

# Interpreting in Institutions

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## History of interpreting as a profession

Translators who work on oral translation, either in a simultaneous or consecutive mode, are called interpreters. The emergence of interpretation can be traced to ancient Egypt, Rome, and Greece. The professionalization of interpreting, however, is a fairly recent phenomenon. First introduced in the era of the League of Nations, simultaneous interpretation was not professionally recognized until 1945 during the Nuremberg Trials against leading Nazi war criminals. Soon after the Nuremberg Trials, simultaneous interpretation was introduced to the United Nations and to most major international conferences. Because of the demanding skills required for simultaneous interpretation, these individuals are highly trained, extremely well educated, and well disciplined. These interpreters, now often called conference interpreters, were a major force in establishing interpreting as an independent profession and propelling the early theoretical development in interpreting studies.

Interpreters who work in institutional settings often are considered liaison interpreters. “Liaison interpreting” (which is also called community, ad hoc, public service, contact, three-cornered, or dialogue interpreting) in its broadest definition includes interpreting activities that have interpreters interacting directly with at least two parties. Liaison interpreters typically work in consecutive modes. However, at times, liaison interpreters may choose to work in a simultaneous mode due to specific concerns (e.g., a time constraint). In other words, the mode of interpreting (e.g., simultaneous v. consecutive) is not a defining criterion for liaison interpreting; rather, the defining criteria are the visibility of an interpreter and other speakers’ ability to directly challenge and control liaison interpreters’ communicative strategies (generally in face-to-face settings). Several different types of interpreting (e.g., business interpreting, court interpreting, medical interpreting, sign-language interpreting, and telephone interpreting) are all included in this form of interpreting.

Before 1950, liaison interpreting was the dominant mode of interpreting; however, compared to conference interpreters, liaison interpreters had significantly more diverse backgrounds and identities. More importantly, unlike conference interpreters, who entered the arena of politics, judicial systems, and other high-profile areas as established professionals, historically, liaison interpreters were seldom regarded as professionals. They often were treated as nonprofessionals, such as bilingual aids, bilingual guides, go-betweens, or bilingual helpers. Despite their importance in cross-cultural interactions (e.g., missionary, commerce, and power and territorial

expansion), before the 17th century, these nonprofessional interpreters were often slaves, kidnapped natives of the newly explored or conquered regions who were forced to learn the language of the abductors. To reduce the likelihood of the escape of interpreters, Columbus even brought his captives' wives abroad so that the men would not leave.

Professional liaison interpreters emerged from various fields in the early 20th century. Starting from the late 19th century and early 20th century, many liaison interpreters performed their tasks so successfully that they became high-ranking military officers, government officials, diplomats, and ambassadors. Unfortunately, unlike conference interpreters who have generated specific theoretical concerns related to their practice, these professional liaison interpreters did not try to theorize their practice and predominantly focused on their work as practitioners.

The majority of liaison interpreters work in institutional settings (e.g., hospitals, judicial courts, public services, and educational settings). Liaison interpreting generally is carried out in face-to-face encounters between officials and laypeople who are meeting for a particular purpose at a public institution. Liaison interpreters often are untrained bilinguals who sometimes refrain from putting effort and time into developing professional skills due to the instability of the labor market for liaison interpreting. However, with the emergence of professional associations and federal and/or state certification programs for various forms of interpreting (i.e., medical, court, and sign-language interpreting in particular), interpreters have begun to establish themselves as professionals in different institutional settings and advocate for improved financial and organizational support for their profession.

## **Theoretical development of interpreting**

As the early development of professional interpreting is heavily intertwined with laws, international politics, and the justice system, the development of theories, professionalism, and codes of conduct in interpretation has been associated with neutrality, detachment, and faithfulness to the original utterances. Conference interpreters work in remote booths, and are expected to produce accurate interpretations with machine-like precision and consistency. In these professional settings, interpreters often work for one specific client (the speaker), interpreting unidirectionally in isolated booths. The interpreter is removed from the immediate physical context and made invisible as a participant in the communicative process. Thus, the early development of interpreting research focused on interpreters' cognitive process, internalized competence, and linguistic transferring techniques.

Applied linguistics, discourse analysis, and psychology have provided crucial momentum to the recent development in interpreting studies. Linguistics, especially contrastive linguistics, provided the basic explanatory models for translation studies. However, as translation schools began to develop in the 1950s and 1960s, researchers soon discovered the limitations of a purely linguistic approach and proposed that an interdisciplinary approach was necessary. The various subfields of linguistics and psychology (e.g., sociolinguistics, pragmatics, discourse linguistics, neurolinguistics,

psycholinguistics, neurophysiology, and cognitive psychology) brought new perspectives and approaches to the investigation of interpretation. One of the strengths of these areas is that they have established valid research methods in examining human discourse. The themes and concepts that have been and continue to be explored in these fields include cognitive processes of interpretation, equivalences of translation, and neutrality of interpreters.

Anthropology, sociology, and communication influenced the field of interpretation studies by highlighting interpreters' active roles and their efforts in contextualizing the communicative event as a dynamic activity (as opposed to a static text). These perspectives were traditionally ignored in the early development of interpreting theories, which is heavily influenced by literary criticism and focused on the examination of the source and target texts (as opposed to the interpreters' behaviors). Researchers concluded that interpreters' choice of interpreting strategies is not solely dependent on their linguistic ability or interpreting competence. The latest findings in these areas suggest that the neutrality envisioned in traditional ideology (i.e., interpreters as conduits) is not practiced even among professionals. These phenomena raise important questions. For example, if professional medical or court interpreters are not neutral or impartial participants in the medical encounters/court proceedings but are actively involved in the communicative process through specific communicative strategies, it is important for researchers to ask why and how interpreters choose one strategy rather than another and examine its corresponding impacts and implications.

### **Code of ethics and interpreters' practice**

Several reviews of codes of ethics for interpreters in health-care settings have concluded that many of these codes emphasize a mode of interpretation that calls for an objective and neutral role for interpreters. In the area of court interpreting, the ideology of interpreters-as-conduits is even more rigorously reinforced. Not only is the ideology defined by legislation, but any deviation from this role can be sanctioned by court, resulting in disciplinary actions against the interpreter. In educational settings, sign-language interpreters are also trained to follow a conduit model, which requires them to assume a passive, neutral role in relaying information from one language to another. In short, interpreters-as-conduits is a prevailing ideology in interpreting models, which often reflects the public's attitude and expectations for interpreters and encourages the pursuit of matching a source text with a target text (i.e., finding exact equivalence between two languages).

Interpreters' desire to assume a conduit role is enacted through their communicative practices. For example, interpreters often adopt a first-person speech style (i.e., talk as if they are the actual speaker), which allows them to assume an invisible role. Interpreters also adopt nonverbal strategies (e.g., avoiding eye contacts with other speakers) to reinforce the relationship between the primary speakers. These communicative practices are systematically and purposefully employed by interpreters to construct the contexts of interpreter-mediated interactions (i.e., interpreter as nonperson in the communicative process). Researchers have identified various strategies employed by interpreters

to construct their (in)visibility in the discursive process. Starting from the late 1990s and early 2000s, researchers across various disciplines examined interpreters' practice in naturalistic settings and concluded that the conduit model is not realistic, meaningful, or practical in guiding interpreter practices (Dysart-Gale, 2005). Despite these specialized speech practices to claim an invisible role, interpreters may choose to adopt a more visible presence (e.g., actively providing feedback to other speakers or regulating the process and content of talk), especially when they notice that there is social injustice or a power imbalance in the communicative process.

The interpreter-as-conduit model assumes that: all participants are competent speakers who can communicate effectively and appropriately; it is desirable to maintain the existing structure of relationships and patterns of communication; and there are minimal differences between speakers' cultural knowledge and social practices (Hsieh, 2013). However, for interpreters who work in institutional settings, their clients (i.e., institutional officials and laypeople) often involve two parties with significant power, educational, linguistic, sociocultural, and socioeconomic differences (e.g., [illegal] immigrants and immigration officers or patients and physicians). As a result, interpreters may recognize potential problems that emerge during interpreter-mediated interactions and adopt strategic communicative behaviors to influence the content and process of communication. While some of these strategies may be apparent to the speakers (e.g., interpreter informs a provider that the patient does not have adequate health literacy to understand the technical procedure), others may be less visible to others (e.g., interpreters changing the register of the speech of a defendant). Nevertheless, interpreters' active interventions have been found to have important impacts. For example, a slightly cheerful interpreter can act as a buffer for a patient against the negative mood expressed by a therapist. The jurors' perception of a witness (e.g., competence and trustworthiness) can be significantly influenced by the interpreters' choice of using a politeness register.

Traditionally, researchers have compared the original text with the interpreted text, categorizing all deviations as interpreting errors (e.g., addition, subtraction, and editorialization; Flores et al., 2003). The problem with this typology is that the same "errors" may be motivated by different reasons (e.g., managing unethical performances, pursuing diagnostic-efficacy, or empowering patients) and may have different impacts on not only the process and content of provider-patient communication but also patients' quality of services and health outcomes. For example, to facilitate a patient's understanding of their illness or treatment procedure, an interpreter may replace the term "glaucoma" with "pressure in the eye" and "laparoscopy" with an explanation of its procedure. In other words, to categorically call all deviations as mistakes or errors is to overlook the complexity of interpreter-mediated interactions.

Starting in the early 2000s, researchers significantly advanced the field by challenging the presumption that the best practice of interpreting is an exact match between original and interpreted texts. For example, some have argued that communicative goals, institutional objectives, and/or interpersonal relationships should be considered as criteria for evaluating the quality of interpreting. For example, it is not uncommon for institutional officials and laypersons to engage in interactions that may involve heated arguments or potentially prejudicial remarks. If an interpreter simply relays the negative emotions or

discriminating comments, the interpreter may maintain or even reinforce the power imbalance embedded in these institutional settings. From this perspective, interpreters' responsibilities in institutional settings are not simply to serve as the voice of others but also to function as an active participant in the communicative activity, facilitating effective and appropriate communication that meets organizational needs and expectations. In other words, interpreters' best practice depends on the communicative context.

For example, a medical interpreter may anticipate providers' and patients' communicative needs and actively address potential issues of social inequality and cultural differences. When interpreters make a speaker's inexplicit information explicitly expressed in their interpreted text (e.g., changing an indirect information-seeking statement into a direct information-seeking question), they draw little attention to the nuances of potential misunderstandings while ensuring the communication continues smoothly. It also improves the provider's ability to hear and respond to the patients' informational needs. The success of these strategies, however, relies on the interpreters' ability to anticipate and understand the speakers' communicative goals. If an interpreter misunderstands the speakers' intended meaning, this misinterpreted text may lead to confusion if not conflict, or even constitute unethical intervention. In other words, although the interpreters' active role and intervention may be appropriate and necessary in certain communicative contexts, interpreters' interventions are not without boundaries. Different institutions (e.g., schools, courts, and hospitals) may have different expectations and codes of ethics regulating the visibility and flexibility of interpreters' behaviors.

## **Contexts in interpreting**

Due to the prevalence of the interpreter-as-conduit model, few researchers have examined the importance of context in interpreting or how context may influence the content and process of interpreter-mediated interactions. This is because within the conduit model, interpreters are viewed as language machines. Context is irrelevant. One would expect the computer in the office to behave in exactly the same way as the computer at home. As a result, the examination of interpreter-mediated interactions traditionally has been limited to the immediate, turn-by-turn talk.

However, early in the 21st century, researchers began to examine the importance of context in interpreting, arguing that context not only shapes interpreters' practices but also influences other speakers' behaviors and expectations in interpreter-mediated interactions. Context in liaison interpreting includes a variety of themes, such as institutional context (e.g., hospitals and courts), sociocultural context (e.g., social norms and cultural beliefs), interpersonal context (e.g., duration and types of relationship between the interpreter and speakers), and communicative context (e.g., communicative channels and sources of information). Because liaison interpreting is an extremely broad category that includes most types of interpreting activities (except simultaneous/conference interpreting), the contexts of liaison interpreting vary greatly.

Interpreters may choose different interpreting styles because of differences in communicative channels (i.e., on-site v. telephone interpreting). Due to the visible presence of on-site interpreters, one specific rule is set for on-site interpreters: Use the first-person singular when interpreting. In contrast, telephone interpreters are required to use third-person interpretation to avoid confusion, so all participants are aware of each other's existence. Whereas on-site interpreters can use nonverbal signals to guide the flow of communication, telephone interpreters issue verbal cues to guide the flow of the communication. In short, contextual differences between on-site and telephone interpreting have led to different interpreting norms. In addition, the other participants involved also may have different communicative patterns, due to interpreters' different communicative strategies.

SEE ALSO: Context; Intercultural Dialogue; Language Ideologies

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## Further reading

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