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Sul frontespizio: Cognitione delle cose
"...la cognition delle cose s'acquista per mezo de l'attenta lettione de' libri,
il che è un dominio dell'anima"
(Cesare Ripa: Iconologia)

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Health Literacy, Migration Traumas, Narrative Medicine and the Language Desk. New practices in translingualism and educational processes

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Abstract: Health literacy (HL) is a complex field encompassing a range of public health education and communication activities that are crucial for interacting with the health care system. In a sustainable world, future healthcare must be accessible to all, and we must ensure that people from migrant backgrounds have got the resources to manage their health. Inequalities in immigrants' health profiles, a sign of ineffective integration policies, could be mitigated by improving HL levels. The aim of the study was to investigate the space given to HL within formal immigrant learning contexts; the study featured a questionnaire that was intended as a probe into some specific needs and discomforts connected with the condition of translingualism and with the related trauma, which may have a negative impact on language learning. Such interweaving offers a different perspective that generates new teaching practices and the creation of a Language Desk that through language, health literacy and narrative medicine promotes equitable, safe and sustainable learning contexts that enhance the experience of translingualism in all its forms.
Keywords: health literacy; migration traumas; translingualism; narrative medicine; Language Desk

1. Health literacy

The phenomenon of globalisation is profoundly changing the scenarios of our time, confronting us with real emergencies: according to data from the United Nations High Commissioner for Refugees, 108.4 million people worldwide were forcibly displaced at the end of 2022 due to persecution, conflicts, violence, human rights violations, and events that have seriously disrupted public order. More than one in 74 people on Earth is obliged to flee their homeland. This is the largest year-on-year increase in compulsory displacement, with the number of refugees worldwide rising from 27.1 million in 2021 to 35.3 million at the end of 2022 (UNHCR 2022). We face a gigantic tide of human beings on the move: men, women, adolescents and children, driven by wars, famines, climate emergencies, economic and social crises. This context presents societies with new challenges, also from a health perspective. According to a definition provided in 1948 by the

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World Health Organisation (WHO), health does not simply correspond to the absence of illness, yet it is a fundamental right of every human being:

> Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. […] The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health (WHO 1948).

Over the years, the World Health Organization has promoted a series of fundamental initiatives in the field of healthcare, such as the creation of a *Health Promotion Glossary*, first published in 1986 (Nutbeam 1986). The aim was to improve communication between the United Nations, the agencies and the growing number of professionals working on health promotion. Since then, thanks to the attention and work of doctors, teachers and researchers, the field has expanded considerably, and the *Health Promotion Glossary of Terms* has been released in a revised version in 2021 (Nutbeam, Muscat 2021). Meanwhile, the definition of *Global health* has changed:

> Global health refers to the transnational impacts of globalization upon health determinants and health problems which are the beyond the control of individual nations. Issues on the global health agenda include the inequities caused by patterns of international trade and investment, the effects of global climate change, the vulnerability of refugee populations, the marketing of harmful products by transnational corporations and the transmission of diseases resulting from travel between countries. […] These global threats to health require partnerships for priority setting and health promotion at both the national and international level (Smith *et al.* 2006: 342).

At this moment in history, the health of migrants – that is, anyone living outside of their own country of birth – clearly corresponds to a vital issue. People migrate for many different reasons, including work, study or family reunification. A refugee escapes from an armed conflict or a persecution. Refugees and migrants are distinct groups governed by separate legal frameworks, but they must be granted the same universal human rights and fundamental freedoms as all people. Although both groups generally enjoy good health, some health-risk factors are higher because of the living conditions experienced in their places of origin or because

of their experiences both during their journey and within their host communities (WHO 2023). In recent years, the topic of health literacy (HL) – a complex field encompassing a range of public health education and communication activities – has been gaining crucial importance worldwide:

> Health literacy represents the personal knowledge and competencies that accumulate through daily activities, social interactions and across generations. Personal knowledge and competencies are mediated by the organizational structures and availability of resources that enable people to access, understand, appraise and use information and services in ways that promote and maintain good health and well-being for themselves and those around them (WHO 2021).

Originally, HL was considered useful primarily in the context of health services and was restricted to understanding and handling words and numbers in a medical context. This level, described by Nutbeam as *functional health literacy* (Nutbeam 2000: 265), refers to a traditional health education encompassing initiatives that are primarily designed to help individuals, with the exception of the campaigns that support vaccination and screening programmes aimed at the entire population. The objectives of functional health literacy are linked to practical results, such as the production of information leaflets, but do not cause an improvement in communication skills or the acquisition of autonomy in the management of individuals' health problems. The implemented actions are aimed at enabling individuals to perform the medical instructions they receive, to disseminate information on health-related risk factors, and to familiarise people with the healthcare system. Today, the field has considerably expanded the definition to include levels that Nutbeam names *interactive health literacy* and *critical health literacy* (Nutbeam 2000: 265), which involve more complex and interconnected skills, e.g. understanding and using written and oral information about health, the ability to adequately express one's needs when addressing health professionals, as well as the capacity to autonomously access health information. Therefore, we are faced with a series of social, personal and cognitive skills that are indispensable for interacting with the healthcare system. In particular, the third level, i.e. so-called *critical health literacy*, aims at supporting effective social, political, and individual actions in order to influence the social, economic and environmental factors that determine health. The need for tackling this issue is confirmed by research data: a low level of health literacy indeed corresponds to a lower rate of adherence to medical treatment, to a poor knowledge of disease and to a reduced capacity for self-care, which negatively affects the results of treatment.

Moreover, the levels of competence in matters of HL are tightly connected with one's probability of engaging in behaviours that promote healthcare, of taking part in screening programmes, or of using prevention services (Van den Broucke 2014: 1). The task of monitoring HL levels in a population is a rather complex one, both because such indicators vary over time as a result of the connection between individual skills and needs originating in a given context, and because people may be considered health literate in one country but not in another (Lorini *et al.* 2020: 2). Some research evidence suggests that HL is the determining factor in ensuring equitable access to care pathways and in improving the overall level of public health. Furthermore, it also corresponds to a form of community empowerment, useful in strengthening the individual or collective capacity to act in favour of public health by voting in elections, participating in advocacy or taking part in social movements (Lorini, Bonaccorsi 2022: 89).

2. A new perspective: HL, translingualism and migration trauma

The migrant experience is often characterised by limited access to basic health services. Disruptions of health services and delays in medical diagnoses that occur throughout the migration process indeed pose significant risks for both refugees and migrants, especially in relation to non-communicable illnesses such as stroke, cancer and cardiovascular diseases. Moreover, as a result of dislocations and changes in household composition, there may be a fragmentation of traditional ways of sharing health information (Riggs *et al.* 2016: 9). It would, however, be reductive to talk about migrants' experiences and health profiles without relating them to migration trauma. This connection has been recognised and statistically recorded especially with regard to mental health risk factors that may be found when people migrate or escape, or settle in the host country. Post-traumatic stress disorder, mood disorders and depression are the most frequently reported conditions among international migrants (WHO 2023). Migration trauma is not always the same for everyone, yet it is related to the dramatic contexts of migration and is intertwined with various factors, such as gender, possible LGBTQ+ orientation, age, ethnicity, religious or racial identity, type of migration (whether this is individual, group, family, or part of a migration chain), with individual resources, psychic structure and social and cultural conditions of each individual (de Rogatis 2023: 30-31).

> Stress-triggering factors connected with the search for housing and a job can exacerbate trauma by making people feel isolated and unprotected, causing symptoms of insomnia and emotional problems (Riggs *et al*. 2016: 9).

Trauma, nevertheless, does not fall into the categories of certified and recognised psychic disorder, but features insidious components that are not always identifiable. Rather, individuals experience invisible symptoms that are generally overlooked, but which have a direct impact on the setting and quality of migrants' lives, creating an unrelentingly present traumatic plot, a "daily micro-traumatism" (De Micco 2017) that shows certain peculiar traits:

- daily experience becomes ambiguous; no longer self-evident, it requires constant decoding and interpretation;
- the fracture of the migrants' link with their origins produces inner conflicts and doubts, thus becoming a perennial source of anxiety and unanswered questions;
- the need to carry out a process of re-founding one's identity becomes constant, because of the lack of solid psychic and social references.

Migration trauma is a transgenerational process, i.e. it is able to extend in time from one generation to the next and to expand in space, involving the communities of departure and arrival. This process requires active listening and deep attention in order to be recognised and understood even in its most hidden nuances, camouflaged under the guise of a successful integration that is, however, solid only in appearance (De Micco 2017). The difficult situation in which learners, both newcomers and second generations, find themselves, is often not perceived as an integral part of the broader dimension of translingualism, « a practice of transit and adoption between languages, cultures, and spaces […]. A relevant form of multicultural plurilingualism […]: a perspective on the world originating from the co-existence and tension among languages» (de Rogatis 2023: 41-42). Moreover, translingualism places people within a constant form of translation:

> The twenty-first century is the great age of translation. Millions more people are moving around the planet that any time in history […] And as those millions move around, taking their own languages with them, they encounter other languages, other cultural frameworks and other beliefs systems, hence are compelled, whether consciously or not, to engage in some form of translation (Bassnett 2014: 1).

Such a condition is strongly intertwined with trauma because it is linked to the crossing of worlds, to the reality of deprivation and dispossession that is closely connected with the migration experience (Frigessi Castelnuovo, Risso 1982: 123). Migration trauma also includes a kind of interdependence between immigration

and emigration and, to quote the French title to Abdelmalek Sayad's study of migrants' suffering, generates a «double absence» of the emigrated/immigrated person (2004 iv): a physical, real absence from one's country of origin, along with an absence intended as an extraneous presence in the country of immigration (de Rogatis 2023: 33). The emigrated/immigrated person is ultimately trapped, similar to an alpinist who is dangerously clinging to a mountain wall, without any possibility of descending or ascending: he or she thus finds him/herself "halfway up" (Frigessi Castelnuovo, Risso 1982: 189). Although in some cases translingualism is linked to a traumatic experience, it can also be a prerequisite for creativity and rebirth because it creates an in-between zone, generated by contact and hybridisation, which the postcolonial essayist Homi Bhabha calls the «Third Space» (1994: 37). This idea can denote both a physical and symbolic place. It can be embodied by an individual, but it can also be a standpoint from which one looks at language and life, and which encompasses divergences whilst also transcending them. It is, moreover, «an attempt to keep difference together with the construction of a shared sense of belonging» (de Rogatis 2023: 72). The «Third Space» provides an alternative between assimilation and isolation of diversities and their inequalities inside migrant communities (de Rogatis 2023: 67-69). In its variations, i.e. translanguaging, translingual writings and the translingual imaginary (de Rogatis 2023: 42), translingualism represents a lens through which one may better understand the conditions of learners and the trauma of the migration experience, but it is also a means of reshaping the practice of teaching in the light of its implications. The nexus between these three dimensions, i.e. HL, trauma and translingualism, is clear: teaching HL in the classroom also means granting both space and listening attention to any learners' needs and discomforts that may derive from their condition of translingualism and trauma. This interweaving becomes the perspective through which teachers can become more aware of learners' internal dynamics and better observe what should be reported to support figures outside the classroom, such as a psychologist/psychiatrist (in cases of pathologies or learning difficulties, etc.) or a mediator. The goal is not to expose learners to trauma, but to include trauma-informed practices in teachers' training, in order to create equitable, safe and sustainable environments for the benefit of students and teachers alike (Castro Shepers *et al.* 2022). The new competences will have to include various skills, e.g. recognising trauma-associated behaviour in a school context, creating an emotionally safe environment without exposing learners to the risk of dangerous backlash, identifying and knowing how to defuse as soon as possible tense situations that may arise from inadvertent solicitation of traumatic triggers, helping learners to practise skills that progressively facilitate mental adaptation to new forms of self-regulation (Bashant 2020), especially through pathways that focus on narrativity.

3. Research methodology

The above-described scenario encouraged this investigation into how much and what kind of space is assigned to health literacy within formal learning contexts, with the further objectives of ascertaining the degree of awareness of the psycho-physical consequences of migration trauma and of detecting any effects of trauma on language-learning processes. The survey was based on the distribution of a questionnaire via Google Forms to migrants' Welcome Centres and CPIA ("Provincial Centres for Adult Education"). The survey was conducted between May and July 2023 and was addressed to teachers working with adult migrant learners based in Italy. The questionnaire was entitled *The dimension of health literacy in the classroom: problems and answers* and was made of nineteen multiple-choice and/or free-response questions. It surveyed a sample of forty-eight teachers. Although the sample is not considerably exhaustive, it offers insights indicative of some significant trends. The questions focused on the following areas: 1. General information about teachers and learners; 2. Teaching practices on HL; 3. HL and trauma; 4. Effects of trauma on language learning processes; 5. Problems observed by teachers, requests and possible solutions.

3.1 *Questions and answers featured in the questionnaire*

Below is a list of the survey questions, along with the answers that received the most relevant percentages, as well as a few observations concerning the most significant issues at stake, except for the free-response questions, from 17 to 19, which illustrate classroom practices and/or teachers' requests/proposals; these will be commented on separately in section 3.2.

The first three questions directly concerned teachers and were aimed at identifying their profile via some data points: 1. Gender, predominantly female (81.3 %); 2. Age range, showing a majority of teachers being 46-55 years old (34.5%), whereas only 8.3% is 26-35 years old; 3. Known languages, with English placed at the top (91.7%), whereas smaller percentages concern those who declared their knowledge of French (60.4%), Spanish (33.3%), German and Arabic (8.3%), and Portuguese (6.3%). In the following section, starting from question number 4 onwards, all queries will be provided in full.

> 4. *Could you please indicate the nationality of the learners participating in your Italian course?*
> The main nationalities present in the classes are African (52.1%), South American and Pakistani (39.6%), Bengali (35.4%), and Chinese (29.2%).

5. *Which linguistic-communicative level do the learners participating in your course belong to?*
The majority of learners belong to level A2 (68.8%); this is followed by level A1 (47.9%), pre-A1 (33.3%), B1 (29.9%). The presence of subsequent levels thins out considerably, but does not disappear: B2 (8.3%), C1 (4.2%), C2 (2.1%).

6. *What certificate or degree do you hold to teach Italian to foreigners?*
The answers appear to be very heterogeneous, but even though 44.2% state that they have a Level I or II Ditals Certificate or similar and a Master's Degree in Teaching Italian to Foreigners (9.3%), there is no shortage of informants who have only a five-year Master's Degree (13.5%) or other non-specific degrees in the teaching of Italian as a foreign language (4.6%). The data show how specific training is presently not a binding requirement for addressing this type of learner.

7. *What glottodidactic approaches and/or methods do you use to teach Italian in your classes?*
The largest percentage favours the communicative approach (47.9%). In second place are humanistic-affective approaches (16.7%); while 10.4% say they do not adopt any particular approach.

8. *Do you devote some or part of your lessons to the topic of health information or education?*
93.8% answered affirmatively.

9. *What teaching materials do you use? Which textbooks?*
Along with the manuals[1] available on the publishing market for the type of audience in question, teachers use authentic or self-produced material, visual aids, objects, interactive games, online resources, didactic worksheets and other various texts.

10. *Are there any useful teaching points on the subject of health in the manuals you use?*
89.4% answered affirmatively.

11. *What teaching activities do you carry out on the subject of health?*

[1] Among the featured teaching manuals, it is particularly worth mentioning *Facile Facile*, Nina Edizioni.

The main activities concern the reading of medicine leaflets, information leaflets, medical prescriptions (55.3%), vocabulary (51.1%) or role-plays relating to the following situations: at the hospital, at the doctor's, in the pharmacy (48.9%). These activities go in the direction of *functional health literacy* (Nutbeam 2000: 265), i.e. traditional health education. It is worth mentioning, as a countertrend, that some teachers sporadically promote initiatives aimed at the development of *interactive health literacy*. These include information activities on prevention, the organisation of educational outings to pharmacies or to the local health district, and meetings with health personnel in the classroom, particularly with midwives and gynaecologists providing information on female reproductive health and genital mutilation.

12. *Do you work on storytelling in your teaching practice?*
52.2% of the teachers stated that they work on storytelling.

13. *Have learners ever expressed specific health needs in the classroom? Which ones?*
Teachers receive information requests about access to hospitals and specialist visits (58.1%), the functioning of the national health system (55.8%), general practitioners (41.9%), healthcare rights (27.9%), maternal and childcare pathways (23.3%), and psychological support (16.3%).

14. *What would be needed to make teaching more effective from a health literacy perspective in the context of teaching Italian to immigrants?*
A number of needs stand out as priorities: working in groups with field experts (68.1%); getting more training on HL (38.3%); having new material (19.1%); experimenting with new methods/approaches (12.8%).

15. *Have you ever had the impression that language learning is hindered by a possible migration trauma?*
76.5% answered affirmatively.

16. *Did autobiographical stories emerge during the lessons in relation to migration trauma? On which topic?*
Teachers report that learners dealt with various topics, e.g. the conditions of the journey and the difficult experiences they faced (43.25%); emotions and feelings (38.6%); reasons for emigrating and integration difficulties (34.1%); language and cultural difficulties (31.8%).

The following questions 17, 18, 19 involve open answers. The most significant ones are listed below, with each item corresponding to an answer. Similar answers are indicated through percentages. The answers are interpreted in section 3.2.

17. *If the learners' accounts have revealed traumatic experiences, what initiatives have been implemented?*
- Listening, understanding, emotional support, possible contact made with specialists.
- Orientation towards dedicated services. (19.35%)
- Psychological support. (16.13%)
- The absence of a distant love is coped with by writing down emotions and what is missing; listening to songs.
- Empathy and active listening. (12.9%)
- Traumatic experiences are revealed by small signs, yet cannot be dealt with in the classroom: it takes both a specific expertise and a cultural language mediator; it is not enough to understand; you must know how to choose words.
- Individual and shared initiatives taken within the class group or in a small group, watching films/videos, reading on the subject, writing autobiographical texts with the aid of images, invitation to storytelling.
- For A2/B1 levels, I have created an autobiographical narrative module that linked the text (with a set of given topics) to the image (software for turning photos into comics or avatar-creation apps).
- Intercultural theatre and photography workshops to express future desires.
- Creative writing workshops.
- Sharing circles, meetings with expert support figures. (6.45%)
- Meetings with educators, tutors and social workers.
- Nothing. (16.13%)

18. *What initiatives would be useful to intervene in regard to the trauma of migration?*
- Psychological support. (29.73%)
- Theatre activities and sharing of individual self-reflections.
- A database of short videos or short films on different topics.
- Expert opinions on the subject. (13.51%)
- Getting to know them better.
- Granting the opportunity to rework one's own story in a narrative and expressive form within a context of mutual trust.

- Training for teachers, allocated social time also outside the classroom.
- Dealing with Italian migration allows personal experiences to emerge.
- Working in pairs (at least two people).
- Working in small groups.
- Structured listening moments and targeted didactic interventions.
- Targeted storytelling modules.
- Trauma psychology.
- Territorial network with organisations, associations, specialists who would help migrant people deal with their trauma. (5.41%)
- Sharing with those who have suffered the same trauma.
- Awareness-raising campaigns and training courses that provide support to the teacher in managing diversity. (5.41%)
- Much more time to be devoted to these issues, both individually and with the class.
- Telling each other stories, engaging in drama activities, watching documentary films on the subject.
- Listening live to the story of a migrant who is now well integrated, which arouses in the students the will to spontaneously recount their experience.
- Autobiographical storytelling in various forms (oral, written and pictorial).
- Expert group. Schools, family homes, migrant network.
- Getting to know what kinds of help are being provided locally.

19. *Should there be more training on the topic of migration trauma? Why?*
- Yes, to avoid hurting the sensitivity of those who have suffered it with inappropriate words, and to encourage a serene and trustful approach in interactions.
- I consider this fundamental because trauma can be a real block to learning the language and to integration as a whole.
- To be prepared to cope and orientate.
- Neither I nor some of my colleagues know much about it.
- It may be appropriate to improve the approach in case one deals with vulnerable learners.
- Because it affects some of the students enrolled in CPIA courses.
- At the moment I don’t feel able to identify migratory trauma.
- Knowledge of trauma affecting migrants who are in Italy would definitely be useful for teaching.
- To gain more awareness of the students’ experience.
- The topic is usually addressed when the person is aware of being in a safe space.

- Not knowing means not being able to operate effectively.
- To convey a message of psychological help. (5.13%)
- It is a broad topic affecting different areas.
- To be able to intervene on the traumas they have suffered and to help them. (7.7%)
- To relate better with our students and be more supportive.
- Yes, migration trauma is a common condition for everyone.
- Willingly, after so many years I would like to at least offer active listening and know what not to do.
- It would be good to get support from experts in the field.
- Yes, we teachers often proceed by trial and error.
- To ask the right questions and be in a position of balance between empathy and detachment.
- To improve the management of receiving immigrants.
- To better approach the students, to not do further damage to the person, and to be somehow helpful.
- It is essential to empathise. Authoritativeness and acceptance in trauma awareness. Being aware of and empathising with the trauma of migration helps to put oneself in a non-judgmental position when reactions to critical situations might seem disproportionate. They suffer greatly from the possibility of being seen as "strange" or "different" because they are used to dealing with conflict. After all, this is often the pattern they are most used to.
- Every migration experience carries a trauma that can be managed, but that can also damage a person's equilibrium.
- Certainly: it would allow for a better understanding of the students and the possible cognitive impediments derived from the trauma and, therefore, it would enable one to use more effective methods.
- Yes, because it seems to me to be a rather underestimated issue among teachers, something that gets rarely considered when one examines students' needs.
- It would allow a better understanding of what the consequences of trauma on learning processes may be.
- It is undoubtedly a real thing that affects people's lives and their chances of facing the future.
- It is a very widespread and sensitive subject.
- To develop an attitude of openness and readiness to possibly change one's way of interpreting different realities.

3.2 *Teachers' training needs: which are the priorities?*

The answers to questions 17, 18 and 19 highlight that, although traumatic elements emerge in learners' autobiographical accounts and teachers largely state that trauma hinders language learning, in some cases migration trauma seems to correspond to a removed presence, in regard to which teachers do not know whether or how to intervene. This perception is common to many teachers working in different contexts around the world who state that they feel unprepared to adequately deal with students who had traumatic experiences (Caringi *et al*. 2015). The implemented initiatives suffer from a lack of in-depth awareness of the problem or, alternatively, are linked to the individual and creative resources of individual teachers. In the latter cases, the responses produce valuable material for reflection. In particular, the idea of proposing curricular approaches related to one's linguistic autobiography plays a crucial role, since autobiographical approaches in applied linguistics have become increasingly significant and widespread due to cultural and linguistic diversification in contemporary societies characterised by heterogeneous migration processes. Autobiographical narratives allow students to highlight their inner worlds, which do not get investigated by experimental methodologies, while also enabling teachers to explore the processes of language acquisition, attrition and loss (Thüne, Luppi 2022: 1). Another fundamental strategy is the construction of narrative approaches: cultivating the need and pleasure of storytelling is not only one of the ends, but also one of the important means of language education. Stories, both one's own and those one listens to, become vital because they provide a sense of stability and grounding (Kottler 2015: 15). Storytelling and narrative practices are connected to other activities, such as watching videos and films, participating in creative writing or photography workshops, listening to songs, as well as expressing desires and feelings. As for the interventions implemented to cope with the effects of migration trauma, there are some very interesting proposals such as "listening in person to the story of a migrant who is now well integrated"; or making ad hoc material available: "having a database of short videos or short films on different topics". One significant proposal suggests how "dealing with Italian migration allows personal experiences to emerge", hence advocating for the use of stories that mirror those of the learners and that highlight an often forgotten or removed part of our history, in order to favour an effective and productive comparison of experiences. Another noteworthy suggestion concerns the idea of "working in pairs with another teacher". Cook and Friend (1995: 2) define co-teaching as «two or more professionals delivering substantive instruction to a diverse, or blended group of students in a single physical space». Wenzlaff (2002: 14) defines it as «two or more individuals who come together in a collaborative relationship for the purpose of shared work... for the outcome of

achieving what none could have done alone». Studies show that this is a positive practice both for learners – as it allows them to draw on different knowledge and experiences, – and for teachers, who get to further discuss the practice of teaching (Bacharach *et al.* 2008: 15). This practice would be considerably beneficial in the case of translingual learners' groups, especially from the perspective of an inclusive, three-stage co-teaching model, i.e. including planning, teaching and evaluation. The responses that emphasize the need to train on issues related to HL, translingualism and trauma, but also the author's almost thirty years' experience in the field of teaching Italian to foreigners, suggest that, with due respect for pre-existing individual pedagogical approaches, it is indeed necessary to intervene regarding certain aspects which have long characterised the training of teachers of Italian as a foreign language and which call for completely different policies, highlighting the limits of current norms.

4. An observatory on translingualism: the Language Desk

The needs that emerged from the questionnaire, linked with HL, translingualism and trauma issues, provide elements on which to focus future interventions. The data point to a lack of organic and common actions with regard to the problems of immigrant learners, and of operational proposals aimed at creating shared protocols among teachers. Teacher training should focus on a few points in particular: HL and its dimensions; narrative approaches and/or narrative medicine (Calabrese *et al.* 2022), which offer valid teaching tools through a series of targeted techniques; the deepening of the trauma dimension; translingualism and translanguaging (Carbonara, Scibetta 2020). In spite of this, the extremely heterogeneous and fragmented reality of the educational contexts taken into consideration (Borri, Calzone 2019: 15), the excessive bureaucratic load, the lack of time, the fluctuation and discontinuity that may characterise the participation of this specific kind of audience, the pressure deriving from the educational and training objectives to be achieved, the scarcity of means and human resources, as well as the varied needs of the learners (Vedovelli 2000: 13-40), all constitute problems that training alone, although fundamental, is unable to respond to. Today, the classroom is a crossroads where problems are delegated to external experts (psychologists, mediators, et al.), but there is a need for a specific listening space aimed at hosting the dynamics that arise among learners within the framework of a multilingual interaction. For example: what kind of relationship is emerging between Italian and the learners' native languages? What is the perception of one's own learning process? Which words derived from one's world of intimate and emotional relations cannot be expressed because they are untranslatable? Which spaces in everyday life are occupied by Italian, and how do they change over time? What

is the language of thought? What is particularly difficult in the learning process? What are the major problems that could possibly hinder language learning? All of these complex processes affect translingualism as a traumatic or micro-traumatic crossing of boundaries; thus, they are not always decipherable within the context of the language classroom. Hence there is a need to create and translate the notion of the «Third Space» into reality and to provide a lasting response to migratory language policies through the creation of a Language Desk[2], or an observatory on the translingualism present in all realities where Italian language is taught to immigrant learners. The Language Desk should be operated by a language expert who is qualified in the teaching of Italian to foreigners and appropriately trained on HL, on narrative medicine, on the issues of translingualism, on the traumas of migration and on the protocols being tested in teaching contexts where there are translingual learners. This proposal relies on the training of a vanguard of language experts who would be able to illustrate the Italian reality, also in the European context, by creating an advanced language laboratory. The expert at the Language Desk would be able to listen and find solutions to the learners' problems related to the process of approaching the Italian language, and would play an important role in supporting the activity of teachers, who could finally be assisted in their practice of teaching. The Language Desk would thus constitute a free space, unconstrained by any kind of assessment, a space in which the learner's experience would be granted visibility and dignity through appropriate strategies that would help enrich the learner's linguistic adventure (interviews, questionnaires, viewing of videos on the subject, meetings between students from different classes, testimonies from "those who have made it"). In addition to providing an interesting collection of data, the activities implemented by such a Language Desk would provide the opportunity to receive important feedback that could be reused in the language classroom in order to create individualised approaches that place the learners and their needs at the centre of the learning process. In short, such a space would focus on language no longer as a purely formal and extrinsic object of learning, but as a new, core part of one's identity that is being born.

5. Conclusions

The survey described in this paper highlighted the nexus between HL, translingualism and the trauma of migration, and further documented some of the needs

[2] The Language Desk proposed here has a different purpose than the "Sportelli Linguistici" operating in Italy, which have the function, pursuant to L. 482/99, of guaranteeing the presence of personnel capable of responding to requests from the public using the language admitted for protection, within the framework of Public Administrations. The aim is to protect and enhance the Historic Linguistic Minorities.

expressed by teachers working with immigrant learners, who constitute an increasingly complex and diverse audience. Although teachers are not psychologists, mediators or counsellors, they are often confronted with multiple critical issues in relation to which different know-hows and skills are required to assist individuals in need of a high level of support during their learning journey. In particular, the trauma of migration is, in some cases, an important component of the adult immigrants' life experience, as it changes the way they cope with events, as well as hindering their learning processes. Each learning context corresponds to a space where the educational relationship possesses the power to unlock individual potential and, in regard to this, traditional approaches seem to be in crisis. Hence, two fundamental objectives emerge. The first is to incorporate HL together with notions of trauma and translingualism into teacher training, and to turn the obtained results into new forms of narrative-oriented teaching that, while not directly exposing learners to trauma, help them take charge of their experiences, transforming them from obstacles into turning points. The second objective is based on the assumption that training on these issues must be supported by the creation of a Language Desk, an observatory on translingualism to be made available wherever Italian language is taught to immigrant learners. Such a space would be operated by experts in Italian as a foreign language, who are also adequately trained in HL, narrative medicine, and migration traumas, who could collaborate with teachers and take charge in a proactive manner, of the linguistic problems arising during the learning process. This notion would thus provide the first step in creating both a network and a reference point against the isolation that teachers and students often experience; it would grant a space where solutions and answers to the most difficult questions could be found; and it would ultimately constitute a way by which our learners can become less and less "foreign".

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