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# Prologue

The end of the twentieth century and the beginning of the twenty-first witnessed important changes affecting healthcare delivery to limited-English-speaking patients in the United States. As a result, a gradual emergence of academic questions regarding the nature of communication between healthcare providers and patients across gulfs of language and culture, especially when brokered by interpreters, began to trigger debate as to what roles the interpreters should play. This concern was echoed in practical pleas of interpreters themselves who asked: “What can I do to help, what is my role?”

The field of medical interpreting, in particular, has been undergoing an extraordinary evolution. First, Title VI of the Civil Rights Act of 1964 established the need for professional interpreters, in order to ensure meaningful access to healthcare for patients with limited English proficiency. As a result, government-funded programs for healthcare institutions have been mandated to provide interpreting services to limited-English-speaking patients (Allen 2000). At the same time, medical interpreter organizations are writing and publishing codes of ethics and pursuing certification efforts (California Healthcare Interpreters Association 2002; Massachusetts Medical Interpreters Association 1995). Funding agencies are increasingly paying attention to issues of cross-cultural and linguistic communication. In 2001, the Robert Wood Johnson Foundation funded *Hablamos Juntos*, an 18-million-dollar national initiative to improve healthcare communication for the Latino population in the United States. At the time this book was written, Latinos were the largest and fastest growing racial/ethnic group in the United States with 35.33 million, 12.5 percent of the total population, counted in the 2000 census (US Bureau of Census, May 2000).

Finally, legislation banning the use of children as interpreters in healthcare institutions (Yee, Diaz, and Spitzer 2003) and publications denouncing the use of bilingual janitors and untrained interpreters (Allen 2000; Cambridge 1999; Marcus 2003) have been fueling the debate on the quality of access to healthcare available to speakers of non-societal languages in a multilingual society.

The challenging times in which we live have also witnessed changes in the perception of medical interpreting as a profession, and the role of medical



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interpreters. Up until the 1990s, medical interpreting was perceived as a less prestigious variety of interpreting, practiced mostly by *ad hoc* interpreters. Without a theoretical underpinning to account for the special type of interaction that occurs in a medical setting, medical interpreting standards of practice and ethical principles have been largely based on conference or court practices. In many cases, these standards and principles have been blindly transferred to the medical setting, and in a few cases they have been adapted to address the complexities of medical interpreting to a limited extent. Central to the standards of practice has been the role of the interpreter.

Throughout these changing times, I have donned various hats within the field of translation and interpreting: a researcher concerned with equal access to communication and services on the part of limited-English patients and with the different roles that interpreters play; a teacher of translation and interpreting; and an active member of various professional associations engaged in writing a code of ethics and designing assessment instruments to measure interpreters' performances. As a result of these experiences, I have observed and interacted with many interpreters. Through their words and actions, I have witnessed the emergence of a tension, which has become a source of interest for me. It seems that a contradiction exists between the role that is prescribed for interpreters (through codes and rules, both inside and outside the classrooms) and the role that unfolds in the practice of interpreting (in hospitals, in meetings, in the courts, at schools, and in the community at large). Schools and associations prescribe an invisible interpreter. However, the interpreter at work seems very visible to me.

## Concerns and curiosities

The dilemma between the prescribed role of the interpreter and the reality of the interpreter at work sparked a concern and a curiosity within me. The concern is at the level of both theory and practice. I find it problematic that an entire field could be rooted in what seems like a myth (Metzger 1999): that interpreters can be neutral or invisible, and that invisibility is in fact plausible and presented as an ideal. At the theoretical level, if the knowledge base of interpreting seems to lie in the myth of an invisible interpreter, then what are the underlying assumptions of this myth, and what are the reasons for its existence? What does it mean for an interpreter to be invisible? How can an interpreter be invisible? In fact, how can any interlocutor in any instance of communication be invisible? Do related theories exist that would support the invisibility myth? Can the field of interpreting continue to hold to the belief system of invisibility when the very nature of interpreting intersects with other fields (such as intercultural communication, interpersonal relations, social psychology, bilingualism, sociolinguistics, and

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cultural anthropology), which have suggested that invisibility is not plausible? What ideology underlies the blocking of the self, placing it in a social vacuum, and believing that this is plausible? What underlies the perpetuation of such ideology? A field cannot advance without an underlying theory. An underlying theory that is based on a myth is not a substantial theory. This is a genuine concern.

At the level of practice, my concern is about the ways in which the belief system of invisibility impacts on the lives of those who rely on interpreters for their daily communicative needs (who are some of the most vulnerable members of society) as well as the interpreters themselves and the healthcare providers (HCPs). For speakers of non-societal languages, access to service and information depends entirely on interpreters. These interpreters are powerful parties in helping speakers of minority languages accomplish their communicative goals. I am also curious about how interpreters ground their practice in the unchallenged belief of invisibility. What does it mean to be a bridge between more and less dominant cultures? What responsibility does it entail? How much responsibility should interpreters be willing to accept? Do they need to accept the mandate imposed on them by society or by their professional associations, or can they alter it? What role do they want to play? Do they exercise the agency they have, and if so, how? Under the guise of invisibility, practitioners, teachers of interpreting, and professional associations are turning a deaf ear toward these issues. This is another genuine concern.

These concerns and curiosities compelled me to problematize the dilemma of the invisible interpreter, and explore the role of the visible interpreter. For that exploration, I needed a home.

## Looking for a home: interpreting and the ethnography of communication

The study of medical interpreting should occur in a natural setting and for a prolonged period of time. Thorough studies in discourse analysis and interpreting (e.g. Davidson 2000; Metzger 1999; Roy 2000; Wadensjö 1998) have begun to challenge the notion of neutrality and invisibility present in the prescribed role of interpreters. However, I wanted to expand on their work by studying a larger number of interactions. What I discovered was that studying interpreted medical discourse for an extended period of time is as revealing as it is complex. It allows the exploration of issues that can only be addressed through time.

That is why between June 1999 and April 2001, I followed, observed, and worked with a team of medical interpreters in a Northern California hospital. My goal in studying medical interpreting at this hospital, which I call California

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Hope, was exploratory. Guided by my concern and my curiosity about how medical interpreters work, I took an ethnographic approach to the role of the interpreter (entering without a hypothesis). At the time I did this study, models within the field of medical interpreting were not available (cf. Berk-Seligson 1990 for a study of a bilingual courtroom); it was the first ethnography to be carried out in a bilingual medical setting. Conducting an ethnography meant being present to observe, record, and write down what was seen and heard, and ask what on the surface seemed like over-simplistic questions, but questions which turned out to be important ones indeed. It also required cross-checking, comparing, and triangulating the information obtained before it became the solid foundation on which to build my knowledge base.

Like all ethnographers, I experienced periods of feeling overwhelmed by the volume of my data, and times when I could not bear to think about ending the process of data collection. Leaving the fieldwork was not easy; leaving the people was even more difficult. After all the shared experiences, I felt as much part of their lives as they had become of mine. Although I very much wanted to continue working in the hospital and being part of California Hope, I also felt compelled to work toward addressing the concern and curiosity that had brought me to California Hope in the first place. Being an ethnographer means leaving the study site and responsibly telling its story. That is what this book is about.

## Plan of the book

Chapter 1 opens up a discussion of the interpreter's role during a cross-linguistic encounter. It shows how different paradigms have portrayed the role of the interpreter and offers a model that encompasses the challenges faced by professionals of goodwill.

Chapter 2 explores the interaction between patient and healthcare provider. It discusses the importance of establishing a positive relationship in different settings: where both patient and healthcare provider share the same language and cultural background; where they communicate through a shared language but they do not have a common cultural background; and where patient and provider share neither language nor culture and must communicate through an interpreter.

In chapter 3, I present a new set of lenses (the intersection of social psychology, social theory, and linguistic anthropology) that allows for a broader discussion on the role of the interpreter. By considering the interpreter's role as a specific type of interpersonal relation and contextualizing it within an institution that is part of a larger society, social factors are highlighted. The role that the interpreter plays in bridging major gulfs of class, culture, and education becomes evident.

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Chapter 4 introduces the reader to California Hope. It describes the process of building trust and gaining entry, and the reasons for choosing California Hope as the site for this study. It also provides a detailed description of the participants, the interpreting service for which they work, their physical workspace, and their daily routine.

Chapter 5 outlines the data collected in this study (artifacts, audio recordings of medical appointments, field notes, interviews, and questionnaires) and the processes used for coding and analyses.

In chapter 6, I examine the materialization of the role of interpreters at California Hope. I present and analyze segments of interpreted communicative events at the hospital, both face-to-face and over the speakerphone. Various segments illustrate typical behaviors of interpreters at work, demonstrating different degrees of interpreters' visibility during the interactions.

Chapter 7 portrays how medical interpreters talk about their work, the people for whom they interpret, the challenges and stressful moments they must overcome, and how they characterize their role.

Chapter 8 reveals a series of metaphors that interpreters use when they talk about their jobs. These metaphors reflect the underlying tension between their beliefs about their role and their accounts of what they actually do when they interpret. This chapter revisits the concern and the curiosity about the interpreter's role and offers discussion and conclusions from the analysis performed. It also addresses the theoretical and practical implications of the study.

This book was written to appeal to a variety of readers, such as researchers, policy makers, interpreter–educators, practitioners, students of interpreting, healthcare professionals, and communication specialists. Researchers concerned with interpreting as a specific event of cross-cultural communication may make the most use of the citations that place this book at the intersection of social psychology, sociology, and linguistic anthropology. Policy makers and researchers involved in issues of healthcare access for linguistic minorities may find it interesting to study interpreting as it interacts with cross-cultural communication. Interpreters and interpreter–educators will find insights about a practice that, although portrayed as simple and straightforward, is rich and complex. Professional associations of interpreters may benefit from discussions in this book as they continue a dialogue on education and certification in this field. Healthcare professionals may gain an awareness of some of the challenges and advantages of communicating through an interpreter. Any interested reader will have a chance to discover the intricacies of medical interpreting firsthand. The descriptions and analyses in the body of the book will raise numerous questions for these readers. My hope is that their questions will be directed not only to the contents of this book, but also toward theories and generalizations from their own disciplines about how people communicate in a healthcare encounter.

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I have made every effort possible to conceal the real names of people and places in this book. All names are pseudonyms and all figures are rounded up to ensure confidentiality. During my work at California Hope, I intruded in the lives of many people, most of whom were patients during some of their weakest and most vulnerable moments. I took the responsibility for the influence of my presence, my ideas, and my role as a participant observer. My intention is to take the same responsibility in writing this book.

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# 1 Questioning invisibility

> Science would be superfluous if the outward appearance and the essence of things directly coincided.
>
> Karl Marx, *Capital*, vol. 3, part VII, ch. 48, p.iii

Communication between speakers who do not share a common language or culture has always been enabled by translation or interpreting. Interpreters are one component in a three-factor equation, which consists of more-dominant speakers, less-dominant speakers, and the interpreter. The role of interpreters in a bilingual encounter can take different forms. For example interpreters may help minority-language speakers explore possibilities, thereby channeling opportunities for them. This brokering may be achieved by being attentive to the social reality of the speakers. Alternatively, interpreters may focus on the message only, disregarding how it is socially constructed by each of the parties involved in the conversation. Another possibility is that interpreters may align with the speaker of the societal language, conveying information to the less-dominant speakers without helping them gain access to it. This last possibility positions interpreters as gatekeepers (Davidson 2001) rather than opportunity channels. Regardless of the role assumed by interpreters in the cross-linguistic encounter, they are vital for the communication of those who do not speak the majority language.

Language interpreters are often portrayed as *invisible* language facilitators. According to this perception of invisibility, interpreters are not considered to be parties to the conversation, but rather they are seen as language-switching operators in line with the conduit model of communication (Reddy 1979). As such, interpreters are expected to pay close attention to the meaning of the message expressed by the parties to a conversation and to convey that same meaning into the other language, without omissions or additions. This perception of invisibility is represented as a model in figure 1. Based on conference interpreting, this belief supports the idea that only one meaning exists for each verbal utterance and that this meaning is not subject to co-construction. Thus, there exists only one possible rendition for that meaning. This conceptualization of interpreting considers accuracy over all other aspects that can be attributed to the



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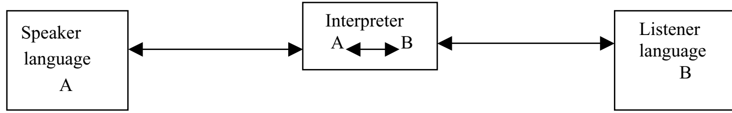


Figure 1 The invisible interpreter (adapted from AIIC 2002; Seleskovitch and Lederer 1989; and Weber 1984)

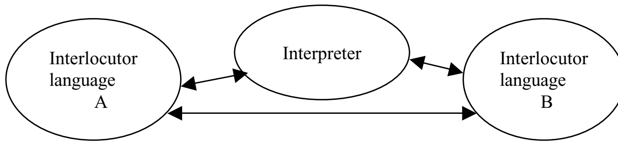


Figure 2 The interpreter as a co-constructor (adapted from Berk-Seligson 1990; Metzger 1999; Roy 2000; and Wadensjö 1998)

message (e.g. intention of the parties, goal of the communicative event, or context of the interaction). The concept of invisibility presumes: (1) no interaction between interpreters and speakers (by limiting the interpreters' participation to language switching); (2) no interaction between speakers themselves (e.g. body language); and (3) interpreting can occur in a social vacuum since it overlooks social and cultural factors brought to the interaction by the interpreters and the two speakers.

An alternative conceptualization of the role of interpreters is represented in figure 2. In this view, interpreters are seen as essential partners, or in other words, *co-constructors* to the interaction (Berk-Seligson 1990; Metzger 1999; Roy 1989, 2000; Wadensjö 1992, 1995, and 1998). Interpreters' participation is evidenced by constructing, co-constructing, repairing, and facilitating the talk. This approach to interpreting as interaction shifts the conceptualization of mechanical or invisible interpreters to more active co-participants.

Research in sociolinguistics emphasizes crucial differences in the participatory role of interpreters, and these differences depend upon the nature of the interpreted communicative event (ICE) (Hymes 1974). The interpreter as a co-participant to the ICE has been studied extensively using discourse analysis (Davidson 1998, 2000, 2001; Metzger 1999; Roy 1989, 2000; Wadensjö 1995, 1998). Davidson (2000, 2001) and Metzger (1999) challenge the notion of neutrality, while studying the participation of interpreters during interactions. Roy (2000) discusses interpreting as a special case of discourse process. She performs a deep analysis of a conference between a professor and a (deaf) student mediated by an American Sign Language–English interpreter, and shows the

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active participation of the interpreter in the interaction. By using Goffman's framework of roles (1981), she addresses "the shifts interpreters make from relaying messages to managing and coordinating talk" (2000: 111). Roy's analysis specifically looks at two instances where a participant addresses the interpreter directly, and the interpreter speaks back to this participant. The role is analyzed in terms of "responsibility for the flow and maintenance of communication" by focusing on turn taking (2000: 121). Like Metzger and Roy, Wadensjö (1998) uses Goffman's framework of roles to question the normative character of the literature in interpreting that characterizes how interpreters "should perform" instead of looking at the performances of interpreters in actual cases (1998: 83).

These scholars call for further research to study the role of interpreters as co-participants in the interaction. They also underscore the fact that interpreting does not happen in a social vacuum and the importance of describing the role of interpreters in the social context where the interaction is embedded. This book begins to address this call by investigating the *visible* role of interpreters as it materializes in a medical setting.

The concept of visible interpreters goes beyond the fact that they are active participants in the linguistic interaction. It takes into consideration the power that interpreters possess. The model of visibility that I propose portrays interpreters who are not only linguistically visible, but who are also visible with all the social and cultural factors that allow them to co-construct a definition of reality with the other co-participants to the interaction. Interpreters enter the interaction with all of their deeply held views on power, status, solidarity, gender, age, race, ethnicity, nationality, socio-economic status (SES), as well as the cultural norms and societal blueprints that encompass the encounter; they use all of these to construct and interpret reality. The interpreters' views of all of these social factors interact with the parties' views of those same social factors. Interpreters, as members of society, do more than merely co-construct and interact in the communicative event. They are powerful parties who are capable of altering the outcome of the interaction, for example, by channeling opportunities or facilitating access to information. They are visible co-participants who possess agency.

This visible model is highly complex because of several factors present in interpreting situations. Firstly, the ICE does not happen in a social vacuum. It occurs within one institution that is permeable to the mandates of society. As a consequence, various layers of institutional and societal influences surround the ICE, adding to its complexity. Secondly, each party to the ICE brings to the encounter its own social factors (race, ethnicity, age, gender, SES), adding to the complexity of the interaction. Finally, the very nature of interpreting is a highly sophisticated process that involves the juggling of these social factors,

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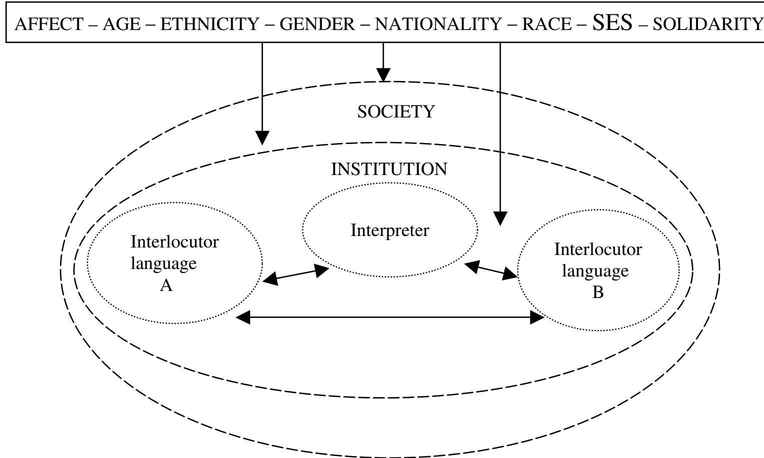


Figure 3 The visible interpreter (Angelelli 2001)

plus the information processing between languages and cultures, performed under pressure.

Figure 3 represents the complex role of the visible interpreter. The upper box represents cultural norms and blueprints. The outer circle shows how society enacts them. The middle circle represents the effect and re-creation of those cultural norms and blueprints within the institution. Within this circle lies another set of institutional norms and blueprints which get reconstructed and funneled to permeate the interactions that occur within its boundaries. In the inner circle, the interlocutors bring to the interaction their own set of beliefs, attitudes, and deeply held views on interpersonal factors, such as gender, race, ethnicity, and SES. During the ICE, the interpreter is also present with his/her own set of beliefs and deeply held views that are constructed, co-constructed, and reenacted within the interaction. As the ICE unfolds, the interpreter brings not only the knowledge of languages and the ability to language switch or assign turns, but also the self. Through the self, the interpreter exercises agency and power, which materialize through different behaviors that alter the outcome of the interaction. Interpreters are opaque rather than transparent, or visible rather than invisible.

The model on which this book is based builds on previous work by Berk-Seligson (1990), Davidson (1998), Metzger (1999), Prince (1986), Roy (1989, 2000), and Wadensjö (1998). It takes the following critical perspective: interpreters, as members of speech communities (Hymes 1974) in which there are asymmetrical relations between speakers of more and less dominant groups, possess deeply held views about power and solidarity (Davidson 2000, 2001).

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