

The Interpreters' Newsletter

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e della Traduzione
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Editorial

This issue of *The Interpreters' Newsletter* is entirely devoted to public service interpreting (PSI). The reason is very simple. The increasingly multilingual and multicultural fabric of our countries has made interpreting in public service settings (including courts) a need to be met and a problem to be solved daily as well as a field to be thoroughly investigated.

The articles included in this issue give an overview of the different ways in which PSI may be dealt with. However, whether the focus is on professional (or non-professional) practice or on training, on quality assessment or on conversation analysis, on legislation (or lack thereof) or on the actual provision of services, it should never be forgotten that PSI is first and foremost a matter of fundamental human rights to be guaranteed, protected and enjoyed. That is why it deserves all our attention and commitment.

Maurizio Viezzi

Rights, realities and responsibilities in community interpreting

ERICH PRUNČ

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Abstract

Community interpreters need a profile of qualifications which is different from that of conference interpreters. Above all, community interpreters must be able to make consistent ethical decisions in the continuum between neutrality and advocacy. This is the reason why community interpreting should be integrated in the regular curricula.

Introduction

In his contribution for the First Critical Link Conference Franz Pöchhacker referred to the practice of Community Interpreting in Austria as “poorly developed” and stated that training for community interpreters was “altogether nonexistent” (Pöchhacker 1997: 224). After a brief overview of the development of Interpreting Studies I will present – admittedly from a somewhat personal stance – initiatives to improve the status quo and discuss perspectives for the future development of Community Interpreting.

Based on the Sociology of Symbolic Forms, which was developed by the French sociologist Pierre Bourdieu (see for instance Bourdieu 1984), Community Interpreting will be modelled as a social field in which different social actors battle for their positions within the social system with the capital available to

them.¹ Capital is defined as all the material, intellectual and cultural resources which are available to an individual or an institution. It can be categorised into economic, social, cultural and symbolic capital. Economic capital can, in a simplified manner, be equated with material and financial resources. Social capital is a resource that facilitates or may facilitate individuals to act and cooperate within a system based on their membership in a more or less durable and institutionalised network of relationships, e.g. membership in a professional organisation. Cultural capital can include knowledge, skills, creativity, art and artefacts. It can be accrued in three different ways: as objectified, incorporated or institutionalised cultural capital. Objectified cultural capital manifests itself in artefacts, e.g. artworks and translations. Incorporated cultural capital is generally accrued through learning or practice, but can also be inherited. Institutionalised cultural capital is acquired in the form of educational degrees and certificates. Its value mainly depends on the status awarded to the degree-granting institution. An academic degree by a renowned university thus carries more cultural capital than a certificate for the completion of a training course at some other education institution. Each of these forms of capital can be converted into symbolic capital, which is the most powerful form of capital according to Bourdieu, if they are correlated with the specific hierarchy of values of a given society. The higher a certain form of capital ranks in the value hierarchy of a specific society, the more symbolic capital can be accrued through this specific form of capital.

I have used the term “translation culture” to discuss the mechanisms which determine concrete acts of translation. Translation culture can be defined as the set of norms, conventions, values and behavioural patterns used by all the partners involved in translation processes in a certain culture. Translation culture, as part of a culture, is linked in a circular relation to the total culture. On the one hand, prevailing power relations and values of a given society are reflected in concrete behavioural instructions; on the other hand, translation as a form of cultural import helps to shape the values and characteristics of a given receiving culture (Prunč 2008).²

The reflection of dominant value systems in translation culture involves both the characteristics and differentiation of social fields of translation, as well as the prevailing quality standards and conventions in the various fields. In the field of Community Interpreting, however, there appears – at least according to my personal observations of the situation in Austria – to be a discrepancy between the declared value systems of democracy and human rights and their realisation in specific patterns of interaction.

- 1 For the reception of Bourdieu’s sociological approach cf. Inghilleri (2005a), Inghilleri (2005b), Wolf/Fukari (2007).
- 2 For the application of the concept of translation culture in Community Interpreting see Pöllabauer (2006); for a critical discussion of the concept of translation culture see Grbić/Hebenstreit/Vorderobermeier/Wolf (2010).

1. Sociocultural background

The prevailing opinion among political classes in Austria is that people in the country speaking another language – foreigners, immigrants and asylum seekers – are themselves responsible for communicating successfully with the authorities. This basic attitude is only one reason why many are satisfied with the rudimentary linguistic mediation provided, for instance, by relatives who happen to be on the scene. The second reason lies in the fundamental misconception that proficiency in the two contact languages is sufficient for successful linguistic and cultural mediation. Thus, ad hoc and lay interpreters are recruited from among available immigrants. No consideration is given to the fact that these individuals usually have an unbalanced language profile, due to the way they have acquired a specific language and become socialised, and consequently these individuals need to be classified as double semilinguals rather than bilinguals.

It is an exception to the rule when people acknowledge that smooth communication in dealing with public authorities (e.g. in matters concerning the law, health and safety or education) is not only in the interest of the client speaking the “other” language, but also in the interest of the institutions themselves. It is a fact that inadequate and deficient communication primarily harms the efficiency of the institutions concerned. Consequently, it would make good economic sense to invest in this particular kind of trans-cultural communication and to avoid the unnecessary loss of time as well as the costs arising from such outcomes as wrongful conviction, misdiagnosis or bad investments (cf. Hampers/McNulty 2002).

The third reason is to be found in the history of interpreting and Interpreting Studies.³ The evolution of simultaneous interpreting coincided with the first great wave of globalisation. Conference Interpreting, together with technical translation, was well prepared to satisfy the need for cooperation in global networks and to meet the demand for information in globalised post-industrial societies. As a medium and allies of the “winners of globalisation”, conference interpreters could not only acquire economic capital in the field of interpreting, but also profit from the (social) status of their clients and the high status of their working languages. This in turn considerably increased their symbolic capital. Towards the end of the last millennium, Interpreting Studies almost exclusively focused on simultaneous interpretation and thus implicitly on Conference Interpreting (Pöchhacker 2004, reprint 2009). In addition to that, training institutions adapted their curricula to the needs of conference interpreters. Thus, conference interpreters, as a result of their excellent training, could acquire more incorporated cultural capital and, because they had academic degrees, were ascribed additional institutionalised cultural capital. So, even at the beginning of their professional career, conference interpreters had at their disposal all modes of relevant capital, which they, in the field of interpreting, could convert into a symbolic one. This tendency was further enhanced by successful international professional associations such as AIIC or national professional interpreter associations, which could ascribe the necessary social capital. The social practice

3 Cf. Pöchhacker (2006, 2009a, 2009b).

of Conference Interpreting, the institutionalisation of conference interpreter training and the protection offered by professional associations form an affirmative circle that could also be described as the *success story* of Conference Interpreting.

Such a road to success was not feasible in Community Interpreting. Rather, one could describe its development as a fatal spiral of negative labeling. Conference interpreters were, as mentioned above, on the winning side of globalisation, while community interpreters were, to use the words of the Polish-British sociologist Zygmunt Baumann (2004), left to deal with *the wasted lives* and the *outcasts of modernity*. In the last decades of the 20th century, however, the *collateral damage of globalisation*, to use another key term coined by Baumann (2007), presented itself in the form of global migration, often reinforced by armed conflicts. As a result, an increasing number of societies, not just traditional immigration societies, were confronted with communication problems when dealing with immigrants who spoke a different language. However, the problem was first and foremost identified as a social one and only secondarily as a communicative and cultural one. Thus the solution was a mix of social worker + interpreter. This intermingling of interpreting and social work, as well as resulting role conflicts hindered the development of a clear professional image of community interpreters (Niska 2002, Angelelli 2006).

On the one hand there is growing awareness of human rights among the general public, and this has the potential to bring about a change in social awareness concerning the need for a professional interpreting service in the community sector. On the other hand those in power play on the fears of the public (cf. Baumann 2004). This situation has made it impossible, at least in Austria, to draw symbolic capital from interpreting in community settings. On the contrary, the negative image of the clients and the low status of their working languages have had an adverse effect on the professional image of community interpreters. To this day, it has been impossible to acquire even a reasonable economic capital from Community Interpreting in Austria.⁴ The unacceptable rates of pay and fear of a “gray market” of lay interpreters with its inherent spiral of dumping prices kept professional interpreters and their professional associations from dealing with this interpreting setting.

2. Development of Interpreting Studies

In Austria, the social turn of Interpreting Studies was in particular influenced by the theoretical models and empirical studies of Franz Pöchhacker (2001, 2004, 2007b).⁵ Social turn is taken to mean here a general broadening of horizons with regard to interpreting settings other than Conference Interpreting, and in particular with regard to Community Interpreting (cf. Pöchhacker 2006, 2007a).

4 It was in fact a politician, responsible for the social welfare of immigrants, who in all seriousness proposed improving the economic basis of migrants by paying them an hourly wage of 5 Euros for interpreting in official settings.

5 See also Pöchhacker/Kadric (1999), Kolb/Pöchhacker (2008).

Here this broadening of horizons has been promoted by several initiatives and the Critical Link conferences.⁶

If we take a look at different research databases and bibliographies of individual researchers it is obvious that Community Interpreting has turned from the former Cinderella of Interpreting Studies into a quite respectable sister of Conference Interpreting.⁷ The studies on Community Interpreting conducted at the Graz Department of Translation Studies may serve as an example for recent research on Community Interpreting (Grbić/Pöllabauer 2006).⁸ From the Graz perspective the integration of Sign Language Interpreting research proved particularly fruitful as the latter is not only of a different semiotic nature compared to spoken language, but it is also highly sensitive to social and ethical issues because of its close relationship to the deaf community (Grbić 2001, 2006). At this point the efforts to establish Community Interpreting research and training by the department of translation studies of the University of Graz will be considered more in detail.

3. Graz initiatives

In Graz, it was Sign Language that opened the doors to Community Interpreting. It all started in 1990 with a conference entitled *Sprechende Hände – hörende Augen/Talking hands – listening eyes* (Grbić/Stachl-Peier 1990) which raised awareness and consciousness for Sign Language interpreting. Back then, the target group was limited to practicing Sign Language interpreters, who in most cases were hearing children of deaf parents. In (joint) workshops, the interpreting experiences of teachers of the department were discussed and put into practice in Sign Language interpreting classes. The next step was the World Congress of the Deaf in Vienna in 1995, which provided a supreme opportunity to build an international network and to recruit internationally renowned lecturers for Sign Language interpreting. In 1997/98, within the framework of an EU project, a training course for 24 practicing Sign Language interpreters from all over Austria was held. The course was repeated in the years 1999/2000.⁹

Meanwhile, the first generation of students was able to acquire knowledge of Sign Language in (basic) classes offered by the department. Within the scope of the University reform of 2002, Sign Language was introduced as the 13th officially taught language at the department. In 2007, the first students graduated after completing a full Sign Language Interpreting training programme in Graz.

In 1998, the participants of the training programme, the teaching staff of the department and experienced Sign Language interpreters, in a joint effort, created the first Austrian professional association for Sign Language interpreters. Not

6 Cf. the proceedings: Carr *et al.* (1997), Roberts *et al.* (2000), Brunette *et al.* (2003), Wadensjö *et al.* (2007), Hale *et al.* (2009).

7 For details see Prunč (2010); for an overview of research on Community Interpreting in German-speaking countries see Pöllabauer/Grbić (2008).

8 The research started with Pöllabauer's investigation of police interpreting, especially at asylum hearings (Pöllabauer 2005, 2007).

9 Cf. <<http://www.oegsdv.at/index.php?content=4>> (accessed 30 September 2011).

only did the association adopt its own code of ethics, it also introduced a certification system with a professional aptitude test that can be taken at the department in Graz.¹⁰ In the process of professionalisation of Sign Language Interpreting, the recognition of this certificate by the deaf community and governmental bodies was an important step forward.

It was therefore only natural to take the same path for spoken language interpreting. As with Sign Language interpreting, two objectives were set.

3.1 Awareness raising and public relations

This first objective was marked by three activities: a series of discussions in 2003 called *Brücken bauen statt Barrieren/Building Bridges instead of Walls* (Pöllabauer/Prunč 2003), the development of a curriculum for medical interpreters within the Grundtvig *MedInt* project, together with the Universities of Ljubljana, Mainz-Germersheim and Tampere,¹¹ and the CIUTI symposium *Community Interpreting: Training and Research at University Level* organised in September 2009 by and at the department.¹²

3.2 Improving the quality of Community Interpreting through in-service training for practicing interpreters

To meet the legal requirements, a special self-financed University training programme with its own curriculum and University certificate was set up. Thus, a training course for Community Interpreting (*Universitätslehrgang Kommunal-dolmetschen*) was offered from October 2004 to January 2006 for five languages (Albanian, Arabic, Bosnian/Croatian/Serbian, Russian and Turkish; all in combination with German). The curriculum was drafted in close cooperation with a number of local NGOs to guarantee the best possible practical relevance of the course content. This course was the first fully-fledged academic training programme for community interpreters in Austria. The *Österreichische Nationalbank*, which has a special fund for research and related issues, sponsored this first programme as well as the accompanying research. In 2008, a slightly modified programme was offered for Russian and Bosnian/Croatian/Serbian. The programme was completed in July 2010.¹³

10 Cf. Österreichischer Gebärdensprach-DolmetscherInnen-Verband; <<http://www.oegsdv.at/index.php?content=1>> (accessed 30 September 2011).

11 <<http://www.uni-graz.at/life1www/>> (accessed 30 September 2011) and Andres/Pöllabauer (2009), Ertl/Pöllabauer (2010).

12 The contributions to this conference are published in Kainz/Prunč/Schögler (2011).

13 Cf. <<http://www.uniforlife.at/index.php?lang=de&page=content/ulehr-kdolmetschen-de-inhalt.html>> (accessed 30 September 2011).

Currently, the curriculum is structured as follows:

Module	Topics	
General	Introduction to Translation Studies, Roles and Norms (5), Psychosocial Aspects of Interpreting (4), Culture and Interculturality (5)	14
I-Techniques	Interpreting (20), Note-Taking (2), Memory Training (2), Knowledge Acquisition & Knowledge Management (8)	32
Fields	Family & Social Aspects, Workplace (1), School, Public Service Organisations, Police and Asylum hearings, Healthcare, Psychotherapy and Psychiatry, Counseling	20
Writing	Structuring and writing of texts incl. Final Paper	5

Applicants had to take a written and oral entrance exam before being admitted to the course. Students also had to do a traineeship worth 4 ECTS with a public service organisation within the scope of the programme. A follow-up of this training course is planned for 2011/2012.

3.3 Restructuring the curricula

The implementation of the Bologna model provided the opportunity to adapt the focus of the training programme to suit new occupational fields. The new interpreting master's is usually completed in two foreign languages. All students are taught the basics in so-called mandatory classes such as:

- General and specialised interpreting studies lectures and seminars
- Fundamental skills of interpreting
- Analysis and interpreting techniques
- Analysis and translation techniques.

The structure of the course allows students to customise their studies by choosing electives from a pool of predefined modules according to their languages and professional interests. Students have to choose four modules of 8 ECTS each, amounting to 32 ECTS in total, from all interpreting and translation classes offered at the department. The modules can be freely combined. Only Conference Interpreting requires a double-module of 16 ECTS per language.¹⁴

Students interested in Community Interpreting can choose from the following modules, each worth 8 ECTS:

- Specialised module on Community Interpreting
- Liaison Interpreting (negotiations)
- Liaison Interpreting (conversations)
- Translating for courts and authorities

In addition, the curriculum also provides the possibility to train as a translator and interpreter with a focus on “translation *and* interpreting”. At bachelor level,

14 <https://online.uni-graz.at/kfu_online/wbMitteilungsblaetter.display?pNr=132015> (accessed 30 September 2011).

a similar programme started in autumn 2010.¹⁵ Both programmes seek to valorise the potential of bilingual students with a migration background and offer intensified translational training with one foreign language only.

At the end of the academic year 2010/11, the first generation of students who have chosen all their pooled electives from modules relevant to Community Interpreting and who, in addition to that, wrote their thesis on Community Interpreting or Sign Language topics, will graduate at the department of translation studies in Graz.¹⁶

The department of translation studies is attempting to break the vicious circle of low status, lack of training, low level of professionalisation, and lack of interpreting quality at an academic level by promoting and offering a wide range of courses to students and (lay) practitioners.

4. Perspectives

However, the ultimate goal – the professionalisation of Community Interpreting (cf. Grbić 1998) – can and will only be met by a joint effort of research and training as well as through well organised professional associations. We need a profile of qualifications which indeed is different from that of conference interpreters, but which is no less demanding due to the different parameters of qualification. Above all, community interpreters need to have the competence to make consistent ethical decisions in the continuum between neutrality and advocacy. This is the reason why we are calling for the professionalisation of Community Interpreting and search for opportunities to integrate Community Interpreting in addition to Conference Interpreting into the regular curricula.

As a conclusion, I would therefore like to present and design a, perhaps utopian, model of such a development:



15 <http://www.uni-graz.at/uedo1www__files__curriculum__deutsch__tkk.pdf> (accessed 30 September 2011).

16 For an overview of some of the topics tackled in master's theses at the department see Grbić/Pöllabauer (2008).

As a basis for such a societal process, a strengthening of solidarity amongst *all* interpreters would have to take place. In particular, it will be necessary to dismantle and overcome the anxieties and prejudices of conference interpreters towards community interpreters and to raise awareness of the fact that both, conference and community interpreters, can benefit from working together. The fact is that every incidence of “bad” interpreting, no matter where and by whom it is provided, ultimately reflects negatively on the professional image of interpreters in general. In Austria, where interpreting is not a protected occupation, it is necessary to build a culture of trust and mutual respect. With this in mind, the fact that *Universitas Austria*,¹⁷ the Austrian Interpreters’ and Translators’ Association, has started to deal with Community Interpreting and, like AIIC (cf. Bowen 2000, Mikkelsen 2004), has set up a special forum for Community Interpreting, cannot be overestimated.

Interpreting Studies have convincingly demonstrated in empirical studies that Community Interpreting is a highly complex activity which requires the same quality standards from interpreters as any other form of interpreting, although the quality demands are differently structured. In the long run, research-based teaching and training thus seem to be indispensable. Whether this can be offered in the form of in-service courses or as a regular curriculum depends on individual socio-cultural realities. In my opinion, it is of the utmost importance that the next generation of interpreters have the opportunity to acquire the necessary incorporated and institutionalised cultural capital so that they may gain symbolic capital as well and attain a better (social) position in the field of translation and interpretation. Introducing certification tests, which already exist for Sign Language interpreters or for court interpreters in Austria, could be a helpful additional measure.

As researchers we should, however, never grow tired of pointing out the responsibility of all social and political relevant factors for the discrepancies between the declared value systems and social reality particularly in the practice of translating and interpreting in community settings. Based on solid empirical evidence and equipped with the symbolic capital of science, the discipline as a whole is competent and entitled to demand sustainable solutions that have been adapted to the needs of a multicultural society when it comes to institutionalised communication with so-called “foreigners”. I am convinced that it is the ethical and political mission of responsible Interpreting Studies scholars and of the discipline of Interpreting Studies to model solutions. These solutions should provide even the weakest members of society with the opportunity to enforce their internationally recognised human rights by being able to communicate and interact as equal partners of official institutions. I am, however, well aware that these days all such efforts meet strong political and social resistance based on politically orchestrated xenophobia.

17 Cf. <http://www.universitas.org/links.html?id=19&LINK__CAT__ID=16> (accessed 30 September 2011).

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A sociological perspective on TIPS. Explorations into the translator's/interpreter's (in)visibility in *Translation and Interpreting in Public Services*

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Abstract

The paper presents Pierre Bourdieu's theories and suggests they may be fruitfully applied to the teaching and practice of translation and interpreting in public service settings.

1. Introduction. Towards a sociological approach in *Translation Studies*

Given the range of approaches taken when defining the nature and scope of *Translation and Interpreting in Public Services* (TIPS), I will limit my discussion to the perspective adopted in the present study: TIPS is a specific area within the field of Translation Studies dedicated to the study of the communication that occurs in public service settings between service providers and clients. These clients are typically members of a minority group whose unfamiliarity goes beyond mere language, and extends to the system of values, practices and representations present within the host society (Valero Garcés/Mancho 2002: 15-23).

The era of migration, which forms such an integral part of the twenty-first century, calls for a new approach to social reality. In this connection, TIPS emerges from the meeting of cultures as a discipline which is intrinsic to man's varied communicative needs. The attempt to institutionalise TIPS, however, is contingent upon the acceptance and recognition of our societies' progression towards multiculturalism and interculturalism and the new principles this involves. It is also dependent on society's recognition of immigrants as members of the society and users of public institutions and services.

In this sense, TIPS plays a fundamental role as the linguistic link in communicative situations in which different cultural groups coexist in the same space. TIPS facilitates this coexistence by providing the ideal framework when, as Palop Iranzo says, “an intercultural microcosm, mutual comprehension and interaction among groups of people with different cultures” come into play (1997: 51).

At the same time, the growing number of publications concerning a social theory of translation (e.g. one of the first issues of *MonTI*, *Monographs in Translation and Interpreting* is devoted to applied sociology in Translation Studies) is of great significance. This is accompanied by different voices, which demand a shift towards sociological approaches (or a “sociological turn”) (Wolf 2010, Gouanvic 1999, Snell-Hornby 2006), thus moving even further beyond the “cultural turn” of the 1990s, as explained by Lefevere and Bassnett (1990, 1998). This new “cultural” perspective broadens that of Translation Studies (TS) as well, favoring the use of new methodologies in the analysis of the translation process and revealing new elements that underlie the translation activity – e.g. the power relations – thus pointing to the fact that translation can never be neutral.

As Bassnett and Lefevere stated:

there is always a context in which the translation takes place, always a history from which a text emerges and into which a text is transposed [...] Translation as an activity is always doubly contextualized, since the text has a place in two cultures. (1990: 11)

These statements led to a redefining of the objective of the study of translation. Some years later new approaches in TS such as feminist translation (Simon 1996), postcolonial translation (Spivak 2004/1993, Niranjana 1992), ethnographic approaches (Valero Garcés 1995), and intercultural approaches (Snell Hornby 1997) emerged. Along with this tendency there have been an increasing number of studies dedicated to the role of the translator and the interpreter (Tymoczko 2007, Valero Garcés/Martin 2008, Chesterman 2009).

Returning to TIPS, these studies, when linked to the daily reality of the translator/interpreter (Tr/In) and the role(s) that she/he must perform, make us see the need to redefine the traditional concept of interpreter. Thus, rather than viewing the Tr/In as a faithful transmitter of words from one language to another (“conduit model”), we move towards more sociologically based models given that, in TIPS, the Tr/In’s work takes place in contexts which are strongly rooted in society. Furthermore, in one sense or another, this activity is one that influences the creation/remodeling of new multicultural societies in settings which, until now, have been monocultural (e.g. Italy or Spain), but which have seen this change brought about with the arrival of the immigrant population.

Along these lines, the sociological theories of Bourdieu provide us with an appropriate framework with which to first define and understand the debate around the role of the translator and interpreter and, from there, propose a model of practice.

I shall now briefly describe the Bourdieuan theory.

Bourdieu (1980: 88) considers society to be a sport, a social game with its own system of rules, where the players are familiar with the basic rules which enable their participation. Entering into the game therefore entails having a feel for the game, this being one of the privileges of having been born a participant. It is this

privilege which enables us to employ more or less unconsciously the practices inherent to the rules of this game. These practices are used to construct the social space, which is structured upon its own system of values.

The mechanism of social organisation is to be understood through two key concepts: *field* and *habitus*. *Fields* are autonomous spheres, each with their own rules and feel for the game. Different modes of domination are defined for each *field* and in relation to other *fields*. The agents in these *fields* have the *habitus* or possess acquired dispositions which generate practices and representations that enable them to play in the different social *fields*. In this way, the *habitus* contribute to the reproduction and transformation of the social structure. Each *field* comprises the action of three agents:

1. The existence of a common capital (knowledge, abilities, power etc.);
2. The struggle to appropriate this capital;
3. A hierarchy formed between those who hold the capital and those who aspire to do so.

Belonging to a *field* means that one is familiar with the rules of the game and is endowed with *habitus*, which implies knowledge and recognition of the laws which are intrinsic to this game and the objectives thereof.

It is here that I glimpse the social magnitude that TIPS takes on when practiced in multicultural societies and where Bourdieu's key concepts of *field* and *habitus* provide an ideal framework with which to theorise about this area of TS. The Bourdieuan concepts give rise to numerous possibilities or lines of investigation that enable us to delve more deeply into TIPS theory.

2. Towards a sociological approach in *Translation and Interpreting in Public Services*

Bourdieu's theory, as Gouanic points out (2010: 122), was not designed for translation, but there is nothing precluding a sociological theory of translation from drawing upon his ideas. Bourdieu (1999: 221) initiated a discussion on translation in a text entitled "The Social Conditions of the International Circulation of Ideas". He did not pursue it further, even though he provided some indications for how one might continue when stating:

the fact that texts circulate without their context, that – to use my terms – they don't bring with them the field of production of which they are a product, and the fact that the recipients, who are themselves in a different field of production, re-interpret the texts in accordance with the structure of the field of reception, are facts that generate some formidable misunderstandings [...]. (Bourdieu 1999: 221)

Following Bourdieu's consideration of the society we live in as a playing field, essentially, the development of a social theory of TIPS would involve the deduction of the rules of the game based on observations of the players' actions. To achieve this, the first step will be to determine the type of game that lies behind certain actions, establish who the players are, and the space in which they are playing (*field*). Once all of these parameters are established, and based on the Tr/In's actions, the type of game being played could be deduced.

Considering that the agents that make up the TIPS's communication triangle (public service clients, intermediaries, and service providers) are part of a specific field (e.g. healthcare, legal, educational etc.) and they have different *habitus*, some questions arise:

How is this communication organised? Will the Tr/In have to move between different fields? Is that possible? Will a context-specific translation or interpretation be more appropriate than a literal translation or interpretation?

These questions lead us to consider the study of the *fields* and *habitus* from different angles, as well as the dispositions that generate practices and representations. Before that, I propose that we take a closer look at the discussion of the potential gains and the ethical implications of a "sociological turn", a question that has been posed by various TS scholars, as well as the implications it could have for the practice of translating and interpreting (T&I).

In her volume *The Turns of Translation Studies. New Paradigms or Shifting Viewpoints?* (2006), Snell-Hornby announces the break up or shift of paradigm (or turn) with traditional views and the introduction of new perspectives based on established approaches. These new perspectives serve as a basis for sketching new horizons and for further developments in a specific area. Furthermore, Wolf (2010: 32) claims that regarding the translator as a constructed and constructing subject in society entails a serious shift in the view of both the translation concept and the research domain of TS.

As Wolf (2010: 32) goes on writing, it seems as if TS is particularly inclined towards the shift of paradigms, or "turns". This results partly from the fact that it is by nature located in the contact zones "between cultures", and is therefore exposed to different constellations of contextualisation and structures of communication, but is also the product of the make-up of the discipline itself.

After the "cultural turn" of the 1990s, all major approaches, in one way or another, had begun to take into consideration the cultural factors in translation. About one and a half decades later, the insights gained from this newly developed perspective lead to a view of translation as a social practice. One of the results of this shift is that the role of the agents involved in the translation process is brought into the foreground. Viewed from this perspective, any translation is necessarily bound up within social contexts: on the one hand, the act of translating, in all its various stages, is undeniably carried out by individuals who belong to a social system; on the other, the translation phenomenon is inevitably linked to social institutions, which greatly determine the selection, production and distribution of translation, and as a result the strategies adopted in the translation itself.

This is evidenced by a number of works which have contributed to the emergence of a "sociology of translation", and have delivered valuable insights into the functioning of the translation process, the construction of a public discourse on translation and of the self-image of translators, among other crucial issues (see e.g. Gouanvic 1999, Wolf/Fukari 2007, Pym/Shlesinger/Simeoni 2008, Chesterman 2006, Díaz Fouces/Monzo 2010)

The topic has also been addressed from other perspectives and within other contexts. Thus Cronin (2003: 134), referring to the context of globalisation, asks whether translators have the task of counteracting global asymmetries, at least in

the translation field, in order to promote a democratic cultural exchange. He makes a plea in favour of “an activist dimension to translation which involves engagement with the cultural politics of society at national and international levels”, and particularly emphasises the significance of translation training institutions and their pedagogical programmes that might promote the translator’s responsibility.

Chesterman (1997: 147) also criticises the traditional view of the concept of loyalty to the various parties in the communications event, as do Arrojo (1997), Pym (1997), Koskinen (2000) and others, who agree that the discussion of ethics in translation cannot be restricted to the notion of fidelity or other related concepts. And Venuti argues that, consequently, “any evaluation of a translation project must include a consideration of discursive strategies, their institutional settings, and their social functions and effects” (1998: 82).

This same position could be adopted in TIPS where the social configurations play a major role, not only because they shape the discursive strategies adopted in the course of the translation process, but also because they are responsible for the make-up of the settings in which the various agents operate. In this sense, Tr/In – in whatever work setting they may operate – should dispose of the same rights and responsibilities as the other social agents involved in the communication process and, consequently, should be able to abandon their traditional position of (supposed) neutrality and invisibility and assume responsibility. Such responsibility is additionally conditioned by socio-political factors and – subsequently – has serious consequences for the Tr/In’s professional, social and political position in society. We only need to consider new factors/elements such as the era of globalisation, the migration movements, the configuration of new multicultural societies, the technological development, the internet revolution and, last but not least, the present financial crisis, with its yet unexplored consequences for the translation and interpreting activity.

Translation, in its broadest sense, not only reflects and transfers existing knowledge, but continuously creates new knowledge, especially in TIPS where so many different cultures and languages have been put in contact for the first time. Yet translation can both promote asymmetrical power relations between languages or cultures and offer a form of resistance, as can be seen in the postcolonial context, or can create the illusion of a monolingual / monocultural society when the “other” finds a place, as can happen in TIPS contexts.

We have witnessed – and still are witnessing – the emergence of new societies made up of different cultures all immersed in a global society which has brought about new types of work settings and new codes of reference that inevitably favour a potential change in the traditional views of the translator figure and his or her translatorial practice.

In this web of relationships, one cannot overlook the idea of *power*. Following Lesch, the main objective of TIPS is to balance the inequalities (social, economic, educational) between the agents involved, in “an attempt to balance out power relationships between the provider and the recipient, prioritising the need for communication” (1999: 93).

Gouanic (2007: 90) also asserts that “translation is (therefore) marked by the power relationships between the source and target fields”. The negotiation or

exchange, according to the notion of power relationship as the link which structures the social space and the relationships between the actors, is accompanied by areas of uncertainty (or the actors' degree of freedom). The actors (service providers, clients, and linguistic and intercultural intermediaries) who, because of their situation, resources or abilities, are able to control this uncertainty will use this power to assert themselves over the others.

Within the context of this negotiation, the power relationship will be understood as a reciprocal relationship in which the actors pursue a common objective that conditions the fulfillment of their individual objectives. This reciprocal relationship, especially in TIPS, is unbalanced. Furthermore, each actor tends to act upon the other in order to attain, as a result of the negotiation, his individual goals.

In this sense, Crozier and Friedburg explain that this interrelationship can be defined as "a relationship based on force in which one can obtain more in his favour but in which, by the same token, one will never find himself to be completely lacking in respect to the other" (1977: 73).

Bourdieu (2002: 19-20) calls for collaboration of the agents, who – as he states – have internalised the structures upon which the world is organised. Furthermore, referring to linguistics, Bourdieu maintained that when two speakers began to speak, not only did their linguistic competencies come into play, but also their social competencies, since he understood that the word or the right to speak depended on the types of symbolic capital at stake, which were recognised "according to the categories of perception that they impose" (Bourdieu 1982: 28):

what is at stake is the objective relationship between their competencies, not just their linguistic competencies, but also the entirety of their social competencies; their right to speak that is objectively dependent on certain parameters such as gender, religion, economic status and social status. (*ibid.*)

In the construction of a sociological theory in TIPS, in the first instance, this reflection would enable us to observe the power relationships that are exerted between the dominant language and culture and the minority language and culture. Secondly and in the same vein, it might be interesting to study, if they exist, the power relationships that are exerted, consciously or unconsciously, between the languages and cultures of the Tr/In himself. This would also permit us to observe the Tr/In's symbolic capital and the notion of *illusio*, as well as the off-centering or shifting in objectives between the target field and the source field.

When applying the concept of *off-centering* to the field of TIPS, which – as already said – is characterised by the lack of homogeneity between the parties, we might speak of sociocultural determinants such as the asymmetry of knowledge, the impossibility of linguistic communication, and the existence of cultural clashes and social and educational inequalities. In this manner, when the time comes to pass the message into the other language, shifts inevitably occur in the source and target field objectives.

The act of interpreting or translation is not, therefore, a mere textual production, but is instead consciously or unconsciously linked to the surrounding environment. This environment is a crucial element, where the importance of

habitus and the need to negotiate between the agents (e.g. judge and accused; doctor and patient) would come into play and Tr/In may be put in the middle of potentially competing agendas.

Thus, being conscious of the practices and representations of each of the agents participating in the game would help the intermediaries to negotiate meanings when choosing between what the client “says” and what the client “wants to say”, to which we should add what the client “should say” in the different fields (the police station, the asylum and refugee office, the healthcare room), as Inghilleri (2005) points out.

Previous research (Cambridge 2003, Corsellis 2003, Hale 2008, Valero Garcés 2002, 2007) reveals a wide variety of strategies used to compensate for cultural and/or linguistic asymmetries between the target language/culture and the source language/culture. The use of these strategies is related to the participants’ knowledge of the function of interpreting and/or translating itself, the potential conflicts that can arise from the participants’ different objectives within the T&I process, or the inter- and intra-cultural nature of T&I.

At this point it is worth mentioning that the Tr/In tends to perform in monolingual/monocultural fields, while the reality is a multicultural/multilingual situation. He/she must therefore be capable of creating the illusion of transparency through the decisions she/he makes. These decisions may or may not result in negotiations between the parties (asking for something to be repeated, asking someone to speak more slowly, asking for the explanation of some concepts, expanding some concepts, adding some implicit (and obvious for the speaker) information etc.). Thus, when negotiation happens, the Tr/In seeks to create the impression that communication is flowing smoothly. If this occurs, the Tr/In will cease to be “invisible” and will instead become the link that sustains the monolingual context of these encounters, in which there is no place for the “other”.

When negotiation is avoided and the Tr/In simply assumes that she/he is there to transmit the message and produce a literal translation, some difficulties can arise, resulting in a too formal or strange sounding account, or one that reminds, or makes the participating agents aware of the presence of the “other” – with his different language and culture.

3. Towards a sociological approach of the role(s) of the translator and interpreter in TIPS

These comments are in line with the increasingly abundant literature on the role of the Tr/In, full of examples that serve to question the literal translation of the message and which support the shift towards a more sociological approach, as the examples below show.

Swabey and Gajewski, based on their study on the role of the sign language interpreter, conclude:

for many years, interpreters have too often hidden behind the cloak of neutrality, avoiding the realisation that taking no action can be as harmful as an inappropriate action. It will only be possible to develop best practices related to role when

interpreters recognise and accept responsibility for the power they have as participants and co-constructors of meaning in an interpreted interactive event. (2008: 69)

Jacobsen (2003:224), following up on previous studies of how court interpreters actually behave in the courtroom and having studied Danish court interpreters herself, concluded the pretence of the court interpreter's invisibility cannot be sustained.

Vilela Biasi (2003), in her study on the work of court interpreters in Venezuela, also calls for interpreters to take a more active role in ensuring due process in situations where training programmes and regulatory frameworks do not exist, as is often the case in TIPS in many countries.

Hale (2008: 100-121) analyses each of the five most current roles prescribed or adopted by interpreters in Court Interpreting. These are:

- advocate for the minority language speaker;
- advocate for the institution or the service provider;
- gatekeeper role;
- facilitator of communication;
- faithful renderer of other's utterances.

Hale suggests that the most appropriate role for court interpreters is the last one; that of faithful renderer of other people's utterances. Still, she also points out that "taking on this role, however, does not mean interpreters must act as mindless machines. It means attempting to be as accurate as possible within human limitations", and she adds that "working conditions, including the way they are treated by other participants and the way those participants express themselves, will also affect performance".

Healthcare interpreting has also been the focus of various studies which have shed light on the complex role of the interpreters (Angelelli 2003 and 2004, Bolden 2000, Davidson 2001, Metzger 1999, Valero Garcés 2007). These studies have shown interpreters to be essential partners, co-constructors to the interaction, repairing and facilitating the talk, and challenging the notion of neutrality. As Angelelli remarks:

these scholars 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. (2008: 150)

From a Bourdieuan perspective, Inghilleri (2005) also points out that the legal and political fields or any other field relevant in TIPS, and their corresponding *habitus*, are, at times and in certain contexts, more influential than the Tr/In's own decisions and may lead to a breaking of the rules of the game for the trial, the medical appointment or the asylum interview.

A Bourdieuan approach to TIPS also makes it possible to accept the various/different Tr/In profiles. Thus we can find a professional Tr/In whose symbolic capital is formed by professional experience, traditional knowledge of the cultures (history, customs etc.), personal observations, knowledge of the history of conference interpreting, and knowledge of interpreting training curricula with particular reference to "classical standards of quality". However, we can also find a Tr/In whose symbolic capital is formed by practice in specific settings (e.g. healthcare setting accompanying relatives), without any sort of

academic training in T&I, but with a deep linguistic and cultural knowledge of the clients' language and culture he serves and interacts with, and who belongs to the same minority ethnic group.

As far as the *habitus* of these agents is concerned, that of the first interpreter (say, the trained, experienced, professional (conference) interpreter) is closely linked to his symbolic capital and is particularly shaped by the setting he is working in. That of the second interpreter (or, say, the (un)experienced Tr/In in TIPS settings – some trained, some untrained and some volunteers with/without experience) is also closely linked to his symbolic capital, having been acquired through life-long practice, but is more or less exclusively linked to the practice of interpreting.

As some Bourdieuan scholars emphasise (e.g. Kraiss/Gebauer 2002: 64), different *habitus* can also imply different strategies and behaviours. Thus, some Tr/In have incorporated norms and conventions elaborated by professional associations like AIIC, while others set different priorities and employ other strategies in order to get the message across. If we take a look at the key terms detected throughout the discussion, we find support for this argument: while some colleagues use terms like “professionalism”, “standards” or “professional competence” as the basis for their comments, others use notions like “horizontality”, “solidarity”, or “equality”.

Also, from a Bourdieuan approach, it could be said that the discussion in TIPS regarding the use of two modes of interpreting known as “impartiality” and “advocacy”, which represent the Tr/In's invisibility or visibility respectively, is not valid, given that the Tr/In's decisions will depend on the specific situation and agents that intervene in any communicative act.

One more question will help us move forward in our attempt to develop a sociological theory of TIPS: what happens when a player doesn't know the rules of the game?

4. A step further in the development of a sociological theory in TIPS: knowing the rules of the game

Let's consider, on the one hand, the great number of Tr/In volunteers or bilingual persons who work as Tr/In in TIPS; let's consider, on the other hand, the new forms of interlinguistic communication that continue to emerge: telephone interpreting, videoconference interpreting, blogs, chats etc.; let's also consider the specific field of practice: asylum and refugee offices, police stations, healthcare centres, schools, government offices etc. All of this leads us to consider different interpretations and different concepts of reality, which oblige the Tr/In to struggle continuously to produce effective communication.

The question regarding what occurs when a player doesn't know the rules of the game is fundamental if we are to define the role of Tr/In as someone who should not only be familiar with the rules of the social game, but who will also make sure that the players act according to these rules. It is the Tr/In that creates the *illusio* or illusion of transparency (or of a monolingual context), which involves its own practices and representations.

Given that the main aim of TIPS is to produce a text in line with the setting, the recipient of the communication, and the host culture – and necessarily reproduce the original message – the Tr/In is obliged to refute or move away from the traditional idea of the Tr/In remaining passive and subordinate to the norms of his or her profession (norms as to what is acceptable and appropriate). The Tr/In must not be subjected to rigid standards but instead, their work should be viewed within the overall context in which it is performed. This places translating and interpreting in a constant push and pull, or as Bourdieu (1980) would say, adherence to and divergence from the norms can happen at any place and time, either at the uppermost or macrostructural level, the local level or in any interaction between the two.

The discussion is not a new one. Research has been conducted by different scholars from different fields. Inghilleri (2003: 252) applies this Bourdieuan idea to her study of refugee/asylum seeker interviews. Drawing on information from other writers (Anker 1991, Barsky 1996, Blommaert/Maryns 2001), she points out that the main objective for all the participants involved, including the Tr/In, is to produce meanings which are acceptable to the host culture/environment. This implies that the parties (police, judge, attorney, asylum seeker, interpreter) must adapt their participation to the political, cultural and linguistic reality of the specific context (asylum office), which is monolingual even though the reality of the situation implies that the asylum process should be multilingual.

In this respect, the research done by Anker (1991: 252-264) provides a good example. Anker analyses United States asylum interviews in which the participants are the judge, the attorney (bilingual English-Spanish), the asylum seeker and the interpreter. Anker studies the behaviour of two types of interpreters: the professional certified interpreter and the freelance interpreter, the latter having received no specific training and being accustomed to performing other tasks apart from interpreting (translating, providing cultural information, assisting etc.).

During one of the interviews, the freelance interpreter translated “failure” literally as “fracaso” and the applicant’s attorney (bilingual) interrupted, saying that the correct translation in that context would be in Spanish “daño físico” (“physical damage”). Further along, the interpreter was asked about the rendering and said that the attorney’s translation was the correct option. However, he had gone by the work method known as the “conduit model” or literal interpretation, which had led him to supply a literal answer without giving thought to the context or trying to adapt the interpretation. The same thing occurred in the case of the interpreter’s translation of the word “cuartel” as “the police station or the barracks”, which, according to the attorney, signified “army barracks”. This was important given that the attorney wished to specify the type of institution to the court in order to strengthen the request for asylum and avoid doubts or other interpretations.

The situations where TIPS can take place are quite varied: medical appointments, parent-teacher meetings, or police interrogations of immigrant detainees, to name but a few. For this reason, the Tr/In obviously must be familiar with the different types of discourse (legal, medical, etc.), know how to navigate a given *field* and make these strategies and conventions part of their *habitus* so

that they may reproduce the words of speakers in positions of authority (doctors, judges, teachers).

Here, multiple questions once again arise, implying the need for more research in the future: what happens when the Tr/In's *habitus* and *capital* are more closely related to those of one participant in the exchange than to the other? Or when both participants belong to different *fields* and have different *habitus* and *capital*? Or when, in terms of *habitus* and *capital*, the Tr/In is more closely aligned with the immigrant rather than with the government official? Or with the defender rather than with the accuser? Or with the patient rather than with the doctor? Or with the immigrant rather than with the police officer? Or, in other words: will the Tr/In's affiliation with a certain minority group influence his/her vision and subsequent translation of the exchange? Will all translator/interpreters perform their role in the same manner? Will their participation in the game change if they share the same country and culture with the client or if they do not? Will the Tr/In be influenced by his or her knowledge or view of reality? What happens when the Tr/In has deficient knowledge of the working languages?

Societal influence on the use of language does not go unnoticed by the French sociologist. Language for Bourdieu, in the sense of distinct linguistic capital, is primarily associated with the formal characteristics of languages (phonological, lexical and stylistic variation), but also with the varieties of use authorised for a particular language. He thus asserts:

the act of translating and interpreting is never a mere textual transfer (oral or written), but is instead consciously or unconsciously influenced by the production and reproduction of cultural meanings. The translators and interpreters, like all social agents, are somehow placed within the production process. (1998: 33)

This comment again questions the universality of approaches and objectivity and impartiality in TIPS, and raises a new question: what is the role of the Tr/In under certain conditions and in specific settings?

5. Some direct examples from the TIPS field

As a way to illustrate some of the topics discussed in the previous pages, some empirical data follows.

The data comes from three different studies, all of which were conducted at the University of Alcalá by the group FITISPos¹, a group dedicated to research and training. The main objective behind these studies was to analyse the quality of communication with the foreign-born population, in view of the immigration boom experienced in Spain in the final decades of the 20th century and the beginning of the 21st century. Research was conducted during the years 2007-2010 and the origin of the data is as follows:

1. A questionnaire filled out by professional interpreters regarding their mode of interpreting and their reactions when presented with specific cases.
2. Excerpts taken from reports on internships compiled by students at the University of Alcalá, as part of the Master's in Intercultural Communication,

1 < www.fitispos.com.es >.

Interpretation and Translation in Public Services (MICIT), upon completion of their mandatory internships at external sites.

3. Excerpts from real medical interviews from healthcare centres.

Data is presented below and follows the order detailed above.

The first study concerned the analysis of the different reactions of interpreters performing in similar situations.² Different behaviour patterns were observed when it came to deciding how much to intervene or alter the message, as illustrated in the examples below. These examples have been taken from a project conducted in the central area of Spain in 2007. Data were obtained through a questionnaire distributed to 55 experienced interpreters. The questionnaire included the description of a situation in context (case) and two questions, one related to the Tr/In's interpreting model (conduit vs. advocacy or, let's say invisible vs. visible); and the other related to the sorts of emotions and reactions that as a Tr/In she/he might/will experience in that specific situation.

CASE 1: Interpreter and therapist

Situation:

An interpreter remarks:

"I was born in X and I lived there until I was 21 years old. I know my culture very well. I feel very close to my people. It is a nation which for years has been oppressed, tortured and subjugated. I know exactly what it means when a woman from X says that "they" raped her. My hair stands on end and I get goose bumps. I know that there are conspiracies against the town of X and the lies that "they" tell women and how "they" destroy them. For years, our town has been living with a war syndrome. Women have been beaten down psychologically. A therapist that isn't from X can't understand these people. He/she hasn't been through the same things and he/she can't understand how the people feel and what they go through. Unfortunately, I am in the wrong profession. Although I do believe that having worked as an interpreter for so long, I am at times in a position to be a better therapist than the real therapists".

Question 1. Do you agree with these comments? What model of behaviour would you choose? Answers: Impartiality/ Invisibility: 15; Advocacy / Mediation / Visibility: 37

The results indicate a strong inclination in favor of the advocacy model or, say, the visibility of interpreter (71.1 %) as opposed to the impartiality model, which favors the interpreter's invisibility (28.8 %), which is in line (50 % - 26 cases) with the interpreter's remarks: acting as a therapist.

Question 2. Which of the following emotions would you experience? List the options by order of intensity:

<i>Empathy</i>	<i>Need for training</i>	<i>Overestimation of role</i>	<i>Wrong Profession</i>
16	7	12	5

The results indicate a high degree of empathy with the client (30.7%) and statements such as "do my small part to right the wrongs" and "be a better

2 More information in Valero Garcés (2008a, 2008b).

therapist than the professionals because I know how it really is in the country” are frequent.

On the other hand, a significant percentage feels that interpreters overestimate their knowledge and role (23%) and perform another job – besides that of interpreter – for which they have not received preparation. 13.4% felt that they would need training, especially in ethical aspects, to be able to know how far their intervention could go. 9.6% felt that they had chosen the wrong profession and that they were unable to perform their job successfully.

CASE 2. *Aggressive Detainee*

Situation:

Imagine that you must interpret for someone who has been brought to the police station. You notice that this individual is very nervous and agitated. You feel a bit uncomfortable and you tell the police to be careful. After the questioning they escort the detainee to the van in order to bring him to prison. En route with the two police officers in a van equipped with bars, the detainee manages to reach his hand through the bars and grabs one of the police officers, takes out a pocket knife, and inflicts a mortal wound. The police officer dies. You must continue interpreting for this individual even after this event.

Question 1. How would you act? What model of behaviour would you choose?
Answers: Impartiality/Invisibility: 38; Advocacy / Mediation/ Visibility: 14

The results indicate that 73% would appear impartial and would translate with diplomacy and concision, while only 26.9% would try to communicate their distrust or warn the provider of possible problems.

Question 2. Which of the following reactions would you experience? List the options by order of intensity:

Emotions/reaction that you would experience

<i>Powerlessness</i>	<i>Fear</i>	<i>Indifference</i>	<i>Need training</i>	<i>Show no emotions</i>	<i>Wrong profession</i>
7	6	11	2	13	1

As for their reactions, feeling there is a need for training, especially the type of ethical and psychological training that would help them decide more easily how to proceed, once again shows a rather high percentage (25 %). The next reaction, which follows with a slightly inferior percentage (21.1%), is fearfulness, especially of any possible retaliation on the part of the suspect, which could lead the Tr/In to stick to bare-bones translation on the second occasion. Insecurity (13.4%) and powerlessness (11.5%) are other reactions to be taken into account.

The second source of data comes from the Master’s students’ reports after having completed their internships in the workplace during the academic course 2009-10. The main objective of the internship is to connect students with the real workplace and give them the opportunity to put into practice what has been taught in class. Data shows the following³.

One of the first recommendations given in the training classes is that the interpreter should introduce himself and his role. However, working with

3 For more information about internships and projects related see Valero Garcés (2008c, 2010b).

professionals who have never had the chance to work with an interpreter is a tough task as pointed out, among others, by Corsellis (2002, 2003) and as illustrated by the following comment by a student (comment 1):

Introducing myself and the interpreter's role in the interview by saying for example: "Good morning, I am the interpreter, I will interpret everything you say and it will be confidential" instead of making people feel relaxed and confident, most of them – especially if they are illegal patients as is usually the case – feel uncomfortable and nervous. (Rosa, Hospital Ramón y Cajal, Madrid, working languages: Spanish-English)

Following some manuals and recommendations by professional trainers, the interpreter's intermediate position between the doctor and the patient had been practised in class. However, this recommendation seems to be of little use most of the time as the students' comments (comments 2, 3, and 4) reveal. The reasons for this may vary. Thus, as one student relates in comment 2, the fact that the presence of an interpreter (a third person) is rarely seen in Spanish hospitals may lead to the following situation (comment 2):

Where to sit was always a problem, even worse than the language. You never know where to sit or how close to whom. There were no direct instructions. Nobody knew (Valentina, Hospital 1º de Octubre, Madrid. Working languages: Spanish-Bulgarian).

Space is also a problem reported by the students, as Rosa explains in the following comment (comment 3):

The intermediate position between doctor and patient when interpreting was almost always impossible due to the physical space: a room with the doctor's desk and two chairs; or because the doctor has to examine the patient or take some samples and he went from one place to another. I never knew where to be. (Rosa, Hospital Ramón y Cajal, Madrid. Working languages: Spanish-English)

And, as a consequence, the solution taken by the following student seems to be the most common (comment 4):

Once in the room with the social worker everything was very calm – I sat down where there was a free seat – there was no point in sitting down in the "impartial mode" – between doctor and patient. (Valentina, Hospital 1º de Octubre, Madrid. Working languages: Spanish-Bulgarian)

The above comments serve to reinforce the Bourdieuan notion that the setting conditions Tr/In performance.

And Fatima, following the traditional recommendation to interpret in the first person, also points out (comment 5):

I have tried to be the speakers' voice, although sometimes I could not avoid speaking in the third person. I also used some gestures or pointed to the staff or the patient to indicate who I was talking about. (Fatima, Healthcare Center in Azuqueca de Henares. Working languages: Spanish-Arabic)

Another specific problem is terminology and the use of specific vocabulary. Our experience and research show the importance of this issue and the difficulties that can arise when resources are so often unavailable when working with minority languages or when the interpreter lacks this knowledge of the language.

Thus the students work in class with texts of differing degrees of difficulty, and a variety of strategies are practised depending on the language combination in question. The following comment illustrates this point (comment 6):

I had difficulties with the word “convulsion”. The three times it came out I could not remember the word in Bulgarian, and I don’t think the patient would have understood either if I had literally translated it. I had to use a paraphrase and explain its meaning. I think this is more professional than to just avoid it or to look for the meaning in a dictionary and give the patient the equivalent in his/her language. (Iulia, Hospital Universitario de Guadalajara. Working languages: Spanish-Bulgarian)

But Valentina in comment 7 also calls attention to the fact that language does not exist in isolation:

In class we had done some activities simulating situations we would probably find and collecting some glossaries, preparing lists of vocabulary etc. This was really useful, although sometimes the most serious problem was not the language level and terminology. (Valentina, Hospital 1° de Octubre, Madrid. Working languages: Spanish-Bulgarian)

Examples 6 and 7 show the constant necessity on the part of this interpreter to broaden her symbolic capital and to seek appropriate strategies based on the situation at hand.

And Brandon, in comment 8, clearly states another problem – how to interpret incongruities and contradictions produced by one of the participants – which can create confusion and raise the possibility that the interpreter could be blamed for doing a “bad job”:

The patient was a Nigerian boy that spoke English with a very strong accent and the social worker also knew some English. It was really difficult for me to understand what the boy said because of his accent and because he made many grammatical mistakes and used words I’d never heard before. The social worker couldn’t understand why I had so many difficulties interpreting. There were many incongruities and contradictions which I heard, and then I had to translate and I felt I was not doing a good job. I had to ask for repetition all the time... Later the social worker told me that she had talked to the boy before and she knew his story. She thought he was trying somehow to cheat her. Then I realised why all the conversation seemed to me so contradictory. (Brandon, Hospital Ramón y Cajal, Madrid. Working languages: Spanish-English)

The above comment is related to the issue of impartiality, which is a subject repeatedly addressed in class and practised with role plays. However, when in the workplace, where conditions and expectations are different, the situation changes and the interpreter has to make a decision. This is clearly described in the following comment (comment 9). Applying a Bourdieuan perspective, this comment illustrates the need to redefine key concepts such as impartiality or loyalty and confirms the appropriateness of a sociological approach to TIPS:

I found it really difficult to remain silent and to be completely impartial when I was left with the patient in a room, waiting for the doctor or when I was with the social worker, the nurse or the doctor and they wanted to know how the patient felt, what I thought his reactions would be, what I would do if I were in my own country, etc. I had the feeling that my answers would help them communicate in a quicker, more effective way and a few times we exchanged information. It was also a way to find out what

doctors think. (Valentina, Hospital 1° de Octubre, Madrid. Working languages: Spanish-Bulgarian)

Data also shows that a large percentage of interpreters working in public services admit that the tasks that are requested of them usually go beyond the simple transfer of information. They are frequently seen as “catalysts” and cultural consultants. They are asked to master the same cognitive and linguistic abilities as other types of interpreters (conference, court, medical) as well as to observe a code of ethics, but they also need to incorporate other abilities related to the specific setting in which they work (e.g. social, cultural and sometimes religious settings; situations involving asymmetry of knowledge; and even power and gender differences). From a Bourdieuan perspective these abilities are seen as necessary elements and part of the symbolic capital each agent may have. However, when they have not been incorporated, problems such as stress may arise, as illustrated below.

Some of our students who had been (or still were) working as volunteers for NGOs or who had accompanied relatives or friends to the doctor’s had experienced certain psychological pressure. The issue of psychological stress had been dealt with in class through commentary, videos, reports from previous research and using certain activities such as asking students to write about a highly emotional experience of their own, which was later discussed in class.

At the workplace this pressure continued to be a problem as the following comment reveals. In this case, the conversation took place with a social worker who had to decide if the patient had the right to receive free medical care or not (comment 10):

The problem was with the conversation. The client was obviously contradicting himself all the time. I knew that this was not my problem and I just had to interpret what he said to the other party. However I couldn’t forget this interview for some weeks and think that I should have probably told the provider about this (Fatima, Healthcare Center in Azuqueca de Henares. Working languages: Spanish-Arabic)

Communicating bad news is quite a common task in TIPS settings, and it is usually practiced in role plays in class. In the following comment, the student is also helped by the professional (quite uncommon in Spain!). However, the psychological pressure is so great that it seems to affect the interpreter, which is why it is a subject that is incorporated into the course syllabus (comment 11):

I have also experienced situations in which it is necessary to communicate some bad news to the patient like, for example, that the patient is infected with the AIDS virus or suffering from tuberculosis. For many immigrants coming from sub-Saharan countries, these illnesses mean death, and although in Spain there are treatments that allow these people to lead quite a normal life and to live for many years, one of their first reactions is to return to their countries. The doctors already knew this fact, so they know how to handle these situations. Likewise they advised me that I should talk in a soft manner using appropriate vocabulary and give them some sort of mental comfort. The doctors were aware that they didn’t know how to express these feelings in the patient’s culture and language. Although I followed those instructions, I saw terrible reactions – anger, distrust, helplessness – and the atmosphere was very tense. In those situations I tried to be calm and to interpret all that was said, but the psychological pressure that is experienced is so high that it makes one’s job really hard and it is not

easy to forget. (Rosa, Hospital Ramón y Cajal, Madrid. Working languages: Spanish-English)

The next example (comment 12) illustrates an issue which is increasingly being discussed in some institutional circles in Spain – that of mediation. There is an open debate between those who defend the need to develop social, cultural, anthropological and negotiating abilities while neglecting linguistic skills, and those who put all the emphasis on these skills, thus limiting the role of the Tr/In in TIPS (comment 12):

The figure of the “perfect” interpreter is that of a silent, mysterious professional maintaining distance with the participants, being impartial and reproducing with fidelity the message. However all this seems to produce an effect of coldness when working in the public services area. While completing my internship, I met interpreters who had helped unknown people to register in the Town Hall, who have accompanied them to the doctor, who had had long conversations with both providers and customers to make them understand some reactions, the bureaucracy of this country or some traditions and religious practices. I have met people who work for the government who try to understand immigrants coming from many countries and I have also met immigrants who feel completely disoriented in this country. As the only one who can talk to both parties I find it very difficult – even sometimes cruel – to “be impartial” if you are left alone with the patient after having being given bad news or the professional requires some sort of explanation or asks your opinion. I don’t think that providing this information or maintaining some sort of social relationship with the partners in the conversation indicates that you are not acting as a “professional” interpreter. It is necessary to look for some limits between the two ends. It has been a unique experience and I don’t regret having talked with my colleagues and partners because this way I learned many interesting things about their work and now I feel better prepared. (Valentina, Hospital 1° de Octubre, Madrid. Working languages: Spanish-Bulgarian)

Finally some excerpts follow from real conversations which will again illustrate that it is impossible to adhere completely to the standards of fidelity or the traditional model, always reproducing what has been heard or translating everything that has been said. As we see below, this is true even if the interpreter is only asking for repetition or clarification:⁴

Excerpt 1 (Medical interview at a healthcare center. D = Doctor, I= Interpreter):

1. D: Bueno, primero vamos a hacerle una historia clínica, le vamos a hacer una exploración física y también le vamos, le vamos a pedir unos análisis ¿de acuerdo? y a partir de los datos que tengamos de los análisis, de la historia y tal, pues vamos a ver si seguimos pensando que la intervención quirúrgica es lo mas aconsejable. (Good, first we will take his clinical history, we will carry out a physical examination and we will also, we will ask for some tests for him? OK? and starting from the data that we have of the tests, of the history, and so on, then we will see if we still think that surgery is the best option.)
2. I: ¿Análisis de qué tipo? (What type of tests?)
3. D: De sangre (Blood tests)

4 For more information on this project a see: Taibi/Valero Garcés (2005), Valero Garcés (2002, 2007, 2010a).

We observe that the interpreter talks to the doctor, asking for clarification without translating the questions to the patient.

There are also cases where the interpreter, following the recommendations to interpret in the first person, produces changes with regard to what the patient said, as seen in the next example where “the doctor” (he) changes into “you”:

Excerpt 2 (Medical interview at a healthcare centre. P = Patient, D = Doctor, I = Interpreter):

1. P: إذا كان الدكتور إذن بأن العملية هي أحسن حل، فأتنا أفضل العملية.
(If THE DOCTOR thinks that surgery is the best solution, I prefer surgery)
2. I: Si cree USTED doctor que es mejor realizar la operación, entonces estoy, estoy de acuerdo.
(If you think doctor that it is better to perform the surgery, then I, I agree.)

Sometimes confusion arises when cultural or social practices do not form part of the symbolic capital of one of the agents – in this case the “interpreter” – an untrained volunteer.

Excerpt 3 (Medical interview at a healthcare centre. D = Doctor, I = Interpreter, in this case the patient’s husband, a very common situation in Spain in the healthcare sector):

1. D: M: Son de Marruecos ¿no? (You are from Morocco, aren't you?)
2. I: Sí, sí. (Yes, yes)
3. D: Bueno, pues ya nos olvidamos de esto ... A ver ¿qué pasa? (Ok, let's forget that Let me see, what's the matter?)
I: Sí, sí. (Yes, yes)
4. I: Aquí estamos. (Here we are)
...
5. D: Está muy blanca. (You are very white)
6. P: Sí, (to the doctor) Dile que me duele. (to her husband)) (Yes, tell him it hurts)

In Spanish, the expression *¿Qué pasa?* (“what is the matter?”) can be used to reach two different pragmatic objectives:

1. Phatic objective: to establish or maintain a cordial relationship or friendship. In this case it is not interpreted as a question, but rather as a greeting and may be answered using an expression such as *aquí estamos* (“here we are”). Both the question and the answer are lacking in meaning or informational content.
2. Informational objective: to ask about what is occurring, about the reason or problem that has brought the patient to see the doctor etc. In this case the participant formulating the question does not wish to get an answer such as “here we are”, but instead is soliciting information or, in other words, propositional content.

In other words, firstly, the doctor pronounces the words “¿Qué pasa?” with the intention of asking a question and not of initiating a trivial conversation. It would be necessary to possess different kinds of cultural knowledge such as the structure of the Spanish healthcare system and the time constraints that usually reduce this stage of the doctor-patient interaction to a mere hello in order to focus on the appointment itself. This indicates that the interpreter needs to expand upon his

cultural and social capital. Furthermore, the statement “¿Qué pasa?” is not uttered at the beginning of the conversation, but rather after various exchanges (two of which are included in the recording). Finally, the statement comes after two discourse markers (“Bueno, pues ya nos olvidamos de esto” y “A ver” (“Well. Let’s forget about that” and “Let me see”), the first of which indicates a change of topic (“nos olvidamos de esto”) and the second of which suggests an explanation. In other words, even if the initial exchanges had been interpreted as trivial conversation, it was then the moment to get down to the heart of the medical appointment. For these reasons, the interpretation of the intermediary/husband of the patient can be considered erroneous and his reply therefore inappropriate. Thus, in the following exchange (5.) the doctor remedies the misunderstanding, insistent in his attempt to begin the appointment according to the usual procedure which follows (according to Heritage 1997: 144) the standard structure:

- Initial Greetings
- Statement of problems
- Assessment and discussion of the patient’s state
- Discussion and prescription of the treatment and/or technical tests
- Good-byes.

Thus the doctor says: “Está muy blanca” (“*You are very white*”), an intervention that can not only be viewed as a verification but also as an invitation to the patient to explain her other symptoms and thus, assist the doctor in the completion of his work.

The analysis of the excerpt above, which depicts a medical consultation between a doctor, an immigrant patient and a volunteer interpreter who does not have a strong grasp of the language or culture of the Spanish healthcare setting, highlights the disruptions that can occur in the systemisation of the medical interview.

In the systemised negotiation process that is typical of doctor-patient interviews, sharing the *habitus* that generates practices and representations allows each participant to find his place within that context, given that each person has a sense of position integrated within him that includes experiences, conduct and behaviour. In the patient-doctor interview above, however, the patient comes to occupy the position of “other-outsider-stranger”, which opens up areas of uncertainty to which the doctor must react, redressing the conversation in order to return to the standard structure of the medical interview.

This action on the part of the doctor makes it possible to systemise the interaction and the social reaffirmation of the fields of symbolic forces that filter through the figures of the doctor/knowledge – patient/ignorance, and the interpreter as the necessary link.

In the next example, Excerpt 4, a three-way interaction is presented in which the participants are the doctor, the patient that does not know Spanish and who speaks a Moroccan dialect and his Moroccan companion, who acts as interpreter.

Excerpt 4: (Medical interview at a healthcare centre. P = Patient, D = Doctor, I= Interpreter):

1. D: Tell him that goiter is the increase in the size of the thyroid, which is a gland.
2. I: He’s telling you that it is a piece of flesh which they take out and it doesn’t return.

3. D: *And he doesn't have a thyroid any longer, so his thyroid can't increase in size because he doesn't have one.*
4. I: *They've taken out your thyroid and if there isn't one, it can't come into being/appear.*

During his interpretation, the companion reveals, among other things, his visibility, as he does not limit himself to a simple transfer of words. His intervention, even if it appears inaccurate, could also be explained from the perspective of Bourdieuan theory, considering that the interpreter, apart from his obvious difficulty with the Spanish language, tries to produce a message which is appropriate for the recipient in that specific moment and cultural context.

Thus, in the interpreter's first intervention, he does not translate the doctor's explanation ("goiter is the increase in the size of the thyroid, which is a gland"), but instead gives what seems to be a free interpretation ("he's telling you that it is a piece of flesh which they remove and it doesn't return"). This could be motivated, however, by the situation. In his second intervention he again introduces changes with his interpretation when he speaks directly to the patient using the second person ("they've taken out your thyroid") while the doctor used the third person ("And he doesn't have a thyroid any longer"). Applying the Bourdieuan social theory, the interpreter's performance is seen as necessary (not as a deviation). The interpreter forms a part of the social web that goes far beyond the simple act of interpreting, and must adhere to the social, personal, institutional, cultural and personal constrictions of the moment.

In short, this research – in spite of the limited data – suggests once again that the interpreter always acts within a certain context of a specific *field*, in which there can be many different variables that make up his *habitus* and can influence his work.

These variables can be viewed in very different ways. Thus for some practitioners and researchers the responses to the above situations may represent some disadvantage for the Tr/In due to differences in their educational, social, linguistic or cultural background. For others, these responses may represent a lack of preparation as an interpreter, situational influences, the demands of the hiring institution, the influence of the social environment, or a personal choice based on their view of the intervention.

Following upon Bourdieuan theories, these decisions are not an error or wrong decision, but are instead the interpreter's necessary response within a specific *field* which operates according to the rules imposed by the interpreter and his *habitus*.

6. Some conclusions

Summarising, the growing acceptance that interpreting and translating in public services does not happen in a social vacuum fits well into a sociological theory of TIPS. Viewed in this light, these intermediaries' performances are seen as the necessary task of the Tr/In (not a deviation) who, as part of that social framework, must adhere to the social, political, institutional, cultural, and personal constraints of the moment.

Following this line of thought, I have tried to propose some initial theoretical approaches that will allow us to glimpse the impact that these Bourdieuan ideas might have on TIPS theory. To do this, I have tried to demonstrate how Pierre Bourdieu's theory, with its sociological analysis of practice, is likely to contribute a fruitful framework to TIPS. Bourdieuan sociology allows for all of the characteristics of translation and interpreting to be addressed: by orienting oneself towards the practice of translation and interpreting, it is not only possible to analyse the activity in its *field*, in relation to its agents and their *habitus*, or the rules governing the text's *illusio*, but it is also possible to examine the *symbolic capital* of the cultures in question, the homology of the translation or the interpretation and the original, and to perform a contrastive analysis of source and target texts. It then becomes possible to ask oneself questions concerning ethics, censorship, resistance, power struggles, and the limits of TIPS. I am not alone in claiming a social approach in TIPS. As illustrated in this article, recent discussion about the potential gains and the ethical implications of a social turn in TS have given risen to some interesting research and articles by relevant scholars.

This social approach also has its implications for training. The relevance of concepts such as *field*, *habitus*, *symbolic capital*, or *illusion* becomes obvious with the realisation that these concepts are primarily shaped in translation and interpreting training institutions – the main socialising factor for the agents' future community practice. I agree with those scholars that indicate that what seems necessary is a clear statement favouring a shift from training translators and interpreters for the market – as practiced in the great majority of established departments of Translation Studies – to training them for society.

Such a claim would imply a series of profound transformations in existing curricula, with a particular focus on the inclusion of issues related to politics, ideology and sociology, among others, issues which pertain to any transcultural activity. As seen in the previous pages, data from the students' experience in the workplace seems to corroborate the need to incorporate some of these other skills into their training in class in addition to the traditional ones.

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Healthcare interpreting in Italy: current needs and proposals to promote collaboration between universities and healthcare services

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Abstract

The paper reports on an on-going collaboration with healthcare trusts and hospitals in Casalecchio di Reno, Rimini and Ancona aimed at offering medical interpreting students hands-on experience as well as theoretical and practical training based on the institutions' needs.

1. Introduction

The need to ensure that immigrants have full access to healthcare services in Italy is at the core of this paper, which calls for a national approach to define healthcare interpreting services, accreditation and recruitment rules and a more targeted training approach. The paper outlines the current Italian situation and focuses on two regions, Emilia Romagna and Marche.

The author believes that access can be greatly improved by training professional healthcare interpreters for European as well as less diffused languages. A case study is examined and some proposals are made to promote a closer collaboration between universities and healthcare institutions to offer well targeted training programmes for said professionals.

2. Migrants' rights to have access to healthcare services

The right of every citizen to have full access to healthcare services is laid down by the Italian Constitution, as well as by the Charter of Values of Citizenship and Integration (2007) that states:

[...] 7. Immigrants, as every Italian citizen, have the right to an adequate remuneration for their work, health and insurance benefits, sick leave and retirement according to the provision of the law.

[...] 9. Citizens and immigrants have the right to receive treatment in public health centres. Health treatments will be provided in full respect of the person's will, dignity and taking into account his/her sensitivity.

Even though those immigrants' rights and entitlements are laid down by the Italian law, no national response has yet been given to organise linguistic interpreting services, solve communication problems and allow immigrants, tourists and foreigners in general to be supported by qualified healthcare interpreters.

As Sandra Hale wrote, the success of healthcare services depends largely on successful communication between healthcare providers and patients, and language does play a major role in this type of communication (Hale 2007).

Italy received large inflows of migrants quite recently, especially starting from the 1990s, that is much later than other European countries, Australia, Canada or the United States, and at international level the development of public service interpreting occurred in different countries at different speeds (Corsellis 2005). At present the number of foreign citizens in Italy is very high. At the beginning of 2010 Istat (National Institute of Statistics) reported the presence of 4,235,000 foreign residents, but according to the estimates that have just been issued by Dossier Statistico Immigrazione Caritas-Migrantes 2010, the total figure actually equals 4,919,000 residents (1 out of 12 inhabitants) if one includes all the persons who are regularly staying in Italy but have not yet been enrolled in the General Registry Office. Thus the presence of foreign citizens showed a three-fold increase over the last decade.

In terms of number of residents, Romanian migrants rank first (almost 900,000), followed by Albanians and Moroccans (almost 500,000), Chinese and Ukrainians (almost 200,000). European citizens account for half the number of migrants, Africans for one fifth and Asians for one sixth, while Americans for one tenth of the total migrants' population.

In June 2010 the Italian government proposed a National Plan for Integration and Security (*Identità e Incontro*), and defined it as an "Italian model" different from the assimilation and multicultural approaches adopted by other European countries. The document mentions various rights and duties, and identifies five major actions to be undertaken: education and learning (from language to values), work and vocational training, accommodation and district governance, *access to essential services*, focus on minors and second-generation migrants.

However, notwithstanding all the above-mentioned measures, it is still difficult for Italian institutions to ensure that migrants have full access to services. For example, according to the second report on district councils by the Ministry of Internal Affairs, only 68% of regular migrants are enrolled in the National

Healthcare System, and this partly explains why there is a high number of admissions to emergency departments.

According to the immigration regulations currently in force, “regular” foreign citizens can be enrolled in the National Healthcare System by filing their stay permits, self-certification of residence and tax code number, and consequently have the same entitlement to healthcare services as Italian citizens. Foreigners who do not have a regular permit of stay may apply for the “STP card” or “temporarily staying foreign citizen card”, once they arrive at the hospital or clinic. This card, which has a six-month duration and is valid everywhere in Italy, allows them to obtain urgent examinations, drug administration and referrals to specialists, but not to general practitioners or paediatricians of their own choice (Cremonesi *et al.* 2010).

2.1 Healthcare services organisation and a multi-cultural population

The impact of the above-mentioned demographic changes is felt in several aspects of Italian citizens’ lives, and in particular in the provision of healthcare services. In several industrialised countries (North America, Western Europe, Australia, New Zealand as well as areas in Latin America and Asia) greater attention has been paid to the appreciation of the degree to which healthcare services should be delivered in a manner that is appropriate to the cultural and social heterogeneity of the population. The underlying reason is the growing evidence, as Leon Epstein stated, that “healthcare, at all its levels of promotion, prevention, early diagnosis, treatment and rehabilitation, has frequently failed in those sections of society that are different from the major social and cultural groups” (2008a: 5). Hence, the need for cultural competence of health professionals in providing appropriate and quality healthcare to culturally heterogeneous population groups has been highlighted (Epstein 2008a).

Healthcare systems should indeed be able to provide care to patients with diverse values, beliefs and behaviours, and should be able to meet their social, cultural and linguistic needs: “the ultimate goal is a healthcare system and workforce that can deliver the highest quality of care to every patient, regardless of race, ethnicity, cultural background, or language proficiency” (The Commonwealth Fund, quoted in Epstein 2008b: 15).

3. Healthcare interpreters in Italy

Public service interpreters, and medical interpreters in particular, have not yet received the necessary attention in Italy, as there are no accreditation procedures or national registers for interpreters. Moreover, there are limited educational opportunities available for such professionals, and this has a big impact on their social status, remuneration level and job opportunities.

As there is no national approach to the definition of the role of healthcare interpreters, the requirements they have to comply with and the relevant recruitment are subject to individual regional criteria.

3.1 Healthcare initiatives in the two regions examined

In the Emilia Romagna and Marche Regions great attention has always been paid to social aspects and the protection of citizens' rights.

It was on initiative of the Regional H.P.H. (Health Promoting Hospitals) Network of Emilia Romagna, that the *Migrant-friendly hospitals* (MFH) project was set up, in co-operation with other national and regional H.P.H. networks in Europe (Dallari *et al.* 2005). The project was initially developed by the Health Authority of Reggio Emilia, and every hospital in the Emilia Romagna Region is a member of the MFH network. This project stemmed from the new, emerging problems related to the increasing inflows of migrants not only in Italy, but all over Europe. The rationale of the project is shared by the other regional initiatives described here. The health status of migrants and ethnic minority groups is often worse than that of the average population. These groups are more vulnerable, owing to their lower socio-economic status, and sometimes also because of traumatic migration experiences and lack of adequate social support. Minority groups are at risk of not receiving the same level of healthcare in diagnosis, treatment and preventive services as the average population. Healthcare services are not responsive enough to the specific needs of minorities. To work on these challenges, hospitals from 12 European countries came together as Pilot Hospitals to participate in the *Migrant-Friendly Hospital* project.

3.2 Regional approaches: Emilia-Romagna and Marche

During the last decade, the two regions examined in this paper – Emilia Romagna and Marche – issued a decision on *linguistic* and *cultural mediators* and established the qualifications for these two new professions (Guidelines issued on 30 July 2004 and 8 April 2010, respectively).

Giovanna Dallari *et al.* (2005) pointed out that the region of Emilia Romagna was among the first in Italy to be aware of the need to solve problems of communication and linguistic, psycho-social and cross-cultural difficulties emerging between service providers and foreign migrants. In 2004 the Emilia Romagna Regional Authorities decided to establish regional qualifications for two emerging professions, namely “linguistic mediators” and “cultural mediators”. According to the norms issued by the Regional Authorities, intercultural mediators' skills should include the knowledge of: migration phenomena and migration dynamics; characteristics of migrants' presence in their district; spoken and written language of the country of origin; spoken and written Italian; public services and facilities in Italy and their countries of origin (healthcare services, education systems, the labour market etc.); knowledge of procedures, technical terminology, service providers etc.; regional, national and EU rules on migrant citizens' rights and duties; basic communication (and dialogue) techniques; interpreting techniques; intercultural relations: techniques and basic management tools; basic elements of sociology and cultural anthropology; main principles of intercultural pedagogy and immigration psychology.

Consequently, according to their job specification mediators should identify migrants' needs and resources, favour communication between service providers and migrants, and offer linguistic and intercultural mediating services.

Based on the above-mentioned document, the Emilia Romagna Regional and Municipal Authorities organised 300/400-hour post-high school diploma courses for unemployed foreign citizens with a high school diploma, aimed at promoting professional skills and issuing the vocational training qualification of *Mediatore interculturale* ("cultural mediator").

In 2010 the Marche Region issued the guidelines on cultural mediators' qualifications and established that training initiatives would follow.

The main purposes of both documents were: removing cultural obstacles hindering communication between Italian institutions and foreign citizens; promoting migrants' full access to healthcare services, justice, education and cultural activities; job creation procedures; promoting social integration of migrants into local communities; preventing and solving conflicts between migrants and Italian institutions.

Hence the emerging role of mediators, in both regions, is that of acting as intermediaries between migrants and Italian institutions.

The concept of "bridge" is repeatedly stressed in Italian literature to describe this intermediary function. An Algerian cultural mediator working in Genoa, for instance, Fatima Benasla, wrote that the profession of a cultural mediator derives from the need to act as a bridge connecting foreign users and the institutions of the host country. Migrants in fact experience two different cultures: the one of their country of origin they are still rooted in, and the one of the host society, where they have to create new relations (Benasla 2010: 78).

Out of the long lists included in both Regional documents, mastering interpreting techniques is just one of the 11 skills offered and this shows that linguistic skills are not the main focus of said documents.

3.3 Healthcare sector: two professional figures

Although the Regional documents examined above use the term *mediatore culturale* ("cultural mediator"), academic institutions tend to use the term *mediatore linguistico* ("linguistic mediator"), following the reforms of our educational system. Is this just a terminology issue?

As Franz Pöchhacker clearly states: "In Italy [...] the 'linguistic and cultural mediator' became enshrined in immigration legislation in 1998, with no immediate relation to the newly reformed university curriculum for *mediazione linguistica*" (Pöchhacker 2008: 22).

The studies conducted in the two regions by the author and her colleagues starting from 2002 showed that regional institutions tend to prefer cultural mediators to "pure interpreters", as they can play an active role in the organisation of services and this contributes to granting immigrants full access to healthcare as well as generally facilitating the healthcare staff's work in medical encounters. Other interesting points that emerged were that service-providers do not tend to consider language skills as essential, and that cultural mediators

should preferably be from the same country of origin as the patients (Tomassini/Nicolini 2005).

This approach is confirmed by Giovanna Dallari *et al.* (2005) who voiced the opinion of most service providers in stating that to be truly efficient “tools”, mediators’ skills cannot be confined to languages and registers used in interpersonal relations, but have to embrace cross-cultural issues, the specific knowledge of the healthcare systems of the migrants’ countries of origin and the specific conditions of foreign users.

“Cultural mediators” are thus given priority over “interpreters”, as they can act as a bridge between institutions and migrants, helping institutions to fully understand the migrants’ needs, and thus allowing them to have full access to healthcare services.

The studies previously conducted in these two regions, based on interviews and structured questionnaires, examined the organisation of mediation services and the two professional roles as perceived by service providers and mediators. The data collected showed that the respondents’ answers are often conflicting (Tomassini/Nicolini 2005) and even contradictory (Rudvin/Tomassini 2008), as service providers’ expectations and mediators’ perceived roles differ.

Unfortunately, in the author’s opinion, universities did not respond adequately and quickly enough to the new emerging needs, and have indeed not yet started collaborating sufficiently with institutions and service providers, and in particular with healthcare institutions. This attitude is also partly attributable to the still existing separation between universities and healthcare institutions, and also between theory and practice. Educational institutions have a major role to play to foster a dialogue with universities in view of mutual understanding and better working practices. It is exactly to bridge the gap existing between theory and practice that special attention must be paid to healthcare interpreters’ training. The main issue at stake here is language needs: the high number of immigrants in these two regions and the high number of non-European languages spoken require a prompt response by the relevant training institutions. Although municipal, provincial and regional authorities, and healthcare institutions in particular, started to collaborate with migrants’ and cultural mediators’ associations in the 1990s, the non-European languages needed were not taught in most Italian universities. This gave unemployed migrants, mainly women, the chance to enter the labour market, even though at a rather low remuneration level; the first pools of mediators – with or without formal training – were thus set up and started working in community services.

France and Spain share a similar attitude concerning cultural and linguistic mediators, while this separation is not common in other European and non-European countries. In their introduction to *Crossing Border in Community Interpreting*, C. Valero Garcés and A. Martin state that “professional translators and interpreters have been facilitating cross cultural communication for many years, fully aware that it is impossible to separate language and culture, that both are inextricably intertwined” (Valero Garcés/Martin 2008: 3). Unfortunately, for those who are not “in the field”, interpreting is often just as a technical and linguistic expertise confined to translating words, and not a “complex cognitive

activity with a distinct professional profile and the need for specific training” (*ibid.*).

3.4 Professional liability

Because interpreters act as intermediaries between doctors and foreign patients and severe consequences may derive from malpractice (Shlesinger 2008), the legal aspects of professional liability should not be forgotten when discussing the crucial role of healthcare interpreters. Indeed, civil or criminal legal proceedings can be initiated due to translation/interpreting mistakes leading to invalid informed consent and/or misdiagnosis deriving from incomplete or erroneous information delivered to the patient. For example, if the active principle of a drug is not translated accurately, this may have a significant impact on the patient’s health. Consequently, interpreters must be accurate in reporting the interlocutors’ statements to the full, ascertain that they have understood well and that they have been understood. Moreover, they have to explain the treatments prescribed accurately, report all the doctors’ warnings about what should be done and what should be avoided. In some countries, such as the United States, there is a large number of medical malpractice cases reported every year, but even in Italy the number is on the rise. Interpreters may be held professionally liable for their interpretations, and doctors tend to safeguard their performances by using the formula: “the interpreter reports that...” on their statements, clinical records etc. Consequently, if claims are filed or legal proceedings started, the interpreter will be held accountable. The interpreter’s insurance policy should of course protect him/her unless *colpa grave* or *dolo* is ascertained. No such case has been reported in the regions examined yet, thanks to the mutual trust generally existing between hospital professionals and interpreters.

Service providers, and hospital managers in particular, should be educated not only in terms of the interpreter’s role and code of conduct, but also to take precautions to prevent malpractice cases. Hospitals can curb the risks they run of being sued by hiring only accredited and qualified interpreters/mediators, but the problem in Italy is that as yet there is no accreditation system. Furthermore, as recruitment criteria vary in the various Italian regions, there is no guarantee that the mediator will comply with the same code of conduct or will be accurate enough to let physicians make a correct diagnosis.

3.5 Specific training

We have seen how peculiar and multi-faceted the situation in Italy is in terms of terminology, service-providers’ and mediators’ expectations and needs. The question then is: is specific training needed? Yes, specific training courses are needed to ensure that qualified and highly professional healthcare interpreters operate in this sector, thus safeguarding both patients’ right to health and their own professional role.

In Italy there is no specific curriculum for healthcare interpreters within the language mediation syllabus. Individual university lecturers or professors may choose to focus on healthcare topics, but there is no clear-cut indication of training modules to be implemented at national level. Usually, in three-year linguistic mediation courses first-year students concentrate on business interpreting and/or tourism and start addressing interpreting in the legal and/or medical setting in their second or third year.

This leads us to another outstanding issue: who is going to train the trainers? Jan Cambridge stated that in the U.K. there is a “very underdeveloped educational system for the people who train interpreters” (Cambridge 2010: 2). This statement perfectly applies to Italy, where – following several reforms of our education system – language lecturers in modern language faculties are often asked to teach language mediation without clearly knowing what it is about.

As mentioned earlier, language is essential in communication, and it is essential to ensure proper communication between healthcare providers and people who do not speak the language of their host countries through support provided by trained and qualified, specialist linguists.

Universities then have the duty to offer training courses based on actual language needs. They should also offer training opportunities to all the linguistic and cultural mediators who are already present in the labour market and need ongoing education, especially those who received no prior training or attended only short preparatory courses which probably did not include aspects such as code of conduct or terminology. The type of training to be offered by our universities should encompass cross-cultural aspects as well as interpreting techniques and theory, as pointed out by Merlini (2005).

3.6 The languages that are most in demand

Many of the mediators working for healthcare institutions speak non-indigenous languages that are often not even taught in Italian universities. Arabic, Chinese, and Japanese language courses are provided by almost all university faculties of modern languages and interpreter and translator schools, but it is very difficult to find qualified healthcare interpreters for less diffuse languages such as Farsi, Filipino, Urdu etc. The mediators who are currently working for social and healthcare services in the above-mentioned regions have normally attended regional or municipal courses, and have temporary contracts signed by their associations (*Amiss*, *Associazione senza confini* etc.) and the services. As has been said, these courses do not focus on linguistic skills and there is no accreditation or certification system in Italy. The lack or limited knowledge of interpreting skills can seriously jeopardise accuracy and even lead to malpractice suits as well as to considerable damage for all stakeholders (patients as well as institutions). On the other hand, university trainees in interpreting courses are not usually trained in the necessary cultural competence skills. A close collaboration between universities and healthcare providers is essential. One way of doing this would be to offer specific post-graduate specialisation courses. Furthermore, in-service training courses could be offered to practising interpreters or mediators with no

formal qualifications wishing to acquire interpreting/translating skills and specific terminology.

4. A case-study

In 2008 a post-graduate specialisation course for Public Service Interpreting in medical and legal settings was organised at S.S.L.M. *Istituto San Pellegrino*, Misano Adriatico (RN), Italy (now *Fondazione San Pellegrino*). The course is an intensive post-graduate specialisation course (3 months) held on Fridays and Saturdays in order to facilitate students and graduates who are already working and/or live in other parts of the country. Many of the students studied languages, but some work in other subject areas and wish to specialise in this setting. They are trained in 2 languages: English is compulsory, whereas the second language has to be chosen among German, French and Spanish. A third language may also be chosen.

Admission criteria are: either a degree in interpreting/translation or modern languages, or a substantial experience as a professional interpreter but no degree; and, secondly, a high level of proficiency in English along with a good command of their second foreign language and of Italian.

The author designed the course based on her long experience as university interpreting lecturer and conference interpreter, and in particular on the basis of the courses conducted and research work done with M. Rudvin at SSLMIT Forlì (University of Bologna) as well as on the basis of the analysis of similar courses organised in other European countries, and above all in the United Kingdom.¹

The course modules are:

- Law (basic notions for court and legal interpreters, professional liability issues, the Italian legal system and short comparative analyses with other legal systems);
- Institutions (hospitals, courts, police headquarters etc.);
- Public Service Interpreting – interpreter’s skills and tools in health and legal settings;
- Interpreting techniques (dialogue, consecutive interpreting and *chuchotage*);
- Code of conduct, cross-cultural issues and specific medical and legal terminology.

To complete the analysis of healthcare interpreting issues and medical terminology in English, a whole day as well as individual research work are devoted to the European project *Medics on the Move (MoM)* which is carried out in the framework of the Leonardo programme and aims at promoting the mobility of healthcare professionals in the European Union. Medical professionals who do not use their first language at work are thus provided with communication tools

1 Several British universities (London Metropolitan University, the College of North West London, the University of Northampton and many others) organise courses addressing those who want to work as public service interpreters in the health or the legal sector (including the police and the courts) and prepare students for the Diploma in Public Service Interpreting (DPSI) examinations organised by the Institute of Linguists. The DPSI is the main qualification for interpreters who work in public services, including legal, health and local government sectors (<<http://www.iol.org.uk/>>).

designed to help them to function effectively as professionals. Students are trained to use this multi-faceted tool which offers them terminology training as well as insights into medical communication and socio-cultural interaction. *MoM* includes searchable databases of more than 200 workplace-oriented communication scenarios and more than 1,000 everyday medical terms in six target languages (English, Danish, Dutch, German, Italian and Swedish) that allow students to explore lexical, syntactic as well as social aspects of medicine.

The system also enables and encourages interaction with other members of the *MoM* community through forums and chat functions. Of course one three-hour lesson is not enough to examine all the different opportunities offered by this tool, but students were invited to take part in a Forum, report any difficulties, add nouns and relevant pronunciation. We had a very good response on the part of students. After completing their work placements, students were invited to take part in the testing phase of the *MoM* project addressing healthcare professionals who are at beginners' level in the professional language they use in their host countries. This will give them the opportunity to study some of the topics examined in depth (for instance terminology), and to be in contact with other European universities. They will be asked to fill in a questionnaire once a week and to fill in the final evaluation form. Students who complete all five questionnaires will receive a certificate of participation in the research project from Antwerp University.

The main novelty of using such a tool from a healthcare interpreter trainer's point of view is that it is an integrated approach to languages and vocabulary learning, and it is not simply based on terminology lists, but rather on scenarios (a total of 106 scenarios).

Taught sessions are followed up with guided self-study and homework assignments. Teachers include qualified interpreters and/or translators affiliated with professional interpreters' and translators' organisations who also have considerable experience as university lecturers. Workshops are held by university researchers and interpreters (code of conduct, cross-cultural issues, court interpreting) and speakers from public service institutions (the Police and the *Ospedale degli Infermi* in Rimini) who introduce the structure, procedures and vocabulary of the area they work in.

The course is taught interactively, with group discussions, role-plays, work in small groups and in pairs and individual practice. Students are assisted in drawing up accurate glossaries (meant as "work-in-progress", to be constantly updated) and in dealing with the interpreting problems that are specific to each language (sight translation, introduction to note-taking and role-plays).

4.1 On-the-job experience – an essential training tool

There are no exams at the end of the course, but the compulsory work placements offer students the opportunity to put into practice the theories and techniques they have studied and open up employment opportunities. One student who participated in the second edition of the course was hired by the *Ospedale degli Infermi* in Rimini in summer 2010.

The placements are split into two one-week periods: one takes place at the Police Headquarters in Rimini, the other in one of the three hospitals the *Foundation* has an agreement with: *Ospedale degli Infermi* (Rimini), *Ospedali Riuniti* (Ancona) and *Ospedale Maggiore* (Bologna). This on-the-job experience is a short but useful example of an ongoing collaboration with healthcare trusts and hospitals (Rimini, Ancona and Casalecchio di Reno) aimed at offering medical interpreting students hands-on experience as well as theoretical and practical training based on the institutions' needs.

Placements give trainees the opportunity of actually experiencing some of the difficulties they have become familiar with during the course: stress, medical terminology, differences in register, checking that the message has really been conveyed, asking for explanations etc. They also understand how varied and complex interpreters' tasks are here: mastering three languages and a very specific medical terminology, passing from high-register scientific language to a colloquial register, complying with impartiality and confidentiality rules, preventing and solving conflicts – especially those due to cross-cultural issues – and also performing administrative work and doing written translations.

4.2 Work placements in Rimini – the hospital interpreting service

Whilst a number of the other hospitals surveyed have various forms of “language mediation” services (Tomassini/Nicolini 2005, Rudvin/Tomassini 2008), the Hospital of Rimini, *Ospedale degli Infermi*, is an outstanding example of a well-organised interpreting service in the Emilia Romagna Region. As early as the mid-1990s interpreters (*Operatore Amministrativo-Interprete*) were hired and an internal interpreting service office was established (Delli Ponti/Forlivesi 2005). The in-house interpreters are not hired on a permanent basis, but sign temporary 2-year renewable employment contracts as free-lance professionals, and have to be fluent in three foreign languages: English, French, German. The interpreting service was first opened during the summer to cater for tourists, then its availability was extended to cater for emerging needs throughout the year.

The ward, the hospital administration department, or the Interpreting Office hire interpreters for less diffused languages when the need arises. Arabic, Chinese and Russian (when the Russian-speaking interpreter is not working) are the languages most in demand, followed by Rumanian, Albanian, Croatian, Czech, Persian, Polish, Portuguese, Wolof. In-house interpreters have a list of qualified interpreters for those languages. In case of need, foreign embassies are contacted. Only in exceptional cases do wards resort to ad-hoc interpreters (patients' relatives or friends), but if the Interpreting Service is informed, this always occurs with the assistance of an interpreter.

4.3 Work placements in Ancona – the hospital mediation service

The linguistic-cultural mediation service offered by the hospital of Ancona (*Ospedali Riuniti*) is aimed at facilitating migrants' access to healthcare services.

According to *Ospedali Riuniti*'s Charter of Services, mediators should be properly trained professionals who master the language and the culture of origin of the foreign users. Specifically, they have been trained for social services and the healthcare sector, and their tasks include mediating services during patient-clinician dialogues (and treatment explanations), translation of forms and healthcare information leaflets, welcoming migrants and helping them access services, and supporting front-office staff and social workers. When mediation services are needed the cultural-linguistic service coordinator is informed by the Social Workers division, Front Office staff or Health Management Division, and a mediator is called. Services rely on twenty foreign mediators of various nationalities. They are all members of *Gruppo U.M.AN.- Associazione Senza Confini*, the Cultural Mediators' Association which has a yearly contract with Ancona Healthcare Trust.

Mediation services cover the following languages/cultures: English, French, Spanish, Arabic, Russian, Ukrainian, Polish, Turkish, Moldavian, Rumanian, Serbian, Croatian, Bosnian, Albanian, Filipino, Urdu, Hindi, Chinese, Greek, Macedonian, German, Bulgarian, Farsi/Dari, Fanti/Ashanti.

As to recruitment criteria, mediators need to:

- be migrants coming from EU member states or from non-EU member states;
- have at least a high school diploma;
- have lived in Italy for at least 3 years;
- know Italian language/culture and one vehicular language well on top of the language/culture of their country of origin;
- have good relational skills.

Normally mediators have other jobs and work as cultural mediators occasionally. They have varying educational qualifications (some of them have university degrees, others a high school diploma), and priority is given to their experience.

Attending a specific social and healthcare mediation course is not compulsory but recommended. Once they are recruited, the Association offers them two or three 30-50 hour courses of theoretical and practical training (in collaboration with the bodies they supply their services to). The courses focus on immigration laws, code of conduct, public healthcare services, analysis of critical cases etc. For less diffused languages such as Bangla individual 2-hour meetings are organised.

4.4 Work placements in Bologna – mediation service

Owing to recent budget cuts, the *Ospedale Maggiore* is no longer endowed with an in-house mediation service (the service was started in 1999), but the relevant Local Healthcare Trust signs yearly contracts with the Cultural Mediators' Association *Amiss*, which in turn calls in mediators based on emerging needs or planned mediation services.

The new *Integrated Mediation Service* was officially opened in July 2009 and includes a Multilanguage Telephone Admission System and scheduled mediation services. The telephone system is operated by mediators through a call centre offering a 24-hour information service. Languages offered are: Albanian, Arabic,

Bangla, Chinese, Croatian, French, German, Hindi, Japanese, English, Polish, Punjabi, Rumanian, Russian, Serbian, Croatian, Spanish, Tigrini, Urdu. Thanks to special telephones, users can select the language they need for a medical conversation by pushing a button with the relevant country flag. Healthcare professionals are connected with the call centre operator who will translate the patients' utterances. A 3-party interlocutor service is thus activated (health professional-mediator-patient) that, at any time of the day, allows them to correctly exchange all the information needed to make a diagnosis. The same telephone sets allow users to activate the scheduled mediation service and thus make an appointment with the mediator in the ward or the doctor's office.

The main purposes of the mediation services are:

- eliminating linguistic and cultural barriers and ensuring that every patient has free access to social and healthcare services;
- supplying healthcare professionals with a service that allows them to make a correct diagnosis;
- offering foreign patients health-education practices;
- offering a tool for identifying the best mediation (immediate or scheduled) service.

Mediators have to attend a social and healthcare training course organised by regional and/or municipal authorities. They have varying educational qualifications (some of them have university degrees, others a high school diploma) but great importance is attached to their work experience.

4.5 Students' Feedback

The course is currently in its third edition. Students report on their experience and share it with their classmates in a forum, and this feedback is then used by the coordinator to better target the course the following year. Adjustments are of course needed every year to target the placements based on both service-providers' and trainees' needs. Students highly appreciated their work placements as they gave them the opportunity to acquire work experience in the field and to put into practice both the theoretical notions acquired and their interpreting and terminology skills. Moreover, they appreciated the positive collaboration they had with police officers, healthcare professionals and interpreters/mediators. The following comments were representative of the students' feedback: "It was a very interesting experience. Interpreters were ready to give explanations"; "I've seen them at work on several occasions, also on the phone and doing written translations. Even though the languages used were not my languages (German and Russian), it was nevertheless interesting"; "The staff was very kind to me and ready to help. I'll go on studying medical terminology"; "I understood the hospital's organisational work – thanks to the Chinese mediator I understood how the mediation service is organised. I also had the chance to talk to foreigners who came to the desk asking for advice, information or explanations".

5. Conclusions

Based on the new needs on the part of healthcare institutions and the new demographic situation, translator and interpreter schools and faculties of modern languages are called upon to give their contribution to facilitate communication at institutional level and organise specific healthcare interpreting courses. Qualified healthcare interpreters should be considered as an integral part of the health professionals' community. As Ann Corsellis stated: "linguists working in public services should become regulated professionals like their colleagues in other public service disciplines such as doctors, lawyers and nurses and for the same reasons" (Corsellis 2005).

The situation existing in the two regions examined and the training experience acquired has led the author to believe that specific post-graduate courses should focus, on top of linguistic and interpreting skills, on specific terminology, cultural competence and work placements in hospitals.

As one of the most compelling needs concerns languages of lesser diffusion, specific courses are also needed to address professionals willing to specialise in this setting and focus on aspects like the code of ethics and specific terminology.

As described above, work placements in hospitals proved to be extremely useful and stimulating to all trainees, and also helped trainers to better understand the increasingly changing needs of service providers in communicating with patients with different languages and cultures.

Italian healthcare institutions, and especially the regional, provincial and local authorities examined in this paper, are now increasingly attentive to cross-cultural issues, and greater attention must be paid by universities to these issues. This growing awareness reflects what is happening in many industrialised countries including the United States, Western Europe, Australia, New Zealand, as well as areas in Latin America and Asia, which have seen an enhanced interest in the need for healthcare services to cater for "the cultural and social heterogeneity of the population" over the last decade (Epstein 2008a: 6). The case study described here shows that closer collaboration between health institutions and universities is needed to offer solutions providing more efficient mediation services and facilitating communication between healthcare professional and foreign citizens.

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Languages (and cultures?) in contact. Interpreting and Intercultural Mediation in Italian healthcare settings

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Abstract

A series of interpreted-mediated medical encounters is analysed in order to ascertain how interpreters coordinate doctor-patient interaction and to what extent they empower the “voice of patient” or promote patients’ adaptation to the “voice of medicine”.

1. Introduction: the state of the art

Intercultural Mediation (IM) is a practice primarily used by institutions to encourage foreign groups to access public facilities, especially those related to healthcare, social integration, education, justice and job assistance. IM is of growing interest to Italian public services, whose users now include an increasing number of migrants. The evidence for this interest is given by a significant number of studies, providing a description of IM’s procedures and purposes with respect to public services.

Italian scientific literature analyses IM experiences from different perspectives: a pedagogical perspective, i.e. relating to intercultural education (Favaro 2001, Fiorucci 2000, Johnson/Nigris 2000), and anthropological (Castiglioni 1997) and sociological perspectives (Belpiede 1997, Ceccatelli Gurrieri 2003, Jabbar 2000). From these analyses we can borrow definitions of IM as applied to different social contexts. IM means finding a common view, coming to an agreement, favouring compromise. It is the creation of bridges and networks (cf. Ceccatelli Gurrieri

2003: 15); IM is a way of getting closer, facilitating contact, including, favouring interaction and exchange (cf. Favaro 2001: 10).

According to Johnson and Nigris (2000: 373-374), the demand for IM occurs in the following cases: when a) people belonging to different linguistic and cultural groups are involved in mutual communication; b) the interaction between these people takes place in institutional contexts lacking a balance of power between the parties involved. Thus, two contrasting functions of IM are observed: on the one hand, IM is used to connect individuals belonging to different cultures, on the other hand, IM is described as an action aimed at reducing the asymmetries of role and authority characterising institutions in the mainstream cultural background.

In the first case the mediator is viewed as a *referee* who gives voice to the questions, needs and thoughts of the service user, while at the same time clarifying the needs and functions of the institutional service. IM aims to support users so that they can better use the information they have been provided with, and use the most effective strategies to solve problems – thus reaching a higher level of independence in defending their position (empowerment).

In the second case the mediator is a sort of *advocate* who defends the interests of the service user, who is considered the weakest and most vulnerable party, due to her/his inability to independently formulate questions and obtain relevant replies. IM aims to defend the rights of those users experiencing discrimination and having difficulty getting others to recognise their needs.

According to the studies mentioned above, empowerment comes before advocacy: Belpiede (2002: 39) asserts that the mediator should first of all maintain an impartial position, not preferring any of the parties. Nevertheless, considering the disparity of the roles played by provider and user, the mediator should support the user's negotiation position, thus favouring empowerment. However, these studies have been based on reports from mediators' biographies and other experiences; in our opinion this data is only partially useful for the evaluation of mediation practices: the information appears overly categorised and often far from presenting the dynamics of IM practices. With some exceptions (Amato/Gavioli 2008, Baraldi 2006, Baraldi/Gavioli 2007 and 2008, Cirillo 2010, Merlini/Favaron 2007), Italian research on IM is lacking an empirical basis, and no clear proposal has so far been made to design a methodology for the evaluation of current IM procedures.

For this reason, this article presents a theoretical model and methodology developed around different approaches, particularly linguistic and sociological, to obtain a working definition of IM. To do that, the observation of communication processes involving institutional providers, migrants and a cultural mediator plays a crucial role.

2. A methodology for IM research

In order to help analyse IM-promoted communication forms between participants in an interaction, it may be helpful to consider empirical studies on

dialogue interpretation from applied linguistics, with respect to collections and transcriptions of mediated conversations (Davidson 2000, 2001 and 2002, Bolden 2000, Mason 1999 and 2001, Wadensjö 1998). They clarify that IM can be seen as a special kind of interaction defined as “interpreter-mediated” (Wadensjö 1998). Specifically, IM is considered as a triadic interaction (Mason 1999, 2001; Wadensjö 1998) involving two primary participants (service provider and service user) and a third one (the interpreter-mediator) who has to allow the user to access the service by translating from the user’s language into the agent’s language, making both aware of each other’s differences, and also allows the service provider to provide the user with the service requested.

The interpreter-mediator’s actions, therefore, are fundamental to the result of the interaction: the interpreter, being the only participant who can be fully aware of the linguistic elements of the interaction, has a strong influence on the communicative process. According to Wadensjö (1998: 15), the most important function of the interpreter-mediator is not simply the faithful translation of what the participants say, but the promotion of shared knowledge and coordination of participants.

The interpreter-mediator is the only participant in the interaction able to understand everything the others say. Therefore the interpreter-mediator can define the context of the encounter, drawing attention to the production of shared topics, and managing misunderstandings. In this respect, we can see the interpreter-mediator as an active participant who builds intercultural communication through translation and coordination activities promoting the active participation of the people involved in the interaction.

In order to demonstrate the empirical value of the methodological premises mentioned so far, the next sections will present some sequences of mediated conversations that have been tape-recorded and transcribed. The analysis of these conversations will focus on: a) the forms of communication promoted by IM; b) the linguistic aspects of IM communication; and c) the consequences (be they explicit or not) characterising the relationship between the participants involved in the communication.

3. Description of case studies and objectives of the research

The following collection of data is the result of a project called *Interlinguistic and intercultural communication: analysis of translation as a form of mediation for the bilingual dialogue between foreign citizens and institutions*, promoted by the University of Modena and Reggio Emilia.

Our analysis is based on 55 conversations in Arabic and Italian in two public healthcare services in Emilia Romagna: the *Centro per la salute delle famiglie straniere* (Healthcare support centre for foreign families, *CS* in the excerpts) in Reggio Emilia and the *Consultorio* (Local centre for health and social services, *CO* in the excerpts) in Vignola (province of Modena). All conversations have been tape-recorded and transcribed according to conversation analysis conventions (see Figure 1 below).

[]	Brackets mark the start and end of overlapping speech
(.)	A micropause, hearable but too short to measure
Text	Colons show degrees of elongation of the prior sound
Tex-	Hyphens mark a cut-off of the preceding sound
((comment))	Additional comments from the transcriber
Text	Italics is used for <i>English translations</i>

Figure 1: Transcription conventions (from Jefferson 2004)

The conversations involve at least one Italian healthcare provider (D), an Arabic-speaking mediator (M) and an Arabic-speaking patient (P). The object of our analysis consists of medical encounters with the presence of an interpreter who is expected not only to translate what the participants say, but also to promote the coordination between the principal interlocutors, preserving the functionality of the healthcare system. Thus, the interpreters in our data, play the role of interlinguistic *and* intercultural mediators (IIM). The analysis of the recorded conversations can be intended as an evaluation of IM processes in the contexts in question.

Previous research suggests that medical encounters consist of institutionalised activities in defined phases: opening, problem presentation, information gathering, diagnosis, treatment, closing (Robinson 1998 and 2003, Stivers 2002, Robinson/Heritage 2005). Although each of these phases represents a basic resource for treatment, very frequently migrant patients encounter severe difficulties in presenting their case histories, concerns and worries. As will be seen, such difficulties are not always overcome through the intervention of the IIM. Beyond the institutional purposes of IM, we will discuss in which ways it may empower or inhibit migrant patients' participation in medical encounters.

First, we will identify actions which exclude the *voice of patient* (Mishler 1984) from the medical encounter; second, we will identify actions which, in turn, promote its expression. Our research shows that the relevance of the patient's voice in medical encounters may be connected with the IIM's use of a specific conversational resource – *formulations*.

4. The inhibition of patients' active participation in medical encounters

4.1 The exclusion of the patient's voice. Selectivity in translation: reduced and zero-renditions

The most common types of IIM action that exclude the *voice of patient* from the medical encounter are *reduced renditions* or *zero renditions* (Wadensjö 1998) of patient's and doctor's turns of talk, cutting out some of their content from the translation.

Excerpt CS13 offers an instance of zero rendition; in the course of the excerpt the patient, suffering from insomnia due to fear of having contracted HIV, makes three attempts to begin a narration about his personal experience of the disease (turns 3, 5 and 24). None of these attempts is successful. The first attempt (turn 3) is frustrated by the IIM, who begins to translate as the patient is reporting a

symptom, thus overlapping with the patient's narration (turn 4). In turn 5, the patient tries again to initiate the narration, explicitly asking the IIM to take on the role of story-recipient. This second attempt is frustrated by the doctor who intervenes, relates to turn 4 of the IIM (turn 6), overlaps with the patient's narration, and thus blocks it. The doctor's intervention is a cue for the cultural presuppositions of a doctor-centred culture: as a technical expert the doctor tries to gather more precise symptoms, in this case exploring the physiological reason for insomnia (e.g. the patient "is not tired enough").

However, the patient doesn't give up his attempt to talk about his personal experience and makes use of a problem in the IIM-doctor dyad to present his narration for a third time. In turn 24, the patient uses a presequence (Schegloff 1980) to inform the IIM he is about to start a narration. After the pre-sequence the next relevant action for the IIM is to accept or refuse the role of story-recipient.

In turn 25 the IIM encourages the patient's narration through a short turn working as a continuer ("mhmm", cf. Schegloff 1982), indicating that she has understood he is starting a narration, that she is attentive to that utterance and that she is passing up the opportunity to take a turn of her own during the course of the narration, thus accepting the role of listener to the story. In turn 26, the patient is in a position to start a narration which takes the form of *troubles-talk* (Jefferson/Lee 1981; Jefferson 1988), emphasising the troubles that insomnia produces in his everyday life, rather than providing *current symptoms* (Heritage 2008), i.e. objective symptoms in biomedical terms. When the patient completes the description of a first insomnia-related problem, different options are available for the IIM: she may translate the troubles-talk to the doctor, she may solicit the continuation of the troubles-talk by providing another continuer or she may request clarification.

However, she drops the narration producing a zero rendition (Wadensjö 1998); she doesn't translate the turn at all, remaining silent. Narratives in medical encounters are likely to be evaluated for the ways in which they contribute to a coherent explanation of disease: in this excerpt it seems that the IIM (not the doctor) evaluates the patient's troubles-talk as irrelevant to the diagnosis. The course of the interaction shows that the zero rendition was unexpected: the long silence shows that the patient was withholding his troubles-talk waiting for a contribution from the IIM (continuers, feedback etc.).

After 3 seconds of silence (turn 27), the doctor intervenes to move the encounter to the treatment phase; the patient has missed the opportunity to express the psychological experience and meaning of the perceived disease as continuing the troubles-talk would be inappropriate in the treatment phase. In the treatment phase, the patient is expected to listen to the doctor's instructions; he may ask clarifications but the opportunity to express his own personal feelings about his disease has passed.

Narrations are co-authored through interactional moves and activities between narrator and audience. They need to be collaboratively sustained by participants. Recipients influence the details that make up the story and the ways it is told through their participation. For instance, by using a story preface, when the speaker offers to tell a story, a recipient can accept a narration. Similarly a story can be encouraged by prompting the story through questions, by showing that

the end of the story has been recognised and, in some cases, by showing appreciation or by producing further stories (Monzoni/Drew 2009).

In this excerpt, the IIM accepts the role of narration-recipient only to quickly abdicate it, as she does not encourage the patient's troubles-talk. The IIM's zero rendition prevents an insomnia-related trouble, as experienced by the patient in his social world, from becoming relevant to the medical encounter. As the IIM evaluates the patient's troubles-talk to be of no value to the diagnosis, emotional expressions, the meaning of disease in the everyday life of the patient, and the social and personal relevance of his health problems are excluded from the interaction.

CS13

- 1 D Di notte dormi?
2 M Can you sleep at night or?
3 P No if I haven't worked during the day I [can't. I don't-
4 M [quando quando non è stanco non dorme
When when he's not tired he can't sleep
5 P واسمحوا لي أن أقول لك
Posso di/re-
6 D [Quando non è stanco e non lavora
When he's not tired and doesn't work
7 M Quando non è stanco e non ha lavorato
When he's not tired and doesn't work
8 D Quando non ha lavorato. Per questo-
When he hasn't worked. For that -
9 M Non riesce a dormire
He can't sleep
10 M إذا كنت لا تعب ، لا تنام؟
If you are not tired, don't you sleep?
11 P لا استطيع النوم حتى الصباح
I can't sleep until the morning I
12 M Cioè tutta la notte dice fino alla mattina
Well he says all night long until morning
13 P في العمل ، ولقد ترك لمدة ساعتين للنوم
At work, I have to leave for two hours to sleep
14 M E quando lavora deve per forza andare via per due orette per riposare
And at work he has to take a break for two hours to sleep a bit
15 D Ascolta vuoi che ti diamo qualcosina per riposare alla notte (.)Sempre (.)
independentemente dal lavoro e non lavoro?
Listen do you want we give you something to sleep at night (.) Either if you have to
work or not?
16 M بقولك (.) تحب نديك حاجة ، نديك دوة حاجة تنام بيها بالليل ، تعبان مش تعبان (.) تنومك بالليل والة ؟
He says (.) do you want we give you something to sleep at night? Tired or not helps
you at night or-?
17 D una compressina?
a little tablet?
18 M [حاجة عشان تنام بالليل]
[something to sleep at night or-
19 D ((to the nurse)): [Dammi del
[Gimme some
20 P ياريت
I wish
21 M Sì (.) sì (.) magari dice
Yes (.)yes (.) I wish, he said

- 22 D Eh?
Eh?
- 23 M I wish
magari
- 24 P -اقول
I will tell
- 25 M اه -
Eh -
- 26 P - الحاجة دي عملاي زهق في حياتي , لما مينام اروح للبالكونه وارجع
I can't sleep I go back and forth to the balcony
- 27 D Allora lui viene mercoledì pomeriggio alle 2/2.30 che gli facciamo il prelievo (...) poi per l'Aids così abbiamo fatto tutto, eh?
So he comes Wednesday afternoon at 2/2.30 and we take the blood sample (...) then everything will be done about Hiv, eh?

4.2 The exclusion of the patient's voice. IIM as a responder replacing the doctor

Another class of actions which weakens the patient's voice, limiting her/his capability to create a direct connection with the doctor, are those related to the IIM playing the role of *responder*, giving directly to the patient the information s/he requested from the doctor, thus avoiding the involvement of the doctor in the interaction.

In excerpt CS5, the patient produces two questions (turns 3 and 5) to understand if the doctor is going to treat her leg in the office. Instead of translating the patient's questions to the doctor, the IIM responds directly, thus hindering patient-doctor communication.

CS5

- 1 D Allora signora (.) possiamo provare a dare (..) del Fastum gel in pomata (.) che però se lo deve comprare perché non ce l'abbiamo (.) due volte al giorno
So madam (.) we can try (..) Fastum gel ointment (.) but she has to buy it herself because we don't have it (.) twice a day
- 2 M بتعطيك (.) "بوماتا" تعملها, لما تشتريها من "الفارماجيا" فهمنتي
She gives you (.) ointment you put it (.) buy it at the pharmacy
- 3 P ما بتعطينيها؟
Does she give it to me?
- 4 M خاطر مش موجودة عندهم هنا فهمنتي
They do not have it
- 5 P ما بدها تعطينيها؟
Doesn't she want to give it to me?
- 6 M هو مفيهوش حاجة عالية فهمنتي
معددهمش, معددهمش مش مشكل ايه.. (بتبسّم) كيف لو عندهم بيعطوك همة بنفسهم يعني (..) مش عالي
That's not the issue ((smiling)) they don't have it (..) really don't have it

In turn 2, the IIM produces a reduced rendition of the doctor's contribution in the previous turn ("she gives you the ointment"), leaving out the information regarding the drug not being available at the doctor's office. This reduced rendition is a cue for a doctor-centred culture (Mishler 1984) where the patient is expected to follow the doctor's instructions, while the doctor doesn't have to account for his/her decisions. But this reduced rendition creates some concern for the patient, who, in the same turn (turn 3), is told that the doctor is treating

her leg with the ointment and she should buy the drug at the pharmacy. In fact, the interpreter uses “give” as a synonym of “prescribe” while the patient understands “gives you” as “treats you with the ointment”.

The patient is uncertain about the doctor’s intentions. Moreover, the patient doesn’t know that the drug is not available (the IIM did not tell her in turn 2) and has no reason to believe that the doctor will not treat her leg in the office. Is the doctor treating her leg in the office? In order to solve this problem, the patient initiates a repair sequence in turn 3 (“Does she give it to me?”). The repair is completed by the IIM, who responds to the patient without translating the request to the doctor (“They do not have it”, turn 4).

If this explanation is true, why didn’t she offer it in turn 2? Since turn 1, the doctor hasn’t said anything to justify the new piece of information added by the IIM in turn 4. The explanation arrives too late in the interaction; the patient understands it as a way to cover the fact that the doctor doesn’t want to treat her.

The patient’s reiteration of the question in a different format (turn 5) is evidence of her dissatisfaction with the IIM’s response, as it includes the presupposition that the doctor doesn’t want to treat her leg in the office, even if she could do it. This change in the format of the patient’s question foregrounds her increasing disaffiliation. By acting as a responder, the IIM keeps the two parties distant, making the creation of a common ground between the doctor and the patient very unlikely.

The IIM notices the patient’s increasingly dissatisfaction and tries to mitigate it; however, she doesn’t translate the question to the doctor but provides a direct response (turn 6) and again she increases the distance between the two principal interlocutors. We can imagine the attitude the patient will have towards medical prescriptions if she believes that the doctor is not interested in her health.

Mediator actions such as zero and reduced renditions, interruption of the patient’s turn and the substitution of the principal interlocutors make medical encounters proceed faster towards the diagnosis and prescriptions phases, thus apparently supporting the functionality of the system. However, we may ask what kind of system’s functionality is supported by these actions. Recent research by Leanza *et al.* (2010) and Schouten *et al.* (2007) confirm the efficacy of this type of mediator action in keeping the interaction coherent, for instance by censoring a part of the medical discourse that might not be comprehensible or manageable by the patient, or a part of the patient’s discourse which might be irrelevant to healthcare treatment. But the same research shows that these types of mediator action hinder the trust-building process between patient and healthcare provider. Since they create more distance between the principal participants, zero renditions, interruptions and substitutions of the parties pose risks to the therapeutic process and, paradoxically, compromise the core values (e.g., self-determinism and informed decision-making) of the Western medical system (Hsieh 2010).

5. The promotion of active participation in the medical encounters

5.1 The support of the voice of patient in dyadic sequences

Our data offers instances where mediators' actions encourage patients' self-expression, giving voice to their concerns, doubts, needs and requests, thus promoting their active involvement in the medical encounter. Mediators may promote patients' active participation through different interactional practices, depending on the nature of the interaction: either dyadic (patient-mediator) or triadic (patient-mediator-doctor).

In dyadic interactions, the mediator supports the voice of the patient through *backchannelling* (Schegloff 1982; Schiffrin 1999), using short conversational markers such as feedback tokens and continuers, or echoing, to manifest attentiveness to and involvement in, prior patient turns and contributions.

In excerpt CO1, the mediator expresses her attentiveness and understanding through feedback tokens ("Ah", "mmh", "Ah I understand you"). In turn 122, the mediator encourages the patient to express her concerns, making her participation relevant to the medical encounter, as a person with specific needs and worries rather than a generic sick person expected to provide current symptoms. In this excerpt, the mediator systematically encourages the patient to express her doubts about the therapy, thus promoting her participation in the medical encounter. Being empowered as an active participant, the patient is confident enough to finally advance a request for clarification (turn 123).

CO1

- 115 P وعطوني شي حاجة ورقة مشان الفحص
(I had to say) I received the paper ((the invitation)) for an examination –
- 116 M اه (.) اه
Ah (.) ah
- 117 P كل ثلاث سنوات ادوز فحص للرحم
I pass the examination for the uterus every three years
- 118 M اه
Mmh
- 119 P جتني الورقة وما بغيت نمشي لان لازم نفهمم اني عملت العملية
I received the paper and I don't want to go, because I would have to explain I put the coil
- 120 M اه (.) فهمت عليك
A:h (.) I understand you
- 121 P كنت استنى اسأل
I was waiting to ask it
- 122 M خفتي انك تيجي وتكوني
You were afraid to come and being –
- 123 P ه انو يقلبوني ويحركو المكينة والة شي حاجة (..) فمن الاحسن انو يعطوني ورقة ويقولو اني عملت العملية (.) بس انو يعني يقلبوني
Yes they examine me and move the coil or whatever (..) so it's better if you give me a paper saying I made the operation (.) so they examine me (.) because they examine the uterus

5.2 Informative and affective formulations that re-include the doctor in the interaction

The main difference between dyadic and triadic interactions consists in the way in which the doctor re-enters the interaction, which in turn depends on the mediator's actions. The main conversational resource whereby mediators may involve doctors in the interactions are *formulations* of patient contributions.

According to Heritage (1985: 100), we define “formulation” as a specific interactional move “summarising, glossing, or developing the gist of an informant’s earlier statement”. Formulations project a direction for subsequent turns by inviting responses insofar as they “advance the prior report by finding a point in the prior utterance and thus shifting its focus, redeveloping its gist, making something explicit that was previously implicit in the prior utterance, or by making inferences about its presuppositions or implications” (Heritage 1985: 104).

Mediator formulations consist of translations which follow patient-mediator dyadic sequences, adapting their contents for the benefit of the doctors. Through formulations, mediators build, expand, and recreate the meanings of prior dyadic sequences according to presuppositions and orientations for which they are responsible. Formulations are not word-for-word translations of contributions in prior dyadic sequences, but they rely on the mediator’s discursive initiative and willingness to create a common ground between patients and doctors. In this way, the mediator acts as a coordinator of the medical encounter.

Specifically, formulations are conversational resources available to the mediator in order to: a) provide a translation which highlights content from prior sequences of turns; b) make explicit what is thought to be implicit or not clear in the prior turns of talk; c) propose inferences about presuppositions or implications of the participant’s contributions (Baraldi/Gavioli 2008). Formulations are “informational” when they elicit explanations from doctors which patients are somehow inhibited from requesting; formulations are “affective” when they bring patients’ emotions, doubts and concerns into the medical encounter.

Excerpt CO23 below offers an instance of informational formulation. In the course of the examination of a pregnant woman, it turns out that the foetus is not yet in the appropriate cephalic position. In turn 59 the doctor reassures the patient about this issue, and in turn 60, the mediator offers reassurance and further suggestions to the patient. The doctor is re-involved in the interaction in turn 63, through an informational formulation which is introduced by the mediator to obtain therapeutic recommendations for the patient’s benefit. In CO23, the informational formulation is an initiative motivated by the mediator’s interpretation of the patient’s stance as refraining from uttering a request for recommendations.

CO23

59 D ((sorridente)) Ma dai che si gira!
((smiling)) *come on, he will turn!*

60 M – تحركي وتمشي وان شاء الله
Exercise and take long walks and God willing

- 61 P وان تحركت ومشيت -
If I exercise and take long walks-
- 62 M ببساعدا
It would help -
- 63 M C'è qualche cosa particolare che aiuta a girare? (.) camminare (.) fare delle -
Is there something that helps to turn (.) walking (.) do some -
- 64 D No
No
- 65 M Della ginnastica particolare delle cose?
Exercises of some kind whatever?
- 66 D No (.) he will turn by himself
No (.) si gira da solo
- 67 M بدو بدور بدور ما بدو بدور ببطلو قاعد هيك بتلك هاي شغلة ما فينا نقول انك تعلمي مشي او تتحركي او تلعي رياضة
هاي طبيعي هوة من راسو
He says that in this case we cannot say it is useful (.) walking or exercising or making specific movements, it will happen spontaneously, he will turn by himself or will stay like this

Affective formulations may be understood as discursive initiatives undertaken by the IIM to give voice to patients' emotions, which in most cases manifest themselves implicitly. Patients rarely talk about their emotions directly and without prompting. Instead, patients provide interlocutors with clues for their feelings, thus providing "potential empathic opportunities" (Beach/Dixson 2001). Affective formulations focus on the emotional point of patients' utterances, giving the doctor the possibility to share and get involved in the affective dimension of interaction. In this way, doctors are made aware of patients' concerns, and patients assume a local identity that goes beyond the generic social role of being sick.

In excerpt CO11 below, the patient reports a delay in her menstrual period, but mitigates the relevance of this information by assuming she will get her period within the following few days. Through affective formulations, the IIM brings to the fore the patient's emotions, which have remained implicit up to that moment, making them a topic for communication and a concern for the doctor. The IIM's discursive initiative capitalises the potential emphatic opportunity offered by the patient.

The IIM's formulation in turn 65 ("she's a bit worried") is affective because, while making current symptoms available to the doctor, it highlights the patient's emotional stance, which could otherwise have gone unnoticed by the doctor in prior turns. The IIM's formulation of affective understanding involves the doctor in the affective exchange and promotes a shift from a two-party to a three-party interaction.

CO11

- 55 M When you had your period last?
- 56 P جتني ثلاثعش من شهر عشرة
It was the thirteenth in the month of October
- 57 M ثلاثعش عشرة؟
Thirteenth October?
- 58 P اي
Yes
- 59 M L'ultima mestruazione è il 13 ottobre
The latest menstrual period is the thirteenth of October

- 60 D Mmh
Mmh
- 61 M Ora siamo al 13 novembre
Now it's November thirteenth
- 62 P كانت تهبط علي كل شهر نيشة (.) الدم ما هبط صرار شهر لليوم
It comes each month exactly, now it's a month that it's not coming (.) a month today
- 63 M اه
Mmh
- 64 P استنى ثلاث ايام واه اربع ايام بش مش عارفة اذا تجي
will wait three days or four, maybe it will come
- 65 M(to D): Ah (.) può darsi che tra 4 o 5 giorni al massimo (.) arriva (.) però (.) lei è un po' preoccupata
Ah (.) maybe in four or five days at latest (.) it will come (.) however (.) she's a bit worried

The IIM's affective formulation offers the doctor the ability to tune in to the emotional status of the patient, reassuring her as needed. Affective formulations are inclusive because, while highlighting the emotions of the patient, they involve the doctor in the formation of affective relations. By producing an affective formulation, the IIM develops and emphasises an implicit emotional expression, thus representing the emotional gist of the report in conversation so that topicalisation and elaboration can take place in the doctor's subsequent turn, and possibly in the subsequent interaction.

Affective formulation reveals the IIM not as a neutral conduit but as an active interpreter of the preceding talk. In particular, the IIM's active participation concerns the patient's implicit, difficult, and embarrassed emotional expressions, providing a way for inclusion of such expression in the triadic sequence and for its treatment in a patient-centred interaction involving the doctor (Baraldi/Gavioli 2007).

6. Conclusion

The Italian studies on IM we have examined are in agreement with respect to the final objective of IM: the construction of "bridges" between cultures through the promotion of intercultural dialogue. Italian literature considers IM a pivotal strategy of a multicultural society (Colombo 2002) to be employed to cope with difficulties connected with transnational, migrational differences (Melotti 2004; Zanfrini 2004). By facilitating the access to, and use of, public services, IM should create the prerequisites for the migrant's integration into the new society, thus developing multicultural citizenship for a multicultural society (Kymlicka 1995).

The kind of IM described in Italian literature involves facilitating communication and understanding between people belonging to different cultures and eliminating misunderstandings between the migrant and the social agent mostly caused by different cultural codes and values. In summary, the ultimate purpose of IM is to allow every party involved in communication to access the other party's "cultural imagination" (Fiorucci 2000).

The works we have analysed for the purposes of the present paper are based on lists of principles that the mediator is supposed to comply with. From these analyses we can draw prescriptions on basic ethics and qualifications that a

mediator should be provided with to produce an effective IM (Belpiede 2002). However, these studies do not provide the mediators with any practical working input on how to reach the presumed goals of communication.

From our point of view, the functions of IM should be analysed on the basis of empirical data, starting from the observation of the interactions that take place within public services. Our data suggests that the possibility for the voice of patient to become relevant in medical encounters largely depends on the IIM's actions. On the one hand, we have observed how IIM-reduced renditions, zero renditions and the substitution of the principal interlocutors may exclude the patient or the doctor from relevant healthcare information. On the other hand, we have seen how translating patient's turns of talk including their interpretation of implicit content (primarily emotions) improved the emotional rapport between patients and doctors, thus taking the medical encounter well beyond a mere exchange based on standardised roles.

In particular, our data shows that a specific conversational resource, *affective formulations*, is effective in capitalising potential empathic opportunities offered by the patient in the course of dyadic sequences, bringing to the fore his/her voice. By producing affective formulations, IIMs introduce patients' emotions, doubts and concerns to doctors, producing an emotion-sensitive translation that provides the healthcare personnel with the possibility of accessing the many facets of the patient's situation at both a personal and cultural level.

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Interlinguistic and intercultural mediation in healthcare settings

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Abstract

The paper investigates the role of interlinguistic intercultural mediators in healthcare settings, where they act both as responders, affiliating with the patient in a two-party interaction, and as translators/coordinators, formulating the affective gist of the mediator-patient conversation for the doctor.

Introduction

When all is said and done, people and cultures are more similar than different, for the simple reason that all human beings are first and foremost human, and only secondly Eskimo or Bantu.
(G. Devereux, quoted in Goussot)

The paper deals with Community Interpreting in healthcare settings, which, differently from others (Angelelli 2004, Bowen 2000, Niska 2002, Hale 2007), we will call Interlinguistic Intercultural Mediation, with the term including all forms of oral translation that occur in healthcare settings as services offered to foreign residents who do not speak the language of the host country. The paper investigates the role of Mediation as a form of oral translation and its role in giving voice to cultural minorities (Baraldi/Gavioli 2007). Our assumption is that, despite the widespread use of English as a lingua franca, giving patients the opportunity to communicate with healthcare personnel in their native language is an expression of respect for their human rights (Russo 2004). Our study focuses

on women and children, who often find themselves at a disadvantage in communicating with healthcare personnel (Favaro 1997, 2001; Favaro/Fumagalli 2004) for cultural, linguistic and/or psychosocial motives (Lesi/Falhem 2008: 99). The paper investigates the role of interlinguistic intercultural mediators in healthcare settings, where they act both as “responders”, affiliating with the patient in a two-party interaction, and as “translators/coordinators”, formulating the affective gist of the mediator-patient conversation for the doctor.¹ The paper is divided into 2 sections: the first includes a theoretical framework on the role of interlinguistic and intercultural mediation as a form of oral translation across cultures (Moro 2005), along the lines established by Sybille de Pury Toumi (2005), Baraldi (2009) and Amato/Gavioli (2007). The second section contains transcriptions and analyses of a mediated interaction, highlighting the role of the Interlinguistic Intercultural Mediator (IIM) as intercultural coordinator² and promoter of the intercultural dialogue through affective support that is “functional for the achievement of the dialogic action” (Baraldi/Gavioli 2007). The assumption is that translation is not enough to promote reciprocal acceptance of cultural expressions (Baraldi/Gavioli 2007) but it is through the coordinating activity of the IIM that the intercultural dialogue is promoted.

1. Theoretical framework: an attempt to draw a multi-faceted profile

There have been numerous attempts to use a standard term in the literature, but rarely do these succeed in touching on the deeper essence of the mediation process: linguistic mediation, cultural mediation or intercultural linguistic mediation. In our view, none of these transmit the complex essence of mediation: each emphasises one or another aspect of the *gestalt* of mediation. For example, cultural mediation puts the accent on the cultural aspect, providing a closed and self-referential connotation that is totally inadequate, because mediation inherently tends to open up worlds, facilitating dialogue between different cultures in an atmosphere of reciprocity and mutual exchange. On the other hand, the term linguistic mediation is also limiting, for it places the emphasis on only one of the tasks the mediator is expected to perform: the mediator’s task cannot be limited to the carrying out of a linguistic trans-codification (Peronace 2007). In mediation, translation intended as a process of language trans-codification alone is not enough, because if the intention is to “read what is hidden between the lines” (Coppo 2003), an intercultural competence is necessary. Therefore, for the purpose of the present study, we shall adopt the term Interlinguistic Intercultural Mediator (IIM), in line with Unesco’s definition (Pignataro 2009:

- 1 We refer to “affective expectations” in the sense expressed by Baraldi (2006): “affective expectations are expectations that interlocutors expect, expressions of concern, and support in response to some previous interlocutor’s action” (quoted in Baraldi/Gavioli 2007:156).
- 2 The coordinating activity of the mediator is “aimed at making the interaction between the participants of different languages possible and successful [...], it also aims at the participant’s reciprocal understanding and sharing of information” (Baraldi/Gavioli 2007: 156).

154). Sybille de Pury Toumi (2005) takes a very unambiguous position, explaining what mediation is not: it is *not* a “conciliatory procedure whose purpose is to reconcile the parties or reach an agreement”. It is quite odd to imagine the implications of a mediation whose only purpose is to create consensus or forge an agreement: mediation does not presuppose the imposition of a meeting, although it does require contact (de Pury Toumi 2005: 132). Mediation is defined as a process that produces results: actions, not observations (*ibid.*: 131). It is a process that implies dynamism (Pöchhacker 2008: 13), transformation, but also unpredictability. We never know where the mediation process will lead us: the outcomes will always remain unexpected and unpredictable:

during interactions the connections among actions or turns is not pre-determined [...], as each action projects another one into a wide variety of possible options. (Goodwin/Heritage, quoted in Baraldi 2009: 43)

Within the constantly changing flow of communication, the IIM promotes new exchanges. Starting with the difficulties encountered in translation, the original text is de-structured and the culturally determined expressions are specified. The outcome is a new text, belonging to widely differing cultures and languages, that is to say different worlds. The IIM is at the heart of the entire process, acting as its motor, fully responsible for what happens, because the translations s/he chooses will have an impact on the outcome of the exchange. In point of fact, as we can see from the examples of transcriptions, during meetings between doctors and patients, communication often proceeds in spurts, not because the participants wish it so, but because of the requirements of the mediation process itself. Intercultural Interlinguistic Mediation is a special and complex mode of communicating (Coccia 2004: 11) characterised by the fact that:

the two main participants in the exchange belong to different cultures and/or manifest a more or less accentuated cultural difference, and this constitutes a barrier to be overcome if one wishes to communicate. Adding an intercultural-interlinguistic mediator should help to overcome the barrier, but not eliminate it entirely: the mediator must favour a compromise between expectations and interests, sometimes in contrast with each other, with the awareness that these are not always translatable and/or do not always represent rights, nor can they be tackled solely through a mediated negotiation process (Castiglioni 1997, quoted in Coccia 2004: 119). [my translation]

Our field study data can be used to generate a multifaceted profile. The mediator becomes an *active participant* in a “real-time interaction” (Pöchhacker 2008: 13) in the triadic exchange and her social role as “institutional gatekeeper” (Davidson 2000) takes on primary importance in involving the other participants: the mediator contributes to creating a dyadic or triadic interaction, including or excluding the other participants, based on the translation strategies adopted (see turns 8-9) that go beyond the mere transposition of linguistic content. In fact, she does not limit herself to translating the “text”, but also translates the “interaction that accompanies what is said” (Zorzi/Gavioli 2009: 188). The mediator’s translation can take various forms (Amato/Gavioli 2007: 294) and make an active contribution to the conversational interaction: the mediator decides when to translate and when not to, when to expand the text in order to reassure a

participant (extract no. 10), co-constructing meanings (Davidson 2002), and promoting the participation of the speakers within the interaction. The IIM acts as a *coordinator* during the interaction (Pöchhacker 2008) with a doctor, as pointed out in Wadensjö's definition (1998):

the coordination aspect of the role of the interpreter derives from the interpreters' unique middle-position. Interpreters are establishing, promoting and controlling connections between primary parties in conversation. [...] Primary interlocutors will partly rely on the interpreter to mediate turn-organizational clues signalled in and by talk. (Wadensjö 1998: 148)

The IIM also plays a *creative role*: during the process of listening and re-phrasing the content, the use of specific medical terminology could compromise comprehension or lead to misunderstandings. The original text is dissected and the ambiguities are removed, to provide emotional reassurance to the patient; the result is a text that is completely different from the original, one that has its own identity (de Pury Toumi 2005: 133), within which lies a possible encounter with the Other. The IIM produces a text that takes into consideration the interests of the patient for whom s/he is working and with whom s/he probably shares a similar immigration experience. A text which is not the exact copy of the original one, but a new one, keeping in mind the patient's culture and cognition:

dans le cas de la médiation – une situation où doivent se rencontrer des locuteurs – il faut au contraire non pas trahir, mais *produire* un texte nouveau qui sera lieu de rencontre, participer à fracturer le texte de départ et non pas se borner à le reproduire ou à le dupliquer dans une autre langue. [...] En passant d'une langue à l'autre, les locuteurs font surgir des concepts différents. (de Pury Toumi 2005: 133)

During the translation process, ample room is left for the mediator's creative contribution and sensitivity as s/he adapts and creates the new text, which is re-shaped based on the needs of a culture of destination that is very different from the one of origin. The mediator clarifies and reassures, with gestures and smiles, promoting understanding and making communication possible. As we read in Baraldi (2009):

the key aspect of mediation is participation in the communication process, thereby favouring the possibility of acceptance of an action and comprehension. (Baraldi 2009: 43)

2. The data

The preliminary analysis focuses on a corpus of data (Bazzanella 1994, Setton 2000) consisting of transcribed conversations, recorded during empirical observations carried out in Italy, at the Istituti Ospedalieri of Cremona, in naturally-occurring bilingual bicultural encounters, involving an Indian female mediator and a female Indian patient in the neurology department³. The corpus

3 The study began in January 2010 and the recordings were made after 3 months of field observations. The study is currently in progress, in collaboration with Dr. Carmen Rauso and with the valuable contribution of the Indian mediator, Dr. Anisha Sharma,

of data was analysed in order to identify translation and coordinating activities (Baraldi/Gavioli 2007) of the IIM, particularly with respect to the notion of “emotional skills”⁴ for the construction of affective support, considered as a key factor in determining the success of the intercultural mediation (*ibid.*: 157). For the purposes of the present study, we shall only analyse the data recorded in a conversation that took place in the hospital’s department of neurology. The other conversations were recorded in the departments of obstetrics, gynaecology and paediatrics. As noted by Orletti (1991, 1994) one of the principal problems with empirical research is the effect a researcher has on the study data due to his presence. According to the authors, systematic observation of verbal behaviour automatically creates a formal situation, in which the speaker pays more attention than usual to his verbal production (Orletti/Testa 1991: 243). Aware of the risk involved, we attempted to remain as unobtrusive as possible, in order to avoid biasing the data and also to allow the patients, medical personnel and the IIM to work in as natural a manner as possible.

2.1 Case discussion

For the purpose of the present study, we focused on patient’s emotive expressions and on the affective support of the IIM during medical examinations. For an effective communication in a triadic interaction, mediators should ensure constant translation of the emotional expressions, involving the doctor and promoting a patient-centred medical interaction: intercultural dialogue is produced and becomes effective only if it is followed by the mediator’s formulations and renditions of the emotional expressions of the patients. As Baraldi and Gavioli (2007) suggest, the mediator’s affective support is very important and “functional for the achievement of the dialogic action”. The mediator’s renditions of the emotional expressions through formulations lead to the accomplishment of affective expectations and promote the reciprocal involvement of both patients and doctors, in a patient-centred perspective (*ibid.*: 172). Interpreters’ formulations through translation promote triadic affective interactions fulfilling two key functions in intercultural mediation, that of giving voice to the patients’ emotions and that of supporting a patient-centred medical interaction (*ibid.*: 172). As acknowledged in the literature (Baraldi/Gavioli 2007), in medical encounters IIMs contribute to dialogue management in two ways: 1) as responders, affiliating with the patient in a two-party interaction; 2) as translators/coordinators, affiliating with the patient and then formulating the affective gist of the interpreter-patient conversation for the doctor.

who carried out the translation and transcription of the conversations from the Punjabi language into Italian.

- 4 The topic of emotional involvement and emotional skills was addressed from the perspective presented in the studies by Amato/Gavioli (2007), Baraldi (2009), Zorzi/Gavioli (2009) and Caffi/Janney (1994).

2.2 Affective communication for an effective interaction

Whenever we speak, [...] we are called upon to choose the most effective ways of expressing our ideas and feelings; and our feelings come first. (Caffi/Janney 1994: 326)

Caffi and Janney maintain that all native speakers possess an “emotive capacity: that is a basic, conventional, learned, affective-relational communicative skill” (Caffi/Janney 1994: 327) that helps them interact smoothly, negotiate potential interpersonal conflicts and achieve different goals in speech. These skills are related to linguistic performances and other activities that can be interpreted broadly as “signs of affect [...]” (*ibid.*: 327) and in order to have a successful interaction a good mastery of these conventional skills is of the essence (Caffi 1994). In a medical context, we expect doctors to formulate accurate diagnoses and propose effective treatment, whereas patients are expected to accept the proposed treatment and follow the doctor’s indications (Zorzi/Gavioli 2009). Little or no space is left for the expression of affective expectations (*ibid.*: 183) or the expressions of feelings of doubt and worries. In our corpus, this view is not confirmed. In our data the IIM shows affiliative responses to the patient’s expression of feelings and this “seems relevant in carrying out the affective sequences in medical interpreter-mediated interactions” (Baraldi/Gavioli 2007: 164) above all when the affective contribution is rendered through translation, involving the doctor and promoting a triadic dialogue. As postulated by Zorzi/Gavioli (2009), managing affective actions during encounters is not always easy, above all when three dyads are involved: doctor-patient, mediator-patient, and doctor-mediator (*ibid.*: 180). In our data, unlike the observations made in Davidson (2000), expressions related to the emotional sphere are neither eliminated nor attenuated through translation.

2.3 Coordination of dialogue and affective support

The following sequences are taken from an encounter among a neurologist (D) (male), an Indian patient (P) (female) and the Indian IIM (M) (female). The doctor explains that the Indian woman has neurological problems due to circulatory disorders and asks the IIM to explain that an exam will have to be carried out. The IIM wants to be sure that the patient understands what is said and starts a sequence of questions, encouraging the patient to express her preoccupations. The IIM displays *affective support*, speaking directly to the patient: her concern is that the patient is unable to comprehend, due to the circulatory problems (turn 4: “do you understand me well?”). The IIM introduces a projection of affective reassurance, and finally the patient’s worries and doubts are assuaged by the doctor’s support (“tell her that it won’t hurt”). As Baraldi maintains, “the provision of affective support encourages patients to further express their emotions and worries and eventually leads to reassurance” (Baraldi 2007: 163). This attitude is of particular importance for the interaction, as acknowledged in the literature (Gavioli/Zorzi 2008), above all when the question is translated to the doctor (i.e. in 05: “She said that now she is fine and that she understood perfectly. She also told me that she understands what I am saying and that she can communicate”),

contributing to giving voice to the patient's emotions and worries; by promoting the doctor involvement, a triadic interaction is created, with the affective support passing through translation (turn 05: see above).

Example 1:

04 M. qUhwnUM myrI glbwq pUrI qrHw smJ Aw rhI hY?

English Gloss *Do you understand me well?*

05 M. She said that now she is fine and that she understood perfectly. She also told me that she understands what I am saying and that she can communicate.

This attitude is also evident in example no. 2. where the IIM encourages the patient to express her doubts. In sequence 09 the patient looks tired and sleepy, and the IIM again asks for confirmation providing reassurance ("Did you understand well what I told you? If you did not understand tell me. Do not be afraid if you do not understand").

Example 2:

09 M. qUhwnUM smJ Aw igAw jO mY ikhw? Agr qUhwnUM koel gl nhI smJ

Aw rhI qw swnUM ds dyvo. Agr qUhwnUM fr hY ik myrI glbwq nhI smJ
AweI qw qUsI GbrwAo nw

English Gloss *Did you understand well what I told you? If you did not, then say so, don't be afraid if you don't understand.*

In the following example, the doctor wants to explain to the patient that an exam has to be performed (turn 6), in order to rule out any cardiac complications. In turn 7 the IIM explains to the patient the type of exam ("They will take you to another department and perform this exam to see whether you are fine, if circulation is normal"), without mentioning the name of the exam ("trans-esophageal ultrasound"), because the medical terminology ("thrombus"; "cardiac valve") would have presumably troubled and worried the patient. At the end of sequence 07 the IIM provides emotive support with the addition: "He says that he wants to dispel all doubts. He wants to explain you everything because he doesn't want you to get scared when they will insert the tubing into the throat"

Example 3:

06 D.

English Gloss *Well, we have to tell her that this morning she will be called by the cardiologist to perform an exam called trans-esophageal ultrasound. Let me explain: it is an exam to visualise the heart, to rule out the presence of a thrombus in the heart or in the cardiac valve. Since the view is obstructed by the bones of the sternum and ribs, they will have to introduce a tube into the esophagus so that the probe can see the heart from the rear, without the interference of the bones. You should explain that they will introduce a tube in the mouth, only a small portion will be introduced, only down to the heart, we do not need to see the stomach.*

07 M. ieh ikh rhy hn ik Aj iehnw ny qUhwfw iek tyst krxw hY ies leI ik ieh pqw
krxw cwhMUdy hn ik qUhwnUM ieh iSkwieq ikau hoel. Agy ieh
qUhwfy idl dw cYk Ap vI krxw cwhUMdy hn smJx leI ik ieh iSkwieq
qUhwnUM aus krky nw hoel hovy. idl ivc koel pRoblm krky ho skdw hY
ik ies dw Asr quhwfy isr qy ho igAw hovy. ies krky iehnw ny qUhwnUM
aus ivBwg vl lY ky jwxw hy ijs ivc idl dw tyst krdy hn. ieh ikh rhy hn ik
ieh tyst bwhro nhI ikqw jw skdw ikauik swfy PyPiVAw dIAw hfIAw krky
AMdr cMgI qrHw idsdw hnI ik idl iks qrHw hY. ies leI auhnw ny
quhwfy AMdr iek tlaub pwky dyKxw hY ijdw iehnw ny qUhwfy mUMh

rwhI iek tIaub AMdr pwauxI hY Aqy auhnw ny dyKxw hY ik AMdrO
 swrw kUC TIK hY jw nhI. mqlb ik Agr Kun TIK FMg nwl Gumdw hY, jw
 iPr idl TIK FMg nwl kMm kr irhw hY ik ausnUM koeI pRoblm qw nhI
 hYgI. ikhMdy ik iehnw ny isrP Awpxw Sk kFwx hY. ieh qUhnwUM ies
 lel smJw rhy hn ik qUsI fr nw jwieAo, jdo ieh qUhwfy mUMh ivc tIaub
 nUM pwaux.

English Gloss *He is saying that today they will ask you to perform an exam to understand the cause of this problem. They want to do this test because they want to understand if the two problems are related. Due to some cardiac problems, the brain might have suffered. They will take you to another department and perform this exam to see whether you are fine, if circulation is normal. He says that he wants to dispel all doubts. He wants to explain you everything because he doesn't want you to get scared when they will insert the tubing into the throat.*

In turn 08, the doctor realises that after the explanation of the medical exam the patient looks anxious and he affiliates providing indirect reassurance (“She doesn’t look convinced, tell her it won’t hurt”). This attitude stresses the importance of emotive support in a triadic interaction that has to pass through translation.⁵

Example 4

08 D. Non mi sembra convinta...eh? Ma non fa male, le dica che non fa male.
 English Gloss *She doesn't look convinced...eh? But tell her that it won't hurt.*

The dyadic sequences between the IIM and the patient are the longest (from turn 24 to turn 27), translation to the doctor is provided only after 4 sequences, in turn 28 (“She asked me why she sometimes feels strange and forgets things”). These are the turns when the patient speaks directly to the mediator (from 24 to 28 and from 45 to 46) providing emotional reassurance. In these instances the worries and the negotiation of the problem is evident (i.e. in 24: “What’s happening?”) (Zorzi/Gavioli 2009): the IIM emotionally reassures and encourages the patient’s self-expression in a long dyadic affective structure (from 24 to 28) shared with the doctor (e.g. in 05 and in 28). A triadic interaction is created: the worries of the patient are not cut out but conveyed through translation; the doctor is not excluded from the triad, thanks to the full renditions by the IIM. This is a form of dialogue coordination (Pearce/Pearce 2003, quoted in Baraldi 2009: 71), where dialogue is defined as “a form of communication in which all the participants can act or interact; dialogue is a way to promote participation”.

Example 5:

24 M. ikdw kwqy hUMdw hY.

English Gloss *What's happening?*

25 P. ik keI vvrI mynUM pqw nhI lgdw?

English Gloss *Sometimes I don't understand.*

26 M. iks qrHw pqw nhI lgdw?

English Gloss *What do you mean, you don't understand?*

27 P. Aydw kwqy hUMdw hY ik cyqw Bul jwdw hY mY.

English Gloss *Why do I sometimes forget things?*

28 M. *She asked me why she sometimes feels strange and forgets things.*

5 “Affective expectations in a triadic sequence create the condition for a non-ethnocentric form of mediation” (Baraldi 2009: 65). For a detailed description of ethnocentric mediation see Baraldi (2009).

In turns 44, 45 and 46 the IIM is encouraging the patient's self expression and actively coordinates dialogue. The IIM understands the patient's uncertainties and worries from her face expressions and encourages her to express herself (44. M. "would you like to ask the doctor anything else?"). After a brief hesitation (45. P. "No, that's all right"), the patient intervenes and expresses her doubts (46. P. "Sometimes I get these headaches"):

Example 6:

44. M. qUsI fwktr nUM hor kUC qw nhI pUCxw?
 English Gloss *Would you like to ask the doctor anything else?*
 45. P. nhI, Tik hY.
 English Gloss *No, that's all right.*
 46. P. myrw isr iek dMm drd hox lg pYdw hY.
 English Gloss *Sometimes I get these headaches.*

This is a form of dialogue that promotes a fair distribution of participation with a strong focus on the participants' self-expression (Baraldi 2009: 71) (44. M. "Would you like to ask the doctor anything else?"). In our corpus of data this is the most typical organisation of talk: a long dyadic affective sequence (from turn 25 to turn 28), with the patient's emotional expressions followed by the mediator's affective reassurance (26. M. "What do you mean you don't understand?"); the doctor is not excluded from the dialogue, thanks to the translation of the IIM (28 M "she asked me why she sometimes feels strange and forgets things").

Our data suggest that the affiliative responses to the patient's expressions are relevant in the interaction because:

- 1) they contribute to the patient's reassurance (Baraldi/ Gavioli 2007) and
- 2) they encourage the patient's self-expression.

In conclusion, though data in the literature (Davidson 2000) seem to confirm that "the expression of patients' feelings and attitudes is problematic in doctor-patient mediated talk and that the mediator acts as a gatekeeper preventing the understanding and the sharing of emotional expressions in talk" (Baraldi/Gavioli 2007:164), in our data we observed that the IIM is not "cutting out" the patient's affective contributions in the rendition: the patient's expressions of worries are treated as relevant in the interaction, and the emotional contribution of the patient is fully rendered through translation and shared with the doctor, thus promoting the doctor-patient contact. The IIM repeatedly encourages the patient's self-expression and involves the doctor in translating the patient's turns.

3. An attempt to draw conclusions

At present, the limited amount of data doesn't justify any general conclusions but some preliminary considerations can be made on the multi-faceted role of the Interlinguistic Intercultural Mediator in healthcare settings. The IIM contributes to coordinate and promote patient's participation and involvement in the mediated dialogue, by emotionally reassuring and encouraging the patient's self-expression, and promoting a doctor-patient contact. Triadic interactions are

allowed thanks to the translations of the mediator, though not on a turn-by-turn basis. As Baraldi and Gavioli (2007) maintain, the forms of translation adopted generate a dyadic or triadic interaction, preventing or promoting the inclusion or exclusion of the participants. Undoubtedly, IIMs contribute to giving a voice to cultural minorities through their cultural competence and translating activity, and they play an active role in coordinating dialogue, providing affective support to the patients. An affective form of mediation through translation is a necessary prerequisite for the production of a triadic sequence, with the promotion of self-expression by each participant (Baraldi 2009). Therefore the IIM is a co-constructor of meaning, an active and visible participant, a bridge between distant worlds. Though some of them may be completely unaware of the extremely important role they play for the institutions and society in general, Universities should become more active and develop specific programmes to train new professionals in Interlinguistic and Intercultural Mediation. My fondest hope is that this study will contribute to increasing our awareness of the importance of the role played by Interlinguistic Intercultural Mediators.

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Remote Interpreting via Skype - a viable alternative to *in situ* interpreting?

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Abstract

On the basis of a study carried out in Graz in 2009, the paper deals with the question of whether or not interpreting via Skype can be a viable alternative to in situ interpreting.

The field of interpreting has been undergoing continuous changes (see Riccardi 2000: 75). After the ascent of consecutive interpreting, when interpreters had to improvise by *learning by doing* and the subsequent breakthrough of simultaneous interpreting with the Nuremberg Trials (see Baigorri Jalón 1999: 29f; 21ff.), another type of interpreting has gradually evolved: Remote Interpreting (RI). RI is defined as follows: “*Remote Interpreting [...] refer[s] to situations in which interpreters are no longer present in the meeting room, but work from a screen and earphones without a direct view of the meeting room or the speaker*” (Mouzourakis 2006: 46; original emphasis)

1. Two types of RI¹
- 1.1 Video conference interpreting

To hold video conferences, a video conference system consisting of data reception technology (video camera, microphone etc.), data processing devices (a high-speed computer with a video conferencing card) and data reproduction devices (screens, loud speakers etc.) is needed at each location. Conferences between two and twenty locations are possible. Video conferences are carried out in special studios or by means of a personal computer allowing for whiteboarding (see Braun 2004: 10; 2001: 273f.).

Interpreting in video conferences can take the following forms:

- 1) RI when interpreters are present at the conference venue and interpret external speakers' contributions, e.g. words of greeting (see Braun *et al.* 1999: 293).
- 2) RI when a conference is held at two venues (A and B) which are connected to one another via tele-conference. The interpreters are either present at venue A or at venue B and interpret from there (see Braun 2004: 89; Heynold 1998: 324ff.).
- 3) RI with two conference venues (A and B) whereby the interpreters are present neither at venue A nor at venue B but interpret from a location C. This is also called tele-interpreting (see Braun *et al.* 1999: 293; Braun 2004: 89).
- 4) RI at a conventional conference whereby the interpreters do not work in the conference room, but in another room. This form of interpreting is highly disputed (see Braun 2004: 89f.).

Since 1976, nine major studies on RI via video conference have been carried out by the United Nations or the European Union's institutions. Comments on these remained rather sober with interpreters criticising unacceptable sound quality as well as feelings of alienation and, consequently, loss of information (see AIIC Technical & Health Committee n.d.; Commission Européenne Service Commun Interprétation-Conférences 2000; European Parliament Interpretation Directorate 2001a, 2001b; Kurz 2000: 99f.; Mouzourakis 1996: 21, 2006: 62f.). Consequently, the "Code for the Use of New Technologies in Conference Interpreting" demanded high-quality image and sound transmission as well as a restriction of working hours to no longer than two hours a day for RI (see AIIC 2000).

Several studies have been carried out at universities as well as in courtroom settings. For the ViKiS-project, job interviews between two interlocutors were simulated. It was found that interlocutors gradually developed special communication strategies in order to prevent the occurrence of problems in understanding (see Braun 2003: 179ff., 2004: 337). Fowler investigated consecutive interpretations of court hearings for detainees. Interpreting in this setting was especially difficult due to noise in the courtroom and interferences with the video conference system (2007: 9-12).

1 This chapter offers only a brief – and hence subjective – selection of experiments on video conference interpreting and telephone interpreting. For a comprehensive overview on research in this field, see Andres/Falk (2009) and Korak (2010: 21-35; 44-62).

1.2 Telephone interpreting

Telephone interpreting refers to all settings where interpreters work over the phone either at the same location as one of the interlocutors or at a different location altogether (see Lee 2007: 231). For telephone interpreting a normal telephone line and a telephone are sufficient. There are numerous devices available such as three-way, cordless, mobile or dual-receiver phones, the loud speaker key on different phones and voice points (see *ibid.* 237; Kelly 2008: 31). Though telephone interpreting is normally done in the consecutive mode, a teleconference bridge makes simultaneous interpreting possible (see O'Hagan 1996: 77).

Oviatt *et al.* compared conversations interpreted over the phone to on-site interpretations. They concluded that telephone interpreters actively managed conversation by using the first person to explicitly refer to themselves and the third person to refer to the interlocutors, thus avoiding misunderstandings (1990: 1-3; 11ff.). A first study on simultaneous telephone interpreting in the medical setting was undertaken by Hornberger *et al.* In concluding, the authors state that compared to on-site interpretations, telephone interpretations were more complete and exact and appeared to strengthen the doctor-patient relationship (1996: 845; 854ff.).

Wadensjö compared telephone interpretations of police interviews to on-site consecutive interpretations. She concludes that telephone interpreters take on an additional coordinating function in order to ensure that the parties involved understand one another (1999: 254; 256; 259ff.). Ko had interpreters with no previous experience in telephone interpreting interpret three hours a day for eight weeks. Ko concludes that, contrary to findings from other studies, interpreters are able to cope with the audio-only transmission in telephone interpreting as well as with exhaustion and concentration problems if high-quality equipment is used (2006: 331f.; 334f.).

2. RI: Requirements for interpreters, advantages and disadvantages

Due to the upsurge in new technologies for RI and as future interpreting is likely to be embedded in an entirely new context, technical know-how, flexibility and openness are demanded from interpreters (see O'Hagan/Ashworth 2002: 106). Challenges such as speakers with a strong accent might aggravate an already difficult setting such as telephone interpreting. On the other hand, attentive speakers might be able to make up for the non-existing visual channel by informing the interpreter about an important non-verbal element (Wadensjö 1999: 252f.). Some interpreters describe the lack of the visual channel as a benefit helping them to safeguard neutrality whereas others admit to feeling insecure and criticise loss of control in telephone interpreting as they are unable to see, e.g. in medical settings, what doctors and patients do (see Gracia García 2002: 13; Lee 2007: 240; Wadensjö 1999: 249).

Interacting parties in videoconferences cannot control what they are looking at as what they see depends on the camera position (see also Braun 2003: 169;

O'Hagan/Ashworth 2002: 27). The delay of about 0.2-0.4 seconds for an utterance to reach the interlocutors in videoconferencing may lead to unsettlingly long pauses in turn-taking, unnoticed speech overlaps or incidental remarks being heard too late. It is also difficult to deliberately interrupt other speakers to clarify a misunderstanding. Interpreters therefore need to develop strategies to correct themselves or to regulate turn-taking between interlocutors (see Braun 2003: 169; 2007: 40). Riccardi highlights the significance of concentration and anticipation strategies as well as automatisms (2000: 83). Dickinson emphasises the importance of phatic functions (fill words such as "I see") which enhance conversation flow and help overcome lack of visual information in telephone interpreting (2003: 259).

The cost-saving potential of RI must not be neglected and is mainly relevant to large institutions such as the European Union that want to cut travel expenses and save space in conference rooms (see Mouzourakis 1996: 36). An asset of telephone interpreting lies in its quick availability: "Telephone interpreting may save time, money and – in cases if [sic] urgency – human suffering" (Wadensjö 1999: 249).

With reference to interpreters' resentment towards RI, Shlesinger claims that studies in community settings yielded positive results, e.g. when it comes to patient satisfaction rates. She suspects that interpreters might be tempted to judge the RI-situation *a priori* as unpleasant and detrimental to quality and thus encourages further research as well as a dialogue between researchers, trainers and institutions (2009: 9ff.). Mouzourakis (2006: 55) sharply criticises hardliners who still assume that it does not matter whether interpreters are present in the meeting room or work from a screen and also criticises the fact that conventional booths were turned into remote booths for the studies on RI. Moreover, it is mostly technicians who spearhead the debate on the future of RI. Thus, a stronger participation of interpreters is urgently needed (see Buck 2000).

3. What does the future hold?

To overcome interpreter alienation, Mouzourakis (2000) suggests a virtual reality where interpreters navigate through the conference room with a joystick zooming in on the objects/people they want to see more clearly. Another scenario is interpreting over the internet,² which includes whiteboarding. So-called "transterpreting", which was first presented at a conference in 1996, is another hybrid form of RI. Participants, who were unable to attend the conference, could read the transcription of the speeches online, chat with other online participants or direct questions to conference participants at the venue. The speeches and questions were interpreted by an interpreter assisted by a protocolist who typed the interpretation on a computer (see O'Hagan/Ashworth 2002: 59).

2 A description of a company that offers consecutive and simultaneous interpreting over VoIP can be retrieved from Lang (2009). For guidelines on interpreting over the internet, refer to Selhi (2000).

Psychological aspects, such as the effects of working entirely on one's own, are to be taken into account (see Moser-Mercer 1997: 195). Furthermore, reactions of users of different age and socio-cultural backgrounds to RI need to be investigated as well as the impact of RI in stressful situations such as police interviews or in hospitals (see Braun 2006: 8f.). RI also calls for new ways of training in order to make adaptation to new technologies easier for the next generation of interpreters (see Braun 2007: 42; Ko 2006). It needs to be added, however, that several universities such as the department for translating and interpreting at the University of Graz already include RI in their curricula. Kalina points out that, if RI is to be implemented in the community setting, working conditions should resemble those in conference interpreting when it comes to working hours, team size, technical skills and interpreter training (2009: 400). Braun adds that there is an endemic lack of guidelines in RI settings and calls upon interpreting research to bridge this gap (2006: 7f.).

4. Interpreting via Skype

Skype is a free programme that can be used for phone calls to other Skype users (see Skype Limited 2009). The programme relies on the so-called VoIP (Voice Over Internet Protocol) technology (see Telekom Austria AG 2006: 123). First, the programme is downloaded and an account is created. After adding the desired contacts, other users may be called by clicking on the green button in the Skype call menu (see fig.1; own editing). To end a call, simply click on the red button (see fig. 2; own editing).



Figure 1: How to start a call via Skype

Another feature offered by Skype is video-calls via a webcam. It is also possible to send data and chat messages to interlocutors as well as to hold audio-only conferences between three or more users. Before interpreting via Skype, it is advisable to test audio and video settings by clicking on the sidebar “call” and then on “audio settings”.

5. Study on interpreting via Skype

Between February and June 2009, audio and video calls between two participants as well as three-party audio-only calls were conducted. Furthermore, three interpretations were simulated with the author of the study interpreting at home and the two interlocutors at another location. The feasibility study on interpreting via Skype was carried out from July to November 2009 at the gynaecological department of the *Landeskrankenhaus*, a public hospital in Graz, Austria. In total, 17 doctor-patient consultations were interpreted for 14 different patients: nine were Turkish-, five Russian- and three Arabic-speaking. Seven interpreters did the interpreting (three interpreters each for Turkish and Russian, one for Arabic). The interpreters interpreted at home and were called on their mobile phones beforehand to verify their availability. After this, the hospital staff video-called them via Skype and the consultation began. Nine interpretations were recorded, three were also videotaped. Before each consultation, the patients were asked to sign a document in their mother tongue indicating that they agreed to take part in the study. Immediately after each interpreting session, patient, doctor and interpreter filled in a questionnaire. Guided interviews were carried out with doctors and interpreters after the end of the study. The interpreters were asked to listen again to the audio recordings of their interpretations and to comment on them. The study was approved by an ethics committee.



Figure 2: How to end a call via Skype

5.1 Patients' questionnaire

The patients' questionnaire is centred on the hypothesis that patients generally welcome the idea of interpreting via Skype. Furthermore, it is investigated whether or not patients who have previously used an interpreter are more open towards interpreting via Skype. The results are structured according to the language in order to investigate whether or not patients from certain cultures find interpreting via Skype more inviting than others.

On average, the 14 patients surveyed indicated they were *satisfied* (1.53) with interpreting via Skype.³ The majority of patients (10 out of 14) had no experience with interpreting. Four patients had already used an interpreter. The patients were also asked to judge the fact that the interpreter was not present in the hospital. During the majority of interpretations, the patients would have preferred the interpreter to be on-site (8 out of 17 interpretations); during six interpretations, the patients voiced no preference whatsoever; and during the remaining three interpretations, the patients preferred interpreting via Skype.

Overall, Turkish-speaking patients were the most satisfied with interpreting via Skype (*very satisfied*: 1.44) followed by Russian-speaking (*satisfied*: 1.6) and Arabic-speaking patients (*satisfied*: 1.67). The Russian patients had had the most experience with interpreters (three out of three); only one out of nine Turkish and none of the Arabic patients had used an interpreter before. Only Turkish-speaking patients claimed to prefer interpreting via Skype over on-site interpreting. Three out of nine Turkish-speaking, two out of three Arabic-speaking as well as three out of five Russian-speaking patients would have preferred an on-site interpreter.

There seems to be no correlation between interpreting experience and openness towards interpreting via Skype as only one of the three Turkish-speaking patients who claimed to prefer interpreting via Skype had previously worked with an interpreter. Similarly, there is no visible indication that patients from certain cultures are more open to this kind of interpreting than others. Nonetheless, it needs to be noted that Turkish-speaking patients were the only ones to prefer interpreting via Skype over *in situ* interpreting. It can be assumed that patients ideally favour an on-site interpretation, but that they judge interpreting at a distance far better than no interpreting at all. This assumption is corroborated by the personal remarks of the patients expressing their gratitude.

5.2 Doctors' questionnaire

The hypothesis underlying the doctors' questionnaire is that interpreting via Skype is also positively welcomed by the doctors. They were asked to rate their satisfaction as well as the image and sound quality. The hypotheses that doctors can easily manage the technical effort⁴ required for interpretations via Skype and that this kind of interpreting is time-saving, were also analysed.

In general, doctors were *very satisfied* (1.35) with interpreting via Skype. Sound quality was judged to be *good* (1.65), just like image quality (*good*: 2.06). The doctors rated the technical effort needed for interpreting via Skype as *low* (1.82) and the amount of time saved as *great* (4.35).⁵ All doctors noted that they would

3 Satisfaction with interpreting via Skype could be rated 1 (= *very satisfied*), 2 (= *satisfied*), 3 (= *rather satisfied*), 4 (= *rather dissatisfied*) or 5 (= *very dissatisfied*).

4 The term *technical effort* refers to the technical know-how that it is necessary to handle the equipment and the programme Skype.

5 When rating sound or image quality, participants could choose between 1 (= *very good*), 2 (= *good*), 3 (= *satisfactory*), 4 (= *poor*) and 5 (= *very poor*). Technical effort could be rated as 1 (= *very low*), 2 (= *low*), 3 (= *moderate*), 4 (= *high*) or 5 (= *very high*). Time-saving could be rated as 1 (= *very little*), 2 (= *little*), 3 (= *moderate*), 4 (= *great*), 5 (= *very great*).

not mind whether the interpreter was present or not as communication would not suffer and Skype was sufficient for effective communication. Doctors listed advantages of interpreting via Skype with time-saving being the most frequent answer (five times) followed by flexibility (three times) and cost-saving potential (once). One doctor claimed this method would not disturb the course of events in a hospital.

Table 1 illustrates the ratings of sound and image quality for each interpreter:⁶

INTERPRETER	LANGUAGE	INTERPRETATIONS	SOUND QUALITY	IMAGE QUALITY
Interpreter #1	Arabic	3	1.67	2.67
Interpreter #2	Russian	1	1	1
Interpreter #3	Russian	2	1	1.5
Interpreter #4	Russian	2	3	3
Interpreter #5	Turkish	1	1	1
Interpreter #6	Turkish	5	1.2	1.6
Interpreter #7	Turkish	3	2.33	2.67

Table 1: Overview of evaluations of sound and image quality for each interpreter

To sum up, there were no significant differences concerning satisfaction rate between different languages. However, satisfaction was the lowest with Russian interpretations, which might be explained by significant connection problems during one of these interpretations. Doctors' satisfaction is also reflected by the fact that all doctors claimed they did not mind that the interpreter was not present. Overall, sound quality was rated better than image quality. It needs to be questioned critically that doctors stated few disadvantages. In fact, it seems that, when recruiting interpreters in a hospital, it is primarily quickness that counts, which is also underpinned by the comments on Skype's time-saving potential.

5.3 Interpreters' questionnaire

The interpreters' questionnaire placed emphasis on sound and image quality and on potential problems. Interpreters were to comment on the frequency of occurrence of these problems in order to determine whether or not there might be technical problems that would make it impossible to interpret via Skype. Furthermore, it was examined whether or not interpreting via Skype requires a stronger intervention on the part of the interpreter and whether or not interpreters may become used to this kind of interpreting.

Interpreters rated overall sound quality as *good* (1.71) with Turkish interpreters submitting the best rating (*good*: 1.56) followed by Arabic (*good*: 1.67) and Russian interpreters (*good*: 2.2). In general, interpreters claimed to find sources of disturbance for sound quality *barely disturbing* (1.76).⁷

6 The column "interpretations" lists the number of total interpretations carried out by the interpreter. The columns "sound quality" and "image quality" contain the average rating of sound and image quality by the doctors.

7 Here, interpreters were able to choose between 1 (= *not disturbing*), 2 (= *barely disturbing*), 3 (= *rather disturbing*), 4 (= *very disturbing*) and 5 (= *absolutely disturbing/made interpreting impossible*).

The interlocutors could not hear the interpreter *occasionally* (2.33)⁸ during six out of 17 interpretations; and during four interpretations the interpreters were *occasionally* (1.75) unable to hear the interlocutors. During three interpretations the interpreters could *often* (3) hear themselves talking (= echo). The interpreters claimed that during three interpretations there was *often* (2.67) white noise to be heard. During one interpretation, a technical overlap was *often* (3) experienced.

Interpreters rated image quality as *good* (1.71). Turkish interpreters appeared the most content (*good*: 1.56) followed by Arabic (*good*: 1.67) and Russian interpreters (*good*: 2). Overall, sources of disturbance concerning image quality were rated *not disturbing* (1.35). Altogether, interpreters noticed significantly less problems with image quality than with sound quality. During two interpretations, the interpreter was not seen from the hospital. This occurred *rarely* (1). There was a frozen image during one interpretation (*rarely*) and a blurry image during another (*often*).

When comparing the ratings of sound and image quality to the technical features of the equipment used by the interpreters, it can be found that⁹

- Interpreters who used computers with high RAM power and processor speed as well as broadband internet reported significantly fewer problems than others
- Interpreters who had equally good equipment, but a slower internet connection (e.g. 8 mbit/s or mobile internet) faced problems with sound quality
- Interpreters whose equipment had lower RAM power and processor speed reported white noise and were not heard by the hospital and vice versa
- An echo presumably occurred due to acoustic feedback because the interpreter interpreted via an integrated microphone and not via a headset

Sound problems mainly arose due to slow internet connections or low RAM and/or processor speed of the computers used to interpret. An echo may be countered by using a headset. Image problems might be due to the speed of the internet connection. It cannot be determined to what extent adaptation to a new interpreting environment may influence interpreters' stamina. It could also not be shown that interpreters assumed a moderating function to guide the consultations. Though interpreters claimed that during five interpretations speech overlaps occurred, only two of them felt they had to intervene more than usual.

5.4 Guided interviews with doctors

The guided interviews with doctors focus on how doctors feel during an interpretation via Skype. Interviewees were asked to remark on whether or not this method could be used regularly. In order to clarify whether or not patients tend to be "left out" in RI situations, doctors should specify who they saw as their

8 The frequency of sound or image problems could be rated either 1 (= *rarely*), 2 (= *occasionally*), 3 (= *often*), 4 (= *very often*) or 5 (= *constantly*).

9 It can be ruled out that any of the sound and image problems occurred due to the technical equipment at the hospital as the computer used for interpreting had a high processor speed (1.8 GhZ) and a RAM of 1 GB. The table top microphone and the camera used at the hospital were high-quality devices as well.

direct interlocutor. The interview ended with an open question: interviewees should think of a particularly revealing or interesting situation that occurred during the interpretations and comment on it.

In total, seven doctors were interviewed. All doctors had had previous experience with interpreters; however, only four of them had used Skype before. Five doctors immediately identified the interpreter as their primary interlocutor. Two doctors were visibly hesitant and then designated both patient and interpreter as equal interlocutors. In general, the majority of doctors felt comfortable with RI via Skype: “it worked really well. It was unproblematic” (AA₃: 1:46-1:50). One doctor stated that with RI via Skype the same interpreters might be used more than once, thus providing the patients with more information. Two doctors found this method less tedious than having interpreters come to the hospital. One doctor highlighted patients’ satisfaction and added that interpreters’ remoteness might be regarded as a benefit by some patients who want to safeguard their privacy. Skype was deemed not recommendable for more complex situations (preoperative consultations, explaining certain illnesses etc.). Another doctor advised against RI via Skype if interlocutors need to move around frequently.

All doctors agreed that Skype was welcomed by the patients as all of them accepted taking part in the study. Similarly, all doctors thought that Skype could be used for future interpretations; however, the proviso that legal frameworks need to be clarified was added and security concerns were voiced. The logistic effort needed (contacting the interpreters, switching on and handling the technical equipment etc.) was estimated to be low by some doctors. Others were more sceptical and added that logistics might bear the risk of getting side-tracked. The doctor who took care of logistics reported the effort to be high; however, if RI via Skype was to be carried out in a call centre, it would be low. One noteworthy difference seen when interpreting takes place via Skype was that doctors can no longer obtain additional information on the patients’ culture from the interpreters:

I learnt to understand cultural values and traditions through interpreters. However, during video interpreting the situation is rather austere. [On site-interpreters] provide me with information on the patient’s behaviour before and after [the interpretation] when, e.g. a Muslim refuses to shake hands [...] and one would misunderstand it. In these situations, [...] the cultural interpretation is needed and this is almost exclusively possible in an on-site interpretation. (AA₂: 12:38-13:44)

One doctor described the screen as a small but noticeable barrier and added that it was somehow like a filter to her. The final question was answered very differently. One interviewee was reminded of a situation where she held an information sheet in front of the camera for the interpreter to see. She added that contrary to on-site interpreting, she always looked at the interpreter and not at the patient. Two doctors recalled the positive atmosphere and patients’ reactions to this form of interpreting who started to laugh and make gestures. Two doctors were embarrassed by a noticeable interpreting mistake and one doctor remembered the patient directly answering a question that was asked in German.

5.5 Guided interviews with interpreters

The key research question for the guided interviews with the interpreters revolved around the challenges that arise when interpreting via Skype. Primarily, the interview questions aim at the interpreters' role and the differences between RI via Skype and on-site interpreting. Moreover, it was to be determined whether or not interpreters noticed any particularities in doctors' behaviour. They were also asked to evaluate doctors' and patients' attitudes towards RI via Skype and should evoke a special problem during the interpretations and comment on it.

In total, five interpreters were interviewed all of whom had university training in interpreting. One interpreter had more than ten years of interpreting experience, two interpreters had little experience. Two interpreters had previously used Skype, while another one had used a similar programme.

Some interpreters mentioned problems due to interlocutors being far away from the computer or speaking very quietly, while others named technical problems and noise interference. One interpreter admitted to feeling unfamiliar with the situation at the beginning. Another interpreter commented on the impairment of body language. Two interpreters explicitly referred to the lack of an introduction into the patient's medical history as a disadvantage of RI. One interpreter had the feeling that she was given more time for the interpretation in situ. Another interviewee noticed that the doctor disconnected and did not listen to her when she was interpreting.

All the interpreters were of the opinion that doctors found interpreting via Skype appealing as it was fast, simple and easy to organise with a larger interpreting pool. The interpreters' comments on the doctors' behaviour were quite divided with some thinking the doctors spoke faster than usual and others reporting them to speak extremely slowly and excessively articulately. All interpreters would work via Skype again in the future. Two consider it practical as it allows them to work at home and one interpreter would even prefer interpreting via a mobile phone due to reasons of mobility.

Several interpreters mentioned that patients had appeared hesitant or surprised at first whereas others affirmed they seemed content to have an interpreter at their disposal. One of them added, however, that this largely depends on the degree of trustworthiness the interpreter is able to transmit – a task that is again complicated by her remoteness: “I was just some image in a box” (AD₁: 13:58-14:02). Concerning their stamina, two interpreters believe it to depend on the interlocutors: “when all [...] stick to certain rules I feel more comfortable. With one patient [...], who spoke very clearly and openly, I would have been able to interpret for more than an hour” (AD₁: 20:08-20:29). These rules, however, are very important. Thus, interlocutors should not become entangled in details or make too much noise. The act of putting down a pencil alone is enough to be conceived as disturbing by the interpreter who is very much dependent on the microphone and the headset. Three interpreters could not think of any problem that occurred when interpreting. During one interpretation, the patient did not understand why the interpreter used the first person to refer to the doctor whereupon the interpreter then switched footing to the third person.

Nearly all doctors saw the interpreter rather than the patient as their direct interlocutor. This is reflected by the fact that all of them used the third person to address the patient (“Ask her if she...”). Furthermore, it seemed that two of them claimed that patients and interpreters were on an equal footing because this was the answer they were socially expected to give. Hence, it can be concluded that interpreting via Skype bears the danger of communication no longer taking place in a triad with all interlocutors possessing equal rights and doctors talking *about* patients rather than *to* patients. While all doctors thought that patients would like interpreting via Skype, interpreters were far more sceptical and criticised that patients seemed timid or insecure. They also found it hard to build up a relationship of trust with them. In this respect, more detailed studies on patients’ satisfaction are needed.

Referring to the differences between interpreting *in situ* and RI, doctors cited the lack of personal contact and interpreting being reduced to interpreting alone. This, in turn, leads to less information for the interpreters, which was seen as a downside by several of them. The interpreters seem to think they are more visible when they are present at the hospital. Here, further analysis of the interpreters’ self-perception when interpreting via Skype is required. Overall, doctors seem to favour on-site interpreting over interpreting via Skype, whereby telephone interpreting would come after interpreting via Skype for some. In this respect, a comparative study involving various types of interpreting would be interesting.

5.6 Replay-method combined with an immediate conversation between the author of the study and the interpreter

After the guided interviews, Retrospection with Replay combined with an immediate conversation between the author of the study and five interpreters following Hansen (2006) was carried out. The interpreters listened to audio recordings of their interpretations and were asked to pause the recording whenever they felt they wanted to comment on something. Contrary to Hansen, the emphasis was not placed primarily on interpreting problems. Above all, interpreters should comment on sound and image disturbances or situational problems.

To refresh interpreters’ memory, they were read their questionnaire for the respective interpretation and received a short overview on the topic. Even so, the time difference between interpreting and the Replay posed a problem as interpreters were at times unable to remember the situation in detail (see also Hansen 2006: 6f.). The author sees another disadvantage of the Replay method in that interpreters who seemed more introverted made fewer comments than others. It can be assumed that the way interpreters deal with the Replay also depends on whether or not they listen critically to their interpretations at home.

One interpreter noted that the doctor spoke in illogical segments.¹⁰ See example 1 (DA₁₂):

¹⁰ Transcription of the recordings is based largely on Wadensjö (1999): colons signal pauses, author’s comments are put in square brackets and interruptions are marked by insertions. “D” signals doctors’ utterances, “I” stands for interpreter and “P” for patient.

The interpreter stated that the doctor tried to interrupt her because he had already been given the information necessary. In turn, the interruption made her feel as if she needed to go on quickly and appears very rushed in the recording.

Here, the question arises as to why the doctors apparently still strive to go on as quickly as possible with the consultation even though interpreting via Skype is time-saving for them. However, maybe the doctor from example 3 was simply stressed as the recording also proves that this particular interpretation was very difficult to organise. Furthermore, redundancies in the interpretation occurred, as the interpreter sought to interpret very thoroughly.

The following examples (DA₁₀) show that doctors attempted to explain difficult terms with simpler words (examples 4 and 5) or reiterated parts of their speech to make them more intelligible (example 6).

EXAMPLE 4:

[02:15] D: [...] This is most likely a urinary tract infection,
[02:18] er an infection of the bladder.

EXAMPLE 5:

[04:19] D: I'm going to translate the word for you, I'll use a rather technical
[04:21] term now. Her vital signs, which means her blood pressure, her pulse
[04:27] er are great and also the lab results are unremarkable meaning
[04:30] that this is not easy er to explain.

EXAMPLE 6:

[01:37] D: Well, the the post operational pain is rather normal
[01:40] I'd say. She er she hasn't told us until now about the urine
[01:44] and the problems passing water. This might be a urinary tract infection, but has
[01:47] n nothing to do with the operation.

[01:49] I: I see [*Wants to start interpreting.*]

[01:49] D: This means the pain is normal and as for the the th passing water
[01:54] we'll talk about that later. Just tell her this now.

It seems as if the doctor employs these and other strategies to guarantee that the interpreter understands him (better). This behaviour suggests that doctors want to make sure interpreters understand everything correctly due to legal safeguards. In example 6 it is interesting to note that the doctor tries to encourage the interpreter to start interpreting ("Just tell her this now."). Here, it seems as if the doctor wants the consultation to proceed more quickly. At the same time, he again tries, as noted in example 1, to produce short utterances in order not to overload the interpreter with information.

The Replay method in combination with a personal talk showed that interpreters encountered specific situative problems when interpreting via Skype. Nonetheless, it also revealed strategies that doctors used to facilitate communication. It needs to be investigated, however, whether or not these particularities are also characteristic of other interpreting situations such as telephone interpreting.

6. Conclusion and outlook

The feasibility study on Skype showed that, in principle, interpreting via Skype is technically possible. It came to fewer sources of disturbances than expected and interpreters, in general, knew how to handle them. The study pinpointed several

strategies employed by the doctors such as consciously using redundancies or overarticulating. One strategy used by the interpreters was to switch footing to the third person when doctors or patients did not appear to understand them. Interpreters encountered problems due to their remoteness, illogically segmented utterances or interruptions by doctors.

Nonetheless, a call for further and more detailed research on RI via Skype in Community Interpreting settings needs to be made once again, especially when it comes to interpreters' feelings of alienation, their stamina and their role as well as doctors' and patients' satisfaction with this new way of interpreting. The examination of the development of monitoring and adaptation strategies in analogy to Braun (i. a. 2007: 32ff; 40) would be an excellent field of research along with the analysis of turn-taking in analogy to Wadensjö (i. a. 1999: 256; 259ff.). Moreover, studies on whether or not RI turns the conversation from a triad into a mere dialogue with only two people communicating at once would be interesting.

Some initial recommendations can be derived from the insights obtained in the feasibility study on RI via Skype. On a technical level, when interpreting via Skype interpreters should use

- a computer with good processing power (at least 1 Ghz), high RAM (at least 1 Gb) and broadband internet (at least 8 mbit/s download; no mobile internet)
- a headset in order to suppress noise and to avoid interferences
- a high-resolution camera

and close their internet browsers and other applications.

However, it is not sufficient to fulfil the technical requirements only. *Customer education* is essential in order to offer Skype as a professional service and to provide interpreters with optimum working conditions in this new and demanding setting. This means that users of interpreting services are to be sensitised about the particularities of the conversational situation and are to be informed about what they can contribute to an efficient communication via Skype. They should therefore

- strive to complete contributions on a certain topic and not create unnatural interruptions
- wait for the interpretation or for possible questions
- actively contribute to successful communication by seeing interpreters *and* interlocutors as dialogue partners on an equal footing and, thus, not having interpreters do all the work on their own
- see to it that interpretations via Skype preferably take place in a quiet and sufficiently lit environment
- not begin side conversations with other people in the room
- not interrupt interpreters and interlocutors

The present study has shown that interpreters mostly did not receive any information on the patients' medical history and that the ad-hoc starts in the interpreting situation unsettled them. To counter this, interpreters are to be provided with an *obligatory briefing*. In the medical setting, this briefing should include the patient's medical history as well as information on the patient's current troubles. Moreover, the aforementioned issues might also be discussed in an additional training course for users of future interpreting services via Skype.

This crash course could also comprehend an introduction into the use of the programme Skype as well as a simulation of an interpretation via Skype.

When planning to offer commercial interpreting via Skype, it is indispensable to consult interpreters and involve them in the planning. Beyond that, legal frameworks for interpreting via Skype need to be clarified. It can be assumed that questions concerning the decoding of data sent via Skype are of primary importance in this respect. When using Skype to interpret (e.g. at the asylum office) all interpretations could be recorded with the help of a computer programme that records in MP3 format (such as the *No.23 Recorder* used for the present study). This would allow the use of such data in later procedures. However, legal provisions on data protection most likely need to be consulted first. Furthermore, interpreting via Skype is to be remunerated appropriately.

Doubtlessly, new technologies and new ways of interpreting are going to alter the way interpreters will work in the future. Today's young professionals nearly exclusively use the internet to prepare for their assignments whereas experienced interpreters still had to fight their way through weighty tomes. Even in the booths, the use of the computer is becoming more and more frequent. Science is constantly developing cutting-edge tools such as *Personal Digital Assistants* (PDAs) or forms of *Augmented Reality*, which are also partly used for interpreting (see i.a. Drechsel 2005: 19f.) and hold enormous potential for the future. New settings always bring about new challenges; but maybe also advantages such as the ability to work at home or to have everything at one's disposal at the click of a mouse. Professionalisation in CI might also be supported by new technologies given that the internet, for example, offers better marketing possibilities in the field of translating and interpreting. However, in RI as well as in all other settings, the recruitment of professional interpreters is vital to the survival of the profession. Maybe interpreters and translators will be forced to fight even more for fair interpreting conditions and wages, as the World Wide Web opens channels for untrained individuals to offer their services online.

Where are the limitations of RI in general and/or RI via Skype? This question is going to appear ever more frequently when new technologies are used for interpreting. One initial conclusion from this feasibility study on RI via Skype is that the use of Skype should be limited to short and simple conversations and should not be used with patients who are mentally ill.

RI has already made its entry into Austria. Recently, interpreters who were not present in the conference room interpreted at a conference in Graz. A thesis on simultaneous interpreting via Skype with a separate audio channel is being written at the University of Vienna. Thus, we cannot close our eyes to new technologies: we should try to keep pace just like we as professional interpreters always do. It is doubtful that new technologies in interpreting – as alleviating as they may be for the profession – might come to replace “conventional” interpreting altogether. Just because we like to chat with our friends or send quick messages via Facebook, that does not mean that we do not feel like having a coffee with them in the “real world”. The same applies for on-site versus Remote Interpreting.

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Recordings cited

GUIDED INTERVIEWS WITH DOCTORS

AA₂: 19:06 min., recorded on 1 December 2009

AA₃: 05:01 min., recorded on 3 December 2009

GUIDED INTERVIEWS WITH INTERPRETERS

AD₁: 29:05 min., recorded on 4 December 2009

INTERPRETATIONS

DA₉: 22:04 min., recorded on 14 October 2009

DA₁₀: 06:36 min., recorded on 14 October 2009

DA₁₂: 13:25 min., recorded on 18 November 2009

Healthcare interpreting in Slovenia

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Abstract

The paper analyses the state of healthcare interpreting in Slovenia and puts forward suggestions on how to improve the current situation.

1. Introduction

In view of the ever greater migration of representatives of different ethnic and linguistic groups not only from within the enlarged EU, but also from communities outside the European borders, issues regarding establishing communication in social services are becoming one of the most significant problems of contemporary societies. The challenge of establishing successful communication in medical settings is seen as the most burning issue in the majority of the EU Member States, especially after the last enlargement. Since Slovenia became a member of the EU, it has turned into a country of increasing immigration (economic and political).

Some insight into language diversity is shown by statistical data on Slovenia's population. Looking at inhabitants and their mother tongues, Slovenian is the mother tongue for 87.9 percent of the population; the Italian and Hungarian minorities are small; languages of the former Yugoslav republics together represent more than five percent; the number of native speakers of Albanian and

Romani is increasing.¹ However, the above mentioned data does not tell us to what extent people actually understand or speak Slovenian. On the other hand, the number of foreigners in Slovenia has risen substantially since 2002, especially after the country's entrance into the European Union and after the enlargement in 2007. Even though migration to Slovenia has recently marked a significant decrease as a result of the economic crisis and fewer employment possibilities in the building sector, migration of foreigners is still approximately triple compared to 2000. Net migration of foreigners (immigrants minus emigrants) estimated at 3,239 in 2000, went to 6,766 in 2005, rocketed to 15,739 in 2007 and shot up to 20,719 in 2008, to fall back to 12,322 in 2009 and staying positive at 673 in 2010. The highest proportion of foreigners came from Bosnia and Herzegovina, whereas the most numerous immigrant group from a EU member state came from Bulgaria (Povhe 2011).

Migrants now come from linguistic environments that are not familiar to the Slovenian general public. Many of those migrants come into contact with Slovenian health service providers but cannot establish successful communication, which leads to longer, sometimes even inappropriate treatment and higher costs (Pokorn *et al.* 2009).

Currently, the establishment of communication in healthcare settings with speakers of languages that are not traditionally understood by the medical personnel is a question of improvisation. Patients may face the inability to communicate their problems in a range of settings: at doctor's appointments, in first aid, in labour, in preparations for laboratory tests and also in mental healthcare. The doctors' understanding, however, is crucial for normal procedure. What happens when the doctor and the patient cannot find a common language? They need an interpreter. With a third person in an otherwise intimate environment, the positions are suddenly different, forcing all parties to adapt. The question raised at this point is whether doctors, patients and interpreters know how to react in this kind of settings.

2. Analysis of the current situation

What follows is a presentation of the current state of healthcare interpreting in Slovenia in view of five aspects:

- available literature;
- legal basis for interpreting in healthcare;
- position of doctors or other medical professionals;
- patients' perspective;
- interpreters' role.

1 Statistical Office of the Republic of Slovenia (SURS): *2002 Population and Household Census*.

2.1 Available literature

Literature on healthcare interpreting in Slovenia is scarcely available. Recently, an important academic contribution was made by researchers in the European Project *MedInt – Development of a curriculum for medical interpreters* in the form of a selection of scientific papers (Andres/Pöllabauer 2009) dealing specifically with medical interpreting. The selection covers different aspects of healthcare interpreting in Slovenia (Gorjanc 2009, Jurko 2009, Pokorn *et al.* 2009), Austria, Germany and Finland. As a result of the CIUTI Symposium on training and research in community interpreting at university level, an article on the specifics of Slovenian (Gorjanc 2011) is presented in a new selection of papers (Kainz *et al.* 2011). In the Slovenian language, however, interested parties have a limited choice of literature on that topic. Until interpreting students at the Department of Translation Studies at the Faculty of Arts (University of Ljubljana) were presented with the topic, which resulted in a thesis on healthcare interpreting in Slovenia (see Morel 2009), the best comparable text was a collection of papers (see Kersnik 2004) based on an annual workshop for family doctors dealing with practising medicine across cultures. The collection gathers doctors' experiences and reflections on communication and treatment of various groups of patients, of different religions, languages or cultural backgrounds. Some authors present the general character of these encounters, while others concentrate on specific patient groups, such as the blind, Jehovah's witnesses, Muslims, Protestants, the mentally disabled, Roma, inhabitants of border areas, etc. Apart from this assortment, medical professionals must use English in order to find out more about interpreting in healthcare settings. In English (and other world languages for that matter), literature is widely available, but will not be discussed here, since it is not relevant to this article.

2.2 Legal basis

The legal basis for healthcare interpreting in Slovenia is insufficient and rather vague. According to the General Procedures Act (ZPU), persons in Slovenia have the right to an interpreter if they do not understand the language of the procedure.

In the Patient Rights Act (ZPacP), there is no mention of language or interpreting at all, yet, strangely enough, on some informed consent forms (annexed to ZPacP, in Slovenian), there is a special statement to be signed by the translator or interpreter declaring they have translated or interpreted information to the best of their knowledge and in such a way as to enable the patient to understand.

Community interpreting, and within it interpreting in healthcare, is guaranteed to persons from particular vulnerable groups. The International Protection Act (ZMZ) guarantees interpreting to asylum seekers (cf. Pokorn *et al.* 2009). The Act on the Use of Slovenian Sign Language (ZUSZJ) assures deaf persons the right to an interpreter for sign language and establishes ground rules for organising it.

Considering all of the above, the principle of subsidiarity may be applied: the lack of a special law (*lex specialis*) means that the most general law is valid. In our case, healthcare settings are part of general administrative procedures, so anyone not speaking Slovenian is entitled to an interpreter.

2.3 Medical personnel

Regardless of the law, doctors, nurses and other staff in the medical profession are faced with persons not understanding Slovenian and have to deal with them to the best of their ability. As we have established that there is not sufficient literature about healthcare interpreting in Slovenia, how do medical personnel cope with this situation?

Since cases of healthcare interpreting in Slovenia are rare, no official records are available. Hence, this analysis of the current state of affairs is based on a collection of evaluations, opinions and views expressed by the parties concerned (Morel 2009). Responses from medical staff were obtained through e-mail questionnaires and interviews.

The circumstances regarding healthcare interpreting might be the most challenging for young professionals. During their university education they only learn little about it. At the Faculty of Medicine at the University of Ljubljana, students only hear about the importance of communication in their Family Medicine classes. Within the same subject, students at the Faculty of Medicine at the University of Maribor benefit more on the topic thanks to a study visit to a Roma settlement where they get to know the environment and learn how to approach patients coming from a culture unlike our own. According to a student, such an experience is a real asset, facilitating better comprehension of practicing medicine in real life and providing plenty of useful information for any future multicultural encounters with patients. Whereas doctors-to-be hear at least something about the importance of communication, this cannot be said for other students in the medical profession. Colleges of healthcare pretend that this issue does not exist and that encounters with patients from different language or cultural background do not take place. Yet, positive feedback from students at the Faculty of Medicine in Maribor shows that awareness is rising on these issues in the form of practical experience. This, at university level, is a most valuable lesson and a sure path to better intercultural communication later in the profession.

Practicing doctors rely on their proficiency. They have not been part of any training on managing interpreting in healthcare, but in the course of time they gather experience which helps them cope with it.

Overall, doctors are most familiar with sign language interpretation. Otherwise, when confronting language problems, English as a lingua franca is the first saviour, followed by languages from the former Yugoslav republics, which are quite widely spoken among doctors and some patient groups. In general, foreigners not speaking any of these languages and thus facing difficulties in communication are few in number, which is why the introduction of interpreters' assistance is somewhat ignored. Doctors are glad to see patients bring along interpreters, despite knowing they might not be reliable. New information and

communication technologies such as video calls are not used for the same reason: too few cases to justify the expenses, the effort and the time for training. A major problem experienced by doctors is patients hiding their lack of knowledge out of shame and fear. Faced with unknown languages and/or medicines, doctors rely on themselves to find information on the web, communicating with simplified language and gestures, making additional laboratory tests and detaining patients in hospital under regular supervision longer than normal. These reactions are collected from several doctors, since each has only his/her own experience to refer to. Considering their views, therefore, some sort of recommendations and clauses on interpreting in healthcare would be welcome. It would represent for doctors and other medical staff both a legal basis and a support when managing complex interactions in such diverse circumstances.

The same applies for other staff in healthcare. They are extremely happy when patients bring their own interpreters (usually with deaf patients), otherwise they do not give much consideration to the language problem and simply do their best to solve any issues. They rely on improvisation, so any rules or provisions would be welcome to provide the same rights for all patients.

2.4 Patients and their rights

The patients' views in this article are expressed only indirectly, for several reasons. Firstly, communication with the patients in question would require interpretation itself, making it circuitous, and secondly, it would be in a way an invasion into the privacy of an already vulnerable group. Therefore, on the one hand their views are partially included in the doctors' perceptions, and on the other hand they are embodied by their rights and their representatives: the Human Rights Ombudsman, the Patient Rights Ombudsman and the Advocate of the Principle of Equality from the Office for Equal Opportunities, who all responded to written enquiries about any problematic issues regarding language in healthcare.

Altogether, there were only a few complaints made to the Patient Rights Ombudsman regarding the right to explanatory duty in one's own language. On the whole, patients with problems in communication do not feel their problems are serious enough to be reported. This could well be understood, since patients' first concern is their health and not a fight against the authorities about something they are not even aware they are entitled to.

2.5 Interpreters

The great majority of professional interpreters or interpreters with long-running experience in Slovenia predominantly work in conference interpreting, whereas in community interpreting they are commonly present as court interpreters and, thus, mainly work in only one part of the otherwise broad spectrum of social environments. It is here that we can spot the important difference: court interpreting is legally based and paid, after all, while all the other areas are left to

improvisation. Interpreters who not only exceptionally, but regularly and professionally, deal with all levels of community interpreting work are first and foremost Slovenian sign language interpreters and government interpreters at the International Protection Division (at the Ministry of the Interior) who accompany asylum seekers and other persons looking for international protection. Otherwise, only rare individuals in Slovenia are engaged in different situations regarding healthcare interpreting. So community interpreting includes only a limited circle of trained or professional interpreters, while the rest do their best. Looking at the differences between the two groups, professional interpreters possess interpreting skills and knowledge, yet they lack experience in and are not trained for the work specifics in healthcare. In contrast, amateur interpreters, having had no previous training, are willing and ready to help, despite having to struggle with the terminology, gaining the essence of interpreting itself only through practice. As discovered from conversations with an amateur interpreter, some might interpret more often due to a rare language combination, and have consequently acquired new skills, with which they might even excel over a conference interpreter in this specific environment. The major distinction between professional and amateur interpreters, however, is their status. In healthcare, the former are usually a part of a service, whereas the latter only interpret occasionally and only as much as their regular work allows. Taking into consideration that there are people with adequate knowledge and willingness to interpret for the community and that their number is limited, they should be given credit. By offering amateur interpreters some sort of training, an official certificate and a special status, they would not be left to their own devices, but would be part of an organised system of community interpreting.

To sum up, the analysis of the state of the art shows that healthcare interpreting in Slovenia is predominantly managed through improvisation and the goodwill of all parties involved, being familiar merely to those actually coming in contact with it. In order to organise and develop the field, it would be necessary to start with the following activities: raising awareness on the topic; training all parties involved; setting standards of practice for interpreters in healthcare; establishing a network of interpreters, and using modern technology. An integrated arrangement of interpreting in healthcare is precisely what all parties in the procedure wish for: the patient requires more information on whom to contact; the doctor could use some guidelines on working with interpreters; and finally, interpreters would work better and much more efficiently if there were standards of practice available and their working status and professional qualifications were systematised. Together with examples from abroad, existing standards for court and sign language interpreters could present a good starting point.

Fortunately, we can say that we were offered an opportunity to put ideas into action. The Slovenian Research Agency (ARRS) has funded the three-year research project *Healthcare Interpreting in Slovenia* proposed by the Department of Translation Studies of the University of Ljubljana (UL).

3. The research project

Apart from the home department, the project also includes researchers from the Department of Slavonic Studies (UL), from the University Medical Centre Ljubljana and from the University Psychiatric Hospital Ljubljana. For the first time in Slovenia it will analyse and critically assess the state of the art of public service interpreting (PSI) in the country. Its basic aim is pro-active: not only will it attempt to raise awareness of the need to provide PSI among Slovene healthcare stakeholders, it will also fulfil all the necessary conditions for the implementation of a training programme for healthcare interpreters which would correspond to the specific needs of Slovenia and make proposals on how to organise an effective healthcare interpreting provision service in Slovenia. The main research objectives of the proposed project, therefore, are:

1. a review and analysis of the state of the art of public service interpreting in Slovenia;
2. compilation of the literature dealing with healthcare interpreting and related issues in Slovenia, critical discussion of the legislation dealing with public service interpreting;
3. exploration of the opportunity to use IT tools facilitating interpreting in Slovenian healthcare settings;
4. awareness raising activities to inform healthcare stakeholders, healthcare providers and users of the healthcare services of the need for healthcare interpreting, and to lay the foundations for that activity in Slovenia;
5. a design of the curriculum for healthcare interpreting in Slovenia and preparation of all the documentation;
6. implementation and evaluation of a curriculum for healthcare interpreters; preparation of teaching material; selection and training of trainers;
7. a design of a proposal on how to organise a network for a healthcare interpreting provision service in Slovenia;
8. dissemination of the results of the project.

The short-term target group of the project is lay interpreters who are often used as interpreters but have no official training in interpreting. Many of these lay interpreters are migrants who have already been integrated and have settled down in Slovenia. Traditionally trained interpreters (with training in conference interpreting) are another short-term target group and will benefit from specific training in medical interpreting.

The long-term beneficiaries of the project are patients with a foreign language background and the service-providers who will be addressed in awareness-raising campaigns (meetings, discussion groups). Their cooperation is essential for the long-term success of the project. Medical and therapeutic institutions will considerably benefit from increased interpreting quality in the long term. Healthcare service providers will already be included in the process of curriculum development to be able to integrate their specific experience and needs. In meetings and discussion groups they will be provided with information on adequate interpreting and on interpreting quality. We also intend to explore further possibilities and means for awareness-raising in hospitals and among the medical staff together with the service providers.

3.1 A review and analysis of the state of the art of public service interpreting in Slovenia

The research will gather aggregate data of healthcare interpreting in Slovenia. The project will gather information on the quantity of interpretations done in the last 5 years, on the distribution of source and target languages, on the field of medicine where the interpretation was needed. Various institutions (e.g. University Medical Centre, Detention Centre and the Ministry of the Interior) will be contacted to see whether they gathered such information in previous years and/or if it is still being gathered regularly. If such information is not (yet) available, it will be gathered from medical personnel. Since information is in all probability incomplete, case studies will be conducted with the participation of three medical doctors from the University Medical Centre Ljubljana. The three doctors are specialists in paediatrics, plastic surgery and psychiatry, i.e. the fields that are reported in the literature as those that in many linguistic communities most often deal with patients who do not understand the language spoken in the medical settings. The doctors will be asked to record in detail all instances where interpretation would be needed within a period of four weeks. A template will be provided for this purpose.

Statistical data will be surveyed in order to establish the trends in immigration to Slovenia. The most recent and most numerous groups of migrants will be identified in order to reflect this trend in the curriculum and the choice of languages taught. And finally, medical schools will be contacted in order to see whether students of medicine and nurses are familiarised with the use of interpreting in healthcare.

3.2 Compilation of the literature dealing with healthcare interpreting and related issues in Slovenia, critical discussion of the legislation dealing with public service interpreting

A list of articles and books will be compiled and made available to the general public via the website of the project. This will be complemented by research into the interpreting and translation policy in Slovenia. Questions to be investigated here include: Do medical institutions have a specific translation policy? Is interpreting into and out of all three official languages (Slovenian, Italian, Hungarian) provided as a matter of routine in Slovenia? Does Slovenia have legal requirements for the profession? Who is allowed to work as an interpreter? Is the profession legally protected? Is there a professional association? Do codes of professional conduct or codes of ethics exist? Is interpreting in medical settings provided for immigrants and asylum seekers? In order to find answers to these questions, various official documents will be analysed and interviews conducted.

3.3 Exploring the possible use of ICT tools facilitating interpreting in Slovenian healthcare settings

Data relating to the possible use of Information and Communication Technology (ICT) tools facilitating interpreting in healthcare settings will be gathered from the institutions and practitioners. The project will first assess the availability of new ICTs: for this purpose, information on the use of ICTs in (medical) interpreting will be collected and an analysis of low-cost and easily accessible technological solutions which might be used for interpreting in medical settings will be made. While addressing the possibilities for using innovative technological solutions, the users' perspective from the healthcare service provider's point of view will be explored and taken into account before making any recommendation.

ICT competences are highly connected with terminology management skills. The ideal scenario would be for interpreters to already have all the terminology resources available, especially if they were made in line with the applicable recommendations and standards for compiling them. However, terminologists' expectations regarding the suitability and adequacy of terminology and their demands for representativeness (especially in the case of resources that are freely available on the Internet) prove to be not only ideal, but often also idealistic. Therefore, those who provide terminology for other users must ensure its appropriateness, considering its potential use, which may be for translation purposes, standardisation, language planning etc. "In the case of terminology available through international computer networks, this means it has to satisfy a much wider group of users whose needs may vary a great deal and whose expectations are, every day, increasingly demanding" (Pozzi 1996: 71). However, exactly the contrary is true for real-life situations, in which practically any source is welcome, and users must be aware of their limits in terms of relevance and representativeness. Often the real-life work environment of interpreters is also characterised by a lack of any kind of terminology resources structured in advance, especially in the case of lesser-used languages (Gorjanc 2009, 2011).

Despite the fact that terminology work is widely supported worldwide because it enhances technology transfer, and the fact that developing terminology is extremely important for exchanging relevant information, the situation concerning publicly available terminology resources is far from ideal. According to the *Pointer Project Report* in Europe:

[...] there is a general lack of accurate, up-to-date, structured, easily (re)usable terminological resources and literature and, even more importantly, of readily accessible information and distribution channels. Few existing resources are reliable, and even fewer are available on-line, while those that are disseminated by electronic means are dependent on a given system and hence not easily portable. In addition, the maintenance of existing terminologies, especially in innovative and hence fast-moving areas, is an acute problem. The situation is particularly acute with respect to lesser-used languages such as Greek, Italian and the Eastern European languages. However, the problem also affects innovative and in some cases even mainstream areas in major languages such as Spanish and French, and, to a lesser extent, even English. (Pointer 1996)

In Slovenia for example, numerous terminology-related activities are underway, yielding term glossaries and databases in various domains; however, they are methodologically heterogeneous and often unavailable for public use. On the one hand, there are large-scale printed terminological dictionaries laboriously produced by the Commission for Terminology of the Slovenian Academy of Sciences and Arts. Secondly, terminology data is being collected in academic settings, where specialised dictionaries of different scope and for various professional fields and subfields are compiled within regular student work or research papers, and bachelor's, master's, and doctoral theses. In addition, a number of individual and institutional initiatives promoting specialised dictionary design exist on the web, for example on the web pages of financial and insurance institutes, mobile communication providers etc. This indicates that there is a strong awareness of the economic importance of terminology as a basis for efficient professional and interprofessional communication, but this has thus far been left to private initiative or individual institutions. Based on analysis of existing terminology data, the main problems are dispersion of terminology resources, incoherent methodologies and principles, formats that lead to incompatibility and a lack of public availability or (if available) multiple access points with many types of data presentation (Gorjanc *et al.* 2008).

In the case of medical terminology, the difference between larger and economically stronger languages and lesser-used languages is even greater in terms of public accessibility and coherence of terminology resources (especially simple accessibility to high-quality resources). Medical terminology is

[...] highly-structured and therefore lends itself to a logical classification scheme [...]. Documenting medical terminology entries involves researching the availability of an existing classification system [...] in a given area of interest, constructing hierarchical models for conceptual representation. (Lynch 1997: 160)

A great deal of effort has been directed to medical terminology management as part of national and international initiatives that arose from the need for exchanging information between professionals as well as between professionals and the general public. However, because this is also an area with an extremely intense information flow, medical terminology management involves one of the most complex systems of terminological database management (Lynch 1997). To a great extent, this has to do with English terminology resources, which in certain forms are also becoming accessible to the general public through online databases. However, on the other hand, there are no databases of this type available for lesser-used languages, which largely results from the fact that such highly structured terminology databases in different languages would require exceptional human and financial potential, which is simply not available in environments with lesser-used languages.

Not only in the case of medical terminology, but also in the majority of terminological activities,

[...] most theoretical treatises and terminology training programs stress the advantages of systematic terminology management, which unfortunately fails to take into account the limitations that are imposed in the conventional translation workplace. In scope the methodology, the systematic model is subject-field-driven [...]. In contrast, ad hoc

terminology management is text-driven: terminologists and translators creating their own terminology resources are presented with random extractions from a domain. (Wright/Wright 1997: 148)

Even in the case of interpreters in healthcare settings, one has to take into account the fact that they often cannot resort to already established terminology resources; therefore, it is important that the educational process includes information on terminology management options based on text resources.

3.4 Awareness raising activities to inform healthcare stakeholders, healthcare providers and users of the healthcare services of the need for healthcare interpreting and establish the ground for that activity in Slovenia

The project will initiate a process of awareness-raising in Slovenia in order to make service providers more aware of the need of adequate service provision with respect to communication and interpreting. The project will help to raise awareness for the need of using trained interpreters in complex medical and therapeutic situations by underlining that the training of medical interpreters guarantees higher quality of communication and understanding in medical settings and, thus, contributes to better and fairer service provision and cost-efficiency. It needs to be stressed that adequate interpreting services will not only improve service quality, but may also help to minimise costs for treatments, follow-up appointments, and avoid possible malpractice suits. By inviting important stakeholders of medical institutions to a joint process of discussion (meetings with service providers and medical interest organisations, interviews with experts, discussion groups) we hope that greater attention will be paid to the topic, which eventually will increase the chances that trained medical interpreters will be regularly called upon and recruited.

3.5 A design of the curriculum for healthcare interpreting in Slovenia and preparation of all the documentation

The sample curriculum for healthcare interpreting developed by a consortium of partners in the LLL project *MedInt* will be adapted to Slovenian legislation. All the necessary documentation will be gathered in order to accredit the programme.

3.6 Implementation and evaluation of a curriculum for healthcare interpreters; preparation of teaching material; selection and training of trainers

The curriculum will be implemented at the Faculty of Arts, University of Ljubljana. Questionnaires will be designed to evaluate the response of the teachers, the students and the medical personnel monitoring the students during the obligatory placement in hospitals.

Since there is virtually no teaching material available for healthcare interpreting, such material will be created with the help of the University Medical

Centre. New materials will be developed taking into account the state of the art of translation and interpreting didactics: scripts will be produced, videos will be made, and tools for terminological aid will be developed. The materials will be tested in the training courses.

Workshops will be organised to train the trainers. An extensive search for suitable candidates for training will be made by contacting embassies, the detention centre and medical institutions. Migrants form a considerable reserve of know-how, which education systems are unable to exploit very well. Too often, immigrants have low-level jobs, regardless of their actual qualifications due to status problems or lack of recognition of these qualifications. Instead, immigrants' skills should be seen as a valuable multilingual resource in an increasingly multicultural world. Effective utilisation of immigrant know-how will also affect how European countries succeed in resolving the conflicts brought about by different cultures, religions and social value systems.²

3.7 A design of a proposal on how to organise the network for a healthcare interpreting provision service in Slovenia

By getting in touch with and providing information to interested organisations and decision makers at different policy levels, the political background will be prepared first to obtain funding for the implementation and testing of the curriculum, and second to organise interpreting provision for medical settings in Slovenia. This is going to be achieved through a pro-active information campaign directed at medical service providers and clients. The proposal will take into account the experiences of the already existent systems of healthcare interpreting provision in other EU countries (for example, good practices in Finland will be presented), but also the findings of the project indicating the specifics of the Slovenian situation. We will ensure a clear analysis of user needs by including relevant stakeholders from the very beginning of the project in the discussion process. We argue that the establishment of the system of healthcare interpreting will help provide fairer communication and equal access, make the provision of services more accessible to groups which are often marginalised (migrants) and contribute to their better integration.

3.8 Dissemination of the results of the project

A website will be created where all the relevant findings will be published. Brochures will be created for healthcare providers, for users of interpreting services in healthcare and for potential students of the new curriculum. A roundtable will be organised to promote an exchange of views regarding healthcare interpreting between medical stakeholders, institutions that provide healthcare and government services responsible for asylum seekers. The project

2 Cf. *Challenges of EU Education Policy and Education Systems after 2010*, Discussion Paper, High Level Group on Education, Helsinki, 29-30 May 2006.

results will also be disseminated at meetings and conferences, through discussions with peers and experts and by presenting the results to relevant stakeholders.

4. Conclusion

Healthcare interpreting in Slovenia reflects an insufficient legal basis to organise this field in an integrated way and thus enable its further development. Currently, the state of the art of interpreting in healthcare is based on improvisation and the cooperation of all parties involved. Its presence is mostly familiar only to those who actually come in contact with it.

On the whole, patients with problems in communication are not faced with difficulties that are serious enough to be reported. Doctors get help from ad-hoc rather than professional interpreters and, not being especially prepared when confronted with interlingual or intercultural situations, they improvise. Similarly, interpreters have to depend on themselves, they lack appropriate training, interpret in their free time and only few of them are part of organised interpreting services.

Interpreting in healthcare, just like in community interpreting, will doubtless not only remain a part of our lives, but also become increasingly more frequent and noticeable. The composition of the population is changing; individuals, families and ethnic groups move; language groups intermingle etc. Contemporaneously, the time has come when interpreting in Slovenia, too, needs to develop in a more structured way, not only in conference interpreting, but also across a broader spectrum (cf. Prunč 2011). It needs to break through into ordinary places and establish its position as a part of integrated community interpreting, offering training, certification, standards of practice and a handy use of information technology. The newly-launched research project at the Department of Translation Studies of the University of Ljubljana is an excellent opportunity to take the first steps in this direction.

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The judge, the doctor, the immigration officer and the interpreter.

Community interpreters' role perception - a Polish perspective

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Abstract

The paper presents data collected in Warsaw in 2008 and 2009 concerning the way in which the interpreter's role is perceived by professionals working in courts and hospitals.

1. Introduction

In Poland, in general, community interpreting is still at a pre-professional phase, which is characterised by a lack of recognition of interpreting as a professional activity. The exception is legal interpreting, which, together with legal translating, has constituted a distinct profession since the adoption, in 2004, of the Act on Court Translators and Interpreters. In other settings, like health or immigration, we can observe a total absence of mechanisms of professionalisation. As a consequence, the recruitment of (professional) interpreters is an exception, and, other than in the legal environment, *ad hoc* solutions are the order of the day. The person of the interpreter is largely ignored by the different institutions, but most noticeably by the healthcare sector and the immigration services, which is astonishing, considering the fact that their personnel are assigned to work with foreign patients and refugees who, as a rule, do not speak Polish. If the institutions recruit anyone, they tend to prefer “bilingual and bicultural” clerks, doctors or nurses who double up as translators/interpreters. In Poland, we still have neither certification nor accreditation procedures for professional

interpreters (see Tryuk 2007, 2008) and we also lack academic training for community interpreters, except for legal interpreters/translators.

The issue of professionalism has been one of the main questions raised by researchers studying the theory and the practice of interpreting for public services (see Angelelli 2004, Gentile *et al.* 1996, Kadric 2000, Pöchhacker/Kadric 1999, Valero Garcés 2005, Valero Garcés *et al.* 2008, Wadensjö *et al.* 2007). One of the ways of obtaining a high degree of professionalism in translating and interpreting is a strict obedience to the rules and norms which generally are presented as a set of recommendations or codes of practice (see Hale 2007). The Polish *Code of Sworn Translator and Interpreter* (*Kodeks Tłumacza Przysięgłego*, 2005, hereafter referred to as *Code*) can be considered such a prescriptive tool. It was published by the Polish Society of Sworn and Specialised Translators TEPIS and is a set of good practice recommendations developed after the adoption of the Act on Court Translators and Interpreters in 2004. The *Code* stipulates that there are three principle norms in legal translation/interpreting, i.e. accuracy, impartiality and discretion. These three rules constitute the pillars of professionalism and indicate the quality of the translator's/interpreter's performance.

Empirical research on stakeholders' expectations of community interpreters has not been carried out on a large scale in Poland so far. Nevertheless, this is of immense importance as interpreters must reconcile their vision of professional interpreting, based at best on their knowledge of the *Code* and at worst on their own intuition, with that of their employers. This is why this large-scale empirical study has been conducted together with my MA students at the Institute of Applied Linguistics, University of Warsaw. The research focuses on the perception of community interpreters in three different settings (legal, health and immigration), by three groups of professional: legal professionals, healthcare service providers and immigration officers at the Office for Foreigners in Warsaw. It reports on the very first attempt to explore opinions on the status, the place and the role of community interpreters with regard to their knowledge and compliance with the norms as proposed by the *Code*. The research methodology adopted in our study was based on three different modes: questionnaires, interviews and observations of real situations in which professionals have to cooperate with interpreters. The results of our research were presented in a publication in Polish (Tryuk 2010) and the present paper is a succinct résumé of the findings of our study.

2. Legal setting

Focusing on the issue of norms and practice of legal interpreting, we conducted a survey among representatives of the Polish judiciary to investigate their attitude towards both normative and pragmatic dimensions of the interpreters' work for Polish courts. The aim of the research was to examine the existence of any discrepancies between theoretical assumptions and the practice of legal interpreting in Poland (see Stawecka 2008, 2010). The survey was carried out in Warsaw in April and May 2008. The judges and attorneys at law who took part in the survey were asked to complete a questionnaire which they received either in

paper or in electronic form. The structure of the questionnaire was based on the survey conducted by Pöchhacker (2000) among health service and social welfare workers in Vienna.

2.1 Questionnaire

Our questionnaire consisted of 3 general questions on norms in legal interpreting, interpreting practice and interpreters' influence on the course of the trial. Two of these questions were developed into eight detailed sub-questions. There were five optional answers for each detailed question. Out of the 50 questionnaires distributed to judges and attorneys at law in different courts in Warsaw, 41 were returned; among all the respondents, 35 persons declared they had some experience in cooperating with legal interpreters during proceedings. The questionnaire was divided into two sections. The first part included questions aimed at obtaining information regarding the respondents' knowledge of the Polish *Code* (2005) and norms concerning legal interpreters. Thus, the questions were formulated as statements such as: "The interpreters should...". The second section, which consisted of almost identical questions as the first one, aimed at discovering how the interpreters' attitude in the courtroom was perceived by the professionals. The questions were again formulated as statements such as "The interpreters do...".

The questions were as follows: "In your opinion, legal interpreters should .../ during their performance legal interpreters do: 1) simplify legal language for the client; 2) explain legal terms to the client; 3) summarise long and clumsy utterances for the client; 4) omit fragments which are not to the point to avoid losing time; 5) explain cultural differences; 6) clarify indeterminate statements by immediate follow-up questions; 7) inform parties of any misunderstandings in the communication; 8) ask questions and provide information at the request of the Court". There was also a separate question which was formulated as: "Do you think the interpreter has an influence on the course of the proceedings in the courtroom?"

The comparison of results from both sections of the questionnaire gave us the real picture of the situation in Polish courts.

2.2 Results

The results of the first part of the questionnaire show what representatives of the Polish judiciary expect in terms of the roles and norms of the profession of sworn translator and interpreter. We may assume that the respondents have their own forged opinions and frequently base their answers on their experience and on professional norms in legal interpreting as stated in the *Code*. In any case where the success of the interaction or the position of its participants is threatened, respondents are not willing to give the interpreter a free hand or let him/her take the initiative. Nonetheless, in a situation where judges (first and foremost) and attorneys at law can see that the activity of the interpreter may bring them

substantial benefit, they are more than willing to give the interpreter a free hand. The analysis of the responses of both judges and attorneys at law reveals considerable differences between their approaches to the interpreter's role. Judges more frequently reject the idea of the interpreter adopting an active role in the course of the trial. On the other hand, attorneys at law acknowledge the interpreters' right to take the initiative whenever that could be advantageous to their client. Moreover, the results of the survey show that representatives of the Polish judiciary are inclined to adopt the normative model of the interpreter's job as presented in the *Code*.

As far as the second part of the questionnaire is concerned, the results show that, in practice, the normative model of legal interpreting is not always complied with. Interpreters must manage the requirements set forth by the *Code*, on the one hand, and the need to ensure a successful interaction on the other, which means that they often leave the norms outside the courtroom. In so doing they become active participants who take their own initiative and, through their actions, shape the course of the proceedings. The practice of legal interpreting in Poland thus differs largely from the normative model provided in the *Code*.

The results also indicate that the interpreter's initiatives or interventions may go unseen by other participants as, frequently in the Polish context, lawyers do not have sufficient knowledge of the foreign language. Judges and attorneys at law, who are not always fluent in a foreign language, cannot impartially assess the extent to which the interpreter complies with his/her obligations. Such an assessment is impossible without references to the source text. Thus, the number of neutral responses to some of the questions is considerable.

Let us have a brief look at the results of the survey, and compare answers given to the two series of questions. In our study the answers given by judges and attorneys at law were quantified and discussed separately but for the purpose of this paper they will be presented jointly.

2.2.1 Simplification of legal language

As to question 1 concerning the "simplification of legal language" (see Fig. 1), according to the majority of the surveyed legal professionals, i.e. judges and attorneys at law, interpreters should not simplify legal language for their recipients (66% "no" and "definitely no" answers). The result shows the attention that legal professionals pay to the accuracy of testimonials, in which each and every element may be of vital importance. At the same time, this result confirms that the expectations of legal professionals in this respect are compliant with faithfulness and accuracy norms in translation. However, as shown in the second part of the study, the perception of the interpreter as a person complying with these norms seems to stem from the respondents' intuition. Up to 49% of respondents stated that interpreters use such a pattern of action in their work ("definitely yes" and "yes" answers). The high percentage of "I don't know" answers (34%) demonstrates that legal professionals are either not able to monitor the interpreter's work due to their lack of skills in foreign languages or they do not pay attention to that.

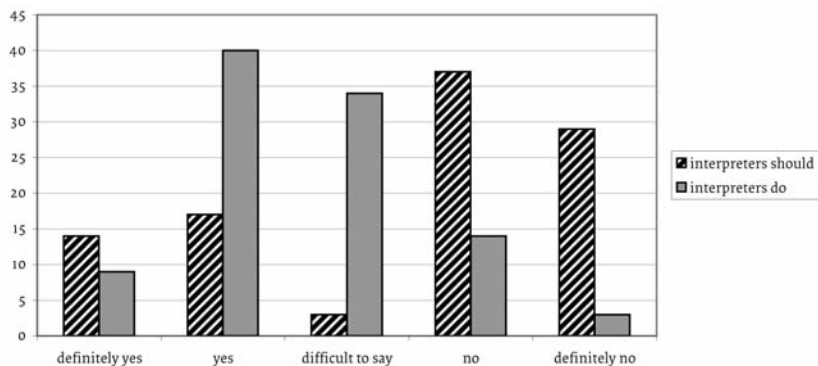


Figure 1: Simplification of legal language

2.2.2 Explaining legal terms

Question 2 aimed at determining whether interpreters explain legal terms (see Fig. 2). The answers for this question are not as clear-cut as for the previous one. The differences between “definitely yes” and “yes” answers (52% in total) on the one hand, and “no” and “definitely no” (48% in total) on the other are not as significant and are only 4%.

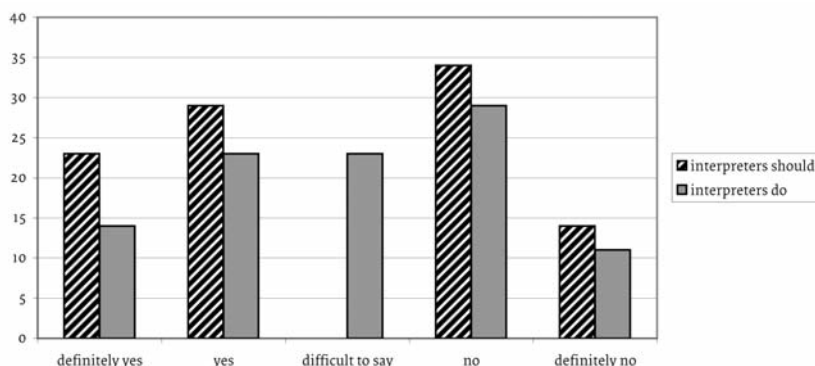


Figure 2: Explaining legal terms

In this part of the study, answers could have been chosen randomly, suggesting that the surveyed legal professionals do not exactly know how the court interpreter should behave. Similar answers were given by respondents in the second part of the study. The difference between the two groups (40% and 37% respectively) reveals that either the respondents have a false impression of the interpreter’s work or they are not able to assess their job adequately. Up to 23% of them cannot accurately judge this aspect of the interpreter’s performance in the courtroom. As in the previous question, this stems from the fact that legal professionals are not able to verify and assess the interpreter’s work due to their lack of skills in foreign languages.

2.2.3 Summarising of long and unclear utterances

Question 3 concerned summarising long and clumsy utterances for the client during the proceedings (see Fig. 3). Almost 80% of the responses to the first part of the survey were negative, which means that, in the eyes of judges and attorneys at law, utterance summarising is unacceptable. This also reflects a more intuitive approach to standards in court interpreting rather than a real knowledge of and adherence to professional norms. This assumption is also proven by the results of the second part of the survey which was to determine the reality of professional practice. It shows discrepancies between norms, i.e. actions that the interpreter should undertake, and real life practice, i.e. actions that the interpreter actually performs. The 26% of affirmative answers are proof that the interpreter does perform such actions in the courtroom. Moreover, the percentage of neutral responses (“Difficult to say”) is relatively high (more than 30%).

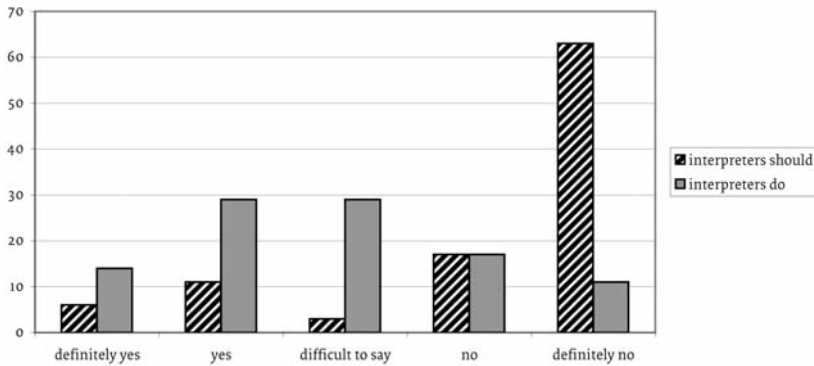


Figure 3: Summarising of long and unclear utterances

2.2.4 Omissions

In question 4, the respondents were asked to judge if, in their opinion, the interpreter omits fragments during her/his performance in order to save time (see Fig. 4). The results here are unequivocal. As in answers to the previous questions, in this case, the majority of respondents answered “no” (80% in total) indicating that interpreters should not employ omissions. However, when observing interpreters doing their job, respondents are not always able to say with certainty if interpreters comply with normative recommendations. That is why a considerable number of respondents chose the option “difficult to say” (34%). It is worth noting here that this is a further instance when our research has revealed discrepancies between the normative approach and the actual practice of legal interpreting. The results yielded by the study allow us to assume that the recipients of interpreting are not always able to judge accurately the interpreter’s actions.

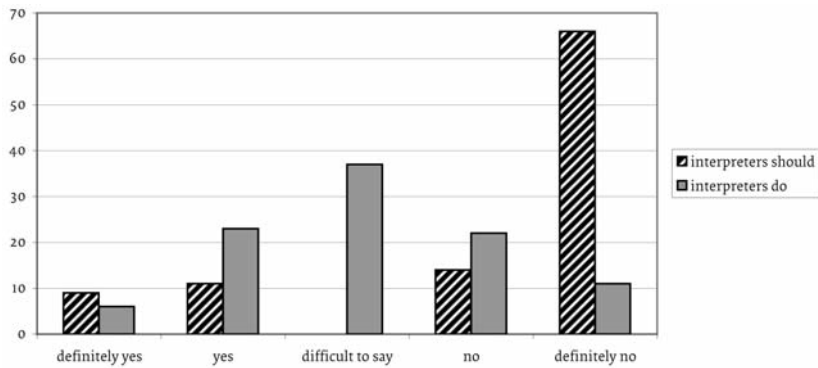


Figure 4: Omissions

2.2.5 Explaining cultural differences

In question 5 respondents were asked to judge if the interpreters explain cultural differences (see Fig. 5). This question about cultural differences turned out to be the most problematic for respondents, which is reflected by the relatively high percentage of “Difficult to say” responses (17%). The large number of negative answers (about 22%) shows that many respondents do not see the issue of cultural differences as potential obstacles to communication, suggesting the phenomenon is of minor importance and rarely attracts their attention. Despite this substantial indecisiveness, the majority of the respondents responded favourably to the need to explain cultural differences which arise all the time in the course of their work, even in court. Attorneys at law are particularly favourably disposed to any action of the interpreter which is potentially beneficial to the client. Yet, a comparison of responses to the first and second sections of the survey questionnaire reveals that in the practice of court interpreting in Poland the normative approach and real actions observed by legal professionals in the courtroom do not always go hand in hand. Many of the legal professionals surveyed admit that interpreters do not explain cultural differences appearing during the trial (56% in total). As in the case of previous questions, we notice a relatively high percentage of neutral

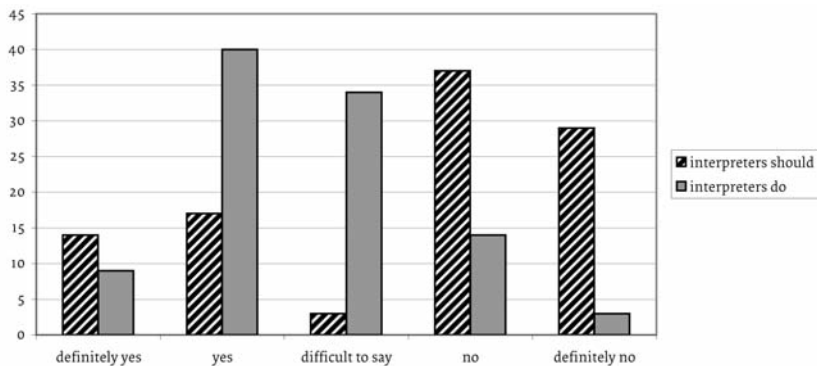


Figure 5: Explaining cultural differences

responses (26%). It also is noteworthy that in the opinion of the judges cultural issues are not of such vital importance as they are for attorneys at law who are more aware of cultural differences common to their clients.

2.2.6 Clarifying indeterminate statements

The answers to the next question, no. 6, about the clarification of indeterminate statements by immediate follow-up questions from the interpreters, are presented in the following figure (Fig. 6). The clarification of indeterminate statements is an instance of the interpreter’s intervention which is not compliant with professional norms as it contradicts the rule of faithfulness and accuracy in court interpreting, as stated in the *Code*. However, the majority of respondents were in favour of such intervention (60% of the respondents in total). At the same time, a similar percentage of respondents (60% but in a reversed proportion) admitted that in their everyday work they do come across such actions by court interpreters. The convergence of opinions may point to the need for all parties to the proceedings, including legal professionals, to fully understand their course of action. Interpreters, whose job is to ensure language assistance to the parties, often proceed in the way in which the recipients of their work expect them to proceed. In this respect, the intuitive understanding of professional norms as presented in the *Code* (2005) and the practice in the courtroom tend to become the same.

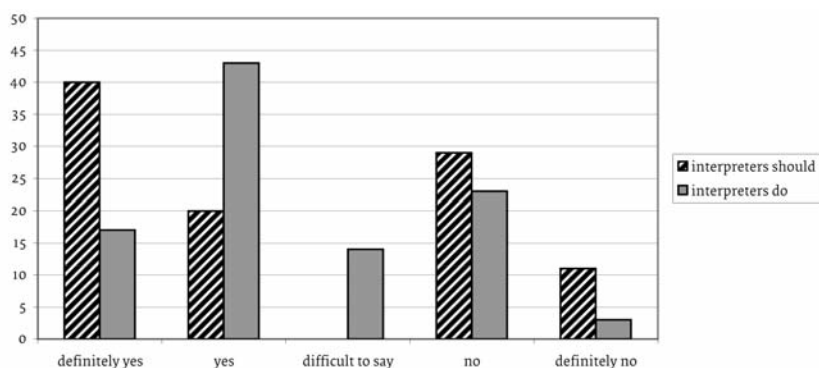


Figure 6: Clarifying indeterminate statements by immediate follow-up questions

2.2.7 Informing of misunderstandings

Given the final aim of the interpreting performance and normative assumptions about the interpreter’s task, it was predicted that the respondents would be in favour of interpreters informing clients of misunderstandings (question 7). Such active involvement of the interpreter in situations where the smooth course of communication is threatened by a misunderstanding was indeed favoured by up to 88% of the respondents (Fig. 7).

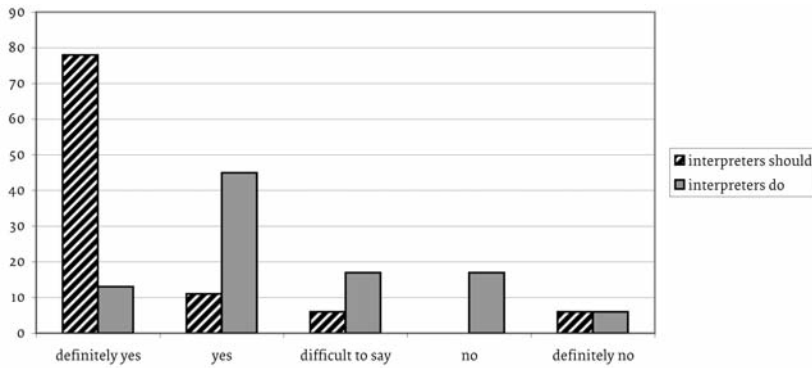


Figure 7: Informing parties of any misunderstandings in the communication

The results show how vital successful communication is for the trial. Professional practice, however, seems to go into a different direction. While the majority of respondents (60%) admitted that, in their opinion, interpreters inform participants in the proceedings of potential misunderstandings which may arise during the trial, the results obtained for the “Difficult to say” option (17%) are quite surprising. This demonstrates that any intervention of the interpreter, including those aiming at helping the participants, may go unperceived. A comparison of the results obtained from both parts of the survey reveals that although according to standards the interpreter does not have the right to intervene, any such intervention which may contribute to the success of the communication is found by the respondents to be acceptable.

2.2.8 Asking questions

We wanted also to gauge if, in the opinion of lawyers, interpreters ask/should ask questions and give information at the request of the Court (see Fig. 8). Traditionally, in Poland, court interpreters are seen as representatives of the judiciary, although actually they are not, as their job is to support each party to the proceedings (see the *Code*). The results of the first section of the survey show that legal professionals would like the interpreter to play such a role (79%), i.e. they would like the interpreter’s obligations to include the task of asking questions and giving answers to questions put by the legal professionals. Such an active role of the interpreter is not found to be contradictory to the normative approach. By fulfilling the recommendations of the parties (the legal professionals), the interpreter does not violate the principle of faithfulness and accuracy as set forth in the *Code*. Hence, the expectations of legal professionals in the courtroom are fully met. The results of the second part of the survey confirm this assumption. A large group of respondents (75% in total) stated that in their work interpreters often ask questions and answer questions asked by the legal professionals, particularly by the judge.

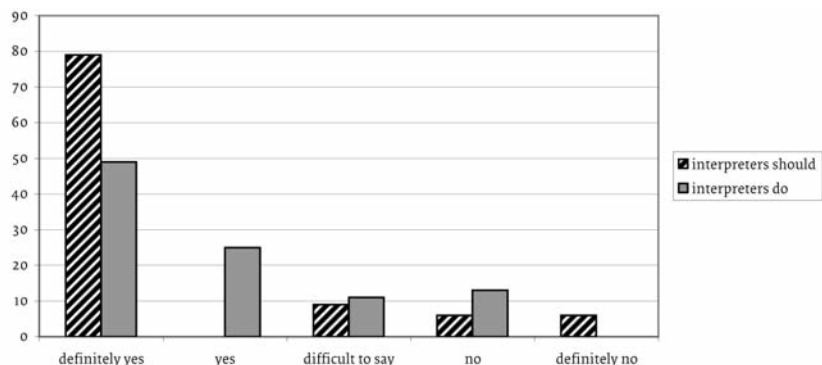


Figure 8: Asking questions

2.2.9 Interpreters' influence

The last question in the questionnaire aimed at determining how the legal professionals judge the presence of the interpreters and their influence on the procedure in the courtroom (see Fig. 9).

The respondents' answers show that the legal professionals commonly recognise the importance of the role played by the interpreter in the courtroom (75% in total). This result is even more important as in other settings in our study the interpreter is perceived as an unnecessary intruder or element.

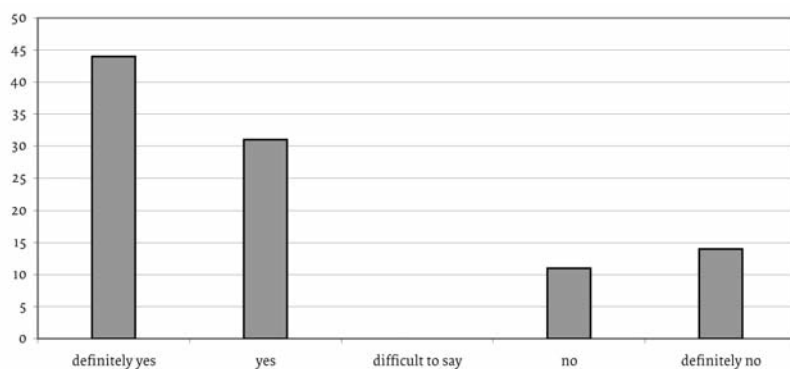


Figure 9: Interpreters' influence

2.3 Discussion of the results

The above findings help us determine the general trend prevailing in the responses of the representatives of the Polish judiciary. They often experience huge difficulties in describing the practice of legal interpreting in Poland, which has resulted in the high percentage of "difficult to say" responses obtained. Neither judges nor attorneys at law can be expected to supervise each activity and

each word of the interpreter. However, they must trust him/her if they want to bring the case to an end. Discrepancies between the responses in both sections of the questionnaire indicate that there is still some place for developing interpreters' roles beyond the traditional normative frames provided by the Polish *Code*. A large number of factors continue to threaten the success of interaction, hence the communication situation of the interpreter remains for him/her a real challenge.

3. Immigration setting

The survey conducted at the Polish Office for Foreigners (or immigration office) took place between November 2008 and March 2009 (see Springer 2009, 2010). It was a two-phase study which consisted of a questionnaire and a series of interviews with immigration officers. First, a questionnaire was distributed to the immigration officers and 19 were returned. They were completed by 16 office employees and 3 professional interpreters working with the Office on a regular basis. The questionnaire comprised 29 questions pertaining to the interpreter's general role in refugee hearings. However, in this paper I focus only on those most relevant to my argument. The majority of questions were closed multiple-choice questions or "yes/no" questions with one question requiring a precise open-ended response. The first six questions referred to the professional profile (education, experience, working languages), while one concerned the interpreters' role/performance and interpreting norms in asylum hearings. Two questions concerned cooperation between immigration officers and interpreters, and the normative perception of the interpreter as an invisible and impartial person as well as the accuracy of his/her rendering as presented in the *Code* (2005).

The second stage of the study involved a series of interviews held at the Office with 10 immigration officers who cooperate with interpreters. Each interview lasted approximately 45 minutes, was tape-recorded, transcribed and translated for the purpose of this article. The interviews were semi-structured and based on a list of questions but asked in varying order depending on the interviewee. Each interview began with a general question concerning the officer's experience in conducting hearings with interpreters. The remaining questions related to the officer's expectations of the interpreter as well as their observations concerning the interpreter's actual performance. One of the questions was also intended to cover the officer's views on improving cooperation with interpreters by means of joint training and to check whether any such initiatives had been taken by the Office.

3.1 Survey

The questionnaire as well as the interviews covered the following main issues.

3.1.1 Views concerning the general role of the interpreter during asylum hearings

In general the officers define the interpreter's role mainly in terms of invisibility, neutrality, impartiality and accuracy of interpretation. At the same time, they refuse the interpreter a place of his/her own in the overall process of interpreted communication by describing him/her as a mere tool for message transfer between two linguistic systems, that is defining the interpreter's task as "just interpret". They admit, for example that:

*The interpreter's job is to interpret... and that's it.
The interpreter is... don't know...a voice...*

One of the officers added that:

[...] an ideal situation would be for an immigration officer to be an interpreter for him/herself.

There is a general consensus that the main task of the interpreter is to switch the linguistic codes. In the opinion of immigration officers, the interpreter should refrain from modifying the form of the translated utterances and from becoming involved in the translated interaction, and should try not to disturb the eye contact between the officer conducting the hearing and the foreigner. That is also true for the way immigration officers see the place given to the interpreter in the room where the hearing takes place. One of the officers admits that:

The interpreter sits at the shorter side of the table in order not to disturb our eye contact.

Officers not only present the interpreter as the invisible person but also provide descriptions that depict the interpreter as "an interpreting machine", "a machine that only sends information" and one which is not directly involved in the hearing.

3.1.2 Use of first and third person

The officers' observations pertaining to the use of the first and third person show that the majority of interpreters use either the first or the third person singular, but their ideas are clear enough to state:

A good interpreter will speak in the first person, a poorer one – in the third.

The use of the third person is perceived as a major mistake even when impolite remarks or threats are formulated by the immigrants. It is noteworthy that the quoted statement corresponds to one of the canonic rules as stipulated in the Polish Code concerning the use of first person.

3.1.3 Profile of the interpreter during the refugee hearing (interpreters working in/cooperating with the Office for Foreigners)

In the opinion of the officers, foreigners are the best interpreters because they understand cultural issues:

There is a lady here who was born in Armenia; she speaks perfect Polish so she knows...she knows how to interpret.

One of the officers admits:

An interpreter who is not Chechen and has learnt the language in artificial conditions may lack the cultural competence.

Moreover, officers claim that they prefer “to be an interpreter for themselves”, especially when they can speak the foreign language even if such language skills are at best at intermediate, i.e. high school, level. They are convinced that such skills are good enough to run standard hearings which do not require any specialised knowledge.

3.1.4 Neutrality and invisibility of the interpreter in asylum hearings

In the opinion of the officers, the neutral position of the interpreter during asylum hearings is achieved by the place where he/she sits during the hearings, as shown in the example below:

He (the interpreter) shouldn't sit next to me or next to the person who is being interviewed. He/she should occupy a neutral position, in a triangle, as if [and she continues and explains]. In front of me sits a foreigner and the interpreter sits somewhere at the side.

In many cases, the interpreter is seated differently, depending of the preferences of the immigration officer.

3.1.5 Impartiality

When describing situations of conflict the officers unanimously agree that the interpreter should take control of the course of events when the immigrant behaves in an aggressive way, without waiting for the officer's permission, as one of them states:

When I conducted the hearing with the assistance of the Chechen interpreter, we interviewed one lady who was an old and seriously ill person. What's more, she was really nervous and I had the impression that she was going to die here. The interpreter then cuddled her, which amused me a bit, but in fact it worked well with the immigrant.

The employees of the Office admit that impartiality of the interpreter does not exist when the interpreter comes from the same country, city or region as the interviewee. In such a case, foreigners tend to ask the interpreter to assist them

in various administrative matters. One of the officers stated that the interpreter does not necessarily have to be impartial during the asylum hearing as:

I think that this is not so necessary in the end. That after some time the man.... the man who has already interpreted several hearings has acquired some experience and may be of big help for the officer, and it does not last for so long for the interviewee.

3.1.6 Additional roles

The image of the interpreter as an invisible interpreting machine presented by the immigration officers in their views of the interpreters' general role in refugee hearings is somehow contradicted by the actual roles played by him/her and by the same officers' expectations. They expect interpreters to help calm the foreigner, evaluate the immigrant's credibility on the basis of linguistic and cultural clues, identify inconsistencies or untrue information and finally draft the minutes of the hearing.

3.2 Discussion of the survey

The qualitative analysis of the survey shows that Polish immigration officers perceive interpreters as machines whose only task is referred to in terms of "just interpret". This view is reflected in the officers' opinions concerning the interpreters' general role in refugee hearings. They frequently describe the interpreters' tasks using such metaphors as "link", "white sheet of paper", "tool" whose presence should be little felt. The mechanistic depiction of the interpreter is confirmed by the officers' more detailed comments on the interpreters' use of the 1st or 3rd person singular while interpreting. It is also depicted in their expectations of interpreters to preserve the faithfulness and accuracy of what is said without omitting or adding anything as well as in their attitude requiring neutrality and impartiality of interpreters at all times. Nevertheless, the officers' actual expectations of interpreters in asylum hearings clearly contradict the idealistic image of the interpreter as initially presented by them. In reality, immigration officers expect the interpreter to carry out a number of additional tasks in relation to his/her principal activity.

As a result, interpreters in refugee hearings in Poland are on numerous occasions in breach of the principles of invisibility, impartiality, neutrality and faithfulness, and this is determined by a number of factors. First, the seating of the interpreter sometimes makes it an unrealistic task for him/her not to "align with" the immigration officer. Secondly, the interpreter is expected by the officers to openly intervene when verbal aggression or conflicts occur. Thirdly, the fact that some of the interpreters are of the same nationality as the foreigners being interviewed automatically makes the former more inclined to establish a closer contact with the foreigner rather than the immigration officer. Lastly, interpreters are required by some immigration officers to modify the immigrant's discourse, which does away with the principle of faithfulness, or they may regard themselves as representatives of the Office. The interpreters in

refugee hearings in Poland assume a variety of roles which successfully prevent them from staying neutral or invisible: they gauge foreigners' credibility, reprimand foreigners on different occasions, resolve conflicts, release tension, explain cultural differences and help the officers in drafting the minutes of the hearing, to name but a few. There are also situations in which the interpreters' involvement is objectively too extensive, for instance when they begin interviewing a foreigner on their own.

4. Health setting

The third study concerned medical service providers at the following levels:

- administrative (managers of public and private hospitals)
- doctors/nurses
- training
- medical tourism
- patient

It consisted of a questionnaire and a series of interviews and observations carried out in spring 2009 in Polish public and private healthcare centres in order to discover the reality (or the non existence) of medical interpreting in a setting in which so many foreign patients, refugees and medical tourists find themselves (see Gałazka 2009, 2010).

The aim of the survey was first of all to examine the way in which communication between medical staff and foreign language patients is carried out. The analysis was to determine whether, and in what ways, healthcare institutions hire or in any way cooperate with professional interpreters or other figures who ensure the necessary language assistance. In addition, the survey made it possible to examine the way in which a patient is asked to give his/her consent for surgery and whether the terms of consent are always translated/interpreted and, if so, by whom. To answer the above questions, we contacted, via Internet or by phone, more than fifty healthcare institutions in Poland: hospitals, clinics, outpatient clinics, emergency services, some in the private sector and others in the public sector, all situated in cities with more than 60,000 inhabitants. Ten centers refused to participate in the survey.

4.1 Questionnaire

The questionnaire consisted of four questions: 1) Are there any foreign language patients in your hospital (clinic etc.)? If so, how frequent are such visits? 2) Does your hospital (clinic etc.) cooperate with a translation agency or does it hire translators and interpreters? 3) Who is in charge of interpreting in the absence of an interpreter? 4) In what way does the foreign language patient express his/her consent for surgery, invasive modalities and admission to the hospital (clinic etc.)?

4.1.1 Foreign patients

With regard to the number of foreign patients (question1), the vast majority of answers show that there is a growing number of non-Polish speaking patients in public and private hospitals (see Fig. 10). Almost 51% of Polish hospitals that responded to our survey receive more than 5 foreign patients per month, and 7% every day.

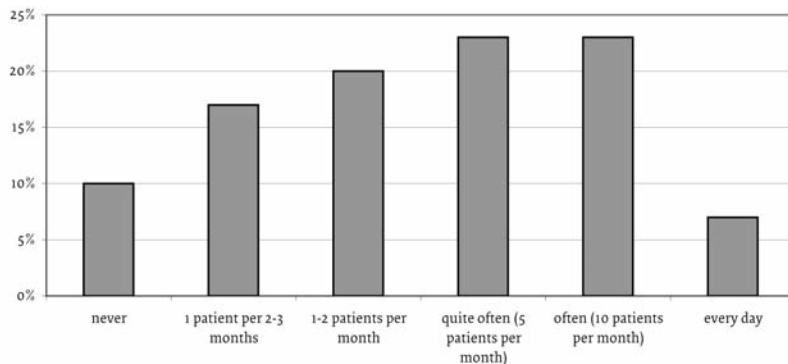


Figure 10: Foreign patients

4.1.2 Cooperation with interpreters

Answers to the second question, concerning cooperation with professional interpreters, allow us to conclude that it is not common for hospitals and clinics in Poland to use the services of specialists in this area. Only 8% of hospitals indicated that they cooperate with interpreters on a regular basis. There were also some comments mocking such a possibility, which shows a failure to keep in mind that what should count is giving patients the opportunity to enjoy their own rights. The comments included:

Translator? You must be joking?

They are not doctors. How could they then help us? I doubt if they understand what it is all about in medicine.

Sincerely, I don't think it's necessary. We're handling it by ourselves.

4.1.3 Non-professional interpreters

The aim of the question 3 was to determine who is playing the role of linguistic and cultural mediator in a medical encounter. As can be seen in Fig. 11, almost 68% of respondents (mainly doctors) admit that it is healthcare staff who interpret during medical consultations.

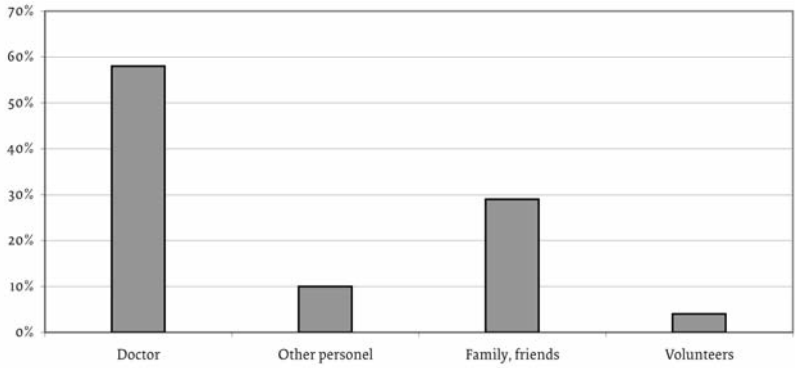


Figure 11: Non-professional interpreters

4.1.4 Patient's consent

Question 4 inquired about the language of the written consent form for surgery, invasive modalities and admission that must be signed by foreign patients in Polish hospitals (see Fig. 12). Only 15 % of the required documentation is in a language other than Polish (mainly in English). More frequently than not, this may have a serious impact on the course of treatment or hospitalisation, which was revealed in the interviews carried out with foreign language speaking patients at the final stage of this study.

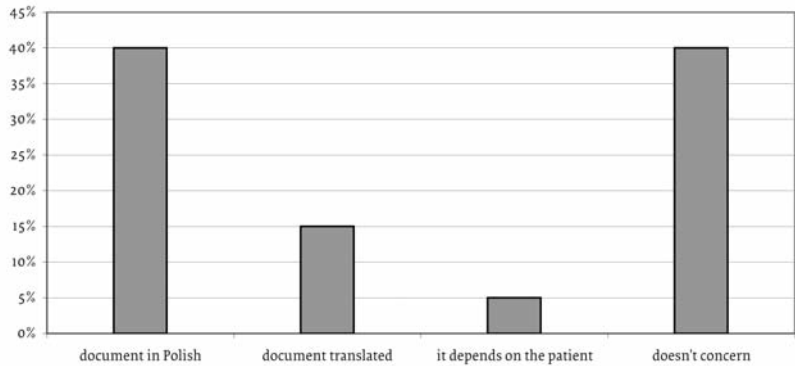


Figure 12: Patients' consent

4.2 Interviews

In order to complete the collected data, we interviewed managers of three (one private and two public) hospitals in Warsaw that provide healthcare services to foreign language speaking patients on a day-to-day basis. One of the public hospitals regularly admits patients from a nearby refugee center situated in the

suburbs of Warsaw. The opinions of the private and public hospitals are quite unanimous, as can be seen below:

a. private hospital manager:

In our clinic, it is the doctor who's responsible for bilingual communication. I'm convinced that it's the best solution. The presence of the interpreter could only unnecessarily complicate the whole situation. Firstly, the patient would undoubtedly be distrustful of a strange additional person present during the consultation. You can't forget that the appointment concerns very delicate matters. How would a woman undress? It is difficult enough for her even in the doctor's presence!

So far we haven't had any problems connected with the breakdown of communication between a doctor and a patient. Let's not forget that medicine is based not only on communication. Still, there is the examination. Touch, eye contact. Very often it is sufficient for a proper diagnosis of the patient.

b. public hospital manager:

I've never been planning to employ a professional interpreter. It would be an unnecessary utopia. Firstly, there is doctor-patient privilege. In Poland, there is no law regulating the question of a doctor-patient privilege in a bilingual medical context. Anyway, even if it did, I would object. It would mean one extra person during consultation. As a result, the patient could feel embarrassed, could question the accuracy and faithfulness of interpreted utterances. What's more, he/she would have the right to ask the court to check the interpreter's competence.

At present, we handle issues very well without interpreters. But I think that for the 2012 European Football Championship we will have to employ some.

In order to examine the practice of community interpreting in healthcare services, we interviewed the coordinator of the treatment of refugees, a doctor working in a public hospital in Warsaw and two volunteers of a Polish NGO (Association for Legal Intervention), who interpret in hospitals in Warsaw. The interviews were carried out to explore the following issues: 1) the linguistic policy applicable by the Office for Foreigners in Warsaw in the area of medical services provided to refugees; 2) official opinions of the representatives of the Office responsible for the above mentioned area compared and contrasted with opinions of patients, doctors and interpreters; 3) the real need to ensure language assistance to refugees in the healthcare sector; 4) the threats connected with community interpreting in the abovementioned area; 5) the interpreting techniques used by community interpreters.

The coordinator of treatment of refugees expressed the opinion that interpreting is of no importance at all to guarantee patients' rights, and presented moreover a false picture of the situation, as can be seen here:

Let's assume that you are going on holiday to France, but you don't speak French. Does the fact that the doctor does not speak Polish affect in any way the quality of treatment?

The volunteers are conscious of the real situation as they state the following:

It sometimes happens that the patient who comes alone to a doctor's simply is not admitted. He/she receives a small sheet of paper from the doctor where it is written: "Please, come with an interpreter". Or the appointment is carried out using gestures or the most basic knowledge of a given foreign language.

They admit that they always have to: explain medical terminology to the patients; shorten utterances; omit irrelevant utterances; express opinions, add information (e.g. ask questions on behalf of the patient who does not know what to ask about or forgets to ask about something); explain the social and cultural context, and the legal situation of the refugee (e.g. when making an appointment of a Muslim women to see a gynecologist); check if the patient has understood everything. They also add that:

It happens, fortunately very rarely, that I must press the doctor not to ignore the patient and to refer to him/her directly, as to a human being, and not to treat him/her as if he/she was an object. But, what is even worse, some of them take the liberty to give such unacceptable comments as: "What is he/she [refugee] looking for here?! Why isn't he/she undergoing treatment in his/her country?!" In such a situation I must react because I'm not here to interpret only, but also to defend the patient's dignity.

4.3 Discussion of the results

The results of this survey demonstrate that in Poland the practice of medical interpreting is quite the opposite of what may be observed in many other countries (see Angelelli 2004). We have no adequate legislation concerning language assistance for foreigners either in the private or in the public healthcare sector. This means that bilingual communication is ensured by non competent persons: medical staff, and also patients' family members, friends, volunteers etc. Moreover, there is no regular cooperation with translator/interpreter agencies and, if there is any, it is an exception rather than the rule. Generally, patients must sign consent forms for surgery. In the majority of cases, this means signing a document written in Polish, a sworn translation of the document is rather an exception. And, what is most important, we must admit that medical interpreting is practically nonexistent.

As there is no academic training for medical interpreters, there is no certification or accreditation of medical interpreters. If one wants to become a medical interpreter, the only option at hand will be self-training. The situation is highly unsatisfactory. Medical staff deny the need for interpreting; in their opinion interpreters have no professional training and they cannot interpret accurately doctor-patient communication. In their opinion interpreters overestimate their skills, regularly want to replace healthcare professionals and commit errors in interpreting. Another consequence is the persistence of stereotypes which preserve the false image of an incompetent, unnecessary interpreter in a medical encounter. In an interview conducted on 28 April 2009, the former Polish Deputy Minister of Health declared:

In Poland we have no regulations on medical translation/interpreting. We have never discussed this matter at the Ministry. It is quite improbable that the situation changes in future.

He admits however that adequate language assistance is necessary, but there is no political will to change the situation.

5. Concluding remarks

Our research conducted in different settings showed the actual situation of community interpreting in Poland. There is a general lack of fundamental knowledge about interpreting, and about community interpreting in particular. Instead, professionals, judiciary, immigration officers and doctors, still adhere to well known stereotypes about the role of the interpreter and his/her competences. In general, the interpreter in an immigration or medical setting is seen as an unnecessary agent because he/she does not understand the subject matter. He/she is considered an intruder, a nuisance. In the legal setting, there is some partial knowledge of the guidelines and norms with regard to the rules as stated in the Polish Code, but in other settings, we notice the general misconceptions of standards. Professionals often state that they have had a bad experience with interpreters and that is why they do not accept their presence in their office or surgery during a hearing or medical examination. This means that professionalism in interpreting still remains the main question to be addressed. The lack of knowledge about interpreting, the lack of trust in the competences of the community interpreter as well as the reluctance that many professionals show to cooperating with interpreters, all constitute a real obstacle to the recognition of the profession and to the launch of appropriate training at academic level. It seems to be a sort of a vicious circle: as there is no recognition of the profession, there is no offer of appropriate training in community interpreting. As a result, there is no demand for such professionals. If there is no need, the recognition of the profession is not necessary and so we come full circle.

To finish on a more optimistic note, we hope that the growing demand for legal and medical services provided for refugees as well as foreign patients, tourists, residents and legal immigrants that has been observed in the last few years will be an incentive to undertake more efforts on the road to the professionalisation of community interpreting.

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Legalising EU legal interpreters: a case for the NRPSI

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Abstract

The paper analyses the situation of legal interpreting in Europe and then focuses on the UK to discuss weak points and strong points of the National Register of Public Service Interpreters.

Introduction

In today's globalised world, characterised by mass migration flows and culturally and linguistically diverse societies, demand for public service interpreters (PSIs) has never been greater and this has had a significant impact on a variety of institutional settings, such as "police stations, social welfare centres, hospitals and courts, where [the interpreter] provides service for laymen and officials, when they speak different languages" (Wadensjö 2002: 355).

The unquestionable need for the services of PSIs has led to a growing amount of academic attention to the nature and dynamics of PSI interaction and the role of the interpreter (Berk-Seligson 1990, Carr *et al.* 1997, Mason 1999, Roy 2000, Hale 2004, Pöllabauer 2007, Wadensjö 1998). In particular, legal interpreters have been shown to play a vital role in facilitating communication for "those involved in whatever capacity in a legal system whose language they do not speak"

(European Commission 2009: 10).¹ However there has been little research on language policies which regulate the quality and provision of legal interpreting services. Furthermore the small number of studies has seldom been translated into national practices to indicate whether and how legal PSI practitioners can be expected to abide by ethical and professional obligations towards individual clients, service providers and society as a whole (de Pedro Ricoy *et al.* 2009: 2ff.).

This paper attempts to analyse policies and initiatives designed to regulate legal interpreting in the EU and, in particular, the United Kingdom. We begin by presenting an overview of existing EU legislation – in which “top-down” (O’Rourke/Castillo 2009) legal interpreting policies and initiatives are grounded – and evaluating recent collaborations of academics, practitioners, public service providers and legal institutions, which contribute towards the harmonisation of professional standards at EU level. Subsequently we will focus on recommendations on official registration systems, i.e. national registers of interpreters and translators that list all legal interpreters according to their level of accreditation (or competences). In particular we will provide a concrete example of a model of good practice in one member state, the UK’s National Register of Public Service Interpreters (NRPSI), and discuss its current state of crisis. In conclusion we will look at future challenges, with a focus on the EU projects BMT and TRAFUT.

1. Legislation on legal interpreting in the EU Member States

As highlighted in the Introduction, the last decades have seen an ever-growing moving of citizens throughout the world, affecting the linguistic and ethnic make-up of societies. As a result national governments and international institutions have set up a series of policies and initiatives in the area of human rights and legal proceedings, including policies and initiatives regarding the provision of legal interpreting.

In the international context, the fundamental human right of access to justice and due process is laid down in Article 7 of the Universal Declaration of Human Rights, designed to complement the UN Charter and of which all European countries are signatories:

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination. (United Nations 1948)

Furthermore, the promotion of equality lies at the heart of the European Union (Marlier *et al.* 2007) and results in equal access in all areas of information and services, in particular justice. As a result, the European Union has come to realise the increased importance of the need “to safeguard citizens’ rights and hence guarantee a fair trial, also across languages” (European Commission 2009: 7). This encompasses the right of access to a competent interpreter and translator, which

¹ For a detailed discussion on the definition of “legal interpreting” see Benmaman (1997), Berk-Seligson (2000), Laster/Taylor (1994: 28ff.) and Pöchhacker (2004: 14).

should be safeguarded and upheld when EU Member States plan and implement language policy measures regulating the provision of legal interpreting services to non-indigenous language groups.

1.1 The right of access to a competent legal interpreter

In the *European Convention on Human Rights* (ECHR), drafted in 1950 by the then newly formed Council of Europe and which entered into force on 3 September 1953, the relationship between interpreting (and translation) provision and the upholding of human rights is stipulated in Article 5² and is linked to the right to a fair trial in a democratic society (Article 6).³ In particular, the latter includes the right to a fair hearing, the right to a public hearing, the right to a hearing before an independent and impartial tribunal and the right to a hearing within a reasonable time (Council of Europe 1950).

Furthermore this right is reiterated in Article 14 (3) of the *International Covenant on Civil and Political Rights* 3 (ICCPR3) and Article 55 of the Rome Statute and has been implemented by the Member States of the EU under the Maastricht and Amsterdam Treaties and The Hague programmes.⁴

In particular the aim of the Treaty of Amsterdam is to create an area of freedom, security and justice within the European Union. An essential element in this context is “reliable communication, for the quality of all decisions and actions depends upon the quality of information and communication on which they are based” (Hertog 2003: 1). Therefore, reliable legal interpreters and translators are required at all levels of the legal system.

Since the ratification of these conventions and treaties the EU has stressed the importance of shared training and accreditation systems in promoting mutual trust between (criminal and civil) legal systems of Member States and supporting the Principle of Mutuality. We will now examine the ways in which the EU has helped contribute to the promotion of common standards in legal interpreting.

1.2 EU common standards for legal interpreters

Kolb and Pöchhacker (2008: 26) state that “with the exception of international tribunals, legal interpreting is typically set in a particular national context and thus constrained by a specific judicial framework and legal tradition”. This variety of practices within the European Union represents a challenge to efforts at harmonisation of LIT standards.

2 “Everyone who is arrested shall be informed promptly, in a language which he understands, of the reasons for his arrest and of any charge against him”.

3 “Everyone charged with a criminal offence has the following minimum rights: (a) to be informed promptly, in a language which he understands and in detail, of the nature and cause of the accusation against him [...]”.

4 However this does not automatically imply that the right in question has been consistently upheld; for examples of inadequate interpretation in criminal proceedings see *Fair Trials International*.

The first methods of fostering uniform standards for legal interpreting across EU Member States were set out and disseminated by the Grotius I and II projects, *Aequitas* (98/GR/131) and *Aequalitas* (2001/GRP/015),⁵ and the AGIS project. This work has been further supplemented by a *Questionnaire on the Provision of Legal Interpreting and Translation (LIT) in EU Member States* carried out with AGIS funding (Hertog/Van Gucht 2008).

In particular recommendations made in the first project and later disseminated through the second project to all Member States and some candidate countries concern standards of selection, training and accreditation of legal interpreters and translators, a code of ethics and a guide to good practice, and the interdisciplinary working arrangements between legal interpreters and translators on the one hand, and the legal services on the other.

In Chapter 4 of the *Aequalitas* project, Martinsen and Wolch-Rasmussen (2003: 41ff.) state that the educational and training⁶ structures mentioned above and linked to an accreditation system should be supplemented by an official registration system, i.e. a national register of interpreters and translators that lists all legal interpreters (and translators) according to their level of competence. They further suggest that only legal interpreters who have been formally assessed, either by obtaining an academic qualification or by passing an entry test, should be admitted to the register. The national register should specify the Legal Interpreters' and Translators' (LITs) personal data, language combinations, education and training, specialisation, experience and availability, to make it clear to the legal services what the exact qualifications of each legal interpreter are and how to locate them.

The Grotius projects have proven to be solid ground for discussion throughout the EU and have contributed significantly to more recent initiatives emanating from the EU Commission on procedural safeguards in criminal proceedings; most notably, a recommendation report has been drafted in March 2009 by the Reflection Forum on Multilingualism and Interpreter Training.

The report deals with issues such as the professional profile of the legal interpreter, training, the professional code of conduct and guidelines to good practice, working arrangements with the legal services and legal professionals and implementing an efficient structure of legal interpreting (European Commission 2009: 5).

In particular the Forum recommends that training be provided to the legal services and to legal professions on how to work across languages and cultures

5 The aim of EU Grotius Project 98/GR/131, which is presented in the *Aequitas* report, is to further the creation of “internationally consistent best practice standards and equivalencies in legal interpreting and translation” (Hertog 2001: 1), whereas Grotius II project's main objectives are to disseminate the achievements of Grotius I, to discuss the main issues tackled in Grotius I (codes, training, certification, etc.) in more detail and to derive “standards and models for the implementation of a comprehensive quality trajectory in legal interpreting and translation both in individual member states and throughout the EU” (Hertog 2003: 1).

6 The issue of PSI training and the pedagogical issues surrounding it are highly relevant to accreditation systems and have received growing attention by PSI scholars (e.g. Adams/Corsellis/Harmer 1995; Grbić 2001; Sandrelli 2001; Corsellis 2005, 2008).

and with interpreting. Furthermore, as already suggested in the two Grotius Projects, the Forum reiterates the need for a legal PSI national register:

To the benefit of all interested parties, official registration of all qualified legal interpreters is highly recommended. (...) A well thought out and regularly updated national register, administered by a national body, is the most adequate instrument for a search when the assistance of a legal interpreter is required. (European Commission 2009: 9)

Finally, 7 October 2010 is a milestone in the history of legal interpretation and translation in the EU. On this date the Council of Justice Ministers adopted “the first EU Directive ever in the area of criminal justice” (Reding 2011), i.e. Directive 2010/64/EU on the Right to Interpretation and Translation in Criminal Proceedings (European Union 2010), which the European Parliament had already adopted in June of the same year.

Its legal basis lies in Article 82(2) of the Treaty on the Functioning of the European Union (TFEU), which states that the EU Parliament and Council can establish minimum rules for mutual admissibility of evidence between Member States, the rights of individuals in criminal procedure and the rights of victims of crime. In Article 2 on the Right to Interpretation the fundamental right to a competent legal interpreter is reiterated.⁷

The main aim of this document is to set common minimum standards for LIT across Member States. Its basic principle is that interpretation should be provided during the investigative and judicial phases of the proceedings. Furthermore, in Article 5 (2) on the Quality of the interpretation and translation, Member States are once again encouraged to promote the adequacy of interpretation and translation and efficient access thereto by

establish[ing] a register or registers of independent translators and interpreters who are appropriately qualified. Once established, such register or registers shall, where appropriate, be made available to legal counsel and relevant authorities. (European Union 2010)

Indeed, as Article 9 on the Transposition stipulates, “Member States shall bring into force the laws, regulations and administrative provisions necessary to comply with this Directive by 27 October 2013”. This means that virtually all Member States are now facing the urgent challenge to implement substantial changes in their national systems for the provision of translation and interpreting in criminal proceedings.

So far we have seen that the legal basis for the provision of PSI in the EU Member States is related to the implementation of international and EU conventions and resolutions, particularly ECHR, Articles 5 and 6. Common minimum standards for LIT throughout Europe have been further discussed in a number of documents drafted by EU institutions, which resulted in

7 “Member States shall ensure that suspected or accused persons who do not speak or understand the language of the criminal proceedings concerned are provided, without delay, with interpretation during criminal proceedings before investigative and judicial authorities, including during police questioning, all court hearings and any necessary interim hearings” (European Union 2010).

recommendations on strategies to improve the quality of interpreting in the legal services and in Directive 2010/64/EU. In this regard, a crucial question arises: have these words been translated into national practices across the EU Member States?

1.3 The reality of the situation

A relatively small number of academic studies have examined current practices in relation to the provision of translating and interpreting within the public services in different EU countries.⁸ However the conclusions from both academics and the recent survey on the “status quaestionis” (the provision of legal interpreting in the EU) by Hertog and van Gucht (2008) hint at a common problem, i.e. that sufficient legal interpreting skills and structures are not yet in place in most Member States, though a process of development to do so is in progress across the EU, albeit with different degrees of quality and quantity. In other words, the noble principles laid down by EU and international institutions are there, but they still do not seem to have been implemented in concrete realities.

This incoherent kaleidoscope of regulations, guidelines and provisions implies that whilst some EU countries have implemented examples of good practices, others still seem to be unprepared to tackle the inevitable language challenges in their judicial systems (Hertog/van Gucht 2008: 189). Most of the Member States still lack an enforceable professional code of conduct, reliable national registers, interdisciplinary guidelines and comprehensive policies for best practices in the legal services, and more generally trained legal interpreters who meet high professional standards.

Consequently, language still often represents a barrier for many citizens or minority language speakers involved in legal proceedings. In some jurisdictions court and police “interpreters” (individuals who have no academic or professional PSI qualifications, but have a reasonable grasp of the language) are allowed to work as interpreters in public service settings, such as courtrooms, on a regular basis. However, as Berk-Seligson (1990: 204) states, “no amount of oath-swearing can guarantee high quality interpreting from an interpreter who does not have the necessary competency”.

Italy is a case in point. The increase in academic awareness and changes in the country’s demographic trends have not yet triggered commensurate responses from Italian policy makers. In particular, scholars (Ballardini 2002, 2005; Longhi 2005) have shown how the lack of policies that underpin Italian legal interpreters’ professional practices leads to repeated violations of the fundamental right to an

8 A comprehensive review of the different national regulations of legal PSI provision across Europe is beyond the scope of this paper. For further insight, see Perez/Wilson (2009) for Scotland; O’Rourke/Castillo (2009) for the Republic of Ireland, Scotland, and Spain; Fowler (2003), Townsley (2007) and de Pedro Ricoy (2010) for the UK.

interpreter enshrined in international conventions and Italian civil and criminal codes (cf. Ballardini 2005).⁹

However, rather than providing a summary of systematic “failures”, we will now focus on a (fairly) successful example of good practice tried and tested in the UK and aimed at certifying providers of interpreting services according to high professional standards: the National Register of Public Service Interpreters.

2. Registering qualified legal interpreters: the case of the NRPSI

Of particular relevance to legal interpreting in the UK Criminal Justice System (CJS) is the adoption into British Law on 2 October 2000 of the European Convention of Human Rights. As Townsley (2007: 167) states, “the incorporation of the ECHR into British law made the provision of interpretation for non-English speakers in criminal courts a legal requirement.”

In this context the National Agreement or NA (first drafted in 2001) was introduced, addressing concerns over the difficulty of obtaining professional interpreters raised in Lord Runciman’s *Report on the Royal Commission on Criminal Justice* (1993) and Lord Auld’s (2001) *Report on the Review of Criminal Justice System*. The Home Office Circular 17/2006 reinforced the importance of the National Agreement and the quality of interpreting services, and subsequent amendments were made in 2007 to strengthen it.

The National Agreement provides key guidance for all parties to criminal investigations and proceedings on the selection and treatment of interpreters within the CJS by setting out best practice guidelines and stipulating that only competent, reliable and security-vetted interpreters registered with one of the approved registers should be used in criminal proceedings:

It is essential that interpreters used in criminal proceedings should be competent to meet the ECHR obligations. To that end, the standard requirement is that every interpreter/LSP working in courts and police stations should be registered with one of the recommended registers, i.e. the National Register of Public Service Interpreters (NRPSI) at full or interim status (with Law Option) for non-English spoken languages, and, as full members, with CACDP for communicating with D/deaf people. (National Agreement, Art. 3.3.1)

The adoption of these registers, and in particular of the NRPSI, as primary sources for interpreters was a fundamental step towards the regulation and professionalisation of legal PSIs in the UK.

9 Specifically, Italian courtroom interpreters are required to enter a “Register of Experts and Expert Witnesses” (*Albo dei Periti o dei Consulenti tecnici*); however this varies from court to court and no entry test is provided to assess the interpreters’ skills and competence.

2.1 Background and implementation

The NRPSI, in existence since 1994, is a central register of qualified and police-vetted PSIs available to Public Service organisations and agencies in the UK (Townesley 2007: 166ff.). The register is administered by NRPSI Ltd, a wholly owned, non-profit subsidiary of the Institute of Linguists (the UK's largest language professional body).

The Register is currently made up of the names and contact details of over 2,300 public service interpreters in 99 languages (NRPSI 2011). As most professional interpreters' registers, the NRPSI specifies the two following aspects: performance standards (in terms of accuracy and completeness) and interpreters' ethical conduct as members of the profession (in terms of confidentiality and integrity).¹⁰

Therefore, interpreters engaged by the NRPSI are not employees but independent individuals who have undergone rigorous training, with accompanying accreditation. They are bound by their service provider's Code of Practice and are expected to demonstrate a high level of expertise and professionalism at all times. Finally the attainment of full membership is not only contingent on tests and qualifications, but also on proof of PSI work in the UK amounting to 400 hours (or 100 hours in the case of rare languages).

The NRPSI represents an important movement towards the regulation and professionalisation of PSIs in the UK, and this is highlighted by the "steady increase in the number of applications to sit the DPSI examination"¹¹ (...) and in the number of registrants on the NRPSI" (Townesley 2007: 168). The past decade has also witnessed a slight increase of PSI training programmes at university level. Nonetheless, the UK public service interpreting sector and its National Register are still in their infancy, hence PSIs are still all too often not treated as fully-fledged professionals.

2.2 "All that glitters is not gold": weaknesses of the NRPSI

While the NRPSI is endeavouring to meet the unquestionable need for qualified public service interpreters as quickly as possible without jeopardising quality and standards, there are still serious issues related to the status of the profession that have a significant impact on the composition of the workforce in PSI and the quality of the services.

Firstly, there are scant monitoring mechanisms for the PSIs' professional performance in courtrooms and police stations and no long-term provision of continuous professional development (CPD). Hence, the legal interpreters' ability to manage delicate situations, to abide by a strict code of conduct and to react to the challenges arising "there and then" is seldom assessed (cf. de Pedro Ricoy 2010: 100-101).

¹⁰ See Cokely (2000), Mikkelson (2000) and the Special Issue of *The Translator* 7/2 (2001).

¹¹ The Diploma in Public Service Interpreting or DPSI, administered by the Institute of Linguists, is an "objective assessment of PSI skills providing an entry-level professional qualification for would-be practitioners" (Townesley 2007: 166).

The number of languages in which interpreters are tested and thus represented on the NRPSI is still limited and does not match the number of languages spoken in the country (Townesley 2007: 168). There is also a shortage of qualified trainers to prepare PSI practitioners; at the moment there is little formal training for PSI trainers, hence the training provided to potential PSIs in the UK is not uniform (Corsellis 2001; Perez/Wilson 2009).

In terms of quality of performance and roles in the PSI interaction, there is still a fair amount of work to do, especially in order to counteract the “unrealistic institutional demands for ‘verbatim translation’ by ‘invisible’ interpreters” (Pöchlacker 2004: 162).¹² Nowadays most scholars agree that this requirement for literal renditions (formal equivalence) is untenable, yet it appears to be included in Article 6.4 of the NRPSI Code of Professional Conduct, which states that “practitioners shall interpret truly and faithfully what is uttered, without adding, omitting or changing anything”.

A further hurdle comes from the “uneven progress of the up-take of professional Public Service Interpreting in place of other *ad-hoc* arrangements” (Townesley 2007) across the UK. There are several reasons why semi-qualified and unqualified interpreters are called upon to interpret in the courtroom or in police interviews. As already mentioned, some language combinations are rare and it may be impossible to find a suitable interpreter within a reasonable time. For more common languages, availability of NRPSI interpreters at short notice cannot always be guaranteed. Regrettably, training opportunities are still relatively scarce and obtaining a relevant qualification can be both expensive and time consuming.

However this uneven progress across sectors is mainly due to an “undefined” legal framework. The signing of the National Agreement has proved to be particularly relevant to the UK Criminal Justice System; however it can be “side-stepped by hard-pressured court listing officers and police officers” (Townesley 2007: 169) as the NA is not a legally binding instrument. This implies that in practice it can be ignored in favour of *ad-hoc* arrangements, with domino effects on the quality of the interpreters’ performances.

2.3 A state of crisis

The current legal *status quo* of the National Agreement has triggered an even greater threat to the profession: the outsourcing of provision of language services across the justice sector in England and Wales.

On 9 August 2010 the UK Ministry of Justice (MoJ) announced its intention to abandon the NA, incorporating some of its elements into commercial contracts and keeping others as “good practice guidance” (*Letter from Ministry of Justice* dated 9 August 2010, in EULITA 2011). Under the new plans the MoJ is thus contemplating the abolition of the existing NRPSI in order to move to a commercial Framework Agreement (FWA) for the delivery of CJS language services (EULITA 2011). This seems to derive from the MoJ’s perception that costs

¹² On the view of the interpreter as an invisible translating machine, see also Colin/Morris (1996: 99ff.), Knapp-Potthoff/Knapp (1986), Morris (1995), Roy (2002/1993).

will be saved by having a single point of contact for interpreter bookings and payment. Nevertheless, a number of objections surrounding the MoJ's decision to leave regulation to the whim of a single commercial entity can be raised.

Firstly, the Framework Agreement places the United Kingdom in breach of its obligations under Directive 2010/64/EU on the Right to Interpretation and Translation in Criminal Proceedings (cf. 2.2). In particular, the LIT register to be held by the MoJ's preferred supplier is not "a register or registers of independent translators and interpreters who are appropriately qualified" as intended in Article 5 (2) of the Directive. The commercial entity would effectively be awarded a monopoly for all CJS language services, under which it would function as *de facto* coordinator and regulator of LIT services; consequently, LITs on the new register would not be "independent" or "appropriately qualified" (albeit independently assessed).¹³

Secondly, the FWA does not appear to adequately safeguard the quality of legal interpreting services. In stark contrast to the existing standards enshrined in the National Agreement, new arrangements would allow unqualified and inexperienced linguists to practise in the CJS. This lowering of minimum standards for CJS interpreters is a direct consequence of introducing a "three-tier" system, which places interpreters and interpreting assignments into "tiers" according to interpreters' skills and qualifications. Specifically, the flawed design of the tiered structure does not reflect the realities of the work and allows the agency to supply unqualified "interpreters" drawn from the lowest tiers.

Thirdly, according to the commercial provider's Terms and Conditions, linguists' personal data may be exported to countries outside the EEA, such as India, where the agency has its call centre. As a result, interpreters who work on sensitive criminal or counter-terrorist investigations and prosecutions may have concerns about their personal safety; moreover, personal details of non-English speaking defendants, victims and witnesses are likely to be exported outside the EEA for processing, endangering their personal safety and (potentially) state security.

Moreover, the MoJ's seemingly cost-cutting exercise appears to disregard studies on the provision of LIT services carried out in other countries. For instance, Laster and Taylor analyse LIT services in Australia and conclude that:

while state resources are not limitless, it is nevertheless critical to set funding priorities on the basis of the commitment to principle. (...) The pressure to recoup costs should not be allowed to insidiously undermine the principle of non-discriminatory access to justice for all Australians. Much of the debate about models of service delivery is a thinly veiled attempt to justify cost-cutting, at the expense of accessibility and quality of service. (Laster/Taylor 1994: 25)

They also show that improvement in the quality of legal interpreting services comes at a cost, i.e. competence and professional qualifications, together with

13 (Unaccredited) assessments are to be delivered in centres designed by Middlesex University and examined by a panel composed of language professionals who do not currently work as interpreters; the resulting scores decide whether an interpreter is "a tier one, two or three". However, little is known regarding further arrangements for the delivery of the assessments, including related costs for interpreters.

levels of payment, are inextricably linked. Equally the potential costs to the judiciary of adjournments, mistrials, appeals and failed prosecutions as a result of inadequate interpreting cannot be underestimated.

Lastly, the Ministry of Justice's framework agreement is in breach of Sections 13 and 19 of the Equality Act in that spoken language interpreters (excluding Welsh) are treated differently from British Sign Language (BSL) interpreters, who will be able to keep their existing Terms and Conditions under the proposed framework agreement.

In conclusion this clearly represents a step backwards. A similar case occurred in Scotland in 2009,¹⁴ where court interpreting services were outsourced to one commercial agency. As a result, a high number of qualified interpreters left the profession as they did not intend to work for the rates of pay offered by the agency. This has affected the quality of interpreting and the exercise of justice itself; moreover, the expertise and experience gathered over decades has been lost forever, and there is now less incentive to invest time and money in PSI training and accreditation due to low financial rewards.

The commercial provider's introduction of tiers – along with other restrictive terms and conditions – and the drastic reduction of pay rates are forcing professional interpreters to leave CJS interpreting in England and Wales. While this exodus is slowly taking place, members and representatives of the profession are united in their opposition to the imposition of outsourcing. For instance, the Professional Interpreters' Alliance (PIA) was set up in the North West of England in 2009 to “promote and safeguard the interests of professional public service interpreters registered on the NRPSI and uphold standards within the profession” (*PIA Mission Statement 2010*) and is campaigning for the protection of title and regulation of the profession by statute. In particular, in August 2011 the PIA made an application for Judicial Review of the Ministry's decision to award the contract.¹⁵

However the core question is: how effective can a national fight against the outsourcing of interpreting services within the public sector and the exploitation of the profession by commercial intermediaries be without adequate actions at European level?

3. Looking ahead

For all its shortcomings, the NRPSI has proved to be a necessary tool for safeguarding the quality of legal interpreting. Now it risks either being replaced by the old procedures – whereby “police forces (...) used members of the local community, who may have good intentions but might not meet the requirements for a criminal investigation” (DS Martin Vaughan of Gwent police, interviewed by Welman 2010: 29) – or by a small number of profit-driven translation agencies

14 It is worth mentioning that NRPSI lists few Scottish PSIs and that there have been calls for a separate register in Scotland, in particular on the grounds that it has a distinct judicial system (cf. Perez/Wilson 2009).

15 At the time of writing the outcome of the claim for judicial review is still unknown.

due to the ongoing outsourcing of provision of LIT services. Indeed, the register (and the profession itself) is under threat; however it might not be too late to act.

Firstly regional initiatives in the UK have seen the development of cooperation between scholars in dialogue interpreting, local and national public sector agencies and national interpreters' professional bodies. A telling example is the course set up at Cardiff University aimed at training police forces in working with interpreters. Further, a film project on *Enhanced Communication Via an Interpreter* has been developed by Cambridgeshire Constabulary, New Link and NHS Peterborough in collaboration with the Institute of Linguists and NRPSI interpreters. Furthermore, a project carried out in Northern Ireland by CONNECT-NICEM has led to the publication of a *Guide for Police Officers and Interpreters* in which consideration is given to the issue of how users of interpreter services, such as police officers, lawyers and the judiciary, view the interpreter and how best to raise their awareness of the interpreter's role in their proceedings.

Moreover an EU initiative called Building Mutual Trust (BMT), first presented at the Critical Link 6 Conference and coordinated by Brown Townsley (Middlesex University), contributes towards the establishment of minimum standards in LIT by facilitating the creation of LIT training courses in EU Member States.

Co-financed by the Directorate General Justice, Freedom and Security of the European Commission and building on the work of the two Grotius projects, the Building Mutual Trust project was carried out over three years (2008-2011) and comprised 14 partners from Belgium, Denmark, Italy, Spain, Romania and the UK. The project's main aim is "to contribute to the creation of a common area of freedom, security and justice in the EU" (Townsley 2011: 6) by providing descriptions of minimum competencies of LIT in EU Member States, creating an open access databank of sample training materials for LIT trainers and legal services personnel working through a legal interpreter or translator, and establishing a trans-national mentoring network for trainers of LITs.

The overall goal of the implementation of mutually recognisable standards in European LIT, which contributes to the judicial cooperation and mutual trust referred to in the previous EU initiatives, also includes the creation of common standards for professional structures required for LITs. In particular, these structures should consist in an "independent body that offers relevant professional examinations at the required levels, (...) a professional regulator maintaining an easily accessible professional register (...), and a membership body (or bodies), governed by a board of elected professionals" (Corsellis *et al.* 2011: 329). While this work is being done in the legal context, it is anticipated that it will apply equally to healthcare and social-related sectors with minimum adaptation.

Lastly the European Legal Interpreters and Translators Association's (EULITA) and Lessius University College Antwerp's action programme for the years 2011-2013 focuses on implementing the TRAFUT (Training for the Future) project, which brings hope to the future of old and new PSI national registers across the European Union.

This project is intended to ensure that the EU Directive on the Right to Interpretation and Translation in Criminal Proceedings is fully transposed and implemented by all member states within the deadline set in the Directive

(EULITA 2011). In particular, the following aspects covered by Articles 2, 3, 5 and 6 are presented and discussed with all relevant stakeholders in the course of four regional workshops: the issues of quality of LIT services and training of LITs; modern communication technologies in criminal proceedings (e.g. video-conference interpreting) or special arrangements for vulnerable persons (e.g. sign-language interpreting); best practices for the cooperation between LITs and the other judicial stakeholders (judges, prosecutors, police authorities, lawyers, LIT associations, etc.); and, finally, issues related to LIT national registers, such as admission procedures and register management. Furthermore, in the workshop's introductory session the legislative aspects in connection with the implementation of the Directive into member states' legislation and administrative procedures are addressed, as well as the issue of the costs of interpretation and translation (Article 4).

Representatives from seven EU Member States were selected to attend the first regional workshop in Ljubljana (Slovenia), including representatives from the UK's HM Courts and Tribunal Service as the project covers many issues that the UK reform of the language services for the justice sector addresses.

EULITA's ultimate aim is to create an EU database of legal interpreters and translators in each of the 27 Member States, which will feature on the e-justice portal (e-justice.europa.eu). The EU LIT database is to be based on the requirements of the Directive and is intended to ensure that standards in the individual EU Member States are comparable. This can therefore only be put into practice "if the EU Directive on the right to interpretation and translation in criminal proceedings is transposed expediently and in a coordinated manner" (EULITA 2011).

4. Conclusion

This paper explores the work towards full recognition of legal interpreting as a regulated profession within the European Union, in particular in the UK.

It starts by exploring the international and EU legislations, which identify the right to a competent interpreter for individuals who do not speak the language of the legal system in which they are to be tried (De Mas 2000). In particular, Directive 2010/64/EU stresses that one way of ensuring compliance with professional standards is membership in a professional entity that has adopted a Code of Conduct and Practice. Recourse should therefore be made to certification procedures involving some form of testing or selection process.

As pointed out in 2.3, the field of legal dialogue interpreting remains, however, relatively unregulated as far as European countries are concerned. In this context the UK can be seen as an exception in that the adoption of the ECHR into British Law came with the creation of the National Agreement on the engagement of interpreters. In particular, Article 3.3.1 of the NA stipulates that it is essential that interpreters working within the UK criminal justice system should be from the National Register of Public Service Interpreters. The use of interpreters who are not qualified to the standard stipulated by the document puts the defendants,

victims and witnesses from ethnic minorities at risk of a “miscarriage of justice” (Hertog 2010: 7) and breaches their right to a fair trial under Article 6 of the ECHR.

At the same time it would be no exaggeration to say that the legal interpreting profession in the UK is currently in a state of crisis. The NRPSI, once the preferred source of qualified and vetted legal interpreters under the NA, is becoming obsolete as the Ministry of Justice is in the process of awarding a contract to implement a Framework Agreement (FWA) as the means of regulating the work of LITs in the Criminal Justice System; unless set aside, the FWA will replace the National Agreement and its associated Terms and Conditions. This, in turn, is likely to “destroy the UK’s beacon status within the EU and remove it from a model of best practice to the very bottom of the heap” (EULITA 2011). The proposed “reforms” of outsourcing seem to be contrary to the interests of justice, to both the letter and spirit of Directive 2010/64/EU on the Right to Interpretation and Translation, and are likely to end up providing the Courts in England and Wales with a lower quality of interpreting. In this context the EU project BMT is a welcome attempt to establish institutionally recognised and EU-consistent LIT training and assessment. Similarly welcome is the TRAFUT project, aimed to ensure that Directive 2010/64/EU is fully implemented by 2013 and to establish an EU LIT database in each of the 27 Member States.

In conclusion studies suggest that “properly trained interpreters (...) contribute to safeguarding human and democratic rights” (European Commission 2005: 11); on the contrary, an unregistered, inadequately trained or untrained “interpreter” can potentially trigger disastrous results for police investigation or court proceedings. Without an effective EU legal framework governing the provision of PSI “full professionalisation and regulation of Public Service Interpreting will not be achievable” (Townsend 2007: 169) and interpreters will not be able to meet the demands and expectations that they encounter in legal settings on an everyday basis. As Ruth Morris puts it:

(...) interpreters try to square the circle. Even the best ones are doomed to failure from time to time. But when the system fails to acknowledge the need to train, qualify, certify and recruit according to the principle of excellence, it is condemning itself to low-calibre interlingual performance which will seriously impair the ‘tissue of justice’, by building in systematic ‘missed stitches’. (Morris 2008: 39)

We hope that good examples such as the NRPSI – with its weaknesses and strengths – will be an inspiration to continue the work that still needs to be done in this field. It is all the more necessary that academics, practitioners, public service providers and judiciaries at EU level continue cooperating on judicial matters with a strong will to further the cause of equal access to quality legal interpreting. Moreover it is highly desirable that systematic analytical studies into the needs of public service organisations and PSI providers alike, as well as into the profile of interpreters, continue challenging the *status quo* of legal interpreting and impact on interpreters’ practice and other participants’ view of the interpreter’s role both in the EU and internationally.

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Interpreting as a human right - institutional responses: the Australian Refugee Review Tribunal

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Abstract

The paper explores the issue of translation and interpreting as a human right and traces an example of concrete actions by an institution, namely, the Refugee Review Tribunal in Australia, to give effect to the rights which are both explicit and implicit: the institutional response.

On one level, interpreting has nothing to do with human rights! It is axiomatic that an interpreter interprets not what he or she wishes to communicate but what the two clients wish to communicate – end of story? No, not really; fundamentally because of two elements: the first is the relationship between interpreters and language rights, where these have been articulated, and the second is human rights as the context of operations of the interpreter combined with the profile of the people who inevitably interpret in that context.

Speak to any interpreter and not only will they want to tell you how their language combinations are special, particular and peculiar such that incredibly high levels of skill are required to do the job properly; they will also want to tell you about contexts, areas of specialisation, particular domains and they will go to great lengths to indicate how history, politics and culture, among many other things, have produced such intricacies which makes their job difficult.

Indeed this view is reinforced by the structure of the profession and reflected in the teaching and research about the profession worldwide. We have conference

interpreters, community interpreters, legal interpreters, business interpreters, interpreters who work with law enforcement, interpreters who work in hospitals and interpreters who work in refugee camps and in refugee determination situations, including tribunals, to name but a few.

In each of these areas there is serious work afoot to establish how and why they are different from a generalised model of interpreting. So there must be something in this! There have been arguments in the literature about techniques applicable to each of the fields named above; some of the discussions have also argued that the ethics applying to some of these fields are different to the mainstream. The discussion about human rights falls squarely into this kind of debate.

I wish to look at it firstly from a formal perspective in terms of where the idea of a “right” intersects with the discussion about interpreters.

International instruments have devoted considerable attention to the concept of language rights. Language rights can be what I call “primary” as, for example, the right to speak a certain language in dealing with officialdom or the declaration of a language as an official language with its attendant benefits. Language rights can also be considered “derivative”, and this inevitably brings interpreters into the argument. This occurs where there exists a right to use a certain language, more often than not, a first language, in a situation where that language is not the hegemonic or the official language of the specific country or situation. The work of the interpreter is then connected with the right of access to the structures of the “host” country – I say that with some trepidation, and also with the right to participate fully in the society in which one lives. The access to structures and systems is not restricted to those living in a country and typically involves other categories such as tourists, asylum seekers, short-term residents and anyone else who happens to be in that country and requires access to its structures and whose language happens to be one not used there.

Some examples of the concept of language rights in a number of instruments are as follows. The Universal Declaration of Human Rights done on 10 December 1948 states at Art. 2:

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

The International Covenant on Civil and Political Rights done on 16 December 1966 and which came into force on 23 March 1976 at Article 14 para 3 (a) and (f) states:

3. In the determination of any criminal charge against him, everyone shall be entitled to the following minimum guarantees, in full equality:
 - (a) To be informed promptly and in detail in a language which he understands of the nature and cause of the charge against him; [...]
 - (f) To have the free assistance of an interpreter if he cannot understand or speak the language used in court;

In addition, an example from a domestic law, the Charter of Human Rights and Responsibilities Act, 2006, of the State of Victoria, in Australia, provides, in its Section 25, paragraph (1)(h)(i), in relation to rights in criminal proceedings:

to have the free assistance of an interpreter if he or she cannot understand or speak English;

The recognition of language (which of course includes sign language) as a human right is the prerequisite for the consideration of interpreting as the implementation phase or the means by which this human right is respected. The underlying assumption and one which international or domestic instruments have not made explicit, is that of the *quality* of the interpreter. If this sounds familiar it is because of the paradox that quality is assumed but not much is done to assure it.

One international body, UNESCO, with the prompting of FIT did, in fact, tackle this issue in what is known as the Nairobi Recommendation done in Nairobi at the nineteenth session of the General Conference of UNESCO on 22 November 1976. The title of it, *Recommendation on the legal protection of translators and translations and the practical means to improve the status of translators*, does not do justice to the comprehensive, somewhat understated and useful consideration of the professional figure of the translator and how it should be treated by member states. It goes to some detail about translation contracts, copyright, professional associations and it even states, at paragraph 14 (d):

a translator should, as far as possible, translate into his own mother tongue or into a language of which he or she has a mastery equal to that of his or her mother tongue.

If the right to employ one's own language, at least in dealing with officialdom, is considered to be a human right, it follows that the denial of it is the denial of a human right and less than adequate interpretation is also a denial of a human right.

Embedded in this notion is an issue which is central to the work of interpreters, even though in many ways it is being challenged from a number of quarters, and that is the notion of the importance or the supremacy, if you will, of the source language message. The phenomenon of linguistic expression can only be construed as a right if it is taken as axiomatic that, by privileging the native language, there is a freedom for the person to express himself or herself in a manner and with such nuance, intent, style or force which would be diminished or absent, were they to express themselves in a language other than their native language and that therefore they would be deprived of that right and a wrong would be done to them. Furthermore, the casting of language as a right to be exercised by the person – note: not by the interpreter – is a salutary affirmation that the responsibility for the communication rests with the same person and with no one else. This concept is accepted at law in Australia where the portion of proceedings in a court produced by an interpreter is not subject to the “hearsay rule”. In other words, when the interpreter speaks it is taken as if the original speaker were speaking.

The foregoing casts the interpreter as the person through whom a human right is exercised. This gives food for thought – it invites reflection about whether this

right exists only in the rarefied atmosphere of international instruments and applies to matters legal only. In my view it applies any time interpreting takes place.

How is this human right in theory “translated”, if you will forgive the pun, into the practicalities which confront institutions? What is the response and what responses can be expected from institutions?

I would like to illustrate, as an example, one such response, by the Refugee Review Tribunal in Australia.

The role of the Refugee Review Tribunal (RRT) is to conduct independent, final merits review of protection visa decisions made by delegates of the Minister for Immigration and Citizenship.

In conducting reviews, the tribunal must have careful regard to the procedural provisions in the act [the *Migration Act 1958* as amended], particularly:

- the requirement to put certain adverse information to the review applicant, and to provide the review applicant with an opportunity to comment on any such information (s. 424a);
- the requirement to provide the review applicant with an opportunity to appear before the tribunal to give evidence and present arguments (s. 425);
- the entitlement (subject to some exceptions) for the review applicant to have access to documents before the tribunals (s. 11 of FOI Act 1982); and
- the requirement that the tribunals produce written statements of decision and reasons (s. 430).

The RRT decisions are subject to judicial review by the courts. There are two avenues of judicial review available to applicants who consider that the tribunal has made an error. One is to the Federal Magistrates Court for review under subsection 476(1) of the Migration Act, the other is to the High Court pursuant to paragraph 75(v) of the Commonwealth constitution. Both the applicant and the Minister for Immigration and Citizenship may seek judicial review of a tribunal decision.

The process is illustrated in Fig. 1 (below).

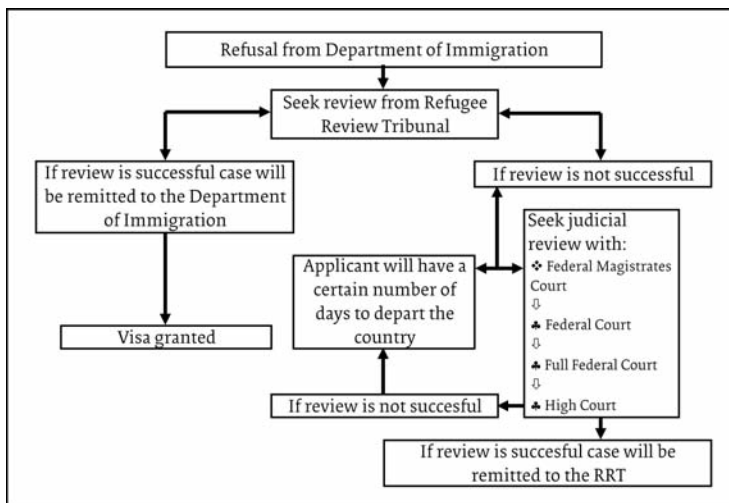


Fig.1

Proceedings before the tribunal are inquisitorial rather than adversarial in nature and do not take the form of litigation between parties. Tribunal members are not judges. The informality is indeed enshrined in our legislation which provides that the tribunal, in reviewing decisions:

- (a) is not bound by technicalities, legal forms or rules of evidence; and
- (b) must act according to substantial justice and the merits of the case (s. 420).

The tribunal is not bound by the rules of evidence which apply in the courts and is therefore able to have regard to documentary evidence which would not be admissible in any court of law. If the RRT is unable to make a decision favourable to the applicant “on the papers”, that is on the written evidence available, except in limited circumstances, the member must offer the applicant the opportunity to attend a personal hearing.

The inquisitorial process is a component of a system that aims, as far as practicable, to be informal (“informal” in the sense that the tribunals are not bound by formal rules of procedure and not “informal” in the sense of the attire or dress of the member) and to be economical in nature.

Markers of the tribunal’s inquisitorial nature include the power to initiate investigations or inquiries of its own motion in order to supplement the evidence provided by the applicant and the department; and the power of the tribunal to ensure that procedural momentum is maintained.

Questioning of the applicant by the member is not only an integral part of eliciting all relevant information, but also allows an applicant to have direct and immediate knowledge of the key issues for determination in his or her case and any concerns the decision maker may have with his or her claims.

Hearings are kept as informal as possible though there does need to be some degree of formality associated with the swearing in of persons giving evidence, recording proceedings and so on.

In a common law system such as ours in Australia, the supremacy of the judiciary in the interpretation of law is not up for discussion. Thus every instance, that is, every case, decided by the courts has precedential value in relation to lower courts and the tribunal and so it is for matters to do with interpreters.

The introduction of the interpreter in the refugee determination process arises for the concepts of “procedural fairness” and “natural justice” rather than any statutory provision about interpreters.

The fundamental issue is whether the applicant is “able to give evidence” in his case (s. 425 of the *Migration Act*):

- (1) The Tribunal must invite the applicant to appear before the Tribunal to give evidence and present arguments relating to the issues arising in relation to the decision under review.

There being no right to an interpreter enshrined in law, the courts have considered that if a person cannot make himself or herself understood in English, he or she is not deemed to have been provided with the opportunity to give evidence at a hearing thus the proceedings are affected by jurisdictional error. As a consequence, an *optimal* model of “competence” adequate for the task at hand seems to be the model which has developed over the years and which appears to be accepted (see *Perera v MIMA* (1999) FCR 6 (Kenny J, 28 April 1999)).

With the enunciation of this model the court is not concerned with quality as an absolute but only with a means of fulfilling its obligations to provide *adequate* opportunity for the applicant (in this case) to give evidence – and also an opportunity to understand what is being said about him/her.

In *Perera v MIMA*, the Court addressed the issue of standard of interpretation required at a Tribunal hearing. It was acknowledged that interpretation was not expected to be perfect before it became acceptable for the Tribunal's purposes. Rather, the Court considered how bad an interpretation must be to render reliance on it a reviewable error. The Court referred with apparent approval to the Canadian case of *R v Tran* (*R v Tran* [1994] 2 SCR 951 (25 February 1994) at [19]) where the standard of interpretation was sought to be defined by reference to the criteria of continuity, precision, impartiality, competency and contemporaneousness. The criteria with which the Court in *Perera* was most concerned were precision or accuracy and competence.

The “competency” of the interpreter can be considered at the outset. It has been noted that the Tribunal must ordinarily rely on extrinsic considerations such as the interpreter's oath, the interpreter's qualifications and any statement by the interpreter as to her or his capacity or experience when forming a view on this issue [*Perera* at 21]. However, these matters are not conclusive. For example, while relevant to the issue of competency, the Tribunal would not be required to adjourn a hearing simply because no interpreter of NAATI Interpreter level (the professional level) was available.

What is of more relevance is the course of the hearing. The member should be advising the applicant at the beginning of the hearing that if they experience problems with the interpreter they should advise the Member immediately. Nevertheless, the Tribunal cannot solely rely on the applicant making a complaint during the course of the hearing to alert it to actual difficulties with the interpretation. Expecting a person who is not sufficiently proficient in English to give evidence alone to make an immediate complaint at the hearing about the quality of interpretation may not be reasonable [*Perera* at 21].

In the same case, the Court considered the matters that would indicate to a reviewing court that the interpreting has been incompetent. These factors would also alert a Tribunal in the course of a hearing that there is something wrong with the interpretation:

- the requirement to put certain adverse information to the review applicant, and to provide the review applicant with an opportunity to comment on any such information (s. 424a);
- the responsiveness of the interpreted answers to the questions asked;
- the coherence of those answers;
- the consistency of one answer with another and the rest of the case sought to be made; and
- any evident confusion in exchanges between the Tribunal and the interpreter.

I wish now to give some examples of cases that have been considered by the courts in appeals against decisions of the RRT and which are relevant to the issue of interpreting. This is simply a selection and a fuller list (itself not exhaustive) is given at the end of this paper with an indication of the issue deliberated upon (I

am indebted to the staff of the Tribunal for some of the summaries appearing below).

NAKK v MIMIA (*NAKK v MIMIA* [2004] FMCA 43, Raphael FM, 10 February 2004)

In the applicant's review application he stated that he required a Bengali interpreter. However, when the hearing before the Tribunal commenced the applicant advised the Tribunal that he would only use the interpreter when necessary. The hearing would otherwise proceed in English. The Tribunal advised the applicant to alert it if he had any difficulty at any time understanding the proceedings.

The applicant had some difficulty understanding the Tribunal and used the interpreting services from time to time. The Tribunal then became frustrated with the adequacy of the interpreting services, began arguing with the interpreter, and then dismissed the interpreter from the hearing. The Tribunal gave the applicant the option of proceeding in English or attending on another day with an interpreter. The applicant stated that he would proceed in English and the Tribunal again stated that he should advise if he had difficulty understanding so the hearing could be adjourned. The hearing proceeded in English, however the hearing tapes indicated that the applicant became confused and his failure to understand many questions would have been apparent to the Tribunal.

The applicant claimed that he was under the misapprehension that the hearing day was his "last chance" to provide evidence as the Tribunal had stated "this is almost certainly the last chance that you will have to tell me about your case..." and was not aware of his ability to seek an adjournment so that interpreting services could be obtained.

Raphael FM held that looking at the hearing as a whole, the appellant was denied procedural fairness when the Tribunal did not, of its own motion, adjourn the hearing so that an interpreter could be made available. The failure to provide an interpreter prevented the applicant from obtaining an effective hearing and was a failure to comply with the requirements of Part 7 of the Migration Act.

Once the Tribunal had accepted the necessity of an interpreter and that necessity had been established by the early confusion then the fair hearing rule required that the whole hearing be undertaken in the presence of an interpreter. The Court found that "[d]espite the Tribunal's well meaning efforts to ensure what was said was understood, she appears to have abrogated her responsibility to ensure the applicant was given a fair hearing by requiring him to inform her when he did not understand a question. Asking someone to tell you when they do not understand a question ignores the possibility that an applicant could believe that he understood the question when he clearly did not. It also leaves out of the equation the possibility that he does not understand the reason why the question is being asked. In this regard I point particularly to the questions concerning inconsistencies and the failure of the Tribunal to explain to an applicant who did not have an interpreter and whose English was obviously limited, that what was required from him was not so much an explanation of the new information but

an explanation of why it was only now being brought to the attention of the Tribunal”.

Furthermore, Raphael FM held that the applicant was influenced not to ask the Tribunal to abort the hearing by its initial comments that the hearing was the “last chance” to present his case. It is therefore the Tribunal that must decide whether an interpreter is called for and whether reliable interpretation is being made. It is not appropriate to rely solely on the applicant’s advice.

WAIZ v MIMIA (*WAIZ v MIMIA* [2002] FCA 1375, Carr J, 6 November 2002)

This decision demonstrates that unavoidable errors in interpreting, which could not have been known to the Tribunal during or following the course of the hearing, will still give rise to jurisdiction error if they are significant or material to the applicant’s claims and subsequently the Tribunal’s findings. It also demonstrates the caution that must be taken when using a telephone conferencing facility for interpreting services.

In *WAIZ v MIMIA*, the applicant’s hearing before the Tribunal took place while he was being held in detention and the services of the interpreter were provided via a telephone conferencing facility. The telephone connection contained static and there was a break in transmission at a critical point while the applicant was providing his evidence. The Tribunal had asked: “You have not been made to join the army up till now and there’s been a civil war for three years and you were never made to join the army. Why would you be made to join it now?”.

After this question was put the telephone connection cut out and the applicant’s answer was not fully received. Upon resuming the hearing, the Tribunal asked the applicant the question again and requested that he re-state his answer. A fresh transcript of the hearing tapes (obtained by Carr J) indicated that the question re-put was not accurately translated and the detailed answer initially provided by the applicant was not provided again when the hearing resumed. As a result, important evidence regarding his previous experiences of being forced to join the army and fear of persecution was not conveyed to the Tribunal.

In the Tribunal’s findings it placed significant weight on its understanding that the applicant had never been forced to join the army. Carr J found that “[i]f the relevant question had been properly translated, the applicant would have had an opportunity to state that he had been conscripted twice and had deserted on each occasion, that this might cause him to be imputed with anti-government opinion, and might lead to persecution”. The applicant had claimed in his submissions to the Tribunal and the delegate that he feared persecution by reason of conscription and perceived anti-government opinions.

Carr J concluded that “the failure properly to translate the relevant question and the breakdown in transmission at this critical point effectively prevented the applicant from giving his evidence in relation to a matter of considerable significance for his claim and, in turn, for the Tribunal’s decision. On resumption of the transmission, the Tribunal gave the applicant an opportunity to revisit his answer. But, on my findings, the damage had been done and, unbeknown to the

Tribunal, the situation could not be retrieved. The Tribunal was deprived the opportunity to take into account a relevant factor”.

Carr J found that the Tribunal had therefore unwittingly made a jurisdictional error.

WABZ v MIMIA (WABZ v MIMIA [2004] FCAFC 30, French, Lee and Hill JJ, 18 February 2004)

The Tribunal requested a female interpreter in response to the applicant’s request for same. It received notification that a person named “Val” would be provided and assumed that “Val” was female. Val was in fact male and the applicant claimed that the failure to provide a female interpreter gave rise to a failure to accord procedural fairness in all the circumstances.

The Court held that the Tribunal did all it reasonably could to accede to the appellant’s request for a female interpreter. There was no evidence to support an inference that the use of the male interpreter gave rise to substantive prejudice in this case arising from his gender.

The Court was also satisfied that while there were some errors in interpretation, the errors were merely incidental to the reasons for decision and did not amount to procedural fairness.

P119/2002 v MIMIA (P119/2002 v MIMIA [2003] FCAFC 230, Mansfield, Emmett, Selway JJ, 16 October 2003)

The applicant submitted that the interpretation services in the hearing before the Tribunal were inadequate and that the Tribunal erred in relying upon an incorrect translation of the initial interview in finding there were inconsistencies in the various accounts given by the appellant.

Despite the interpreter clearly experiencing difficulties in understanding the applicant’s evidence – for example, he stated that the appellant “was all over the place and I cannot interpret that way... I have to have a sentence, something I understand and can interpret. Now if someone is just giving bits, bits and it is not a proper sentence it is all over the place...” – Mansfield and Selway JJ were satisfied that the interpreter fully and accurately interpreted the substance of the applicant’s evidence. The only error their Honours could identify was that the interpreter stated that an event occurred “the fourth night” whereas the correct translation was “the fourth day”. The Tribunal was satisfied however that the Tribunal had attached no significance to the issue of the fourth day or the fourth night. “Consequently, the translation of the hearing before the Tribunal was not so inadequate that it could be said that the appellant was effectively prevented from giving evidence at the Tribunal hearing. In fact, the converse is the more accurate view of the interpretation of the hearing. Nor can it be said that the single error that was identified was material to the conclusions reached by the Tribunal” at [22].

The Tribunal was also satisfied that the matters giving rise to credibility findings were not related to any matters about which there were translation errors in the first interview.

SZADQ v MIMIA (SZADQ v MIMIA[2003] FCA 1223, Stone J, 3 November 2003)

The applicant of the Hindu religion appealed to the Federal Court against the decision of Federal Magistrate Driver who had affirmed the Tribunal's decision. The applicant claimed that his hearing before Federal Magistrate Driver had been prejudiced as he had been provided with a Muslim interpreter.

The Federal found that “[in] his reasons for judgment Driver FM commented that he did not consider that the religion of the interpreter had any bearing on the interpreter’s capacity ‘to interpret faithfully and his understanding of his obligations’. I respectfully agree with his Honour and do not accept that the religion of the interpreter has any potential to prejudice the appellant” at [8].

WACO v MIMIA (WACO v MIMIA[2003] FCAFC 171 (Lee, Hill and Carr JJ, 16 August 2003)

The Iranian applicant submitted that the interpretation of the concept of “house arrest” was faulty as there was no direct Farsi translation of the term and no suitable substitute for the term was found by the interpreter to allow the Tribunal and the appellant to communicate in regard to the concept.

The Court recognised that while “house arrest” may be an example of a term for which there is no perfect translation, “the requirement is not that there be a perfect translation, it suffices that the translation is sufficiently accurate as to permit the idea or concept being translated to be communicated” at [66].

The Court considered that “house arrest” means that the person under arrest is under control and observation in his home. The Court was satisfied that this meaning was adequately conveyed by the words “controlled” and “observed at home” as used by the interpreter and that no breach of s. 425 was apparent.

MZWKN v MIMA [2006] (FMCA 413 Federal Magistrates Court of Australia, McInnis FM, MLG 640 of 2004, 24 March 2006)

The applicant, a national of Georgia, sought judicial review of an RRT decision that he was not a person to whom Australia owed protection obligations. The applicant claimed to fear persecution on the basis that he would be persecuted by Georgian law enforcement agencies because he was trying to establish a political party.

The application for a protection visa was refused and on 21 May 2002 the RRT affirmed the delegates decision (the first Tribunal decision). The applicant then applied to the Federal Magistrates Court for judicial review of that decision. The central issue before the Courts was the quality of the Georgian interpreter that had been provided by the first Tribunal, and a transcript of the first hearing was

provided to the Federal Court by a translator. The matter was remitted for reconsideration.

The second Tribunal went to considerable efforts to locate another, accredited, Georgian translator, but was unsuccessful. An accredited Russian translator was supplied by the Tribunal on the understanding that the applicant spoke Russian to some degree, although it was a second language, as he could not read or write it. The second Tribunal went to some lengths to ensure that when the applicant appeared to have difficulty, there was further discussion of the questions put and answers.

The second Tribunal found that the applicant had not provided sufficient details of the political party he was allegedly involved with, and in particular did not appear to know which part of the political spectrum the party was located on. The Tribunal also found that the applicant's role in the political party was minor and insufficient to bring him to the attention of the authorities, and that the general country information suggested the Georgian authorities were tolerant of political parties. The second Tribunal affirmed the decision of the delegate.

The applicant contended that the Tribunal had erred by placing weight on his lack of clarity in answering questions on the political party. The applicant submitted that this was due to the difficulties he had communicating in the Russian language.

Held: RRT decision set aside and remitted for reconsideration

- (1) There was a departure from the relevant standards of interpretation which related to matters significant to the applicant's case before the Tribunal. The discussion of the philosophy of the political party was central to the application and by failing to provide a relevant standard of interpretation, and not seeking further written submissions, the Tribunal denied the applicant procedural fairness and made a jurisdictional error.
- (2) The Tribunal's reasoning that the applicant did not display "any real awareness of the idea of a political party", or of the political spectrum, was difficult to extricate from the other adverse findings of the Tribunal, and was determinative of the application.
- (3) The error was not cured by the applicant continuing with the hearing and not objecting.

SZIME v MIAC [2007] (FCAFC 10, Federal Court of Australia, Allsop, Lander & Middleton JJ, NSD1755 of 2006, 13 February 2007)

This was an appeal from a judgment of the Federal Magistrates Court dismissing an application for judicial review of a Refugee Review Tribunal ("the Tribunal") decision that the appellant, a Nepali national, was not a person to whom Australia had protection obligations.

The issue before the court was whether the Federal Magistrate had erred in concluding that the Tribunal did not breach s. 429 of the *Migration Act 1958* ("the Act"), which states that "[t]he hearing of an application for review by the Tribunal

must be in private”. An interpreter was present at the Tribunal hearing and had taken an oath of confidentiality. During the hearing the appellant’s migration agent had raised a number of difficulties with the interpreting and the interpreter had said that she did not feel well, did not have much experience and that the applicant might need a better interpreter. The Tribunal adjourned the hearing and resumed with a new interpreter, but invited the first interpreter to remain as an observer, to help her familiarise herself with Tribunal proceedings. No consent was sought; however, neither the appellant nor his agent objected, and the agent had displayed no hesitation in speaking in his client’s interests up to that point. The appellant submitted that the hearing was not in private. It was submitted that the presence of the first interpreter was akin to the presence of any member of the public, that her presence was not necessary for the performance of the Tribunal’s functions, was not desired by the appellant and was not of any advantage to him.

Held: Appeal dismissed

- (1) The interpreter was not to be taken as a member of the public and the hearing was “in private” for the purposes of s. 429 of the Act.
- (2) The question as to whether persons present at a Tribunal hearing deny the quality of privacy of the hearing will be a question of fact in each case recognising that the phrase “in private” is an ordinary English expression and that the purpose of s. 429 is to protect the applicant in the respects identified by the High Court in *SZAYW v MIMIA* (2006) ALR 423. That is, that an applicant may make allegations that could expose the applicant to a risk of reprisals if they were made public, and applicants should feel uninhibited in presenting their cases to the Tribunal.
- (3) The first interpreter was not a stranger. Whilst her role had ceased, she remained clearly bound by the oath of confidence. The hearing was not open to the public. The purpose of the interpreter remaining as identified by the Tribunal was one reasonably required in connection with the Tribunal’s functions generally. It is plainly in the interests of the due administration of the Tribunal’s function that there be competent interpreters available to it. The opportunity for some further exposure to the processes of the Tribunal and its procedures was a legitimate connection with the performance of the Tribunal’s functions.
- (4) Whilst a request for consent would have been both appropriate and courteous, a lack of such request did not convert the first interpreter into a stranger or interloper.
- (5) Having regard to the purpose of s. 429 as identified by the High Court, the functions of the Tribunal, how the interpreter came to be there, the events that happened and the expressed reason for retaining the presence of the first interpreter, the interpreter was not to be taken as a member of the public and the hearing was “in private”.

The inherent value of human rights and their protection goes and must go unquestioned. In thousands of interpreting assignments each day of the week this aspect does not loom large in the interpreter's mind although it is a factor in every assignment. Just as the concept of impartiality is one which is focused upon in discussions of the role of the interpreter in a business meeting, so is the concept of human rights focused upon when we talk about asylum seeker interviews and interpreting in conflict zones or in camps for displaced persons.

A considerable amount of research has been done in this area, notably by Barsky (1994), Inghilleri (2007), Baker (2005, 2006) and others where the idea of the role is not construed as the immediate behaviour of the interpreter, nor is there an analysis of the transfer of meaning in the interactions to assess whether this is accurate, rather the interpreter's role is examined from the standpoint of the macro-contextual factors influencing the social interaction which characterises the situations, in this instance, the refugee determination process. These factors stem from the narrative and narrative theory is utilised to analyse the social function and the political import of the interaction.

The concept of narrative has been utilised by a number of disciplines such as literature, social theory and politics. It is not appropriate or possible to do justice to this concept in a presentation like this one; I shall therefore simply attempt to illustrate its application to interpreters using examples from some of these authors.

Mona Baker (2005) gives an example of a narrative about translators themselves; the narrative portrays the translator as an honest intermediary, translation as a force for good; utilising the metaphor of the translator as a bridge, she gives the example of a programme on Iraq televised in Britain in October 2003 which showed a US army officer standing at the bedside of a wounded Iraqi civilian and speaking to him through an interpreter. The interpreter was enabling communication between the two parties and the officer was explaining to the wounded Iraqi that he had only two choices, cooperate with the US army and live or fail to cooperate and be left to die. She states that it is difficult to see how this "enabling" role of the interpreter can be reconciled with the narrative of the translator as a force for good.

Moira Inghilleri in *Social Semiotics* (2007), in an article titled "National Sovereignty versus Universal Rights: Interpreting Justice in a Global Context", discusses the concepts of insider/outsider, national/transnational and looks at them in the instance of the process of refugee status determination in the UK. In describing the players in the process she states:

The asylum process is the roughest of rough games. Beneath some of the interactional surface each participant in an official hearing can be in bad faith. Discussions within the solicitor's office between an asylum seeker, a legal representative and an interpreter involve the joint production of a narrative that will achieve the objective of winning the right to remain in the United Kingdom. The underlying motive of the Home Office's counter-narrative against a claimant's credibility is to return the applicant to his/her country of origin or an alternative "safe" country. The particular discursive moves of any or all of the participants in evidence in interpreted interactions are directly informed by both the local communicative and global political processes described above.

The interpreters involved in this process do not come from nowhere. They too are socially and politically situated. They are therefore operating at the grinding edge of the macro-political realities. Given that asylum cases are won or lost based on the competing “ontological” narratives of applicants and “public” narratives of the receiving countries both sides have a stake in believing in and seeking to ensure that their case for or against persecution is relayed as comprehensively and “objectively” as possible. (2007: 207)

These two examples are illustrative of the phenomena which we as interpreters have perhaps identified and struggled with, but the above approaches place the issues in a much more holistic and universal frame utilising the concept of narrative.

I often meet interpreters who have interpreted at the Refugee Review Tribunal who tell me that they no longer wish to do this kind of work. When I ask for a reason, it is not couched in the terms which I have just quoted above but it is said that they find the experience too difficult as they fear the consequences of inaccuracies on the process and see the impossibility of achieving that bridging role which Mona Baker talks of. The existence of two narratives one belonging to the applicant for asylum and one which is the institutional narrative of the system, and the distance between them, provide a degree of discomfort for the interpreter and often they do not wish to participate in this social interaction.

The problems embedded in the last paragraph are major ones. The poignancy of this area of operation is created by the following factors: the first is what used to be called the “world view” of the actors which includes the concept of narrative. In this area the most likely scenario involves persons whose world is far removed from the Australia of 2010 for example; this is not referring to economic well-being but to the underlying assumptions in our society, including but not limited to the attitudes of officials, the reliance on the rule of law, the concern with process, the formality of the encounter and many others *versus* the assumptions about the same issues on the part of the asylum seeker. These are not matters that can be “cured” for either interlocutor by more information or more study, these are matters in the socio-political environment which are part of the fabric and makeup of the persons who constitute a society, absorbed over decades and changing with the times in accord with the efforts of parents, the media, politics etc. – the creation of new and different narratives both private and public. As an example the narrative of the *war on terror* is a recently created narrative which is moulded and reinforced at every turn and at every opportunity not only for those trying to exploit its political ramifications but also for ordinary citizens.

Enter the interpreter. In this area a large proportion of interpreters, by virtue of the languages involved, are inexperienced, untrained and not professionally socialised – sometimes all of the above. The context is human rights, the underlying assumptions are that the stakes are extremely high and the rewards are also perceived as considerable. In order for communication to take place in fairly structured communication situations such as a lawyer’s consultation or a tribunal hearing, the interpreting needs to be impeccable.

Often however, even impeccable interpreting does not bridge the communication gap because of the fact that the two narratives cannot be successfully integrated during the interaction. The reasons, in my view, are to be

found in complex human feelings. In a high percentage of asylum cases the interpreter is of the same ethnic and cultural background as the applicant and often was himself/herself a refugee. It thus occurs that there is a tendency to normalise the narratives – for the English speaker to receive interpretation conforming to the, in this case, Australian narrative and for the other client to receive interpretation conforming to their narrative. I hasten to add that this does not mean that the interpreter is being inaccurate on purpose in order to alter the outcome of the interaction. What I am saying is that in such a situation more subtle forces are at play. What I have called the “normalising” of the narratives occurs at a level that the interpreter himself or herself is not necessarily aware of and it entails, for example, the way that the implicit and explicit aspects of language are handled, the manner in which non-corresponding concepts in either language are represented in the other language, highlighting one aspect over another. This is something which happens in any interpreted situation, except that, in the case of those involving human rights, this element comes to the fore because of the nature of the players. This phenomenon reaches the “unacceptable” in interpreting performance terms when the interpreter overtly intervenes in the situation as happens in my hearings every other day. These interventions are justified by those who advocate them on the grounds that the interpreter should be “more than” an interpreter and is some kind of cultural broker, as if any act of interpreting did not entail a cultural transfer component.

An analogous line of argument has been pursued in business interpreting for decades, in this instance the “particular” and “special” licence to the interpreter to intervene is discussed in terms of the concept of “he who pays the piper calls the tune”.

To bring together the threads of the above discussion, it is apparent that where the subject matter and context of the interaction involves human rights there is a point where the interpreter cannot easily attempt to separate the personal from the professional and the toll on the interpreter is sometimes overwhelming. In my view this is due to the multiple functions of interactions in this field where language as a human right becomes the means by which other human rights are achieved, for example the right to asylum. This is the reason why some people talk about the role of interpreters in human rights but I believe that to place such a burden on interpreters is unrealistic and counter-productive. I return to my appeal that we as interpreters should not take away the responsibility of the message from the interlocutors.

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Court interpreting in Italy. The daily violation of a fundamental human right

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Abstract

The paper analyses the situation of court interpreting in Italy and examines three cases of blatant violation of the defendants' right to a fair trial.

1. Introduction

The aim of this paper is to uncover and publicise a situation that has not previously been described in literature. While much has been written about aspects such as the legal role of court interpreters in Italy, the training they should receive and how they should work, little has been written about what actually happens in court based on empirical data. This study makes use of an on-going survey carried out over the last 5-6 years involving students from SSLMIT (the University of Bologna's School for Interpreters and Translators in Forlì) to discover exactly what is happening on the ground and see what the consequences of the mismanagement of the provision of court interpreting services in Italy might be.¹

¹ Students from SSLMIT in a study coordinated by Isabella Preziosi and the author visit Italy's courts as the subject of their final-year dissertations. The students in question have all attended a third-year undergraduate course on dialogue interpreting in which the court setting is used to teach interpreting techniques. The students, therefore, have a knowledge of both the practical and theoretical aspects of court interpreting. Using

2. The right to a court interpreter in Italy

2.1 International treaties

The right of all people to liberty and of those people who have been deprived of their liberty to a fair trial are two of the most fundamental rights enshrined in the Universal Declaration of Human Rights. Moreover, Article 7 states that “all are equal before the law and are entitled without any discrimination to equal protection of the law”, while Article 10 states that “everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him”.

It was in order to achieve the “effective recognition and observance” of the rights contained in the Universal Declaration that the members of the Council of Europe, with their “common heritage of political traditions, ideals, freedom and the rule of law”, signed the European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR) in Rome on 4 November 1950. The ECHR, which was made applicable in Italy by Law No. 848 on 4 August 1955, states in paragraph 2 of Article 5 that “everyone who is arrested shall be informed promptly, in a language which he understands, of the reasons for his arrest and of any charge against him” and in paragraph 3 of Article 6 that:

- everyone charged with a criminal offence has the following minimum rights:
- (a) to be informed promptly, in a language which he understands and in detail, of the nature and cause of the accusation against him;
 - (e) to have the free assistance of an interpreter if he cannot understand or speak the language used in court.

The right to the free assistance of an interpreter as part of the more general right to a fair trial was further re-enforced by the International Covenant on Civil and Political Rights passed by the United Nations Assembly on 16 December 1966² and implemented in Italy with Law No. 881 on 25 October 1977. Although everyone is familiar with these rights, it is important to remember them as they constitute a fundamental part of the legal and moral foundations on which the life of the Member States of the European Union, including Italy, is based.

2.2 Italian legislation

Having ratified these international treaties, Italy legally and morally recognises the right of people who do not speak or understand Italian to be assisted by an interpreter in court. At the time of ratification of these international treaties, no

a semi-structured questionnaire, the students interview both interpreters and court officials to discover what they know and think about court interpreting. They also observe the interpreters and legal professionals at work in court. The courts visited so far are Bologna, Brescia, Florence, Forlì, Milan, Naples, Perugia, Rimini, Rome and Syracuse. See Bottura (2009), Marchese (2009), Morganti (2009), Piscaglia (2006) and Salce (2008).

- 2 Article 14, paragraph 3, subparagraphs a) and f).

specific legislation was introduced presumably as the right to an interpreter in court proceedings was already recognised in Italy in the 1930 Rocco Code (Art. 326-331). Neither was any specific body created to oversee the provision of a right that was probably not often exercised³ in what until the mid-1970s was a country of emigration rather than immigration.⁴ Moreover, in what was then an inquisitorial system, in which most of the evidence was collected by the investigating judge outside of court, court interpreters did not have such a fundamental role.

The demographic situation changed considerably during the 1980s, however, with the immigrant population increasing so rapidly⁵ that the country's first immigration law was introduced in 1986 (Law 943/1986) to try and regulate the flow of immigrants, resulting in the position of 105,000 irregular immigrants being regularised in that year.⁶ Immigration was, therefore, already an important issue in Italy when the Italian criminal justice system was reformed in 1988 and the old inquisitorial model replaced by an Anglo-Saxon based adversarial system. The new code, which, "with its accusatorial nature, was introduced in order to make the criminal trial more consistent with the democratic principles of 'orality', immediacy and publicity" (van Kalmthout *et al.* 2009: 531), was intended to place the defence on the same footing as the prosecution, and greatly increased the importance of the role of court interpreters as it meant that all evidence now had to be presented orally in court and could be challenged during cross-examination.

The new code of criminal procedure, which came into force in 1989, contains five articles that refer specifically to interpreters in criminal proceedings (Art. 143-147), under the heading *Traduzione degli Atti* (Translation of Proceedings).⁷ These articles are, however, surprisingly very similar to those in the 1930 code, with the wording at times identical, and there is the same confusion over the terms "interpreter" and "translator", which are used interchangeably.⁸ Article 143 contains the only truly significant new element as it states that the interpreter's task is to enable defendants "to understand the charges made against them and follow the proceedings in which they are involved" (my translation).⁹ This important concept has been reiterated by Italy's highest courts on various

3 No official statistics have ever been provided on the use of interpreters in Italy's courts.

4 See, for example, Bonifazi *et al.* (2009).

5 From 298,749 in 1980 to 572,103 in 1988 (cf. CEI 2005: 1).

6 This law was quickly followed by the tougher Martelli law on immigration (Law 39/1990), which, however, resulted in the position of a further 220,000 irregular immigrants being regularised in 1990 (Carfagna 2002: 56).

7 For a concise summary of all the parts of the 1988 code of criminal procedure that refer to interpreting or translation, see Ballardini (2005: 168).

8 For a more detailed analysis of this point, see Sau (2010: 18-19).

9 As for the other articles, Art. 144 specifies who cannot be an interpreter (children, the mentally ill and people with a criminal record or involved in criminal proceedings); Art. 145 talks about the removal of an interpreter from a case; Art. 146 – the conferring of an assignment – states that the *autorità procedente* (proceeding authority) checks the identity of the interpreters, asks them whether they are in any of the situations listed in Art. 144 that prevent them from interpreting the proceedings and then warns them that they must carry out their assignment "well and faithfully, with no other goal than to make the truth be known" (my translation – the closest thing there is to a

occasions, such as ruling No. 4929 of 23 November 2006 of the *Corte di Cassazione (sezione sesta penale)*,¹⁰ which stated that Art. 143 conceives the interpreter as:

a means for the real participation of a defendant in a trial by enabling the defendant to actually understand the various proceedings and what is happening at any moment during those proceedings. [my translation]

3. The practice of court interpreting in Italy

3.1 The lack of a court interpreting service and any guidelines

Although the right to an interpreter is fully recognised in Italian law, the same observation that Niska made with regard to Article 6.3 of the ECHR can also be made in relation to Italian law on the matter, namely: “[it] says nothing about the qualifications of the interpreter, or even what the interpreter is supposed to do in various situations, or what the legal status of the interpreter is” (Niska 1995: 294). The 1988 code does not mention any criteria on which the selection of the interpreters should be based (such as minimum qualifications or necessary skills), nor does it provide any kind of guidelines with regard to when an interpreter is required. Moreover, no guidelines have ever been provided by the Ministry of Justice to assist the courts in how to select and work with interpreters,¹¹ nor has a specific body been set up to manage court interpreting services.¹²

The need for management and policy in the provision of interpreting services has been described clearly and in great detail by Corsellis (2008), where she also points out that:

the reason for inaction is likely to be due to simple inertia where systems, designed for a monolingual constituency, have not been adapted in any fundamental way to deal with an increasing movement of people between countries. (2008:151)

professional code of conduct); Art. 147 talks about how the *autorità procedente* fixes a deadline for written translations and how an interpreter who has been removed from a case may, “after being summoned to apologise”, be made to pay a fine of €51-516.

10 For the ruling, see <<http://www.venetoimmigrazione.it/Portals/0/pdf/normativa/CASSAZIONE%20SENTENZA%20N.%204929%20DEL%207%20FEBBRAIO%202008.pdf>>

11 This is the only question on which there was total agreement among all the legal professionals (50/50 judges, public prosecutors and lawyers) in the SSLMIT survey.

12 Compare this to the US Court Interpreters Act, introduced 10 years earlier in 1978. The very first part of this act established who is responsible for ensuring the quality of court interpreting and how:

(a) The Director of the Administrative Office of the United States Courts shall establish a program to facilitate the use of certified and otherwise qualified interpreters in judicial proceedings instituted by the United States.

(b) (1) The Director shall prescribe, determine, and certify the qualifications of persons who may serve as certified interpreters. [...] The Director shall maintain a current list of all persons who have been certified by the Director and shall report annually on the frequency of requests for, and the use and effectiveness of, interpreters. The Director shall prescribe a schedule of fees for services rendered by interpreters.

Whatever the reasons behind the failure to introduce a court interpreting service, the absence of any system for the training, certification and accreditation of court interpreters¹³ and the total lack of any guidelines, the result has been that the legal professionals in Italy's courts and the courts' administrative services have been left totally to themselves to decide on linguistic matters – how to select and work with interpreters and decide when they are needed – about which they have no knowledge or training. The result is, unsurprisingly, an almost totally arbitrary approach, which varies from court to court and even from judge to judge within the same court.¹⁴

3.2 The official register of court interpreters

In every court, the *Cancelleria* (the Clerk of Court's Office, which deals with all the administrative duties of the court, including contacting interpreters) has a register of expert witnesses, which also includes court interpreters (and translators),¹⁵ from which interpreters are supposed to be selected whenever they are needed. There is no legislation stating what the criteria are for admitting interpreters to this register, however, so here, too, the situation varies considerably from court to court. Most courts would prefer interpreters to at least have a degree in languages, but, of the courts studied, only the court of Rome specifically states in the application form for interpreters that Italian applicants must have a diploma in interpreting. Most courts also require interpreters to be first enrolled in the local Chamber of Commerce's list of experts (*Ruolo dei Periti e degli Esperti*). To be admitted to this list, candidates present their CV together with any documentation they deem relevant to demonstrate their professional activity. This documentation is then examined by a special board. Neither the *Cancellerie* nor the Chambers of Commerce ever test the interpreting or language skills of the candidates, however.¹⁶

3.3 The unofficial lists of court interpreters

As some type of qualification, such as a degree in languages, is usually requested (if not required) in order to be admitted to the official register, the interpreters on this register tend to have the mainstream languages taught in Italian universities, namely English, French, German and Spanish, as their working languages. These, unfortunately, are not the languages of Italy's immigrant population, the vast majority of whom are from eastern Europe, North Africa and

13 The goal of the Grotius and Agis projects, and now EULITA, is to promote the training, certification and accreditation of court interpreters in the Member States of the European Union. See <http://www.eulita.eu/home>.

14 See, for example, Salce (2008: 87-130) and Bottura (2009: 45-72).

15 For an explanation of why court interpreters are equated to expert witnesses, see Curtotti Nappi (2002: 279-291), Sau (2010: 24-27) and Longhi (2004).

16 See Piscaglia (2006: 36-40) and Salce (2008: 27-29) for more detailed information.

Asia; nor are they the languages required by Italy's courts.¹⁷ Most *Cancellerie*, therefore, also have an unofficial list of interpreters for lesser known languages, where the only criteria are to be able to speak the foreign language and to be readily available.¹⁸

As Corsellis emphasised, in order to be able to provide an efficient court interpreting service:

it is self-evident that the first step to planning and organising a service to a multilingual, multicultural constituency is to know what that constituency consists of in terms of specific features (...) And to store that information in a customised database for updates and retrieval according to purpose. (2008:153)

Although official statistics exist on the nationality of the defendants in Italy's courts, there are unfortunately no such statistics on the use of interpreters in Italy's courts, either as regards the number of days of interpreting or the languages used. It is known, however, that the regular immigrant population grew from 572,103 in 1988, when the present code of criminal procedure was introduced, to almost 4,300,000 (just over 7% of the resident population) in 2010,¹⁹ in addition to which there are an estimated 500,000-1,000,000 irregular immigrants.²⁰ Moreover, figures are often being mentioned by top judges about the high number of court cases involving non-Italian defendants in relation to the problems facing the Italian justice system. Giuseppe Grechi, President of the Milan Court of Appeal, stated in 2006 that:

The number of petty crimes committed by foreigners, above all from North Africa and Eastern Europe, is rising constantly and in these cases Italian justice proves to be swift indeed – 75% of the defendants in summary trials are non-Italians.²¹[my translation]

An idea of the number of cases in which interpreters are involved is provided by Giancarlo Caselli, Chief Prosecutor of Turin:²²

in order to understand how essential interpreters are in the Italian justice system nowadays, all you have to do is go into any courtroom where there is a summary trial. You will find that 85% of the people arrested on the streets are non-Italians.²³ [my translation]

17 See Bottura (2009: 51-52).

18 As was confirmed by one clerk of court: "We use mother-tongue people and we do not ask for any certification" (*ibid.*: 52). See also Salce (2008: 29).

19 There were 4,235,059 non-Italian citizens resident in Italy on 1 January 2010, an increase of 8.8% over the previous year. 2,086,000 (49.3%) of these citizens were from Eastern Europe. The countries from which the largest increases were recorded compared to 1 January 2009 were Moldova (+18.1%), Pakistan (+17.1%), India (+15.3%) and Ukraine (+13.1%) (ISTAT 2010: 1).

20 <http://www.corriere.it/cronache/09_agosto_10/focus_8coab4fo-8572-11de-8be5-00144fo2aabc.shtml>.

21 <<http://www.altalex.com/index.php?idnot=10321>>.

22 The high frequency of trials requiring interpreters was also confirmed by the legal professionals interviewed in the SSLMIT survey and in a similar study at LUSPIO University in Rome (see Sandrelli *et al.* 2009).

23 <<http://espresso.repubblica.it/dettaglio/effetto-colpo-di-spugna/2114409>>.

3.4 The remuneration of court interpreters in Italy

In addition to the absence of training and accreditation, another problem affecting the quality of the interpreting provided in Italy's courts is the disgracefully low sum that court interpreters are paid. On the basis of Law No. 319 of 8 July 1980, as interpreting is not a recognised profession, interpreters are paid on the basis of the time they actually spend in court. This is calculated using *vacazioni* (a period of two hours), which are currently paid € 14.68 for the first *vacazione* (of a trial, not of the day) and € 8.15 for each subsequent *vacazione*²⁴ for a maximum of four *vacazioni* per day even if the interpreter works for more than 8 hours. A judge may increase this amount by up to 100% in cases of particular difficulty or urgency. It also usually takes more than a year to be paid.²⁵ The low pay (as little as € 4.08 gross per hour) obviously discourages most trained interpreters from applying to work as court interpreters, as is highlighted on the home page of the recently created Italian Association of Legal Translators and Interpreters, assITIG.²⁶

4. Interpreters at work in Italy's courts

In order to discover who is willing to work for as little as €4.08 gross per hour, a survey was begun to find out exactly who interprets in Italy's courts and how these "interpreters" work, by visiting Italy's courthouses and interviewing them and the legal professionals. Of the interpreters interviewed (mostly non-Italians) only 6/60 had any interpreting qualifications or training and only half had a degree. Virtually all of these interpreters stated, however, that they never had any real problems when interpreting, never prepared for a case or asked for documentation ("Why? I just translate") and did not use any of the "tools of the trade" (such as dictionaries, glossaries or even a pen and notepad). Moreover, for none of these interpreters, whose experience ranged from over 20 years to their first ever assignment, was court interpreting their main source of income.²⁷

When observed at work, their performances and behaviour, unsurprisingly given that there are no prescribed standards, rarely came anywhere near the professional standards that exist in countries in which court interpreting is a recognised (and regulated) profession. There was no whispered interpreting of what was not addressed directly to the defendants – at most, there were very short summaries, but often nothing at all was translated, not even when, for example,

24 According to Art. 10 of the 1980 law, the fees "may be adjusted" every three years using the official cost-of-living index, but the most recent adjustment was 30 May 2002.

25 As Giancarlo Caselli also stated in the interview, interpreters "are paid little and disgracefully late". See also the results of the interviews with court interpreters in Piscaglia (2006) and Salce (2008) and http://archiviostorico.corriere.it/2006/agosto/27/Tribunale_nuova_protesta_Ora_tocca_co_10_060827017.shtml.

26 <<http://www.interpretigiudiziari.org/index.htm>>.

27 The findings in the LUSPIO study are almost identical. See Sandrelli *et al.* (2009).

police officers described the facts leading up to the defendants' arrests.²⁸ Virtually all the interpreting was done using the third person as legal professionals almost invariably addressed the interpreters rather than the defendants. Moreover, the interpreters were often seen to engage in discussions with the defendants before translating their replies and sometimes even answered for the defendants, while their attitude towards the defendants was frequently either paternalistic or hostile.

The situation observed in the on-going SSLMIT survey on the interpreting provided in Italy's courts corresponds very closely to the warning issued by Corsellis:

inadequate training and assessment leads to inadequately qualified 'interpreters' who are likely to be inappropriately used, poorly paid, vulnerable, without prospects and a risk to others. (2008: 56)

4.1 Three emblematic cases

All trials are recorded in Italy and so it is also possible to study the actual performance of interpreters at work in Italy's courts. Three cases have, therefore, been chosen to highlight the dysfunctions of Italy's court interpreting system. The first two cases were high-profile cases, followed closely by the international media, involving an English witness and an American defendant, while the third case was a murder case involving various Bangladeshi people that did not even merit a mention in the national media, in which the language used was Bangla.

4.1.1 The testimony of Mark Covell at the G8 trial in Genoa

The first case involves the testimony of the British freelance journalist, Mark Covell, on 25 January 2006, in the trial against members of the Italian police for their alleged excessive use of force in the raid on the Armando Diaz school during the G8 summit in Genoa in July 2001. This case, which was followed very closely by the British media (one of the BBC journalists covering the summit was also called as a witness in the same trial), highlights the total lack of awareness on the part of the Italian court system of what a professional court interpreter is, despite the likelihood of international public scrutiny during the hearing.

Although there is no difficulty in finding professional, qualified interpreters for English, the person chosen to interpret Mark Covell's testimony was a Canadian citizen of Italian descent with a degree in sociology. She was not on the court's official register of expert witnesses (or even the unofficial list of interpreters), she was not a professional interpreter and she had no qualifications (or training) in interpreting, though she had worked as an interpreter in court on one previous

²⁸ For the importance of whispered simultaneous interpreting for a defendant, see Mikkelsen (1999).

occasion. She was, nevertheless, contacted by the *Cancelleria* and asked if she would come to court the following week to work as an interpreter at the G8 trial.²⁹

This “interpreter”, who agreed to do the job because she felt it was her civic duty, was not provided with any documentation to help her prepare for the assignment (which she says, looking backwards, would have enabled her to avoid a few mistakes).³⁰ She said that, in general, she did not have many problems interpreting although occasionally she had to ask for explanations. Analysing her performance,³¹ there are naturally many mistakes typical of untrained interpreters. She has problems translating the formal legal warning that the judge gives the witness, she interrupts the speakers in order to translate after they have uttered just a few words, she often has to ask for repetitions and there are several lexical mistakes, especially into Italian (she has problems, for example, translating the term “uniform”). There are also minor omissions (and sometimes additions) and problems with names and numbers (for example, she continues to call the organisation Mark Covell works for “Intermedia” instead of “Indymedia”). Moreover, there is no whispered interpreting of a long discussion between the defence, prosecution and the judge with regard to Mark Covell’s use of *carabinieri* in his initial statements and then “police” during the trial (she just informs him very briefly that “they’re talking about...”). Although her performance does not contain any major errors, it does considerably lengthen the proceedings and is clearly not that of a professional court interpreter.

She was not helped in her task by the legal professionals. As virtually always happens in Italy, the presiding judge gives no instructions to the court about working with an interpreter³² and immediately addresses the interpreter instead of the defendant (as often occurs during the testimony). The judge also does nothing to stop the prosecution and defence counsel from speaking over one another during the cross-examination. Furthermore, the interpreter is made to work for several hours without a break, something she complained about when interviewed.³³

She had no idea why she was chosen for the assignment, but believed it may have been because she was the friend of a judge. Another possible explanation is that she was selected because of her social standing in the local community given that she was the Director of the Italo-British Association.³⁴ Whatever the reason,

29 All the information concerning this interpreter was provided by the interpreter herself in an interview for an undergraduate dissertation. See Marchese (2009: 44-58).

30 In the SSLMIT survey most of the legal professionals interviewed said that they did not provide any documentation because, among other things, “they did not want to influence the interpreters” or “interpreters must only translate”, revealing a total lack of understanding of how interpreters work.

31 A recording of the interpreted testimony can be found at http://www.processig8.org/Udienza_021_Diaz.html.

32 In the cases observed in the courts of California, the judges always gave instructions about working with interpreters. See Salce (2008).

33 See Marchese (2009: 65).

34 She says that she was treated with greater respect by the legal professionals when they discovered this (*ibid.*).

she was not selected because of her interpreting experience or training. Even in such a high-profile case, the court failed to provide a trained, qualified interpreter.

4.1.2 The trial of Amanda Knox

The second case is the even more high-profile trial of the American student, Amanda Knox, and her Italian co-defendant, Raffaele Solletico, for the murder in Perugia in November 2007 of Meredith Kercher, a British student. It was known that there would be massive media coverage of the trial in both Britain and the United States, where, in particular, there had been criticism of the way the investigations had been carried out. As Amanda did not speak Italian sufficiently well, she was appointed an interpreter. The interpreter chosen was, once more, not on the official register, although this time she did at least have a diploma in interpreting and, apparently, considerable interpreting experience, including in court.

The trial began on 16 January 2009, which means that the interpreter had already spent five months in the company of Amanda at the trial when she testified for the first time on 12 June 2009.³⁵ When anyone testifies in court in Italy, they are first asked to provide their name, and date and place of birth. The interpreter not only remarkably does not know this information, but also fails to write it down or memorise it when it is provided by Amanda. She, therefore, has to ask Amanda to repeat this simple information. She then covers Amanda's testimony by starting to translate when Amanda has uttered just two or three words, making it impossible for Amanda to answer the prosecution's questions and for the court to follow Amanda's testimony. After a few minutes the interpreter is interrupted by the judge, who asks her to let Amanda complete her sentences. The interpreter's reply is that she is translating simultaneously!³⁶ This "experienced" interpreter reveals a total lack of knowledge of basic interpreting techniques, especially of the interpreting techniques used in court interpreting. The result was that Amanda continued her testimony the next day (and during the rest of the trial) using her limited Italian.

This case highlights how a generic diploma in interpreting and previous experience on one's CV is not sufficient and that interpreting skills need to be tested (and by people who know what to test).

4.1.3 The trial of Yesmin Akter

The third case is a murder case in which all the protagonists were from Bangladesh and at the time spoke virtually no Italian. Yesmin Akter was accused

³⁵ Eyewitnesses present at the trial also commented on the way she would laugh and joke with Amanda before the proceedings started and would then fail to provide her with whispered interpreting when all the evidence was being presented. She also failed to take any notes and at best occasionally whispered a few words into Amanda's ear.

³⁶ The interpreter's performance can be seen at <<http://www.youtube.com/watch?v=1gW67Fj9RWY>>.

of having conspired with Sikder Selim (a compatriot who had raped her on four occasions shortly before the murder) to murder her husband, Haque Hamdadul, on 3 June 2004. She was suspected by the police because she had not reported her husband missing and because of the way she cried when she was informed by the police of her husband's death, revealing a total lack of cultural awareness as regards Bangladeshi women.³⁷

After her arrest, Yesmin Akter was questioned on 7 June and then again on the following day before the GIP (the judge for the preliminary investigations, who had to decide whether the evidence presented was sufficient to confirm the arrest and if so, whether she should be held in custody). The interpreter at this hearing was a Bangladeshi woman who sometimes works as a cultural mediator for the Municipality of Venice. Not only was she not an interpreter, but when subsequently summoned to testify at the trial of Yesmin Akter, she required the assistance of an interpreter to answer the court's questions. After first translating the judge's warning that "you have a right to remain silent, but anything you do say may be used against you" with "anything you say will be used in your favour", the interpreter then made Yesmin Akter seemingly admit her guilt in the opening exchange:

- GIP: Tell her that Yesmin is accused of taking part in the murder of her husband and of conspiring to do so. In practice, it is alleged by the Public Prosecutor that they – she and Sikder Salim – conspired together to entice her husband to the Nuove Gemme Park in Spinea and that Sikder Salim then killed Haque Amdadu, who was found dead in a ditch in the park at 12.30 on June 3. Tell her that for now.

- Interpreter's translation: They are saying what is written, what you said before, that you and Selim together took your husband to the park, where you spoke and Selim killed your husband. Is that right?

- Yesmin: Uhm, uhm, is that what I said?

- Interpreter's translation: Yes, she did. [my translation]

This was taken by the prosecution and the judge to be an admission of guilt and she was remanded in custody, eventually spending two years in jail. Yesmin Akter's young, recently qualified court-appointed lawyer apparently raised no objections.

Fortunately for Yesmin Akter, she was visited in jail by Bhaumik Lopamudra, a translator and cultural mediator from Bangladesh with fluent Italian, having come to Italy in 1984 and being married to an Italian. Mrs Lopamudra had gone to see Yesmin Akter to inform her that her parental responsibility had been taken away from her. When Yesmin Akter told Mrs Lopamudra about her situation, Mrs Lopamudra suggested that she should speak to a good lawyer and the woman sharing the cell with her recommended Luciano Faraon, who took over the defence of Yesmin Akter. When Mr Faraon, who had asked Mrs Lopamudra to assist him as an interpreter, consulted with his client, he realised that something had gone badly wrong during the questioning and requested for her to be re-heard by the GIP. On this occasion (28 September 2004), thanks to the presence

37 The testimony of the police was shown on *Un giorno in pretura*, an Italian TV programme which shows and comments cases of interest in Italian courts. For the facts of the case, see also Faraon (2008). Further information was also provided in a number of interviews with separately Luciano Faraon and Bhaumik Lopamudra.

of Mrs Lopamudra – a different court-appointed interpreter was once more unable to translate the cross-examination properly – a different version of the facts emerged.

Examining the official transcripts of the original questioning of Yesmin Akter on 7 and 8 June, Mr Faraon realised that they made absolutely no sense and asked for the recordings of the 8 June hearing (there was no recording of the questioning at the police station). The public prosecutor refused to allow the defence to have these recordings and it was only towards the end of the preliminary investigations that the GIP instructed the public prosecutor to hand them over. The recordings were then re-translated by Mrs Lopamudra, with the help of another lawyer for the legal terminology, which is when all the mistakes made by the first interpreter came to light.

After the preliminary investigations had been completed and Yesmin Akter appeared before the GUP (the judge for the preliminary hearing whose task it is to decide whether there is sufficient evidence to stand trial), Mr Faraon requested that the evidence presented by the prosecution be ruled inadmissible as it was based on incorrect translations by the court-appointed interpreters, as demonstrated by Mrs Lopamudra's translations. The public prosecutor rejected this claim, stating that the defendant had always had an interpreter present whenever she was questioned and so there was nothing wrong with the evidence. The GUP, completely ignoring the testimony of Yesmin Akter on 28 September and rejecting the defence's request for the two different versions of the translations to be compared, ordered that Yesmin Akter stand trial.

At the opening of the trial at the Court of Assizes on 26 October 2005, Mr Faraon once more asked for the prosecution's evidence to be ruled inadmissible as it was based on completely erroneous translations and told the court that Yesmin Akter's right to an interpreter had been violated by the incompetence of the court-appointed interpreters. The public prosecutor replied that the defendant's rights had been respected as "all the interpreters had been mother-tongue Bangla speakers who had been living in Italy for several years" (my translation). She stated, moreover, that information had been sought from the police and university institutes to ascertain their suitability, adding that only the defence's interpreter said the translations were wrong. The judge ruled that the evidence was admissible and then shouted at the new court interpreter to get his attention, before asking him to translate the charges. When, after a long delay, the interpreter finally provided a translation, Mr Faraon (informed by Mrs Lopamudra of the error) told the judge that the translation given had been "What is your husband's name?" The judge asked the interpreter, who clearly had a very limited knowledge of Italian,³⁸ whether he was able to translate the charges. The interpreter replied that he did not really understand Italian, at which point the judge exclaimed, "Allora buona notte!" (literally, "Goodnight then") and adjourned the trial while yet another interpreter could be found.

The interpreter for the rest of the trial was a Catholic missionary priest who had spent 24 years in Bangladesh as a missionary. He was not an interpreter and had

38 He was apparently a chef. Anyone requiring a copy of the recording of the opening part of the trial, which will later be posted on the Internet, can contact me by e-mail (christopher.garwood@unibo.it).

never interpreted in court before, and he had a few problems (as he himself admitted), especially as the defendants (and witnesses) spoke a dialect with which he was not familiar.³⁹ This meant that he was forced to clarify the meaning of several terms with the people concerned (sometimes with the help of Mrs Lopamudra), thereby lengthening proceedings. When a new version of the facts emerged during cross-examination, thanks to the presence of the two competent interpreters, the public prosecutor dropped the charges of conspiracy to murder (but continued with the lesser charge of aiding and abetting, of which Yesmin Akter was later also acquitted).⁴⁰

This case was referred to the Italian Constitutional Court as the defence requested at the end of the preliminary investigations that their interpreter be paid by the State since the various court-appointed interpreters had been incapable of enabling Yesmin Akter “to understand the charges made against [her] and to follow the proceedings in which [she was] involved” (my translation) in accordance with Art. 143 of the Code of Criminal Procedure. The GIP rejected this request and the matter was referred to the Constitutional Court, which ruled in favour of the defence, stating that the mere provision of an interpreter does not guarantee a person’s right to a fair trial if the interpreter is not able to perform the task s/he was summoned to carry out. The Constitutional Court also added that Parliament must introduce the necessary legislation to guarantee the competence of court interpreters.⁴¹

5. Conclusions

All three of these cases were normal trials, which are programmed weeks or even months in advance and, therefore, should give the *Cancellerie* ample time to find competent interpreters. One would have thought that this would have been a priority in the first two cases because of the likely international coverage (and with English as the language involved, this was hardly a difficult task), and in the third case because the defence had already challenged the evidence presented by the prosecution on the grounds that the interpreting had been totally inadequate. It is clear from these three cases, however, that the courts are totally lacking in any criteria with regard to the selection of interpreters.

Unfortunately, interpreters are most frequently used in court in Italy in the *giudizio direttissimo* (summary trials), where defendants must be brought before the court within a maximum of 48 hours.⁴² The *Cancellerie*, therefore, have a very

39 All this information was provided by the priest in question in an e-mail interview. He had no idea who had given the court his name, but apparently they wanted someone who could speak Italian.

40 She has not, however, been paid compensation for the two years she unjustly spent in jail and Luciano Faraon intends to take this case before the European Court of Human Rights.

41 Ruling 254/2007. See: <<http://www.cortecostituzionale.it/giurisprudenza/pronunce/schedaDec.asp?Comando=RIC&bVar=true&TrmD=&TrmDF=&TrmDD=&TrmM=&iPag=1>>.

42 Summary trials are possible when someone confesses to a crime or is caught in the act.

short time (sometimes only a few hours) in which to find the interpreters, usually for languages not commonly known in Italy, moreover paying as little as € 4 per hour. When interpreters can be found, they are presumably the unqualified interpreters observed in the SSLMIT survey or in the Yesmin Akter case. It is not uncommon for no interpreter to be found or for the interpreters contacted to fail to turn up or for the court to fail to request an interpreter.⁴³ Indeed, this happened on several occasions when students from the SSLMIT survey were present in court and the judges sometimes asked the students to interpret.⁴⁴ On many occasions, vehicular languages, such as English and French, are used even if the defendant is not competent in the language (but who decides and on what basis?). Sometimes the defendants are forced to use a very limited Italian.⁴⁵ None of these situations enables defendants to be “linguistically present” in court and participate in their own defence (Berg-Seligson, 2002: 34).

The unacceptable quality of the interpreting is clearly not the fault of the interpreters who appear in court (often, like the Canadian interpreter, out of a sense of civic duty), nor of the court officials who have to find and work with the interpreters. It is extremely worrying, however, how in the case of Yesmin Akter three judges and a public prosecutor refused to acknowledge what was patently clear – the incompetence of the court-appointed interpreters – and worse still claimed (the public prosecutor) that the interpreters had been carefully selected.⁴⁶ Exactly how many cases like that of Yesmin Akter occur, nobody knows, but it is clear that without the creation of a programme for the training, selection and accreditation of the interpreters (devised by academic institutions and interpreting professionals) not everyone is “equal before the law” in Italy and that most non-Italian-speaking defendants do not enjoy “full equality” in criminal proceedings. Indeed, their right to a fair trial is violated every time they are provided with untrained, unqualified interpreters, with no professional code of conduct to guide them, as occurs in the vast majority of cases.⁴⁷

The Italian Parliament has done absolutely nothing to ensure the competence of the interpreters in Italy’s courts despite the Constitutional Court’s 2007 ruling or the 2010 EU directive on the Rights to Interpretation and Translation in Criminal Proceedings,⁴⁸ which requires Member States to take concrete steps to ensure that the interpretation provided is of “a quality sufficient to safeguard the

43 See, for example <http://roma.corriere.it/roma/notizie/cronaca/10__settembre__30/traduttori-tribunali-crisi-roma-digianvito-1703859614642.shtml>.

44 Usually they refused, but not always. See Morganti (2009: 61).

45 See Ballardini (2002: 209-210), Salce (2008: 88, 89-95), above all with regard to the situation in Naples, and Corsellis (2008: 2) with regard to the level of language required to be linguistically present in court.

46 The public prosecutor was contacted by e-mail in order to find out which university institutes had been involved in the selection of the Bangladeshi interpreters, but at the time of writing no reply had been received.

47 It is known, however, that 37.4% of the Italian prison population are non-Italians. See <http://www.ristretti.org/index.php?option=com_content&view=article&id=905:giustizia-antigone-straniero-il-374-dei-detenuiti-percentuale-mai-raggiunta&catid=16:notizie-2010&Itemid=1>.

48 Directive 2010/64/EU of the European Parliament and of the Council of 20 October 2010.

fairness of the proceedings, in particular by ensuring that suspected or accused persons have knowledge of the case against them and are able to exercise their right of defence” and to establish a register of “appropriately qualified” interpreters. Hopefully, the Italian Parliament will act swiftly not just to end this legally and morally unacceptable violation of a fundamental right – the right to a fair trial – but also to end this financial absurdity of hiring – for € 4 an hour – totally untrained and unqualified interpreters, who, in addition to sending innocent people to jail, considerably lengthen court proceedings, frequently cause cases to be adjourned and sometimes give rise to totally unnecessary trials, at enormous cost. As Edwards rightly points out, “finding and using qualified people cost money” (1995: 8), but not only does this guarantee the rights of defendants to a fair trial, it also makes financial sense as, in the long run, it actually saves the State money. In the meantime, it is essential to “name and shame”, by bringing to everyone’s attention all violations of such a fundamental right.

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The next step in the CBI professionalisation process: training the public services providers

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Abstract

The paper focuses on the role of universities and research in promoting professionalisation of interpreting in public service settings.

Introduction

In the daily professional world of CBI (Community Based Interpreting), we all know stories about how things can go wrong in multilingual encounters, often because there is no interpreter (available). Sometimes miscommunication occurs because people (clients, providers) do not even ask for an interpreter. There are several different reasons for this: they are not aware of their existence or even of what they do; they are not allowed to do so (policemen need to have a certain rank to be able to demand an interpreter). Of course, one could raise the argument that these bad examples obscure what is going right in interpreted encounters. It is the community's task, however, to avoid these unfortunate situations – even one mishap is one too many. No service provider or interpreter ever wishes to take wrong decisions that affect people's lives based on miscommunication: this is a matter of professionalism, ethical codes and regulations.

If a deaf person has to throw things at the wall of the hospital room to be heard, if the asylum seeker ends up nodding because the official speaks louder and finally shouts in English “DO-YOU-UNDERSTAND-ME?”, we are indeed faced

with unprofessional and unsatisfying outcomes. The deaf person will not get treated as he should because of miscommunication or even non-communication; the asylum seeker may perhaps fail to be accepted because of a complete misunderstanding of his situation and may end up being sent back to a life-threatening situation he had escaped from. This does not mean that we should go looking for a scapegoat, be it the interpreter or the service provider – these situations simply should not happen.

In what follows, we firstly want to look at the situations that both Community Based Interpreters (CBIs) and service providers face, then mention how research findings should reach them more easily and frequently (and hence, show them how they can react better in certain situations) and, in conclusion, offer some possible solutions with regard to service provider training.

1. CBIs who face reality

A particular and perhaps unique survey research done by Baistow (2000) teaches us more about the emotional and psychological consequences (bad mood, stress, behaviour changes) that the interpreters go through while doing their job. As she rightly points out, interpreters often are “the objects rather than the subjects of research” (Baistow 2000:11). It appears that out of 17 circumstances which cause “mood or behaviour changes”, “dealing with service providers” is the fifth most important cause (after distress of clients, hearing about suffering/misery, not being able to help clients and worries about future employment). This kind of research clearly shows that the research community must take into account the opinions, meanings and also feelings of the interpreters themselves and must not only talk *about* them but also *with* them. “Dealing with service providers” causes mood and/or behaviour changes because interpreters often feel a lack of awareness and acknowledgement from agencies, service providers’ and interpreters’ organisations as a whole, and “community interpreting work can often be emotionally difficult and sometimes distressing” (Baistow 2000: 42). The community – and thus stakeholders and governments – must acknowledge this and translate it among other things into good working conditions, solid training and, last but not least, fair remuneration and reward proportionate to the interpreters’ (difficult) job. Otherwise we can ask ourselves the rather rhetorical question: “for how long are interpreters and translators prepared to struggle on before satisfactory professional frameworks are in place?” (Corsellis 2008: 13-14). CBIs depend precisely on the community which, as such, makes the decisions regarding their education, certification and remuneration. We cannot put it better than Ozolins who states:

unlike conference interpreting, which basically grew as a profession-driven field, community interpreting has grown essentially as an institution-driven field, with important consequences for status and professional issues. (Ozolins 2000: 21)

This means essentially that conference interpreters have learnt to defend their professional interests as a group from within their professional group(s) (AIIC, for example), while CBIs depend on the institutions which have to safeguard and

defend public interests and public concerns of a different nature: financial, ideological, cultural, political, etc. It is inherent to the definition of “public” that public institutions have to take grassroots opinions into account. These opinions are not static but changing, which means – at least in a democracy – that the “public” elects representatives according to their changing needs and beliefs. This in turn means that the political landscape is also constantly changing (although less quickly). If you have an extreme right-wing government in power for example, as an interpreter you cannot expect much good from them for the interpreting profession since extreme right-wing parties preach only strict integration policies which demand that newcomers acquire the local language immediately.

2. Service providers who face reality

On the other hand, we must also consider the realities that service providers face in their daily work: in an E&A department of a hospital for example, there is simply no “physical” time available to look for an interpreter. And if there is some time available to hire the interpreter, other problems can arise, like wrong matching: the interpreters that are available do not have the right language combination or qualifications/specialisations that are needed. On the other hand, the interpreter one is desperately looking for may not be available at that time. Or service providers in an emergency situation judge that it is better to work with an *ad hoc* interpreter (untrained or uncertified interpreter) who happens to be there (a friend, a relative etc.) rather than have no communication at all. On top of this, services are often faced with financial restrictions that force them to decide not to engage an interpreter. Service providers in these situations find themselves in a predicament: halfway measures are often the only possible solution at that very moment but of course they would prefer proper communication, and thus correct information. The reason for that is that they could end up in a delicate situation where not only the people who do not speak the language are at a disadvantage but where:

public service personnel are also disadvantaged. Those of us who work in these services are responsible for the professional decisions we take and, if those decisions are based upon incomplete or inaccurate information, we are at risk of endangering our own professional requirements, codes of ethics, and good practice – and thereby our own professional integrity and that of our service. (Corsellis 1997:78)

The issue we wish to treat here is precisely the awareness of this responsibility, to make sure at least that service providers do not take easy solutions if others are available. It is therefore also the task of the academic world and the institutions to facilitate a provider’s good practice. Academics can do so by conducting research in the field and by training and certifying interpreters, and it is the institutions’ task to create “satisfactory professional frameworks” and a “reasonable reward” (cfr. *supra* Corsellis 2008:13-14). This reasoning forms a vicious circle which has to be broken in one particularly delicate spot: recognition and professionalisation through research and training give reasonable rewards

but reasonable rewards are only justified if the community interpreter is a professional who is officially recognised as such by the institutions. Breaking the circle means creating awareness of all parties' responsibilities, including the responsibility of the institutions.

3. Research and research dissemination

Awareness can be raised through specific research, i.e. what in the Empirical Science Paradigm (ESP) would be called "evidence-based research", through observation, fieldwork, surveys and interviews (Gile 1994). First of all, this research should show the effectiveness of an interpreter in multicultural encounters; secondly, one of its outcomes should be training models not only for interpreters but also for service providers.

In research on effectiveness, evidence would consist of proof showing how CBIs work and act as much-needed professionals who consistently improve communication and, therefore, make service providers confident of their decisions. It means at least that providers will not be able to blame unfortunate decisions on miscommunication or on a lack of communication. Of course, such research is not that simple to conduct and, particularly, cannot be carried out that quickly if we want to build a large corpus of data (with lots of samples) and if we wish to gain an overview of the broad panorama of interpreting in the community, ranging from police encounters to social work, from healthcare to asylum instances and much, much more.

Nevertheless, this kind of research has been partly done already. See – among others – Pass International, for example, an organisation which, in conducting research on behalf of FOSOVET/COFETIS in Belgium in 2008, shows in a critical review of the literature that:

linguistic barriers make errors in translation more probable. According to the literature, such errors occur above all with *ad hoc* interpreters. [...] such errors in translation can lead to increased costs for the patient and medical institution, not to mention can compromise the health of the patient. (Pass International: 6)

But more importantly, this research is still ongoing and thus growing, given that community based interpreting is a relatively new area within Interpreting Studies. Although early research in this field dates from the late eighties and early nineties, e.g. research on court interpreting, on Sign Language Interpreting and CBI¹ in the UK within the IOL (Institute of Linguistics) (Pöchhacker 2004: 27-46), the real starting point is understood to be Cecilia Wadensjö's 1998 publication and Cynthia Roy's unpublished doctoral dissertation of 1989 (Pöchhacker 2004: 78-79), which are regarded as forming a:

coherent conceptual approach to (dialogue) interpreting and a broad base of discourse-analytical methodology, thus launching a new paradigm for the study of interpreting as dialogic discourse-based interaction (DI). (Pöchhacker 2004: 79)

1 In the UK CBIs are traditionally referred to as PSIs (Public Service Interpreters).

As the Pass International example illustrates, initially – and rightly, we believe – most attention was paid to the interpreter and the interpreter’s role and training. This is not so much the case for the research we mentioned earlier, i.e. the research that must lead to training models for service providers. Less importance has been given in any case to the role of the other parties in the dialogue composition, i.e. the provider and the patient/client/accused. Since interpreter education and certification is beginning to take on concrete forms and the situation on the market is improving slowly but surely, researchers must now shift their attention to the service providers and to the clients as well. Although they comprise the most important group to be asked about how they feel about interpreted interventions and whether they think they are beneficial, the clients most probably will be the last group to be heard, for most obvious reasons: all inquiries (via surveys or interviews) must be logically translated or interpreted. Doing research on the effectiveness of interpreting for the client is time consuming and expensive and must be well organised using substantial financial assistance from the institutions, which does not mean it cannot be done.

Given the limitations in space here, we can only give a few examples from the growing body of research data collected over the last decade which show that, although professionalisation of CBI is a very much promoted issue in research, shop-floor workers do not always act accordingly. This is not to mention the clients who because of their (weak) position of course are mostly not informed of professional demands set for interpreted encounters. The first example to be discussed here is one taken from a pioneer period (2000) which shows that acting effectively as a professional interpreter can still produce different perceptions both for interpreters and providers (see Pöchhacker’s survey below). The second example from a more recent period (2008) shows that bringing into action professional interpreters for clients is not a widespread practice because they often have a wrong idea of who is going to help them best (a relative or a stranger) and apparently providers are not yet active enough to change that idea (see Garret’s findings below).

Franz Pöchhacker’s very broad survey of providers (more than 600 medical and social workers), spoken language and sign language interpreters in Vienna, shows first of all that there is much heterogeneity in the interpreter groups, the result being that:

finally, in the social service setting, the comparison between the provider and interpreter perspectives once again highlights the family center interpreters’ broad perception of their task. (Pöchhacker 2000: 64)

Secondly, it clearly shows that the more than 600 service providers in Austrian healthcare and social service settings as potential users of community interpreting services “expect interpreters to do much more than ‘just translate’”, giving them “broad license and thus expect them to perform editing tasks” (Pöchhacker 2000: 62).

More recent research (about 10 years later) in Australia by Garret shows surprising results on a continent that was (one of) the first to have a solid immigration policy and, as a logical consequence of this, a national accreditation system for interpreters and translators (NAATI). Although current policy in

Australia “requires that a sticker be affixed to a medical record if an interpreter is required”, for example, it is the definition of the concept *require(d)* that is not clear as “the identification of the need for interpreters on presentation to hospital is quite poor” (Garret 2009: 75). What follows is a logical consequence of this “poor” identification of needs:

the study [that was reported upon in 2008] showed that about half of the patients with limited English proficiency “preferred” to use their relatives as their interpreter. The usage of family and friends to interpret was a more frequent event than the usage of professional interpreters. Family and friends played a particularly active role in the hospital care of patients with limited English, although the policy warns against this practice. (Garret 2009: 75)

It is important here to pay attention to the inverted commas of “prefer” which seem to suggest that the use of the verb is quite ironic: how can one – in this case a patient – prefer something if s/he does not know which alternatives to choose? In other words, if nobody tells him/her that a professional interpreter is available and that it is even better to have a professional interpreter instead of a relative, how can the patient then “prefer” the relative?

Next to these reflections, the two examples provide more material for reflection. First of all, they show the limits of surveys and their random picture of a situation in a particular context. Pöchhacker himself is well aware of this and by referring to the concrete case of Kopczyński’s survey on the “ghost role” rather than the “intruder role” of the conference interpreter, he comments on all surveys by arguing that:

[such varying and even contradictory views] point to the limits of survey research on role expectations, and highlight the need for detailed descriptions of interpreters’ actual performance. (Pöchhacker 2004: 149)

A similar survey with (slightly) different outcomes was carried out at the same time in Canada by Anne-Marie Mesa (2000): for example, interpreters of the Inter-Regional Interpreters Bank have a more homogenous opinion on their role. As long as different views on the role of the interpreter (apart from the setting) persist within the interpreters’ group, the users do not know what to expect from the interpreter. The professional interpreters should at least agree on their role, which is slowly but surely changing the more professionalised CBI is becoming. Secondly, these examples point to the need for more empirical research, which is, to put it mildly, a very difficult and complex task given the highly confidential and often delicate matters treated in CBI settings: the informed consent of all parties is needed. Furthermore, researchers mostly work with small samples or cases and cannot draw solid conclusions or identify larger scale tendencies.

Finally, the research results remain too often within the research context (universities, conferences, researchers’ community) and are not circulated enough to those directly concerned, i.e. the interpreters themselves and the providers (in any setting). We badly need to circulate research findings that show evidence of good, professional communication as forming a sound foundation for good, professional service (in courts, hospitals etc.). However, further circulation will not happen without resistance if academics and those on the shop-floor remain distant from one another. As Ann Corsellis explains in what

follows, collaboration between providers and academics is much needed but must be carried out with mutual respect:

there is, therefore, a public relations task to be done by academic linguists wishing to enter the field. Another important reason is that [...] professionals in other public services are beginning to realize that they need help in this area. [...] [on the one hand] some academics may think that they know about public services because they have been in hospital and visited the doctor, the police station or the court. But this is clearly different from knowing what it is like to actually do the job [...]. [on the other hand] There should be recognition, within the public services, of the needs of academics and their realities. [...] Negotiating mutually advantageous approaches leads to mutual trust. (Corsellis 2006: 345-346)

Fortunately, with the start of the Critical Link conferences (in 1995), much more attention has been paid to CBI in interpreting research and the boom of articles on CBI has largely compensated for the “tender age” of this research area. A quick overview of the titles published teaches us that 1/3 or even more of the articles use surveys, observation, reflection on code(s) of ethics and so on to study the *role* of the interpreter. Some volumes are even dedicated entirely to this theme, like *Crossing Borders in Community Interpreting. Definitions and Dilemmas* by Carmen Valero Garcés and Anne Martin (2008) – to mention just one title drawn from the large body of contemporary research. This favourable development has been made possible also thanks to the growing interest in interpreter training schools which more or less recently have introduced research and interpreting studies into their programmes. So it looks like we are on the right track regarding the growing amount of “evidence” we need: the greater the volume of research data, the sounder the results. The use of versatile research methodologies is becoming more widespread – for example, among other methods, empirical research through participant observation. This does not automatically mean, however, that all these research results are being made known to the parties concerned outside the research context. The reasons for this have been pointed out above: the parties concerned are not always interested in these research findings because research as such is not their “cup of tea” and, because of the “tender age” of the discipline, consensus has not yet been reached on certain issues – the role of the interpreter for example. Neither does this mean that we should sit and wait until a broad consensus has been reached. On the contrary, we should continue to do research in our own community, disseminate the results to the parties concerned on the one hand and give feedback to our research community on the other, in order to continue the discussion and reach a common agreement all together.

4. Service providers training – some case(s) in point

Ever since the first Critical Link conference in 1995 and also in other publications Ann Corsellis (see Corsellis 1997, 2000, 2006, 2008) has continued to stress the importance of training public service personnel. She has been saying so for the past 15 years because she wants to draw our attention to the tremendous responsibility the doctor, nurse, social worker, judge etc. place on the shoulders of the cleaning woman in the hospital by making her interpret; on the shoulders

of the little daughter who accompanies her father to the police station by making her tell her father's story without being disloyal to him; on the shoulders of the adult son who has to leave his job because he feels it is his duty to interpret for his mother during surgery and the long and complex period of recovery. In other words, giving *ad hoc* interpreters a responsibility they are often not even fully aware of, should no longer be acceptable. Not to repeat the shared responsibility we mentioned before, namely the risks service providers face in taking wrong decisions.

As the providers group is a group we can reach, they must be taught how to achieve communication with a client as if there were no interpreter present. This means they will be doing their job, i.e. the interview, the anamnesis, the therapeutic session etc., as if there were no third person in the room. They will not pass on their own tasks (interviewing, explaining processes or terminology etc.) to the interpreter, they will not leave decision-making to the interpreter and so on. In other words, they will let interpreters use their own techniques and strategies to fulfill their tasks properly and professionally. If not, Wilson and Perez clearly explain what will happen (their example comes from a police setting):

[...] no matter how well trained and competent an interpreter may be, if a police officer does not "allow" him/her "to do his/her job", the interpreters' performance will not be satisfactory. (Perez/Wilson 2007: 81)

A few striking examples from Belgium and the Netherlands reveal that there still is a long way to go concerning service provider training, at least in those countries. In the Netherlands it is prescribed that health providers are trained in skills which are necessary to communicate with an interpreter (Bot 2006: 162), but the author quickly adds that "however, at present, such training does not exist" (*ibid.*). In Belgium, Verrept reports that:

during their training, most health professionals have never heard of the negative effects of language and culture barriers on the quality of care. In addition, many of them are convinced that working with informal interpreters (e.g. family members, cleaners who belong to an ethnic minority etc.) is an acceptable strategy to overcome language barriers. Finally, hardly any Belgian health professionals have been trained to work together with intercultural mediators or interpreters. (Verrept 2008: 197)

Their training has already started in other parts of the world and some testimonials have been made available. To mention a few, Ann Corsellis (1997, 2000) firstly worked out training programmes in the UK, while Perez and Wilson involved police officers in Scotland in the training and assessment of interpreters (Perez/Wilson 2007, 2011). The simple fact of involving police officers in interpreter training at least makes these policemen more aware of how interpreters are trained to act in a professional way and how they as policemen can hinder or facilitate the interpreter's job. Helen Tebble (2003) describes and analyses the training material that has been used in Australia to make doctors improve communication with their patients if an interpreter is present. In a questionnaire they were asked about the usefulness of such training. The responses showed a very high rate of satisfaction among the trainees.

5. Belgium: possible (new) solutions through research

In Belgium, thanks to the Flemish COC service (the Central Support Cell for Social Interpreting and Translation) and the Flemish Platform for social interpreting services, a number of initiatives have been taken. There is the instruction video (*If You Understand What I Mean*) for the social services that is as a didactic tool, i.e. how not to act as an interpreter or as a service provider, followed by a good example depicting the “ideal situation”. Leaflets, posters and penholders in the form of a cube (with instructions and memory cues on the six sides) are available for all service providers and remind them of the most salient features in bringing about good communication through an interpreted encounter. A longer publication (a small booklet) by an interpreter (de Keyser 2004) explains from the pragmatic and everyday point of view of the professional interpreter how service providers and interpreters can both reach satisfactory outcomes.

Nevertheless, the problem with this material is that it is too static, although it is well constructed and written in a clear and didactic way. It remains impersonal and anonymous. Furthermore, nobody has ever checked if these publications are even read or seen. And if this is the case, it is still more difficult to know what reactions they cause – indifference perhaps, which might make everybody act as they did before? Or do they invoke interest and openness, which would at least create some awareness and perhaps some critical thinking? Neither do we know whom is reached by this material: the newly arrived young service providers who have grown up in a multicultural society (probably), those who have some experience in social work, who have received the information and read it (perhaps) or the service providers who have been working for a long time in the same way and are satisfied with the way things are (unlikely)? Nor is it easy to know the target readership of such publications when they are being written: those providers who have had some (unfortunate) experience with interpreted encounters and wish to improve them or the inexperienced provider whom we hope will act correctly right away after having read the material?

A more dynamic solution would be to present good practices when training both interpreters and providers. This is the case of the community interpreter classes in Flanders: service providers come and present their service, the way they work, their terminology. They show those present where to find the necessary information and do role play exercises with apprentice interpreters involving common everyday cases and situations. The problem again is that at best five to ten providers meet the interpreters, which of course is only a fraction of the providers in the field.

The opposite is not happening yet: interpreters are not presented in the providers' classes. We have two possible solutions to deal with this problem: we can organise classes for providers where interpreters and their work are presented. This is time consuming and expensive, however: service providers have to interrupt their daily tasks to follow the classes; interpreters also have to interrupt theirs. Evening classes would be a good solution, as everyone could attend them, but this would need a lot of good will. This good will can only be brought about by recognition of the profession and appropriate pay, which brings us back full circle to the point we made above.

We can avoid all this if we present the interpreter and his/her practice in the apprentice provider's classroom. Time is not an issue in itself. Students are there to learn during their college days, preferably as much as possible and the remunerative part is not under discussion yet, since students are not seen as active members of the productive population. The only way to obtain this is to check their study programmes and the communication skills involved, talk to the trainers/teachers responsible, determine their needs and offer an appropriate programme, adapted to their demands. This would mean for example, that interview style and strategies (either for the police or the social service provider) should not be changed but adapted to the interpreter's task. For example, this would involve pronouncing and formulating clearly, and avoiding the use of long complex sentences. It would also mean that future providers would know what the boundaries of the interpreter's job are, what can (not) be expected from them etc.

6. Future plans

We conclude by formulating our future plans for bringing about this "introduction of interpreters" into the apprentice provider's classrooms. We will start with research undertaken from the academic year 2010-2011 until 2012-2013. First we will map the experiences and needs of general service providers, healthcare providers and the police if this has not already been done, or is outdated, as our multicultural society is changing rapidly. Research on healthcare, for one, in Belgium was carried out in 2003 by Hertog and Van Gucht. Among the very first results we note that in police settings, for example, not all policemen are allowed to ask for an interpreter: one has to have a certain rank. If the policeman of the lowest rank is then confronted with an insoluble multilingual matter (in a specific case or at the desk) he simply shows the non-Dutch speaker (who can either speak in French or English) a handwritten form (so not even typed) which reads "return with interpreter". This left us researchers rather perplexed because first of all, the so-called "sentence" is written in only about 15 languages – most European languages and Arabic, but without translation into Russian or Albanian, two much-needed languages in Belgium for non-Dutch speaking persons. Secondly, it also neglects people who are illiterate or fails to take account of languages that have no written form (or about which there are ongoing discussions as to the existence of a written form, e.g. Berber language(s)). Thirdly, how will the non-Dutch speaking persons – most of whom are newly arrived or not integrated yet – be able to find such an appropriate interpreter and "return" with one? This is often only possible when they bring in a relative as interpreter and not a professional interpreter, which brings us back to our key issue.

The second phase of our research will involve analysing subject matters in communication classes in social services, healthcare (nurses, doctors) and police (e.g. questioning techniques for policemen, psychological support for doctors in bad news reports etc). After that, trainers and students in these communication classes will be asked to fill in questionnaires the findings of which will show us, researchers, how much they are (or not) aware of the fact that future service

providing will be more and more multilingual in a growing multicultural society. Then, focus group interviews will be held on the needs and expectations of communication trainers from the interpreting field. Based on the results of the analyses of the responses, a possible training programme, minimally an awareness raising programme, will be introduced into these apprentice providers' communication classes.

Finally, using the research findings, we will lobby those people who are working on communication with providers in order to convince them to introduce the notion of "interpreted encounter" into the classroom, to convince them that the interpreter must increasingly be – and will be – an integral member of the providers' team. In that way:

when there is a road traffic accident, police officers, fire and rescue officers, doctors, and nurses all work swiftly and smoothly as a team. They know and respect – because they have been trained to do so – each other's roles, responsibilities, strengths, and expertise. The linguist must be able to stand shoulder to shoulder within the team on the same basis. (Corseillis 1997: 87)

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Quantitative or qualitative analysis? An interesting methodological route in the field of Community Interpreting

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Abstract

The paper advocates the use of both quantitative and qualitative analysis in research on public service interpreting as a way to bridge the gap between theory and practice.

Introduction

My short contribution aims at presenting a methodological mix of quantitative and qualitative analysis that I myself used for my empirical study in the field of Community Interpreting (CI). As this study was carried out in hospitals and homes for the elderly, I concentrated on the medical interpreter, to be understood as a person who not only offers interpretation services to the patients but who also plays an active role in helping them beyond the dialogue with the medical personnel, i.e. advocacy or bridging cultural gaps (Verrept 2002: 172-173).

As many authors (Hertog/van der Veer 2006; Mason 2006; Pöchhacker 2004; Rudvin 2006; Vermeiren 2006) confirm, research activities in CI have grown exponentially in the last few years. Even if one can only be thankful for this interest in linguistic and cultural mediation, because of the debate it causes in the academic world and in the field of translation studies in particular, Hertog and van der Veer (2006: 14) state that “CI research is often found lacking in methodological coherence, all too often misusing research designs of an essentially exploratory nature to generate broad sweeping conclusions at medium

or even grand theory level, the conclusions thus typically lacking in falsifiability or even validity”.

Angelelli (2008: 157) is of the opinion that the gap between theory and practice still exists, because even if there have been numerous studies on the role of the medical interpreter, there has been no change in the work life of practitioners. Suffice it to say that there are only very few publications by university researchers in CI in medical journals. This is the real challenge the whole CI community has to face. Mette Rudvin (2006: 23) rightly notes that many researchers prefer to carry out small-scale empirical studies and not formulate any important theories. Hale (2007: 198) advocates a stronger cooperation between research, training and the profession, like in the mid-1970s, when researchers who also were interpreters entered the world of interpreting studies (IS) for the first time. A more active role of all actors would be desirable even for CI. There are researchers like Angelelli, Wadensjö, Hale and Roy who are very experienced community interpreters but the presence of researchers among medical personnel or paramedics would be highly appreciated.

1. Research on CI in the medical field

Mason (1999: 147) sees Lang and Harris as the first two authors of empirical studies on community interpreters. The former analysed the work of a court interpreter in Papua-New Guinea in 1978, whereas the latter, in the same year, carried out an analysis on the professional aspects of interpreting (*role conflict, in-group loyalties, participation status, relevance, negotiation of face*) that until then had not been taken into consideration because they were thought of as not applicable to the work of conference interpreters, the only type of interpreter studied in those days. Launer (1978: 934) carried out a study similar to Lang's on Nigerian patients and proved that in the majority of cases interpreters do not translate “word for word”, but take on the role of the physician managing the conversation. Launer distinguishes “legitimate deviation” that helps the physician understand what the patient says from “illegitimate deviation” (wrong translations). The two studies are the first in a long series on very different topics. The main value of those studies consisted in giving the new profession of community interpreter a status which it lacked at first in many countries. In this context one can recall the study by Verrept (2002) on the specific tasks of the medical interpreter; the empirical studies by Pöchhacker (2000) and Tomassini (2002) who availed themselves of questionnaires that not only helped understand the tasks of community interpreters, but also explained how the professionals themselves saw their role and how it was seen by patients. Most researchers studied the role of the community interpreter in the medical field. Bot (2005) concentrated on the specific medical field of psychiatric care: she was able to show that the choice of the interpreter to sometimes use direct and sometimes indirect speech is not left to chance or is not due to a lack of professionalism, but is based on an interpretation strategy. Viaggio (2006) studied the communicative aspect and the active role that the medical interpreter has to play. In conclusion of this brief analysis, one cannot forget the studies by Corsellis and Angelelli both dating from

2008, which underline once again the different interpretations of the role. The former is in favour of not involving the medical interpreter whereas the latter prefers an active visible role which is also reflected in the name “medical interpreter” rather than “mediator”.

2. Methodological routes

Hale (2007) tried to solve the problem of the lack of contact between theory and practice by advocating a descriptive form of research:

While descriptive research generates much needed and important knowledge about the current state of practice, such research would be of more direct relevance to practitioners if it also investigated the effects of such practices, including aspects such as how different practices and strategies impinge on the goal of the interactions and what strategies and practices are deemed to be appropriate in different settings or circumstances or with different participants. (Hale 2007: 199-200)

In order to reach this aim the author does not see any other means than to combine different research methodologies. Concerning CI in particular, the author distinguishes four research approaches:

1. the discourse analytical approach, using transcriptions of naturally occurring speech for their data;
2. the ethnographic approach, using mostly field observations, interviews and focus groups as elicitation techniques, relying on a number of different theoretical frameworks;
3. survey research, using mostly questionnaires; and
4. the experimental approach using methods from psycholinguistics and psychology. (Hale 2007: 204)

Angelelli (2004: 23 and 90) goes in the same interdisciplinary direction that is intrinsically linked to the very nature of linguistic and cultural mediation, which not only means interpreting and translating a message from one language into the other but also mediating between two cultures.

Hertog *et al.* (2006: 122-128) distinguish three types of research in CI: generative, formative and corroborative. In the opinion of the three authors, the first typology is the most commonly used by researchers and consists of data collection from which a research hypothesis is derived. Ways of conducting such research are interviews, questionnaires and observations. These interviews may be structured or semi-structured, the questionnaires may contain multiple-choice or open questions; observations are mostly limited to very small corpora or even to single case studies. The data collected by means of interviews and questionnaires will be processed and the findings divided according to sets of categories and concepts. The second, formative, typology is already based on a research hypothesis even if this hypothesis has not yet been proven. This typology also relies on questionnaires, interviews and observations but they are of a different kind: structured interviews are used in order to “pre-test” some research hypotheses, multiple-choice and open questions are mixed and the Delphi method is used, i.e. a group of specialists forms a focus group with the task of generating or refining

the research hypothesis. The last typology is defined by the authors as “the most scientifically straightforward and rigorous type of research design” (Hertog *et al.* 2006: 126). The interviews (structured), the answers (multiple-choice or closed) and the observations (in specific cases this means the analysis of the collected data) are not used to generate a research hypothesis, whereas the case studies are a means of proving the initial hypothesis.

3. Quantitative or qualitative analysis?

In every type of research it is very important that researchers determine their own attitude from the very beginning, because this will influence the decisions they make in the different phases of their work.

According to Jonker and Pennink (2004: 32), in the field of applied research, researchers who opt for quantitative analysis will see reality with their own eyes, whereas those who try to see reality with somebody else’s eyes choose the qualitative route.

The quantitative paradigm is based on a deductive analysis; researchers want to test a theory that they have developed on the basis of hypotheses and questions derived from the theory itself. To do so, they create concepts and variables that stem from the theory itself and try to measure them by using specific conceptual tools. Furthermore, one has to distinguish between *ex post facto* research and experimental research. As specified by Jonker and Pennink (2004: 42) the most important difference is the extent to which the researcher is able to intervene in the field of research. In the first case, the researcher may not intervene whereas in the second he may well do so. One of the methods used for experimental research is the case study: researchers choose a case they want to analyse and verify if this case confirms the expectations formulated in a specific theory or not.

The techniques used by researchers are not left to chance; normally they prefer to avail themselves of existing data rather than collect data themselves. Even if this approach is considered to be more scientific, it was also criticised by authors like Jonker and Pennink (2004: 44). The criticism mainly has to do with the excessive rigidity of the methodology, the *ad hoc* generation of data that are afterwards considered objective data, and the apparent neutrality of researchers.

What are the characteristics of qualitative research? Wester and Peters (2004: 27) identify four of them: reformulation of the problem, non-dominant role of theory, attention to the quality of the research material and analysis in different phases. Researchers start their work with a general formulation of the problem they are going to explore. The working hypothesis will be adapted “on the spot”; the final formulation of the problem will only take place at the end of the reflection phase. The same holds true for the role of theory, i.e. researchers have their own ideas from the very beginning, which will become a theory in the course of their studies. In the process of developing the theory, the authors distinguish four phases: the exploratory phase aiming at identifying different concepts, the specification phase in which the concepts will be further refined, the reduction phase in which the key concept is determined and the last phase, the determination phase in which the actual theory is derived. Paying attention

to the quality of the research material is a specificity of qualitative analysis: repetitions, classifications and other forms of monitoring are carried out based on the principle of triangulation which means that researchers can simultaneously use more than one method for their data collection (participating observation, interviews, questionnaires etc.). The analysis takes place in alternate phases in symbiosis with the perception and the reflection needed to structure the perception and the data collection “on the spot”. The general ideas that researchers have at the beginning become concepts through research on the spot; once the key concepts have been defined, their relations are empirically analysed. This phase of analysis is characterised by the elaboration of an analytical framework based on continuous cross-comparison with similar cases (Wester and Peters 2004: 40).

After having analysed the main characteristics of these two types of studies, one has to ask if it is possible, when conducting research, to rely on both approaches or if researchers are obliged to choose only one. Jonker and Pennink propose combining both types:

considering the unique nature of the subjects or objects of research, i.e. the organisation in all its forms, the careful alternation of both approaches of research offers better insights, more possibilities to come to a hypothesis, better harmonisation with existing theoretical insights, but especially direct contact with practice. (Jonker/Pennink 2004: 60) [my translation from Dutch]

Quantitative and qualitative analysis are complementary tools in the field of applied research. The authors (*ibid.*: 63) advise researchers, together with the individuals of the organisation, to start with an empirical linguistic study using a deductive approach in the initial phase, and then moving on with a view to finding the right theory.

Pöchhacker (2006) is of the same opinion. Qualitative analysis is a better fit for linguistic studies that analyse verbal aspects and not human interaction, whereas quantitative analysis can be used in the medical sector where the statistical evaluation of the collected data is easier.

[...] these categorical distinctions need not hold. On the contrary, quantitative (or even corpus-linguistic) analyses of interpreted medical discourse [...] can be as revealing as clinical comparisons relying (also) on qualitative data. [...] Indeed, triangulating various data sources and combining qualitative and quantitative approaches to a given research question [...] is increasingly regarded as “best methodological practise” and goes some way toward overcoming the traditional distinction, in some quarters, between “rigorous quantitative” and less reliable or valid qualitative (“soft science”) research. (Pöchhacker: 2006: 152)

I tried to combine both approaches in my research. I used quantitative analysis to collect statistical data. I did not rely exclusively on official sources but conducted some small data collections myself in order to get a more complete and reliable overview. Having found the target group (Italian elderly people), I conducted a participating observation (in hospitals and homes for the elderly). Jonker and Pennink (2004: 62) see this observation, which they define as *open observatie*, as the starting phase of qualitative analysis. This phase is important because researchers can get to know the organisation/institution and its problems. Patton

(2002: 262) describes the aim of “direct observation” as follows: “the first-order purposes of observational data are to describe the setting that was observed, the activities that took place in that setting, the people who participated in those activities and the meanings of what was observed from the perspectives of those observed”.

The aim of such an observation consists in getting to know directly and in detail how the care system for elderly people works and in collecting information that can be used for drawing up the questionnaire. Cohen *et al.* (2007: 318-319) subdivide this process into three phases. The first phase is the definition of the objectives that have to be achieved; the second phase is the identification of secondary topics that are linked to the main objectives and the third phase is the formulation of the information required for each topic. The main objective was to find out whether the presence of a cultural mediator in a public institution for the care of elderly people contributes to a better communication between patients/residents and staff. The questionnaire was divided into four parts, each dealing with particular aspects: the first part was intended to collect information on the respondent’s overall experience with elderly foreign patients/residents who need assistance; the second part concentrated on the elderly Italian population; the third part dealt with communication and language aspects and the fourth part with respondents’ critical reflections on communicative and linguistic aspects they are confronted with during their work. The last phase of the research consisted of an analysis of three videotaped conversations between medical personnel, Italian patients/residents and cultural mediators. This procedure was chosen in order to compare the data obtained with those resulting from the questionnaire. Silverman (2006: 201) affirms that such results (the answers to the questionnaires) can be seen as “researcher provoked data” whereas the videotaped conversations belong to the “data naturally occurring”, that are independent of the researchers’ intervention.

4. Conclusions

In my brief contribution I tried to summarise the various phases of my research. In particular I wanted to show that it is possible to combine different methodological approaches. By using a quantitative approach, not only researchers but also people working in healthcare facilities would be able to get a better overview of the reality in their setting. Based on the results that the researcher collects “on the spot”, he is able to formulate hypotheses and to verify, e.g. by means of a case study, whether the expectations formulated are going to be confirmed or not. Such a mixture of quantitative and qualitative analysis has the advantage of bridging the much deplored gap between theory and practice and ultimately helps to improve the daily work of community interpreters in the medical field.

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Interpreting services for immigrants: a new reality in Greece

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Abstract

The paper focuses on Greece and the way in which the language needs of immigrants are addressed by the current legislation and in actual practice.

1. Background

In Greece, as in many other countries around the world, the imaginary construct of the homogeneous ethnos/nation, which shares the same origin, language, religion, is very strong. This construct had prevailed for many years, since the country was not a destination for immigrant communities that would put into question this homogeneity of the nation. Greece had been a country of origin for thousands of immigrants for a number of years, with a peak period of nine years (1962-1970), when approximately 100,000 people left the country each year thus creating a huge Diaspora around the globe (Dimoulas 2006: 254).

However, the change of situation in the past twenty years transformed the country into a migrant receiving country, a reality which, according to a Country Report prepared by the project POLITIS “partly reflects a gradual improvement in the economic situation and the living conditions in Europe’s southern countries, but in part it is also an unintended side effect of the restrictive measures taken by the UK, France, Germany, and Switzerland” (POLITIS Project 2007).¹ This change

1 The POLITIS Project started in June 2004 and lasted for three years.

of pattern, with very large illegal inflows of foreign nationals, started to pose a serious threat to the construct of the uniform and homogeneous nation. As we read in the paper “The end of national homogeneity: traditional and new forms of otherness in Greece” by Dr Christopoulos, a founding member of the Research Centre for Minority Groups and the Hellenic League for Human Rights, “quite often, Greeks are proud because ‘there is no Le Pen’ in the country. But this soothing complacency can be seen from another, quite smelly, perspective: racist discourse runs through the entire political spectrum and this may render its identification and combating more difficult” (Christopoulos 2001: 61).

The first immigrants started arriving in Greece in the early 1990s, with legal immigrants in Greece reaching probably around 800,000 (including ethnic Greeks) and estimates for illegal immigrants calculating their number to approximately 200,000.² According to official figures given by the Hellenic Police, only in 2010 132,524 foreign nationals were arrested for illegal entry or residence in Greece: 50,175 Albanians, 28,299 Afghans, 8,830 Pakistanis, 7,561 Palestinians, 7,336 Algerians, 6,525 Somalis, 4,968 Iraqis, 3,264 Bangladeshis, 1,645 Moroccans, 1,628 Eritreans, 1,456 Georgians, 1,133 Iranians, 988 Tunisians, 898 of unknown origin (!), 851 Syrians, 792 Myanmaris, 672 Indians, 575 Egyptians, and smaller numbers from China, Sudan, Nigeria, Turkey, Lebanon, Sri Lanka, Côte d’Ivoire, Senegal, Dominican Republic, Guinea etc.

The country has been struggling all these twenty years with ways of handling these large and unexpected inflows. As Ruby Gropas and Anna Triantafyllidou suggest in their study on *Migration in Greece at a Glance*, “immigration policy in Greece was quick to develop in terms of putting into practice stricter border controls and other enforcement measures. However, there has been a significant time lag in designing and implementing a more comprehensive policy framework that includes the regularisation of undocumented aliens, and that aims toward the integration of this population across all sectors and areas of the host country” (2005: 1).

In this presentation, I will focus only on one aspect of the Greek state’s attempts at integrating this population: interpreting services provided for immigrants in Greece, both in terms of the legal framework and the actual provision of these services.

2. Legal framework and reality

2.1 Asylum procedures

The legal framework which provides for interpreting services for immigrants covers the areas of asylum seekers and court interpreting.

- 2 The latest census in Greece was conducted in 2001 and it recorded 762,191 legal and undocumented immigrants, constituting around 7% of the total population. For a quite recent study on immigrant population, see a study conducted by the Greek Migration Policy Institute (Baldwin-Edwards 2004). For a detailed reference to the estimation methods, process and results for illegal immigrants, see a study conducted within the context of the AENEAS Programme for Financial and Technical Assistance to Third Countries in the Areas of Migration and Asylum (Lianos T. *et al.* 2008).

Presidential Decree 90/2008 as amended by Presidential Decree 81/2009 (transposing Council Directive 2005/85/EC *On minimum standards on procedures in Member States for granting and withdrawing refugee status*) in Article 8 provides that “all applicants for asylum [...] shall be informed in a language which they may reasonably be supposed to understand of the procedure to be followed and of their rights and obligations during the procedure and the possible consequences of not complying with their obligations and not cooperating with the authorities”; according to Article 10 as amended by Article 3 of PD 81/2009 “an Advisory Refugee Committee is established in each Police Directorate. This Committee consists of one senior Police Officer as President, one police officer, a civil servant of the Department of Aliens and Migration of the respective Region and a representative of UNHCR as members”; one of the obligations of this Committee before it reaches a decision on the petition is to interview the applicant. The same Article provides that “the interview is always conducted with the support of an interpreter capable of ensuring the necessary communication, so that the interested party confirms what s/he states in his/her application and provides explanations, especially concerning his/her precise personal data or the non possession of a passport or other official travel document, the precise itinerary s/he followed in order to enter Greek territory and the reasons that forced him/her to flee his/her country of origin requesting protection”; Article 8 states that “these services shall be paid for out of public funds”.

Despite the efforts of the Greek government to improve its asylum procedures, there are a number of problems concerning the issue of interpreting. As we read in a report on PD 81/2009 published by the Greek Section of Amnesty International in 2009: “Another crucial issue which casts doubts over the efficiency of the new asylum procedure is the one of interpreters. Given that the Directorate of Aliens in Attica, which so far examines almost 95% of asylum applications, faces a lack of interpreters, the problem will only become even greater for the other Police Directorates which will have to secure the services of the necessary for their needs interpreters both in numbers and in languages spoken” (Amnesty International Greek Section 2009: 19-20). The same problem was underlined by Thomas Hammarberg, Council of Europe Commissioner for Human Rights, in his report on the issue of human rights of asylum seekers after a visit to Greece in December 2008: “the Commissioner has noted with grave concern that the problem of lack of sufficient interpretation has been a chronic problem in the Greek asylum system” (Hammarberg 2009).

In entry points, interpreting services are almost non-existent, apart from the cases of NGO missions. The Greek Section of Amnesty International hosts a special commentary on the lack of interpreting services in relation to the above-mentioned Article 10, referring to discussions its people had with aliens who were returned to Greece from other European countries and were held at the airport:

N., an Afghan asylum-seeker, was returned to Greece from Austria in October 2009. At Athens airport he was detained and then, upon release, given a notice in Greek requiring him to report to Petrou Ralli within three days. N. claimed that he does not speak Greek or English and the airport police did not explain in any language that he

understands what was contained in the notice. The police officer gave him the paper and said, in Greek: “Go away”. As a result, N. did not go to Petrou Ralli to apply for his asylum application card before the required deadline. A lack of interpreters has resulted in many asylum interviews being conducted in English, even though neither the police officer nor the asylum-seeker had a satisfactory command of the language. (Amnesty International Greek Section 2010: 22)

In contacts I had with the police authorities in the Prefecture of Evros, and the islands of Lesbos and Samos, major entry points of illegal immigrants, I was informed that very few interpreting services were provided to the immigrants. In the case of Evros, there is an interpreter of Arabic who is used in very few cases, while in the majority of cases in Evros, Samos and Lesbos the police authorities communicated with immigrants in English without an interpreter, using the services of those who spoke a little English among the detainees, not speaking much better English themselves. In the hospitals of the same regions, I was referred by the hospital administration to the police authorities, since when detainees had to visit a hospital, they were always accompanied by a police officer who spoke a little English and thus established some communication; therefore, hospitals were not really concerned about health interpreting services. It should be noted here that, based on police records, in 2010 in the region of Evros (Turkish-Greek land borders) 47,088 aliens were arrested for illegal entry or residence, and in the region of the Turkish-Greek maritime borders (of which the islands of Lesbos and Samos are a major part) 6,204 aliens were arrested (Hellenic Police 2011). The truth is that the Greek state, at least until recently, was not very willing to inform immigrants of their right to apply for asylum; rather, the government wanted to get rid of them as quickly as possible, a fact that is verified by the number of asylum applicants being granted refugee status, based on police records: in 2010 out of 10,273 applicants 60 were granted refugee status, while 47,155 applications from previous years are pending (UNHCR 2011).

2.2 Criminal Procedure

The same problems hold for the interpreting services provided for aliens who do not speak the Greek language and are involved in criminal procedures in Greek courts. Article 233 of the Greek Code of Criminal Procedure provides that “1. The person who conducts the interrogation or the person who conducts the discussion in court appoints an interpreter when the offender, witness or party does not speak Greek sufficiently. 2. The interpreter is appointed from a list drawn up by the Council of Magistrates [...] the first ten days of September”;³ in cases of emergency and if it is not possible to appoint an interpreter from the list, the court can appoint as interpreter someone who is not included in the list. The law does not refer to specific qualifications that the interpreter must have in order to be included in the list of court interpreters, which allows anybody even with a simple high school certificate to be included in the list. Moreover, the unbelievably low remuneration given to court interpreters is a major hindrance

3 Here, I must also note that the same list of interpreters is used by the Advisory Refugee Committee for the interview procedure with asylum seekers.

for professional interpreters with high qualifications to consider providing their services; the remuneration is 17 euros for each appearance in court, and 11 euros for the procedure of interrogation. This amount was decided many years ago on the basis of the wages of unskilled manual workers, and although these wages have increased considerably through the years, the remuneration for court interpreters has remained the same. We should also stress here that in the courts of Athens and Thessaloniki there are considerable delays in the payment of these remunerations; more specifically, delays reach 3 to 12 months in Thessaloniki and two years in Athens, where court interpreters were on strike for two weeks in late February and early March 2011 because they had not yet received their remuneration for 2008. As Ms Beboni, an Athens court interpreter stated “we are paid even less than unskilled manual workers. We have studied for years to do this job. We work under the most pathetic conditions, without insurance, pension credits or a specific time programme” (Viskadouraki 2010). The number of cases where interpreting is necessary is quite high. As we read in a report in the daily newspaper *I epochi*, according to the Hellenic Supreme Court of Civil and Penal Law, in 2009 out of the 300,000 complaints filed in the Evelpidon Court Houses in Athens, 130,000 involved witnesses, victims or offenders who did not speak Greek; it is estimated that on a daily basis 150 to 180 complaints filed with the three-member Misdemeanour Court in Athens involve interpreting. The result of all the above – lack of required qualifications, extremely low remuneration and great delays in payment, plethora of cases – is that very low quality interpreting services are provided with no improvement seeming possible. Another major problem is that the law does not distinguish between interpreter and translator as can be seen in Article 237 of the Code of Criminal Procedure: “In the case of a necessity of document translation which demands a long-term occupation, there is a deadline in which the interpreter has to deliver the translation: this deadline can be extended. If the deadline expires, the appointed interpreter is dismissed and another interpreter is appointed”.

To prove this point, I will refer to two cases that were known to the public. The first is the case of a court interpreter who was included in the list of court interpreters in Thessaloniki for Bulgarian, Serbian and Yugoslavian (!), but for a decade was called to interpret into and from Albanian in many cases involving Albanians as witnesses or accused, because “she happened to be at the Court House at all times and provided her services without delays or discontent” and there was no other interpreter available.⁴ This shocking fact came to light in 2001, and the interpreter was tried but acquitted of all charges. As the decision states: “The accused knows very little English which, however, combined with her knowledge of Bulgarian, Serbian and Turkish, allows her to fulfill her duty, that is to interpret from Albanian into Greek”. The second case concerned a 58-year-old Bulgarian homeless shepherd who came to Thessaloniki to find a better future but was arrested a few days after his arrival while waiting outside a church charity for a meal. When his documents were examined, the police realised that an arrest warrant was pending against him, so he was led to prison where he stayed for

4 In an interview I had with a District Attorney in Thessaloniki, I was informed that there are “interpreters” who stay in the Court House from early in the morning until six o’clock in the afternoon every day in order to be available.

eight months, without knowing why he was held. The mistake was revealed when he was led to court, where a more detailed examination of his documents proved that he was not the person in the arrest warrant. As we read in a daily local newspaper dated 29 September 2009 “when the interpreter of the 58-year-old alien interpreted the words of the judge, the shepherd from Bulgaria burst into tears and in body language ‘blessed’ the members of the court. His dream for a better life in Greece, which had finally turned into a real nightmare, was over...”.

3. Health care and other sectors

In May and June 2011, the Ministry of the Interior, Decentralisation and E-Government, the European Fund for the integration of third country nationals, and the European Union co-funded a programme for the use of intercultural mediators in 21 major hospitals in Athens and Thessaloniki (75% funded by EU sources and 25% by national sources). The programme was implemented by the National School of Public Health and the private Vocational Training Centre DIASTASI; it involved 25 nationalities and 35 languages and dialects.⁵ As the electronic periodical of DIASTASI informs us, 109 “intercultural mediators” were deployed “in order to offer – on a daily basis – specialised intermediation services to third country nationals and to the administrative and health staff of hospitals. This shapes the necessary conditions so that hospital staff better understand the needs of immigrants and, therefore, provide health services successfully and without discriminations” (DIASTASI 2011b: 1). The same Vocational Training Centre also gives scant information about the training provided to these mediators on its website under the title “‘Intercultural Mediation’ Programme in Select Hospitals in the Regions of Athens and Thessaloniki”: “For the perfect preparation of the Intercultural Mediators, so that they fully meet the needs and demands enforced by the provision of efficient Intercultural Mediation services in the Health Sector, appropriate vocational training seminars will be organised focusing on the following main thematic units: Health & Disease, Intercultural Mediation, Networking, Mediator’s Tasks & Code of Ethics. The seminars aim at upgrading and enriching knowledge for the better management of the particular features of immigrants and the faster settlement of their problems, within a climate of cooperation” (DIASTASI 2011a). As a number of intercultural mediators informed me, the training lasted one week, because of the limited time available; it is doubtful, therefore, whether the interpreters were adequately prepared for the task at hand. Moreover, during their employment in the hospitals, there was no provision for a record of the languages used, which means that the state does

5 Dr Ioannidi-Kapolou, head of the programme, mentions 21 out of the 25 nationalities of the programme in her contribution in the electronic periodical of the Vocational Centre: Albania, Russia, Ukraine, Georgia, Moldova, India, Pakistan, Bangladesh, Iran, Armenia, Syria, Egypt, Jordan, Lebanon, Philippines, Nigeria, Kenya, Sudan, Sierra Leone, Seychelles, South Africa. She also mentions the following languages/dialects: Albanian, Russian, Ukrainian, Georgian, Serbian, Croatian, Romanian, English, French, French Creole, German, Italian, Spanish, Pidgin English, Patwa English, Creole English (in countries of Africa), Arabian, Afrikaans (S. Africa).

not know the real needs for languages; this information could have supported a more efficient and better targeted provision of services when a similar programme is implemented again. Also, there has not been any assessment of the service, either by the users of the services (patients and hospitals) or by the interpreters themselves. Only through a process of assessment can these services become truly helpful and efficient.

The Ministry and the European Fund have announced a second similar programme to be implemented in 2012; the programme will employ sixty mediators in fifteen hospitals for a period of six months. Another programme announced is “‘Intercultural Mediation’ for the support of access to housing and social services”; the programme involves the employment of fifteen mediators in ten local and regional structures for a period of six months.

4. Community Interpreter training

The Department of Social Integration of the General Secretariat for Immigration and Social Integration at the Ministry of the Interior has set up “Training Programmes for Intercultural Mediators”. These programmes ran in 2007 and 2008 and were implemented by two private Vocational Training Centres: Olympiaki Ekpaideftiki and Demetra KEE. In the first period, there were two programmes, 100 hours each, focusing on the following thematic units: a. Characteristic phenomena of intercultural societies – principles of interculturalism; b. The image of the “alien” in Greece and information on the target groups; c. Institutional and legal issues – Provided services by public and private bodies, communication with bodies and use of services; d. Psychosocial needs of aliens and support methods; e. Communication and negotiation techniques. In the second period, the first Centre provided 80 hours of training which focused on the following thematic units: a. The concept of the cultural and the intercultural. The contemporary social-national field and multicultural dynamics; b. Intercultural approach and social consultation. Management models; c. Theory and practice of consultative intervention in intercultural consultation; d. Greek legislative and institutional framework; e. Communication principles; f. Development of personal skills. The programme trained 50 Greeks and immigrants (preferably aged 22-35). The second Centre implemented 12 Programmes for the Training of Intercultural Mediators in Athens, Thessaloniki, Larisa and Patras intended for Greeks or immigrants aged between 22-50. The thematic units of the programme in Athens and Thessaloniki included the following: a. Introduction to cultural specificities in health issues; b. Interpreting modes and techniques; c. Consultation and career guidance. In Larisa we had only the second and third thematic units, while in Patras the first and second thematic units. The programme was funded by the European Fund for the Integration of Third Country Nationals and the Ministry of the Interior. 50 people were trained in 2007 and 250 people in 2008. As the head of the Directorate of Social Integration of the Secretariat for Immigration Policy and Social Integration in the Ministry of the Interior told me, emphasis was not so much on interpreting as in the part of acknowledging and exploring otherness, as well as on overcoming

intercultural obstacles even when there is a limited knowledge of the language. The Ministry was not satisfied with these programmes, because there was no provision for the deployment of these people in various public services. As the Ministry wanted to connect training with the provision of actual services, the next training programme focused on interpreting services in the health sector and some of the people who attended these programmes were later employed for a two-month period as intercultural mediators in hospitals in the programme mentioned above.

There are no programmes on community interpreting in Greek universities. The only relevant School in Greece, the School of Foreign Languages, Translation and Interpreting of the Ionian University, does not offer a Community Interpreting Course, either at undergraduate or postgraduate level. The only MA in Interpreting offered in Greece is an interdepartmental MA programme on Conference Interpreting at the Faculty of Philosophy of the Aristotle University of Thessaloniki; the languages it supports are English, French, German, Italian and Spanish and it involves the Schools of English, French, German, Italian, and the School of Greek Philology. This programme does not include a module on community interpreting.

5. Conclusion

Faced with an increasing inflow of immigrants, the Greek government has been groping with putting into place the necessary infrastructure for their integration, pressed by international organisations and conventions. However, this infrastructure has not been very effective in improving the treatment of immigrants by the state. As Chrysa Chatzi has noted in a paper entitled “The foreigner as subject of rights in Greek legal order”: “The contemptuous attitude of public bodies toward the foreigner as user of public services reflects a more general attitude of lack of respect for his/her dignity. Foreigners are not treated as subjects of rights but as objects of contradictory regulations, whose positive content does not always correspond to improvements in reality” (Chatzi 2004: 251).

As we can gather from the cases of interpreter use in a number of state services, there have been some positive steps in recent years, because of available EU funding. However, these steps seem fragmented and suspended in mid air, in terms of quality, training and assessment. All these issues are interconnected; unless we improve the assessment process for all programmes and training, quality cannot improve. Unless the state provides for assessment tools, there cannot be a real improvement of these services or a substantial and targeted utilisation of public service interpreting.

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Access to public information through localisation

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Abstract

The paper analyses language policy in Ireland and the extent to which multilingual information is provided on public service websites.

1. Introduction

Localisation has been researched and applied generally as a set of activities for the adaptation of digital content to the cultural and linguistic requirements of foreign markets. It is applied to digital products to gain a competitive edge in the global market. Therefore, languages that possess the potential to balance the cost are chosen for localisation. In parallel, the global digital divide in communication is reflected on “profitable” and “less profitable” languages. By “profitable” we mean the languages which have higher penetration on the Web and one of the outcomes is that its speakers can easily find a workplace and increase their profits having the advantage of speaking this language.

Localisation as an industry flourished in Ireland in the late 1980s and thus Ireland became one of the centres of software localisation (Schäler 2003). Ireland also became one of the leading countries in the research of localisation at third level. The research and educational initiatives in localisation such as the

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Localisation Research Centre (LRC) (see 4.3) and the Centre for Next Generation Localisation (CNGL) project (see 4.2) undertake research to meet the demands of a digital multilingual society.

Irish economic prosperity in the 1990s, along with EU expansion, has attracted newcomers into entering Ireland. This paper will survey the localisation of digital content in official websites in Ireland to measure the level of accessibility of public information for the benefit of newcomers to Ireland. The discussion of the results will point to new ways to exploit localisation services and accommodate foreign speakers within a multicultural community.

The paper is laid out as follows: in the initial sections (sections 2 and 3), we will provide an overview of the changing cultural landscape of Ireland and its current language policy. The Irish policy will also be examined in relation to the EU multilingual policy and will emerge as an emblematic example of integration into a historically multicultural society.

In line with EU concerns for multilingualism, education and research, the Irish state has invested massively on such key areas as technology and localisation. The LRC and CNGL will consequently be presented in section 4 as leading institutions for the attainment of such goals. Within this framework, the concept of localisation will be investigated in a new perspective: not only as the adaptation of software to appeal to foreign customers, but as the linguistic transfer of public information to integrate foreign speakers.

Given these premises, in section 5 we will introduce and analyse a number of Irish websites providing public information, in order to test how and to which extent multilingual information is offered. The results of our experiment are provided in section 6. We close this paper with discussion, conclusions and future prospects in sections 7, 8 and 9 respectively.

2. The changing cultural landscape of Éire

In this section we focus on censuses in Ireland from 2002 onwards and highlight the constantly changing cultural settings.

Over the past 30 years, the Republic of Ireland (Ireland) has gone from a country of net emigration to a situation where about 10% of the population consists of non-Irish nationals. Our calculation is based on *2006 Census preliminary reports* (Government of Ireland 2006) and *The population of each Province, County and City, 2006* (Central Statistics Office 2008b). The former states that “there were a total of 420,000 non-Irish nationals living in Ireland in April 2006”, the latter states that the total population of the state is 4,239,848 persons.

While prior censuses did not ask about nationality, for the first time in the 2002 census the questionnaire raised this issue. The Irish national people are no longer represented only by the traditional trademark of the shamrock, but also as citizens of a multinational country with high economic growth. Ireland has become a multilingual, multinational and multicultural society in the European Union. According to *Census 2006. Non-Irish Nationals Living in Ireland* (Central Statistics Office 2008a), non-nationals represent 188 different countries and 82% of them are from just 10 countries (UK, Poland, Lithuania, Nigeria, Latvia, USA,

China, Germany, Philippines and France). Begley *et al.* (2005) report that Eastern European immigrants who applied for working permits in Ireland are estimated at 50,000 in 2004 consisting of 1.25 % of the population.

However, this economic growth only lasted until 2008. *The Population and Migration Estimates April 2010* reports “the highest level of net outward migration since 1989” (Central Statistics Office 2010). This report provides an indication of the changing trend of migration from 2008, declining immigration to Ireland and increasing emigration from Ireland.

Yet, the economic situation in Ireland facing the downturn from the economic prosperity nicknamed “Celtic Tiger” does not exclude Ireland from the multinational, multilingual environment as the recent EU-funded survey *Pathways to Work* reported that “63.6% of immigrants surveyed intend staying in Ireland” (Niedzielski *et al.* 2010). Some of these immigrants are fluent in English as a common language, while the rest of the people perhaps learn English in Ireland. Ireland as a member state of the EU experiencing linguistic and cultural diversity continues to face challenges of social integration of new comers. In our opinion, the social service information needs to be translated in more than the two languages Irish/English for those who may not have the same proficiency in those two languages as the rest of citizens.

Characteristically, the *Irish Independent* reported the issues in dealing with multilingual society by referring to the legal cost as “it cost €3m to provide interpretation in the courts last year – with translators required in more cases involving Swahili and Lingala, the Bantu language of north west Congo (DR), than for cases heard in Irish” (Reilly/McArdle 2010). Moreover, the *Irish Prison Service Annual Report 2008* states that “as in 2007, almost one third of persons committed in 2008 were non-Irish nationals”.²

In the following chapter, the EU and Irish current stance towards linguistic policy is examined.

3. Language Policy

According to the National Centre for Languages, language policy is the means by which governments and other groups (e.g. some local authorities in England) set out their intentions to safeguard, develop and exploit the capacity in languages among the people they represent (CILT 2010). Bodies such as the Council of Europe support groups in developing language policy.

3.1 Language policy in the EU

The EU expressed its ideal formation of diversity in unity with its policy for multilingualism as Europe enjoys unprecedented unity and expansion in its recent history.

2 For an overview of this topic, see Waterhouse (2009).

At the moment the EU has 500 million citizens across 27 member states, 3 alphabets in 23 official languages, and 175 nationalities present in the EU (of the European Commission 2008). The EU Commission presents its plan of action towards assisting EU citizens in enjoying the benefits of multicultural and multilingual environments, and overcoming its obstacles. “Opportunities, access and solidarity” are stated as the key principles. More precisely, there will be opportunities offered to cultivate life through the ability of communicating with others, access to language education, and support and integration of those who are not in a position to learn other languages as a means of communication (*ibid.*). Education is one of the most important fields of language policy. The EU Commission implemented the policy of education in two languages plus mother tongue: “a language of communication and a personal adoptive language” (*ibid.*). Education aims to lower language barriers in future society. However, education takes time before it shows the merits. To fill the gap, technologies such as machine translation and multilingual semantic web are being researched and developed; these technologies are outside the scope of this paper.

3.2 Language policy in Ireland

This subsection refers to the current language policy in Ireland. It also refers to concerns and a recommendation for the Irish government expressed by a research group who participated in “a conference to discuss the need for and role of a language policy for Ireland” (Ó Dochartaigh/Broderick 2006).

As far as the official languages in Ireland are concerned, the Constitution of Ireland states in Article 8 that Irish is the first official language and English the second, and also that provision of those languages may be regulated by law. This indicates that the provision of language can be in Irish only, in English only, or bilingual depending on information that particular documents reference.

The objective of the official Language Act 2003 is to protect and promote the Irish language. Another goal is to regulate the provision of quality of services to the public in Irish. It concerns the language use including the use in executive and legislative authority, dealings with public bodies, and publication. However, its concern focuses on only those two official languages of the Republic of Ireland as stated by the *Official Language Act 2003 Guidebook* (An Coimisinéir Teanga 2008) and the Official Language Act 2003. The Department of Arts, Heritage and the Gaeltacht states the objective of the Act as follows: “the primary objective of the Official Languages Act 2003 is to ensure the improved provision of public services through the Irish language”³

The Irish Government set the official language scheme 2009-2012 with the official Language Act 2003 to enhance the provision of services in its first official language. Even though this scheme only concerns its native language, it covers a wide area of methods to provide information to the public from road signage to town names and websites. It is worth noting from a localisation viewpoint that

3 <<http://www.pobail.ie/en/Consultations/ReviewoftheOfficialLanguagesAct2003/TermsOfReference/Terms%20of%20reference.pdf>> (accessed 21 January 2012).

the *Official Language Act Guidebook* acknowledges websites and emails as well as conventional means of communication such as letters and leaflets as the methods of communication between the public and the public bodies. Thus the intention and effort of the Irish government towards its native language is clear. The idea originates in the protection of the language as well as the protection of the rights of its citizens. Constitution and law provide protection for the Irish people and the Irish language.

In February 2006, Ó Dochartaigh and Broderick, two researchers who concern themselves over the interest of the public and the country of Ireland in relation to languages, organised the conference *Language Policy and Language Planning in Ireland in 2006* to propose a “comprehensive and well integrated” language policy for Ireland to enjoy the benefit of being a multicultural and multilingual society. The concerns and proposals put forward in the conference report cover a wide range of matters. Proposals include the need of a policy, the upgrading of language education, teacher training, Information and Communication Technology (ICT) in language teaching, awareness of business incentives, social integration with new comers as well as synchronisation with the policy of the European Union. The interesting point from our research viewpoint is that Ó Dochartaigh and Broderick (2006) suggest in the report the need for “analysis in current cultural, social and demographic areas in Ireland” to upgrade social and cultural education through languages. The proposal in this paper reflects the need for language policy in modern Irish society.

4. Localisation

4.1 Overview

Language barriers constitute a formidable obstacle to the free flow of information, products and services in an increasingly globalised economy and information society.

“Localisation” refers to the process of adapting digital content to local, a combination of culture and linguistic environment, at high quality and speed. According to the the Localization Industry Standards Association (LISA),

*localization refers to the actual adaptation of the product for a specific market. It includes translation, adaptation of graphics, adoption of local currencies, use of proper forms for dates, addresses, and phone numbers, and many other details, including physical structures of products in some cases.*⁴

Localisation is a key enabling, value-adding and multiplier component of the global software and content distribution industry. Localisation seeks to overcome linguistic and cultural barriers.

4 <<http://www.lisa.org/What-Is-Globalization.48.0.html> (accessed 27 October 2010).>

4.2 CNGL

The Centre for Next Generation Localisation (CNGL)⁵ is a dynamic Academia-Industry partnership with over 100 researchers developing novel technologies addressing the key localisation challenges of volume, access and personalisation. CNGL is funded by the Science Foundation Ireland (Grant 07/CE/I1142) under the category “Centre for Science Engineering and Technology (CSET)”.

The University of Limerick is an academic partner, along with Dublin City University (DCU), Trinity College Dublin (TCD) and University College Dublin (UCD). The Centre consists of four research tracks: Integrated Language Technologies (ILT), Digital Content Management (DCM), Next Generation Localisation (LOC) and Systems Framework (SF).

CSET was set up in 2008 to pursue the objective of producing substantial advances in the basic and applied research underpinning the design, implementation and evaluation of the blueprints for the Next Generation Localisation Factory. Its mission is to revolutionise localisation via breakthroughs in automation, composition and integration, focusing on:

- Integrated machine translation technology,
- Speech-based interfaces and more personalised speech output,
- Multilingual digital content management for personalised multilingual content access and delivery,
- Localisation workflows and system integration.

4.3 Localisation Research Centre

The Localisation Research Centre (LRC)⁶ was established in 1995 as the Localisation Resources Centre at University College Dublin (UCD) and moved to the University of Limerick (UL) in 1999 where it was re-constituted as the Localisation Research Centre (LRC) – the information, research and educational centre for the localisation industry.

Following a thorough review of its operation in 2005, the LRC continued to work with worldwide digital publishers and their partners who are interested in future technologies and processes for Globalisation, Internationalisation, Localisation, and Translation (GILT) (Schäler, 2003); it now focuses its activities on the provision of relevant well-researched content-rich information on future trends and technologies within a framework of a unique industry and academic collaboration which provides an unparalleled network of expertise. The LRC cooperates at national and international level with researchers and students, the media, consultancy firms, government agencies and the European Commission.

The LRC is also host to the UL Localisation (LOC) research strand of the CNGL CSET, where 15 researchers focus on Next Generation Localisation. This will offer the advantages of both Enterprise Localisation and Personalised Localisation in a scalable and adaptable structure. Research is being carried out in supporting

5 <<http://www.cngl.ie/index.html> (accessed 27 October 2010)>.

6 <<http://www.localisation.ie/> (accessed 27 October 2010)>.

instant, on-the-fly linguistic, cultural and targeted adaptation (personalisation) of digital content with a high quality of service. LOC will satisfy the requirements of users coming from different cultural, linguistic and socio-economic backgrounds and preferences. It will also provide standardised services for the management of multilingualism across the digital global information flow and ultimately realise the commoditisation of translation services.

5. Examination of public information access

The statistical Yearbook of Ireland 2004 “contains a chapter documenting Ireland’s economic and social change from 1973-2003 to mark thirty years membership of the European Union”. The chapter describes how it has been long since Ireland was an emigrating country and became a country of “increasing inward migration”, also confirmed by further research: “Ireland has experienced positive net immigration since 1991” (Central Statistics Office 2004).

Living in a community certainly requires access to information. There are public rules to adhere to when living in a community as a private individual. Conflicts within a community can develop from misunderstandings, which are often caused by lack of information. There can also be a problem distributing the information. Information may be available, but it cannot be found and reached easily. This is a matter of structure management. In addition, it may be a matter of language barriers. The information available might be only in one language or in the official languages of the country, but not in more. This can often create confusion and disappointment, for example when someone requires a visa or needs an emergency doctor, but he/she does not speak the official language of the country or the *lingua franca* English.

Community leaders are sharing information with members for the benefit of the community as well as for the benefit of the individual. However, providing and accessing appropriate information is not an easy task. The reports and plans of the government in relation to improving the provision of information are the evidence of this difficulty. In a modern society such as the European Union, political expansion, economic growth and technological evolution add multicultural, multilingual, and multinational aspects to this difficulty. Requesters of information may not understand the content when the information is provided only in the official languages of the state.

The EU addresses this issue in its e-inclusion policy for its Information Society (European Commission 2010). The objectives of the e-inclusion policy address the current shortcomings of accessibility of information. One of them refers to “socio-cultural e-inclusion”. This policy explains its aim to “enable minorities, migrants and marginalised young people to fully integrate into communities and participate in society by using ICT” (*ibid.*).

The article “Supporting cultural diversity and social inclusion” (European Commission 2010b) explains the need to support the vulnerable and disadvantaged citizens in the EU, and also explains that ICTs are meant “to make it easier to access public and commercial good and services”. It also refers to the

linguistic difficulties those immigrants may encounter while ICTs can help immigrants to share in Europe's cultural life.

However, immigrant users encounter barriers in accessing services as much as other disadvantaged groups, due to the lack of technical and language skills or due to digital technologies which are difficult to use. The efforts of this inclusion policy are carried over to the latest initiative on e-inclusion called *European i2010 initiative on e-Inclusion – to be part of the information society*.

The Irish government also acknowledges the difficulties and the social benefits of better communication. Its statements for the transformation to information society and to eGovernment present the direction for the future of an affordable information society in Ireland (Government of Ireland 2008). The statement refers to the inclusion of socially excluded groups whose voices are seldom heard, and to its investments in research in localisation through Science Foundation Ireland (SFI) and CSETs such as the previously mentioned CNGL.

Referring to the subject of localisation as “taking a product and making it linguistically and culturally appropriate” (Esselink 2000), it supports various definitions. However, the general understanding of the orientation of localisation so far is that localisation is a product-oriented task and indeed its origins lie in the desire of digital content publishers to supplement their income on existing products by selling them overseas (cf. LISA 2010).

The software publishers have made significant efforts in advancing localisation techniques to integrate their products in foreign markets by localising their products and surrounding materials, providing information such as manuals, websites, advertisements etc. Localisation is considered a vital process for success in foreign markets. Beside the commercial trend, there are symbolic movements taking localisation from “operational affordances to localising for social affordances” (Sun 2004). One of these organisations, called the Rosetta Foundation,⁷ proclaims “access to information as a fundamental right” and aims at social contribution through translation and localisation services.

It is interesting to examine the current accessibility of public service information for small languages (in numbers) in a community. Provision of information in “minor languages” can be viewed as the ideal in a multinational society. For example, provision of information on social services, education on integration and awareness over cultural differences in the early stages are vital for building up a harmonious society.

Education takes time to take effect. Immigrants perhaps learn the community language. Hornberger (1998: 446) describes migrants' common desire to keep their native languages as well as learning the communal language “to assimilate to the languages and cultures of their new countries”.

In the next paragraphs we will focus on the website provided by the Citizens Information Board as our object of analysis (Citizen Information Board 2010).

The Citizen Information Board states in its website, where information is available in English and Irish, and partly in French, Romanian and Polish, that it “provides comprehensive information on all aspects of public services and entitlements for citizens in Ireland”. It supports the action plan for the

7 <<http://www.therosettafoundation.org/> (accessed 25 October 2010)>.

Information Society (Government of Ireland 1999) to “present and deliver information on public services and the social and civil rights of everyone in Ireland”. The site is a portal for information related to living in the Republic of Ireland, providing almost all necessary information. Examples of information available are Birth, Family and Relationships, Education and Training, Justice, Social Welfare, Employment, Health, Money and Tax, Travel and Recreation, Death and Bereavement, Environment, Housing, and Moving Country. It provides a telephone number and addresses for those who wish to discuss matters by phone or in person. The website provides relevant information efficiently through its search function.

The site declares the language provision in its Help page stating that “all information is available in English and most in Irish, while certain key documents are available in French, Romanian, and Polish”. The contents are indeed varied depending on the language. Polish and Romanian contents focus on motoring and topics related to social welfare while French contents illustrate the requirements to reside in Ireland and to claim political protection from the government.

Our curiosity in the variation of content and the selection of the languages led us to send a questionnaire to the Citizens Information Board, though the answer is yet to be delivered. The selection of contents and languages is obviously intentional. It would be beneficial for website localisation to research how information and languages are selected for contents in a public service. This logic perhaps can be utilised in the automated website localisation service in future. The website in question also expresses its willingness to increase its range of cover of contents in other languages.

In addition, other national government department websites were examined with regard to the accessibility of information in minor languages in a country. The query “Government department” is typed in the search box in the Citizens Information website, and the first thread in the search result, “Departments of State-Information from CitizensInformation.ie” provides links to the 15 relevant department websites. These are the departments whose websites were examined to see whether they provided information in languages other than the official languages: Agriculture, Fisheries and Food; Tourism, Culture and Sport; Communications, Energy and Natural Resources; Community, Rural and Gaeltacht Affairs; Defence; Education and Skills; Enterprise, Trade and Innovation; Environment, Heritage and Local Government; Finance; Foreign Affairs; Health and Children; Justice and Law Reform; Social Protection; The Taoiseach; Transport.

Regarding the availability of information in “minor languages”, we searched the availability of translated versions of information in those languages in each homepage. Then each customer charter was located and examined to find the department policy about the provision of services in other languages than the official languages. The term “customer charter” was typed in the search box. The results of our preliminary survey are found in section 6.

6. Results

In this section we discuss our findings from our examination of websites for the access to public information. There are no languages available other than Irish or English on the first page of the 15 websites of the Irish Government Departments.

The departments of Enterprise, Trade and Innovation, and Communications, Energy and Natural Resources do not provide a language selection for the Irish language. However, they do provide Braille translations of the selected page on request. The rest of the departments provide a selection of language between Irish and English.

Regarding the provision of information in multilingual style, the Department of Justice, Equality and Law Reform provides information in Irish and English while the linked website (the Irish Naturalisation and Immigration Service “established in 2005 in order to provide a ‘one stop shop’ in relation to asylum, immigration, citizenship and visas”) is only accessible in English.

The department of the Taoiseach accommodates multilingualism by providing translation of the contents and also making its website compatible with *BrowseAloud* whose main function is to read web pages aloud for people who find it difficult to read online”. *BrowseAloud*, however, features “word by word” translation in written text in English, Spanish, German and French.

This application features an interesting function providing regional accents in English. The selected text is read, for example, in a stereotypical Italian accent in English. Yet, the site asks users to have a certain level of ability in the English language.

The Department of Social Protection provides “Social Welfare Services Information” as separate documents under “Services in other languages” (English, Irish, Arabic, Chinese, French, Polish, Portuguese, Romanian, Russian and Spanish). This department provides the information in two official languages. However, its customer charter does not mention languages for the provision of services while the rest of the 15 websites declare their provision of services in the Irish language in their customer charters.

Furthermore, we could not find a declaration of compliance with the Language Act 2003 in six websites. The rest had their declarations in the customer charter or in a separate link to the declaration.

The Department of Enterprise Trade and Innovation provides its charter in German and French as well. The Department of Health and Children declares its provision of a service “through sign language and other languages where possible”.⁸

7. Discussion

We examined different public access information websites in order to see how many languages were covered.

8 <http://www.dohc.ie/public/customer__service/customer__charter.html> (accessed 29 October 2010).

The departments of the Irish government are making efforts on making public service information accessible to citizens. The provision of the web portal for public information and the statements from the governments provide evidence of this. We found it to be a user-friendly and efficient system for reaching the information required. However, it made a high level of fluency in the English language a prerequisite. This is one example where there is information available, but it cannot be reached if the required criteria are not met.

We also observed evidence that public service bodies are aware of the need for the public to be provided with information in languages other than English and Irish. Thus they also provide their content in other languages. As another example, the Central Statistics Office Ireland acknowledges the existence of new members of society by providing census records in 16 languages.⁹

A government department's interest in the use of Information Communication Technology (ICT) in its website can also be taken as a willingness to improve access to public service information for the wider public.

In reality, rather weak provision of public information in foreign languages could perhaps be considered as a natural outcome of the Constitution, the current language policy of Ireland and the availability of tools and technologies that we mentioned earlier in this paper. The current language policy is concerned with the Irish language only. The current situation regarding the provision of languages in public service information seems to reflect this policy. The willingness to address the shortcomings is observed in the statements made by the government. Also some departments provided us with translations of selected information.

The localisation of information is cost-intensive and time-consuming. Society must balance the cost and time against the social benefits brought about by the provision. Currently the national government and the EU support this balance by providing funding on developments in ICT and setting assisting policies for minorities in society. The policies present the objectives and benefits to the public. The development of ICTs perhaps reduces the cost and time for localisation of public service information.

This observation suggests that demand by the public, language policy and research in language assistance technology, such as localisation, should be considered as one unit to improve and achieve the multilingual provision of public service information. Research activities such as the Centre for Next Generation Localisation (CNGL) in Ireland have a potential to contribute to the improvement of the current shortcomings. In addition, we requested a Braille translation of the website of the department of Communications, Energy and Natural Resources. It has not yet been delivered to us.

8. Conclusions

In this paper we focused on the localisation of public information. After outlining the recent cultural landscape in Ireland, we referred to the language policy of the

9 <<http://www.cso.ie/>> (accessed 1 October 2010).

EU and Ireland. The empirical study, consisting of searching for multilingual information on the Citizens Information Board website, showed that only the official languages, with a few exceptions, are supported.

The overall results of the study therefore seem to point to some weaknesses in the provision of information to those who do not speak English or Irish, although they statistically constitute a considerable portion of the implied receivers. The fact that the websites under examination comply with the current regulations (section 3), while being unsuitable to a growing multicultural and multilingual community, is an indicator of the need to improve the current policies. Research, localisation and technology have a key role to play for future improvements and can presently help bridge educational gaps by providing translated content.

History proves that the marginalisation of minorities causes trouble in the future. In a multinational, multilingual and unified society, providing basic information for living must be considered crucial, particularly for newcomers and new members. It is precisely in this context that language policy, technology and education should work together for the common goal of information accessibility in a multilingual society.

9. Further prospects

We intend to make a larger scale comparison of public information websites and focus on different parameters: 1) languages available, 2) content. Moreover, we will extend the questionnaire with more precise and detailed questions and then send it to social services.

It would be interesting to compare EU member states with regard to how their language policies are formulated and how they provide public service information for minorities such as immigrants in their society. Also it would be of interest to know how the EU provides information that has been translated into the languages of its members.

Another interesting point is to investigate how education in Ireland addresses the language barriers immigrants are facing. Eventually, if immigrants stay longer in a country, they will become adapted to, and acquire, the community language, although it takes some time.

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THE INTERPRETERS' NEWSLETTER

CALL FOR PAPERS:

EXPERTISE IN CONFERENCE INTERPRETING

Guest Editors: *Alessandra Riccardi* and *Mariachiara Russo*

Scope

Expertise in conference interpreting has become a prominent research area in Interpreting Studies in recent years. The notions of norms, strategies, individual style, problem-solving ability, adaptive and routine expert are linked to the concept of expertise. Expertise in interpreting can be studied in its development and may be influenced by factors such as working conditions, experience, background, cognitive load.

The aim of this issue on expertise in conference interpreting is providing an opportunity for researchers and practitioners to present their state-of-art research results in this field. The goal is reaching a better understanding of the various facets of expertise, its acquisition, enhancement and limits. The editors invite theoretical and empirical contributions to address different aspects of expertise in interpreting. Papers must be submitted in English or French and describe original research which has neither been published nor is currently under review by other journals or conferences. Submitted manuscripts will be subject to a process of peer review.

Topics of interest

Topics of interest include, but are not limited to, the following:

- Expert novice paradigm and the progression of expertise
- Routine vs. adaptive experts
- Interpreting skills and expertise
- Norms and strategies of expert performance
- Expertise in different working settings (private market vs. international organizations)
- Expertise and quality
- Expertise and interpreting modalities (simultaneous, consecutive, hybrid forms)
- Prosodic features characterizing expert performance
- Workload management, speed management and cognitive load management
- Large-scale studies on expertise
- Expertise and teaching

Manuscripts will be around 6,000 words long, including references and should be sent as Word attachments to the e-mail addresses ariccardi@units.it and russo@sslmit.unibo.it (Subject: "PAPER IN 2013").

For guidelines please consult: <http://www.openstarts.units.it/dspace/handle/10077/2119>

Important dates

Manuscript submission:	15 th January 2013
Notification of acceptance:	30 th April 2013
Publication:	December 2013

THE INTERPRETERS' NEWSLETTER

CALL FOR PAPERS:

ISSUE ON SIGN LANGUAGE INTERPRETING

Guest Editor: *Cynthia J. Kellett*

Scope

In recent years, scholarly interest in Interpreting Studies has embraced broader horizons beyond conference interpreting to explore new forms of interlinguistic communication that are emerging in response to rapid transformations within our modern societies. Issue 19 of *The Interpreters' Newsletter* will focus on Sign Language Interpreting (SLI) an exciting new research area that is developing in different parts of the world. The provision of formal training in SLI began in the second half of the 20th century in a handful of countries in response to a growing demand for qualified interpreters able to assist deaf people in a wide variety of social contexts and is spreading worldwide at an uneven pace. Some training institutions have several decades of experience in the field, whereas others are still at early stages of development or planning. Owing to national linguistic policies and political shortcomings, many obstacles to universal provision of SL interpreter training and, thus, easy access for deaf people to the services of professional Sign Language interpreters still remain. The editor invites theoretical and empirical contributions that address different aspects of SLI in any language combination. The aim of this issue is to call on practitioners, trainers and researchers to address the state-of-art in their fields of experience.

Topics of interest

Topics of interest include, but are not limited to, the following:

- Spoken- vs. signed-language interpreting
- Public Service Interpreting for deaf clients (research in different work settings)
- Sign Language conference interpreting
- Deaf interpreters
- SLI skills and strategies
- Quality in SLI
- SLI and the media
- SLI and new technologies

Papers must be submitted in English or French and describe original research which is neither published nor currently under review by other journals or conferences. Submitted manuscripts will be subject to a process of peer review. Guidelines are available at: <http://www.openstarts.units.it/dspace/handle/10077/2119>

Manuscripts should be around 6,000 words long, including references and should be sent as Word attachments to the e-mail address: jkellett@units.it (Subject: "NL 19 PAPER").

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