

BOOK REVIEW

Claudia V. Angelelli. *Healthcare interpreting explained.* London/
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Reviewed by **Elaine Hsieh** (University of Oklahoma)

Healthcare interpreting explained is a comprehensive guide to the general landscape of healthcare interpreting as a field of practice. Angelelli is a leading scholar whose perspectives have been influential in conceptualizing healthcare interpreters' active roles in the discursive process. In this book, she summarizes her extensive experiences in research and teaching to present readers with a systematic understanding of the field. In addition, she echoes recent advances in the larger discipline by recognizing healthcare interpreting as a communicative activity situated in clinical care.

According to Angelelli, the ideas for the book evolved from her early work in the California Partnership and the Connecting World Collaborative Testing Project in 2003 and they eventually materialized as a book project in 2012. The text consists of eight chapters that cover four primary areas: (1) professional and regulatory landscape (Chapters 1 and 2), (2) interpreting as a communicative activity (Chapters 3 and 4), (3) skills and competencies (Chapters 5 and 6), and (4) interpreter roles and ethics (Chapters 7 and 8). The structure of the book highlights its applied, pragmatic focus because each chapter includes sections of practice activities, journal writing, and further tasks (e.g., exercises) that orient readers towards the professional practice of healthcare interpreting.

Chapter 1 is an introduction to interpreting as a profession. In it, Angelelli surveys the larger field of interpreting studies and discusses the education for different types of interpreters, including those in healthcare, court, community and conference settings. Although the flow of arguments is scattered at times, the chapter is comprehensive and detailed in discussing various themes that are anchored in the field of interpreting studies.

Chapter 2 includes two major sections: (1) the structures and stakeholders of healthcare interpreting and (2) the regulatory frameworks for individuals' rights to language access. It is important to note that this chapter highlights a predominately Western understanding of healthcare settings, provider-patient interactions, and regulatory frameworks. Similarly, the three regulatory frameworks presented are those of Western countries or regions: Australia, the European Union, and the United States.

In Chapters 3 and 4, Angelelli examines healthcare interpreting as a communicative activity. She explores the ways in which communicative goals, culture, and other social factors may shape the content and form of a message. Angelelli defines “content” as the “what” of an event (i.e., the task goal of the communicative event) and “form” as the “how” of an event (i.e., “how a message is uttered by a participant and how it is delivered by the interpreter to the other participant”; p.70). Angelelli’s conceptualization of communication appears to be a linear, mechanical process that requires interpreters to decipher communicators’ intention (or goal) through the content and form of a message. At the same time, they should consider factors such as the procedural stage of provider–patient interaction (e.g., introduction, examination, or closing), the modes of interpreting (e.g., in-person versus remote interpreting), specialized contexts (e.g., mental health), and other contextual factors (e.g., culture and participants’ gender).

Chapters 5 and 6 provide materials and practice guides for novice interpreters. Writing with Christian Degueudre, Angelelli provides rich, informative, and valuable resources that enable readers to develop *receptive* skills – that is, skills necessary to understanding the message, such as linguistic and cultural competence, active listening, and text or discourse analysis – and *productive* skills – for instance, skills necessary for (re)producing the message such as public speaking, paraphrasing, and note-taking. For teachers and students of healthcare interpreting, these two chapters will prove to be a treasure trove for reflective learning and targeted practices.

Chapter 7 revisits Angelelli’s (2004a) seminal work on interpreter roles and visibility but also incorporates more recent work by other scholars. She focuses primarily on the various types of interpreter role that have been identified and adopted by professional interpreters. She explores the complexity and nuances of different roles but does not present a synthesized framework that consolidates the findings and explains how interpreters’ roles can be dynamically negotiated, co-constructed, and resisted by other participants in a medical encounter. From this perspective, Angelelli conceives of interpreter roles as a somewhat stable performance to be assumed by interpreters.

Chapter 8 provides an overview of the general ethical principles that guide the practice of healthcare providers (e.g., physicians and nurses) and explores interpreters’ challenges in navigating ethical dilemmas in healthcare organizations.

Regarding the theoretical grounding of the book, Angelelli advances her earlier work on interpreter roles by viewing healthcare interpreting as a communicative activity situated in a particular context. She explains,

This approach calls for a series of focus shifts: from terms to ways of speaking, from a decontextualized assignment to a situated practice and from the interpreter as an isolated player to a member of a team. (p. 43)

However, her understanding of communication is message-centered. She also assumes that a message entails a single task goal that can be deciphered by analyzing the form and content of the message situated in context. By noting that “interpreting means brokering both the content and [the] meaning of messages” (p.28), Angelelli argues that the goal of analyzing a message is to “find clues that will help us understand it better” (p.99). In addition, the receptive and productive skills listed in Chapters 5 and 6 suggest that interpreters’ responsibilities are to understand the message in the situated contexts accurately and to reproduce the message in a different language appropriately and effectively. Angelelli emphasizes:

[C]ommunication implies understanding. In order to understand, one must analyze the discourse and reflect on how a message is constructed, produced, processed, and received. (p.98)

This seems reminiscent of a conduit model of communication, where the analytical focus is the message.

There is little discussion on the manner in which the shifts in focus can create organizational tensions in healthcare settings and require different *interpersonal* skills to control and coordinate the interactional dynamics in interpreter-mediated communication. For example, Angelelli cites the power differential as the reason why “providers not patients are the ones who ask more questions” (p.45), but she appears to accept this as part of the context and message to be maintained by interpreters. Rather than exploring interpreters’ role in the communicative process, she warns that “*providers* should not assume that patients automatically would state their questions” when asked to do so (p.50; emphasis added). She also believes that “cross-language encounters are by nature slower and less precise than same-language medical encounters” (p.53). Angelelli does not examine the ways in which the interpreter, as a member of a team, can play a role in addressing such disparities (e.g., empowering patients to ask more questions or to have a better understanding). Such an approach limits the possibilities and potentials of viewing healthcare interpreting as a communicative activity as it reinforces the existing dynamics and inequity of cross-language interactions (Hsieh 2013). In fact, researchers have found that the quality of the healthcare services and of the health outcomes of interpreted patients can be equivalent to and, at times, better than those of English-speaking patients (Bernstein et al. 2002; Gany et al. 2007). Viewing healthcare interpreting as a communicative activity would therefore require a full appreciation of (1) the dynamic interplay between

multiple parties as they coordinate and collaborate on *multiple* competing, if not conflicting, goals in emergent interactions; and (2) interpreters' abilities to empower patients and improve the quality of care through their vigilance against inequity (Hsieh 2016). Considering healthcare interpreting as a communicative activity implies looking beyond interpreters' perspectives and "message" management and considering how interpreters can improve the quality and equity of care.

The book generally adopts a predominantly Western approach to healthcare interpreting and communication. First, discussions of regulatory frameworks, individual rights, and ethics are primarily based on Western knowledge or cultural structures. It is likely that people in non-Western cultures and nations may have different considerations and perspectives on these issues. Second, Angelelli adopts a Western biomedical perspective to provider-patient interactions. For example, when discussing the provider-patient relationship, she emphasizes the importance of the provider-patient dyad, noting that

the mere presence of a third party [...] introduces a new set of psychosocial factors into the equation, posing a *risk* for the physician-patient relationship.
(p. 58; emphasis added)

She also argues that "[m]ost patients want *as much information as possible* from their [healthcare providers]" (p. 27; emphasis added). These statements reflect a Western preference for individualism, self-determinism, and information-seeking, whereas patients from collective cultures often adopt a family-centered communication model. Such a model involves family members participating in provider-patient interactions and even taking over their health-related decision-making. Furthermore, both patients *and* providers from different cultures often prefer different levels, types, and styles of information disclosure and avoidance. While Angelelli emphasizes the importance of culture and cultural competence in understanding the "message," she does not explore whether and how interpreters can mediate the cultural differences in provider-patient interactions.

On a more theoretical note, Angelelli mistakenly cites Festinger (1954), who proposed Social Comparison Theory, when she discusses the interpersonal communication theory of the "theory of the significant other" (p. 49), whereas in her earlier work (i.e., Angelelli, 2004a, 2004b) she cites Stouffer (1949) in connection with the Theory of the Significant Other. I was not able to find references to the Theory of the Significant Other by Stouffer in the larger literature. However, based on what is discussed in her earlier work and on my personal knowledge (as a communication researcher), neither theory would directly support what she argues:

The theory states that the more central a person may be to the pursuit of one's *own goal*, the more one is willing to engage, negotiate, and spend time and energy with this person because establishing good rapport may be important, unlike a person with whom one may just share an elevator ride. (p. 49; emphasis added)

It is unclear which theory Angelelli is making reference to. My best guess is that it is the social exchange theory. In any case, what she proposes is still a very Western understanding of communication: individuals' personal goal (i.e., self-interest) is the motivator of communication. In many other cultures, talk for talk's sake is about relationship building rather than the rewarding outcome of an event.

Whereas Angelelli emphasizes that her book is "grounded in research," it is primarily grounded in her work and perspectives rather than a comprehensive or systematic survey of the major findings, latest research trends, and/or the work of prominent scholars in the field. For example, although she provides detailed information on the regulatory frameworks in various countries (Chapter 2) and on interpreter ethics (Chapter 8), she relies heavily on her own earlier work. She discusses healthcare interpreting as a communitive activity without referring to the scholars who have provided sophisticated and complex observations about the way in which healthcare interpreting involves the coordination of identity, relational, and task goals between multiple participants (e.g., Greenhalgh et al. 2006; Hsieh 2010; Leanza et al. 2010). Similarly, Angelelli notes that interpreters' roles are complicated and nuanced without delving into the growing literature and ground-breaking research on the ways in which both professional and non-professional interpreters' role performances are negotiated, contested, and resisted by the different parties in a medical encounter (e.g., Hsieh 2006; Leanza et al. 2010; Martínez-Gómez 2020). She also overlooks the work of several physician-researchers who have made valuable contributions to interpreter-mediated communication in clinical care (e.g., Diamond et al. 2019; Guerrero et al. 2018). In short, the research citations in this book are somewhat dated and limited. From this perspective, Angelelli's book may disappoint readers who wish to use it to familiarize themselves with the larger literature on healthcare interpreting.

Overall, though, the book presents a realistic and pragmatic understanding of healthcare interpreting as a professional practice. On the whole, it is a valuable resource for researchers who are interested in learning more about Angelelli's work and in particular for those individuals who are considering a career as healthcare interpreters. Readers who wish to learn more about specific issues related to healthcare interpreting may choose to consult individual chapters or sections.

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Address for correspondence

Elaine Hsieh
Department of Communication
University of Oklahoma
610 Elm Avenue, Room 101
Norman, OK 73019
U.S.A.
ehsieh@ou.edu