct and negotiate agency within their narratives of arrival, adaptation, and professional interaction, with particular attention to inter-professional communication in public hospitals. Drawing on 20 in-depth interviews conducted in public hospitals across three regions of Chile (Antofagasta in the north, Maule in the centre, and Magallanes in the south), the study employs interactional sociolinguistics to analyse spontaneous self-positioning in responses to initial ‘small talk’ questions, where participants recurrently justified their migration trajectories despite not being prompted to do so. Findings reveal an agency continuum: from ‘agentless’ narratives portraying migration as driven by structural needs and external invitations, to more agentive accounts emphasizing professional ambitions or the pursuit of new experiences. Across these narratives, “need for doctors” stories function as a discursive resource that frames migration as socially motivated and morally aligned with a “doctor-as-helper” identity, often mitigating stereotypes associated with economic migration. Moreover, communication practices among Chilean and migrant doctors emerge as sites where professional validation, power asymmetries, and intercultural expectations intersect. The analysis illuminates how agency is co-constructed in interaction and how institutional narratives of shortage shape everyday professional encounters in Chilean hospitals.

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14:30 - 15:15

Patient agency and system-level procedural priming toward medical interventions: Tensions of a responsible self in GDM healthcare contexts of risk mitigation

Marion Nao

The Open University

Stretched to the limits of resources and capacity, the public healthcare system of the National Health Service (NHS) in the UK has increasingly foregrounded patient responsibility in managing their health conditions. This implicates what may be understood as patient agency, e.g., “the patient’s capacity to engage efficiently with, act on, and assume responsibility of their state of health” (Armoundas and Loscalzo 2025: 1; my italics). By such definition, patient agency can be seen as instrumentally mobilised in service of a service delivery in which it is itself deeply entangled.
While patient agency may be desirable to enhance a sense of self-efficacy, potentially improving health outcomes, it may at the same time present a double-edged sword, whereby responsibility can become responsibilisation. This can be experienced by the patient as blame for perceived failures in self-management of their health condition by means of prescribed behavioural adjustments, as to diet and exercise, couched within parameters of measurable targets. One such example is the monitoring of in-range blood sugar readings in the case of gestational diabetes mellitus (GDM), a condition of elevated glucose levels that can arise in pregnancy.
Such self-management forms part of indirect control within a system constrained not only by resources and capacity but by risk management, itself underpinned by both a medical ethos of care as well as the institutionalised avoidance of clinical, legal, and reputational consequences of adverse happenings. Both may be encapsulated in the vision and charted pathways towards ‘favourable outcomes’, which are conceptually founded on a shared responsibility of risk between patient and healthcare professionals.
In the case of GDM, the vision is towards ‘favourable birth outcomes’, while the avoidance is of birth complications. Although patients are typically expected to self-manage at diagnosis of GDM, charted pathways of care and risk mitigation include medical and birth interventions often introduced from the outset of care. Here, I argue that this early management of expectations represents a form of system-level procedural priming evident in guidance to healthcare professionals given by the National Institute for Health and Care Excellence (NICE) in the UK, which contrasts with other countries as well as supranational guidance. I argue that a better understanding

of patient agency and its structural destabilisation should take a system-level priming of projected pathways and epistemic probabilism in communication between patient and healthcare professionals into account.
In order to do so, agency can be both temporally situated and understood in relation to multilingual and multicultural experiences within the system itself as well as across systems, such as those of other countries and supranational conceptualisations of illness and care. I revisit the sociological work of Emirbayer and Mische (1998) in order to retheorise patient agency within the temporal and culturally relative situatedness of system-level procedural priming. Conceptually, I build on my prior work (Nao 2025) on framing of epistemic authority and the difficulty of navigating and resisting institutionally stabilised interpretations.

References

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Emirbayer, M., & Mische, A. (1998). *What is agency?* **American Journal of Sociology, 103**(4), 962–1023. https://doi.org/10.1086/231294
Nao, M. (2025). *Being "framed" as delusional: A sociological inquiry towards epistemic injustice in clinical and lay ascription.* **Episteme**, 1–16. https://doi.org/10.1017/epi.2025.10080

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10:15 - 11:00

Agency in psychotherapy: Multimodal perspectives.

Stefan Pfänder

University of Freiburg

This contribution advances interaction-oriented linguistics by shifting the analytical centre of gravity from shared meaning making and verbal resources in talk-in-interaction to the sensory and intercorporeal organisation of situated action in talk. It explores how dyadic interaction in psychotherapy sessions is not only grounded in shared representations, but also in the real-time coordination of bodies, affects, and movements. By systematically integrating sensory dimensions such as tonus, rhythm, balance, and embodied regulation into sequential analysis, Stefan Pfänder provides a refined account of multimodal interactional competence that remains operative even when linguistic and cognitive resources are fragile or absent.

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10:20 - 10:50

The Need to Embrace Technology and the Critical Role of Public Service Interpreters: A Practitioner's Perspective

Sara Polidoro

Università di Bologna, University of Turin

This presentation examines the growing need to integrate technological tools into the practice of public service interpreting while reaffirming the central role of interpreters as human mediators in complex institutional settings. Drawing on the author's professional experience as a public service interpreter in Italy, as well as her work as an interpreter trainer and researcher, the paper reflects on how digital technologies are increasingly shaping interpreting practices, particularly in sectors such as healthcare and social services.
While technology can expand access to language services and improve efficiency, it also raises practical and ethical issues related to the quality of communication, confidentiality, working conditions, and the professional recognition of interpreters.
The discussion also considers the multiple roles interpreters perform in institutional encounters—commonly described in literature as conduit, clarifier, cultural broker, and advocate—and how these roles evolve in technologically mediated contexts.
The study aims to contribute to the ongoing debate on how technological innovation can support—rather than replace—the expertise, professional judgment, and ethical responsibility of public service interpreters.

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11:20 - 11:50

AN OUTLINE OF THE IMMIDEM PROJECT

Simone Pomati

on behalf of the ImmiDem Study Group
Centro Disturbi Cognitivi e Demenze, IRCCS Maugeri, Pavia, Italy

ImmiDem (Dementia in Immigrants and Ethnic Minorities: Clinical-Epidemiological Aspects and Public Health Perspectives) is a project dedicated to deepening the understanding of cognitive disorders among individuals from culturally and linguistically diverse (CALD) backgrounds.
Supported by the Italian Ministry of Health and coordinated by the Italian National Institute of Health, the initiative set out to examine epidemiological trends, identify structural and cultural barriers, and map the resources currently available to address diversity in healthcare settings. Beyond generating new knowledge, the project also aimed to develop practical tools and promote broader awareness, encouraging a more informed and inclusive approach to this increasingly relevant public health challenge.
Among the many activities carried out over time, particular emphasis has been placed on identifying, adapting, and translating appropriate assessment and support tools, ensuring they are accessible and culturally sensitive.
Equal attention has been devoted to strengthening information and awareness-raising efforts, recognizing the importance of clear communication for both professionals and the communities they serve. These efforts have included the development of a dedicated website (immidem.it) offering tailored resources for patients and families, healthcare providers, and researchers, thereby creating a shared space for information, guidance, and continued learning.

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09:05 - 09:20

Digital Communication in Later Life: Understanding Internet Use among Older Adults

Ieva Reine

Uppsala University, Rīga Stradiņš University

Many older adults remain digitally excluded, limiting their access to health information. This study of 626 Lithuanian adults (65+) shows that age, rural residence, feeling older than one’s years, and lower agreeableness reduce internet use. These findings highlight how personal characteristics shape digital agency in later life. Supporting digital engagement can improve older adults’ access to health resources and empower them in digital communication.

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09:20 - 09:50

Consent Methods for the Enrolment in Acute Clinical Trials: A Functional Linguistic Perspective on an Abridged Information Sheet

Mihail Sotkov

University of Lausanne

This presentation deals with a functional linguistic analysis of a brief patient information sheet and consent form used in an international stroke study. The readability of the text document was assessed based on the fog index which fails to adequately capture the complexity of the standardised institutional text and the patients' comprehension processes. The multi-level analysis reveals various linguistic phenomena — including complex syntax, linguistic action patterns, parentheses, and technical terminology — that may challenge patients' understanding, particularly in stressful and emotional situations in which they might also suffer from (temporal) cognitive impairments due to the acute stroke. It is argued that qualitative, hermeneutic, and (functional) linguistic approaches need to be used to assess and improve the readability of text documents with ethical and legal functions in the context of clinical trials. Based on the linguistic analysis, a revised version of the information sheet is proposed to enhance comprehension. Only when patients understand the provided information, they can give their informed consent which is a (research) ethical standard.

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12:15 - 13:00

Constrained agencies and the politics of language access to mental health care in Cape Town, South Africa

Leslie Swartz, Christine Anthonissen, Rowan Madzamba, and Asithandile Nozewu

Department of Psychology Stellenbosch University

South Africa has one of the most progressive constitutions in the world, requiring non-discrimination on the basis of a range of factors, including language. It has twelve official languages, and with extensive migration from other countries, mainly in Africa, a wide range of languages are spoken, with translanguaging and multilingualism being a norm. Despite this, and for reasons based in the country's apartheid and colonial past, in practice, many health services are not linguistically as diverse as would be ideal for access. Indeed, it is possible, for example, for an isiXhosa-speaking person born and raised in Cape Town, not to be able to access mental health services in the public health sector in isiXhosa. There are no formal provisions for use of interpreting services, though some health services make use of private sector services where budgets allow.

Our project, funded by the VW Stiftung and with Principal Investigator Prof Dr Mike Mösko, and currently Professor for Clinical Psychology at the Magdeburg-Stendal University of Applied Sciences (www.mim2m.net) focuses especially, though not exclusively, on the question of access to mental health care by African migrants to South Africa, people who have reached Cape Town often as refugees and with very traumatic migration histories. Through examining a large number of factors impacting language access for these migrants in a number of substudies, we show in this presentation the ways in which migrants themselves, the people who support them, informal interpreters and go-betweens, health practitioners, trainee mental health practitioners, and the health system itself are all, in various ways, operating under conditions of constrained agency. We highlight both the traumatic and ambivalent consequences of this for mental health but also some of the creative strategies of situated pragmatism that people use to try to communicate and, more importantly, to access and supply care under constrained circumstances. We suggest that a broad social understanding of language access and care, absolutely essential in our context, may have implications even in wealthier country contexts.

https://stellenbosch-my.sharepoint.com/personal/lswartz_sun_ac_za/documents/documents/mike moesko/kristin buhrig 2026 conference april/constrained agencies and the politics of language access to mental health care in cape town.docx

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09:30 - 10:15

Multilingualism and Interpreting Practices in South Africa: Pragmatic Challenges and Solutions

Jennifer Watermeyer

Health Communication Research Unit, School of Human and Community Development, University of the Witwatersrand, Johannesburg, South Africa

South Africa's multilingual society, encompassing 12 official languages and frequent language discordance, provides a rich background for understanding issues of agency, access and equity. Despite constitutional and policy provisions for linguistic access, there is a lack of recognition of the centrality of multilingual issues in healthcare systems and relations between groups of people living in this context are complex. However, these challenges have created opportunities for creativity, resourcefulness and adaptation.

My research has studied communication challenges in multilingual interactions across various healthcare fields in the South African context including HIV/AIDS care, pharmacy, audiology, maternal health, emergency care and speech-language pathology. I have focused on studying 'islands of good practice' where intercultural communication is demonstrably effective, patients are satisfied and indices of success are significant compared with other sites. Data includes recorded interactions, ethnographic observations, participant interviews and assessments of machine translation tools (MTTs) for local African languages.

This body of work shows a shift from conduit models to a flexible, informal, patient-centred interpreting style, allowing patients to manage interpreter inclusion and assert agency. A cultural brokerage model enables features such as asides, which can be empowering but requires careful attention to joint signals to avoid information being missed. My work also highlights challenges with medical terminology, where patient understanding is not routinely established. More recently, work on MTTs has shown significant inaccuracies leading to clinical missteps and disruptions to progressivity and intersubjectivity.

Findings advocate the need for flexible, patient-centred, context-sensitive interpreting models. However, ad hoc practices and the inclusion of machine technology may paradoxically exacerbate issues of access and agency in under-resourced settings. Delving into matters of access and equity within intercultural healthcare spaces in under-resourced contexts reveals complexity and nuance, requiring integration of flexible models and interpreter training into policy and curriculum.

Please note: If you intend to submit your conference paper for publication in the network's final volume, please ensure that your manuscript reaches us no later than **1 July 2026**. Kindly note that the deadline is fixed and that late submissions cannot be accommodated.