3

Promoting the Use of Normative Ethics in the Practice Profession of Community Interpreting

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Signed language (SL) interpreting is but one occupation within the broader field of translation and interpreting (T & I). Given that SL interpreters engage in the task of *message transfer*, we share a history as well as a theoretical foundation with all who work between two languages—from a translator of 18th-century French literature to "booth interpreters" working at the United Nations. The field of interpreting includes signed and spoken language interpreters who work in diplomatic, international conferences and community settings. The primary practice environments for SL interpreters are in community settings, including medical, legal, social service, business, and educational settings. SL interpreters share the field of community interpreting with those who work between spoken languages as well. Community interpreting within the broader field of T & I is referred to by several other terms: *liaison*, *ad hoc*, *dialogue*, and *public service* interpreting.

When referring to *interpreting* in this chapter, we are referencing the T & I field broadly, including both community and conference interpreting. When we use the term *community interpreting*, we are referring to signed and spoken language interpreters who work in community settings. When we use the term *signed language interpreting*, we are referring to SL interpreters who may be deaf or hearing, who may use a variety of

signed languages (e.g., American Sign Language, British Sign Language, French Sign Language, or International Sign).

Although it is important for SL interpreters to understand our shared history and theoretical base within the broader field of T & I, it is equally important for them to recognize what is unique about the practice of community interpreting. Perhaps the most unique aspect of community interpreting versus other forms of T & I activity is that community interpreting is a *practice profession*.

To frame community interpreting as a practice profession is to assert many things. First, it is a commentary on practice realities (e.g., interpreting in a doctor's office is very different than interpreting at an international conference). It also implies that the profession should educate practitioners in community settings differently than would be the case for other T & I professionals. It also means that the profession of community interpreting should *conceive of* and *engage in* ethical practice in ways that may be unique. These ways of thinking and working in community settings are the focus of this chapter.

Recognizing Community Interpreting as a Practice Profession

To frame interpreting as a *practice profession* is to set it apart from *technical professions*. Historically, SL interpreting was considered a technical trade in which interpreters were both trained and viewed as *technicians of translation*, whose work would be considered effective if they simply mastered the technique of bilingual message transfer—supplemented, of course, with relevant cultural and ethical knowledge. Breaking from this traditional perception of interpreting as a trade rather than a profession and framing interpreting as a practice profession in particular is to stress that there are other skills interpreters need to be effective that lay outside a traditionally heavy focus on technical (bilingual) skills. The most important of these additional skills are perceptual and judgment abilities regarding interpersonal dynamics, because interpreters are always applying their technical skills in dynamic, socially interactive settings.

Other practice professions require professionals to have a combination of technical skills, interpersonal perception, and judgment skills. Consider

the interpersonal skills often referred to as *bedside manner* for medical professionals. These abilities extend beyond their technical knowledge (e.g., anatomy and physiology) and technical skills (e.g., interviewing a patient or suturing a wound). Likewise, teaching, clinical psychology, the law, and community policing may be classified as practice professions, where, as with interpreting, one's technical skills are typically applied in socially interactive settings, requiring keen judgment abilities. Laboratory science, architecture, engineering, accounting, aviation, and many other highly respectable professions also require the acquisition of complex technical skills. However, these technical professionals do not routinely apply their skills in the context of dynamic social realities the way practice professionals do.

Practice professionals need to be directly trained in the interpersonal aspects of their work through extensive periods of closely supervised practice *before* their professional training is deemed complete. Consider the medical intern or resident, student teacher, or rookie police officer who is closely supervised by veterans in their profession before they are ready for independent practice. This instruction on the interpersonal aspect of one's work and a significant period of supervised guidance in the *application* of one's technical skills *in social settings* are essential in the ultimate development of practice professionals.

To prepare highly qualified interpreters, the profession of SL interpreting would have to follow a similar educational and preparatory design. In other words, teaching only technical skills and other academic content is inadequate. Sufficient time and professional oversight need to be invested for a budding practitioner to develop the necessary interpersonal and judgment skills to be successful in their profession.

In other practice professions, practitioners also continually strive for improvement, not only through continuing education (usually mandated), but also through *reflective practice*. Reflective practice, which sometimes goes by other terms, such as *supervision* in the mental health fields, means one-on-one or group conversations where the key elements of the practice situation, practice decisions, and their associated consequences are discussed openly and formally, with a focus on the actions the professional chose, alternative courses of action that might have been considered, and the benefits and drawbacks of these differing choices. Reflective practice

is an essential, career-long form of learning and work improvement in the practice professions.

In a recent reflective practice session, an interpreter presented to a small group of colleagues an interpreting assignment, where he knew the situation could have been handled better. He admitted that he had lost his patience with a hearing, patient-care technician who was working with an elderly, deaf woman in a hospital's emergency department. The interpreter first explained the facts of the case and then asked for feedback and help in re-thinking how he could have done better. Here are the key facts he presented.

An elderly deaf woman was brought into the emergency room, because she had fallen and hit her head. Before the medical provider could stitch up her head wound, the patient-care technician needed to get her into a gown. The deaf woman was accompanied by a social worker who also was deaf. Because of the seriousness of her injury, the patient had first been hooked up to a machine that monitored her heart. This made disrobing and then redressing into a gown a challenge. The technician wanted the patient to sit on the side of the bed, because standing could possibly have led to another fall. The technician would then give directions to the woman to help her get disentangled from all the cords. Given that the patient was deaf, she necessarily had several places to divide her visual attention—the interpreter who was signing what the technician said, the clothing and the cords, and the social worker who was standing at her side, helping and giving her positive encouragement in sign language. As a result, the woman's ability to respond to the directions of the technician was necessarily delayed. After several back-and-forth directives and responses, things were not progressing as quickly as the technician had expected. The technician started to get frustrated. His tone of voice became louder and curt. He started audibly sighing and would say, "No, no, not like that!" Finally, the technician started to intervene physically and began to take off the patient's bathrobe. This caused the patient to get very upset. The social worker did not say anything to the technician about his actions while the patient continued to protest his physical help. Finally, the interpreter looked at the technician and putting his hand up to him said, "You're going to need to have more patience in getting her to respond to you!" The interpreter could not believe that the technician was not being more patient in light

of the woman's age, her potential disorientation after a head injury, and the several sources of visual data she had to take in at once. He was also surprised that the patient's social worker did not say something to the technician on the patient's behalf. Ultimately, things calmed down, the woman was given the time she needed to get into the gown, and she also did not fall. But, it had come at the expense of several people getting upset, including the patient who was already medically compromised.

The interpreter asked his colleagues what he could have done differently. In the subsequent discussion, several ideas and observations were offered. Commonly, at the beginning of an interpreting assignment, SL interpreters prioritize "staying out of the way" and letting the other professionals in the room handle a situation. This allows the interpreter to focus on communication and the effectiveness of communication. People who have empathy for others pick up on their emotions and begin to feel similarly, so in this instance, it was not unusual for the interpreter to become upset along with the patient. However, one participant pointed out, when such things start to happen, there are ways to think more strategically about what to do next. For example, the group offered, when it started to become obvious that the technician did not fully understand all that was happening (especially the delays created by all of the visual information the woman was trying to take in at once), the interpreter could have taken more action by explaining to the technician what was happening and why the patient was not able to quickly respond to the directions. Second, it was pointed out that the technician, although seemingly upset and impatient, likely had the patient's best interests at heart and was worried about her being in a seated or standing position. If the cause of the original fall was poor heart functioning or low blood pressure, a seated or standing position could lead to another fall. Recognizing that someone might be acting out of concern versus frustration helps us to respond to them more empathetically and respectfully. In turn, this can help deescalate the emotions in the room. Lastly, it was pointed out that helping the technician understand all that would be involved with communication before interaction with the patient began might have better prepared him to expect the longer response times or maybe even led him to come back later when he had more time or even hand off the gowning responsibility to someone else. Although it was too late for this feedback to change that particular situation for the interpreter,

this reflective practice discussion is likely to be remembered and benefit this interpreter the next time he is in a similarly tense situation.

Encountering situations that are emotionally tense or dynamically complex is not unique to SL interpreters. All practice professionals face the complexities of the social world in their work. The plots of police, medical, and legal television dramas typically focus on these social aspects rather than the technical skills of these practice professions. As practice professionals interact with their segments of the public (patients, clients, families, or the citizenry in general), they recognize the importance of these relationships as key to effective work. Typically, decisions that are made and actions that are taken between the parties in these relationships are *negotiated* ones; they show an attempt to cooperate and to work collaboratively. This is a significant difference between the effective work of practice professionals and that of technical professionals. How might an interpreter learn to effectively negotiate in decision-making?

Let us continue with the example of the elderly hospital patient and the social worker, both of whom were deaf. Suppose, later during the emergency room visit, the social worker asks the interpreter to stay with the now-sleeping patient while she goes to make a call back to the office to give a status update. The social worker tells the interpreter that if the patient wakes up, she will come right back into the room. The social worker then points out that the patient is on strong pain medication and is not likely to wake up anytime soon.

Some interpreters might see such a request as inappropriate ("It's not my job to watch over the patient.") and therefore, deny the request. Although they would not be wrong per se in making such a decision, it does very little to create the positive rapport with service users that we are proposing is important. Furthermore, denying the request can even serve to impede the care of the patient. What if calling the office meant an aide could bring the patient necessary items from her home, or maybe the call is to arrange transportation from the nursing home to pick up the patient following her impending discharge?

At the same time, the interpreter also does not want to find himself in a position where he is ill equipped to handle a situation where the patient wakes up and starts to get out of bed. The interpreter should seek to find ways to agree to the request, maximizing the value of collaboration while

minimizing the potential harm. In this case, the interpreter could ask some questions. Are the bed rails up, to ensure the patient cannot easily get out of bed? How far away is the videophone the social worker plans to use? Where is the emergency room technician, and is he able to be present or at least close by in case of an emergency? If such information and protections are satisfactory, the interpreter should feel comfortable granting the social worker's request.

Types of Ethical Decisions

In the above example, the interpreter negotiates decision-making by trying to determine what is best for all persons involved. This requires thinking through the *consequences* of the decision. Consider the interpreter's following thoughts:

> *If I comply with the request to stay with the patient and ensure that she does not try to get up, the social worker can arrange for the patient to get home sooner. If I stay with the patient, I need to make sure that the patient is with someone who can keep her safe if she were to wake up. How is it possible to reasonably maximize the value of cooperating with the social worker while minimizing any potential harm?*

Note how the above consequences are determined by *values*, in particular, the values inherent in the service setting where the interpreter is working (in this case, the medical setting). The importance of recognizing the values of the work setting when determining the most desirable consequences of a decision is addressed further in this chapter.

Of course, the interpreter could have made a very different decision. He could have said, "No, my ethical code does not allow me to participate in situations in that way; I can only interpret." Such a decision, formulated differently than the decision made above, would yield a different outcome (in this case, not collaborating with the social worker). This decision would be based on the interpreter prioritizing a rule (i.e., it stems from thinking, "What is the proper rule to follow in this situation?"), whereas the former, collaborative decision was based on consideration of the consequences or the most desirable outcomes of the situation.

To make decisions based on rules is what ethicists refer to as reasoning in a *deontological* fashion. To make decisions based on consequences or desirable outcomes is referred to as reasoning in a *teleological* fashion. Because

the work of practice professionals is embedded in a dynamic, social context, the outcome of which is dependent on the quality of the rapport and relationship with the individuals they serve, practice professionals usually make ethical decisions from a *teleological* or consequences-based perspective. Teleology requires decision-makers to consider the unique context in which the decision is being made. Decision-making from a deontological or rules-based perspective means upholding what is predetermined to be the right action, irrespective of the situational context.

Different Types of Ethics Relevant to Community Interpreting

Ethicists differentiate *normative* ethics from *descriptive* ethics. Normative ethics concern those behaviors that are deemed as *right action*. They are understood as addressing what one *ought* to do or what one ought *not* to do. The terms *deontology* and *teleology* are both derived from the normative ethics field, because both forms of reasoning are intended to lead to decisions about right action. As noted earlier, practice professionals usually make ethical decisions via teleological reasoning, focusing on the consequences or outcomes of potential decisions. Sometimes, although less frequently, practice professionals do make deontological or rule-based decisions. Examples include the rules associated with the sharing of private healthcare information. Healthcare professionals must obtain a patient's written permission before releasing medical records. Usually though, the nature of practice professionals' work is not so straightforward, hence their more frequent reliance on teleological ethical reasoning.

Descriptive ethics differ from normative ethics in that instead of identifying what should be done, the focus is based on an analysis of what individuals *actually do*. Although normative ethics seeks to determine what is (or is not) right action, descriptive ethics is focused on determining simply *what is*. Descriptive ethics do not focus on judging a behavior but instead focus on describing it. As a result, it is possible for what one thinks is right action (their normative ethics) to be in direct conflict with what one actually does (descriptive ethics). Take for example, a person who believes that it is right to reduce the use of plastics in the environment but does not recycle or re-use plastic products. This mismatch between what one believes

is right action versus the behavior one exhibits can be true for anyone, practice professionals included.

There are many ways in which a profession expresses its normative ethics, or what the profession proposes to be right and wrong action. The most common way is through a profession's code of ethics. However, even when a profession has such a code, there is usually a collection of other publications, informal documents, and commonly shared beliefs regarding ethical behavior that the profession draws upon. For example, some professions have *standards of practice* documents that express ethical ideas. The Registry of Interpreters for the Deaf, Inc. (RID) has a series of standard practice papers (SPPs) on a variety of topics—from content-specific work settings (e.g., mental health and legal settings) to topics such as team interpreting. Normative ethical material also can be found in professional literature that describes best practices within a field.

Despite the wide range of ethical material available within a profession, people tend to look to ethical codes as the most important form of guidance. Ethical codes are generally regarded as authoritative and, therefore, hold a prominent place amidst other types of ethical material that may exist within a profession.

How Ethical Codes Can Be Problematic

Ethical codes in the T & I field have frequently been criticized as restrictive and overly prescriptive (i.e., as rigid "do this and don't do that" rules that are "carved in stone"). In part, this is because many ethical codes constructed for the T & I field have been written in the rule-based or deontological manner noted earlier. The current National Association of the Deaf-Registry of Interpreters for the Deaf Code of Professional Conduct (CPC) is no exception. (See https://www.rid.org/ethics/code-of-professional-conduct/.) Although ethical codes certainly need to include some definitive guidelines or distinctions between acceptable and unacceptable behavior (in order to protect service-users), they also should ideally be derived from and specifically describe the values upon which they are based—the central values that the profession seeks to uphold and put into practice.

Within the community interpreting field, ethical codes have tended to focus on a few common topics: message transfer (e.g., accuracy and

fidelity to the message), business practices, professional discretion (including confidentiality), and continued professional development. Ethical codes also often provide behavioral guidance, such as maintaining neutrality or impartiality. Two additional ethical ideals also are often conveyed—professionalism and respect for colleagues and consumers. Although many codes illustrate behaviors associated with professionalism and respect, they tend to be broad and quite open to interpretation, given the unique circumstances of a given work situation.

Some have argued that general (profession-wide) ethical codes do not provide sufficient guidance for community interpreters and have proposed that the field is in need of developing setting-specific ethical codes (Angelelli, 2004; Leneham & Napier, 2003). Examples of setting-specific codes include those of the National Council on Interpreting in Healthcare (NCIHC) in the United States and the Association of Sign Language Interpreters in the United Kingdom, which has an ethical code for working in mental health settings. Rather than developing setting-specific codes, RID instead offers SPPs, which include ethical guidance for working in medical, mental health, legal, educational, and religious settings.

In contrast, some have disagreed that ethical codes are too rigid and prescriptive and, instead, have proposed that ethical codes are not intended to be all-encompassing and should not be seen as a substitute for individual critical thinking and judgment skills (Fristch-Rudser, 1986; Pope & Vasquez, 2010). Indeed, in the preamble of RID's CPC, it is stated that interpreters must "exercise judgment, employ critical thinking, apply the benefits of practical experience, and reflect on past actions in the practice of their profession" (Registry of Interpreters for the Deaf, 2005). These differing viewpoints have led to debate within the profession, not only as to which viewpoint is more valid, but also how to reduce the indecision interpreter practitioners may face as they consider these differing views on ethical codes.

The Power of Role Metaphors in Community Interpreting

Since the profession of SL interpreting was formalized in the mid-1960s, different *role metaphors* have been proposed, in part, as a means for providing another form of behavioral guidance for interpreters in light of

inconsistencies in how codes of ethics have been viewed, written about, and taught. Role metaphors not only remain influential in interpreting education and practice, but also have proliferated and evolved over time as the profession (and the Deaf community) also have evolved. A role metaphor is a shorthand way of describing a pattern of behaviors one performs on the job: "I will act as if I am a ___." *Conduit*, *bilingual/bicultural (bi/bi) mediator*, and *member of the team* are just a few role metaphors used widely in the interpreting field.

Recognizing the powerful influence that role metaphors have had in the way the interpreting profession thinks about ethical behavior is a vital aspect of understanding the broader development of ethical thought in community interpreting. In SL interpreting, role metaphors have been developed and promoted as a concise way of applying or operationalizing the ethical code to practice.

At the time of the adoption of the 1979 code (RID's longest-standing code to date), the conduit metaphor was most popular. A conduit is like a pipe or a tube conveying (or moving) something from one place to another. In this case, it is the movement of language between two people—the source language enters one end of the tube, and the target language exits the tube. As a result, many of the code's ethical tenets were framed, or at least interpreted, as behavioral choices interpreters should make from the perspective that their job was to merely serve as a bridge between two languages. Accordingly, this view further suggested that interpreters should have no other impact, purpose, or involvement in the situation, apart from message transfer alone.

It has been argued that this restrictive conduit view is still the default role metaphor influencing community interpreting today (as cited in Hsieh, 2006) and that the conduit metaphor (which is also a conceptualization of ethical behavior) emerged out of our shared history with international conference interpreting (Angelelli, 2004). Attempts to unseat the conduit metaphor as the predominant, normative role metaphor in community interpreting have failed (Clifford, 2004; Roy, 1993).

The development and progression of role metaphors is a lens through which our profession documents its history (Janzen & Korpinski, 2005; Roy 1993). Most scholars frame the development of the SL interpreting profession through a progression of four role metaphors: 1) interpreters

as helpers, 2) interpreters as conduits, 3) interpreters as communication facilitators, and 4) interpreters as bi-bi mediators (Roy, 1993). By the time the RID CPC was adopted in 2005, two more metaphors were gaining popularity: interpreters as allies and interpreters as members of the team.

Interpreters as helpers was not an intentional metaphor to educate the public or guide professional practice. It was merely used to highlight the contrast between the pre-professionalization of SL interpreting and later ethical thinking. At the outset of the profession, interpreting for deaf people was almost exclusively a voluntary activity, provided mostly by family members, teachers, counselors, or clergy (Cokely, 2000). Frishberg (1986) further noted that many of these ad hoc interpreters were compelled to help out in settings, such as churches and doctor's offices, for good-intentioned reasons. As a result, these helpers were free to, "offer advice . . . and make decisions for one or both sides" (Roy, 1993, p. 139). Consequently, deaf people were frequently impeded from functioning as autonomous decision-makers, calling into question issues of oppression. It was against this backdrop of interpreters as helpers that leaders in the field, and more specifically the RID, began to formalize and define what constituted ethical practice.

Interpreters as conduits was the first intentional practice metaphor to emerge. It was intended to convey the ethical ideal that interpreters merely relay messages back and forth but should otherwise remain detached from the social aspects of the situation, the meaning of the messages conveyed, and the outcome of the communication event, beyond effective message transfer (i.e., the interpreter should be otherwise invisible). This same idea often has been expressed by interpreters who pose the question, "What would have happened if I had not been there?" and basing ethical decisions on that illogical proposition. Many have suggested that the conduit framework for ethics emerged from the field of conference interpreting. Community interpreters were encouraged to emulate the conference interpreters' *booth experience*, being removed from the social interaction taking place and required only to supply the interpretation via a microphone and headphones.

The metaphor of an interpreter being a *communication facilitator* came into popularity in the early 1980s as the field began to consider theoretical ideas being discussed in related disciplines, such as communication

theory. This perspective emphasized that the communication event included a sender, a message, and a receiver. Therefore, instead of being mere conduits of communication, interpreters were "language and communication-mode experts" (Roy, 1993). Now, interpreters were expected to meet the more specific linguistic needs of the communicating parties, in particular the deaf individual, by adapting to that consumer's communication mode.

Not long after this shift in thinking began, the proposition emerged that a language cannot be separated from its cultural context. Interpreting now began to be perceived as a bi/bi task. Accordingly, the corresponding ethical reasoning was that interpreters should not only be responsible for message transfer, but also for cultural adaptations in their translation decisions as well. In SL interpreting, we refer to this role metaphor as the *bi-bi model*. In the field of spoken language interpreting, a similar metaphor is referred to as the *cultural broker*.

Arguably, each new role metaphor that came into popular use, and the ensuing ethical discourse stimulated by it, was an attempt to correct overly literal interpretations of the 1979 RID Code of Ethics. As the predominant metaphors shifted, practitioners were encouraged to conceive of the consequences of their decisions and engage more flexibly in their practice decisions. However, Roy (1993) concludes that attempts to utilize newer metaphors have proven unsuccessful, because these metaphors still could be distilled down to promoting conduit-like behaviors.

Being a member of the "team" refers to the professional team with whom the interpreter is working—whether in health care, law, social service, or educational settings. Each SPP that addresses content-specific work settings endorses the team member metaphor. That is, interpreters are expected to work in concert with (or at least not against) the goals and values of the professionals in that setting.

The team member metaphor seems contradictory to the *interpreter as ally* metaphor. Being an ally emphasizes the unique relationship of solidarity between SL interpreters and the Deaf community. Although it makes sense to support those who have been historically marginalized or even oppressed, how does an interpreter balance alliances between the team (usually hearing) and the deaf consumers with whom they are interacting? If the institutions employing these (hearing) team members are perceived as

inherently oppressive to deaf people (Baker-Shenk, 1991), then to work in collaboration with the purveyors of this oppression would result in working against deaf people, not in alliance with them.

How can practicing interpreters understand these metaphors as a source of guidance for their ethical decisions, if they seemingly contradict one another? The answer lies in distinguishing the devices used in normative ethics versus descriptive ethics.

Metaphors are a device used properly only in regard to descriptive ethics; they are intended to convey, in a broad sense, the behavior of individuals, *without* evaluating that behavior as desirable or undesirable. However, when metaphors are perceived as behavioral guidance, they are being regarded as a normative ethics device—directing what people *should* do. Ethicists would regard this use of metaphor as inappropriate.

Furthermore, metaphors, when viewed as behavioral guidance, do not provide sufficient guidance regarding the specific situations interpreters face on a day-to-day basis. Because they are a tool of descriptive, not normative, ethics, it is a misuse (or misappropriation) of metaphors to serve as tools of guidance or evaluation. In other words, you cannot use a metaphor to measure the effectiveness of a decision.

The Profession's Move Away from Normative Ethics and toward Descriptive Ethics

The problem of mixing the terms and devices of descriptive and normative ethics through the use of metaphors is not unique to community interpreting. Pym (2001) explained how descriptive ethics also came into prominence in translation studies in the early 1990s. Pym suggested that it was the perception that ethical codes (normative ethics) were restrictive that led the broader translation studies field to embrace a descriptive ethics approach. In other words, T & I theoreticians and researchers became less focused on dictating what practitioners *should* do and instead wanted to learn what these practitioners *actually* did.

Community interpreting scholars followed suit. Researchers from the fields of sociology and sociolinguistics began turning their attention to community interpreting. Their scholarship aimed to report without

judgment on the actual practices of community interpreters (e.g., Cokely, 1992; Roy, 2000; Wadensjö, 1998).

The seminal study that has been credited with initiating what is referred to as *the social turn* in interpreting scholarship was conducted by Cecelia Wadensjö (1998). The social turn was an influential shift away from the prevailing research focus on linguistics or message transfer toward the inclusion of social and cultural factors relevant to interpreted interactions.

When interpreters started working in community settings (the result of increasing immigration and emerging American law regarding language access for non-English speakers and deaf people), it was no longer fitting to study message equivalence solely through the lens of linguistics. Interpreters were no longer working in booths with headphones on, physically removed from the interaction between their consumers, but were now directly present in doctor's offices, elementary school classrooms, etc., and were obvious participants in the communication event. The interpreter's presence, along with the recognition of social and cultural factors associated with interpreting service users and their communication goals, fundamentally changed the standards for studying and defining effective and ethical practice. This was the "social turn" in the T & I field.

Because the conduit metaphor was predominant in the late 1980s, it follows that scholars interested in descriptive ethics would want to find out if interpreters did indeed act in these ways. More often than not, researchers found that interpreters did *not* act like invisible nonparticipants, as the conduit metaphor predicted. Rather, they observed that interpreters often were quite active participants in these interpersonal work situations.

Wadensjö's influential research was strongly influenced by sociologist Erving Goffman (1959) and his *participation framework*—an approach for examining the roles different parties play when interacting in a particular setting. His framework was embraced by scholars studying community interpreting and, in part, it fostered the social turn in the T & I field. The participation framework became so influential in T & I scholarship that Mason (2000) claimed, "no serious study of [community] interpreting can afford to overlook the participation framework" (p. 219). Even publications decades later have found Goffman's work applicable to community interpreting.

Goffman used two sociological tools in presenting his participation framework: the construct of *role-taking* and the use of metaphors in describing how humans behave during their interactions. Goffman and Wadensjö's influence not only led the profession of community interpreting to embrace the use of metaphors as a tool for describing interpreters' behaviors, it also led to the profession's widespread, vigorous adoption of the term *role* in the way it was being used in the field of sociology.

In a sociological sense, the term *role* is meant to convey an expected set of behaviors that are commonly performed by someone defined by a particular social framework (such as the role of mother, doctor, teacher, citizen, etc.). However, outside of sociology, the term *role* simply conveys what one does—one's function—usually the term is used in an occupational context. In this regard, one could propose that an interpreter's role is simply to tell individuals using one language what others are saying in another language, and vice versa (regardless of the spoken or signed languages involved). However, the term *role* in the community interpreting literature is commonly used to convey much more than an interpreter's function; it is typically used as an ethical device to convey desirable and undesirable behavioral and other ethical decisions (Dean, 2015). Although other professions are using the term *role* as a synonym for function, the interpreting field has adopted the sociological definition.

Deliberating over the role of the interpreter in this or that situation, often by employing role metaphors, is to misuse the term *role* by treating it as an ethical device. One's function does not direct or evaluate the appropriateness of specific behaviors. Other practice professions tend to use the concept of responsibility to compel or constrain a practitioner's behavior. Identifying what a professional is responsible for is a clearer method for determining when or when not to take action, which actions to take and, most importantly, which outcomes one is attempting to achieve. Other practice professions do not discuss role (function) in isolation; role is always coupled with the term *responsibility*.

As noted above, in addition to the descriptive term *role*, sociologists have employed the device of metaphors to convey complex or abstract ideas by connecting them to something concrete and more easily understandable (e.g., an interpreter is like a bridge). They are useful shortcuts that help people understand something quickly, without greater explanation.

We have already outlined several (but not all) metaphors used in SL interpreting. Additional metaphors offered in recent publications about community interpreting include *institutional gatekeeper* (Davidson, 2000), *co-diagnostician* (Hsieh, 2007), *family supporter* (Leanza, 2005), *counselor* (Angelelli, 2006), *patient advocate* (Dysart-Gale, 2005), and *conciliator* (Hale, 2007). Roy (1993) concluded that the use of metaphorical language has "limited the profession's own ability to understand the interpreting event. . . ." (p. 127). Roy further suggested that the profession needs to adopt a different paradigm or way of looking at the interpreter's work. Pym (2001) suggested that the T & I profession is in need of a return to ethics and that a sole reliance on descriptive ethics, such as conveyed by role metaphors, does not provide the traction necessary for defining sound, ethical standards.

Using the Color Blue To Measure a Room: The Misuse of Metaphors

The chapter authors propose something of a paradigm shift by suggesting that community interpreting is a practice profession. As we have noted, this shift requires a different view of what constitutes ethical and effective practice and how to determine these desired outcomes. Like Pym, Roy, and others, our demand control schema (DC-S) proposes a return to ethics, in particular, ethical constructs, such as teleological or values-based decision-making, the significance and nature of values conflict, explorations of decision consequences through engagement in reflective practice, and the predominance of professional responsibility over the limited concept of role (Dean & Pollard, 2013). All of these ethical devices are from normative ethics.

Whereas community interpreting has historically borrowed the devices of descriptive ethics, such as the use of role metaphors, to convey or propose normative ethical ideals, this is a significant departure from the ways in which other practice professions conceive of and talk about ethics. If interpreters are expected to collaborate with fellow practice professionals in the settings in which they work, they would need to think and talk about ethics in ways that their colleagues understand and find acceptable. Imagine explaining to another professional why you made a decision by

saying, "It is like I am not really here." Although your interpreter colleagues might understand what you mean (i.e., the conduit metaphor), this explanation would likely not be understood by other professionals. You cannot use metaphorical language to justify a decision, just like you cannot measure a room with the color blue. Color is a description just like metaphors.

Figure 1 is another illustration of how the interpreting profession has adopted descriptive ethics devices in its attempt to express normative ethics.

As this figure shows, the *should be* reflects normative ethics (what a practitioner ought to do); whereas, *member of the team* reflects descriptive ethics (a characterization of a pattern of behavior). Remember, descriptive ethics and the devices used in descriptive ethics simply describe; they are not intended to direct behavior nor evaluate it. If we wanted to describe what an interpreter did, then it would be accurate to report on their behavior: The interpreter behaved as if she were a member of the educational team serving the deaf child. However, if we wanted to assert an evaluation about what the interpreter should do, we would have to do so in a manner employing normative ethics in looking at the actual behavior. In Figure 1, how the interpreter actually behaved is hidden by the use of the team member metaphor.

Examples of evaluating an interpreter's actions using normative ethics might include using a rule (e.g., interpreters should not omit information), the application of values (e.g., interpreters should respect the autonomy of service users to make their own decisions), or considerations of practice consequences (e.g., interpreters should ensure that decisions advance the values of the service setting). In the practice professions, it is the consideration

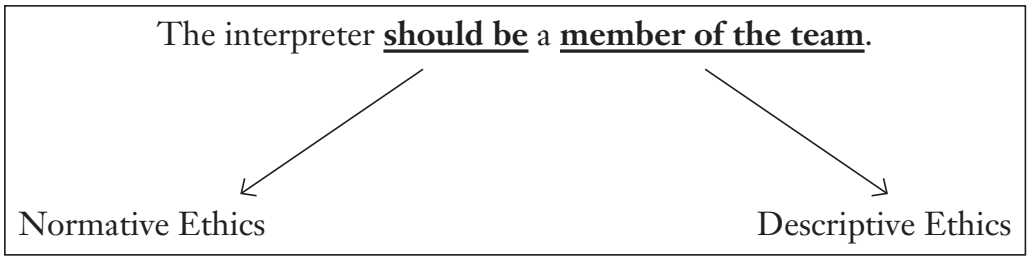

Figure 1. Misuse of Ethical Types.

of values that predominates normative ethics, whether they are expressed in deontological (rule-based) or teleological (consequences-based) ways.

Consider the following example from a values-based, normative ethics view. An interpreter asked a surgeon to clarify, during an informed consent discussion with a patient, what he meant by, "the normal risks associated with general anesthesia." She did so, because she questioned whether the deaf patient would have readily understood that the normal risks of anesthesia include many things, including the extremely rare but actual risk of death. Instead of saying, "the interpreter acted as a member of the team" by requesting that the surgeon elaborate on this phrase (which does not evaluate whether or not the behavior was a good one), evaluating the interpreter's decision would be better stated via recognizing her application of a value. The interpreter understood that the surgeon was pursuing the value of informed consent but used only a vague reference to anesthesia risks, assuming that the patient had more familiarity with the implications of normal risks than the interpreter was confident of. Thus, the interpreter's request to clarify was in keeping with the value of informed consent that both these practice professionals shared.

Community Interpreting's Values-Based Normative Ethics

The normative ethics of a profession convey its rules, values, and professional responsibilities. In this way, practitioners can apply these values in their unique practice contexts to determine the most desirable practice consequences. Although some rules are required to protect service users from poor practices, more often than not, outlining broader values allows practitioners necessary, situation-dependent behavioral flexibility. Yet, as noted earlier, many of interpreting's ethical codes are written as a series of rules.

Although rules fall within the category of normative ethics, the term *normative* should not be equated with prescriptive or inflexible directives (i.e., a list of dos and don'ts). Keep in mind that other practice professions employ normative ethics and still allow for behavioral flexibility. As explained earlier, practice professionals are continually faced with ever-changing situations in their work, so how practitioners choose to act in a given situation requires

them to uniquely apply the values of that profession. The adherence to values as opposed to restrictive rules allows for needed flexibility within professional practice.

That values can be derived from rules, to allow for a less rigid understanding of the RID ethical code, was illustrated by Fritsch-Rudser (1986). He proposed that the tenet taken from the 1979 version of RID's Code of Ethics, which stated that interpreters shall not "counsel, advise, or offer personal opinions," was not to be taken as an absolute. He proposed that the tenet reflected the broader value of respecting service users' self-determinacy—the ability to make decisions for themselves. This value is readily understood in many practice professions as a derivative of respecting service users' autonomy.

The field of community interpreting is at a crossroads as we seek to revise ethical content material to emphasize values rather than rules. In some instances, rules could be reinforced by linking them to their underlying values. For example, "do not counsel" can shift from a directive to a values-based statement affirming consumer self-determinacy. Similarly, role metaphors can be investigated to reveal the underlying values upon which the metaphor is based. The profession could pursue this by asking, "What values are implied by suggesting an interpreter should be an ally, a member of the team, or a conduit?" Strong (2000) noted that professional ideals expressed through other means, such as metaphors, can always be distilled to a foundation reflecting a profession's values.

Some organizations already have begun to transform ethical material into values-based language. The ethical code of the Association of Visual Language Interpreters of Canada (AVLIC) is an outline of professional values that are not conveyed in a prescriptive, rule-based manner. (See www.avlica.ca/ethics-and-guidelines.) The list of values, followed by illustrative behaviors, conveys a sense of behavioral flexibility and professional discretion.

In addition to ethical codes, other literature within the SL interpreting field has offered decision-making models using normative ethical constructs. The values of SL interpreting, along with several examples of decision-making models from interpreting and other fields, were offered in Humphrey's *Decisions? Decisions!* (1999). Hoza (2003) also proposed a decision-making model, which he identified as being an outgrowth of the

bi/bi mediator model of interpreting. More recently, the decision-making model used in DC-S expands our thinking about how interpreters make ethical decisions.

Each of these decision-making models can be distilled into a common series of steps: (1) identify or define the problem or issue, (2) consider the options of action, (3) imagine the consequences of each decision (teleological reasoning), (4) minimize negative outcomes, and (5) choose accordingly. Note that the concepts of consequences and responsibility are continually emphasized in these decision-making models. Decision-making models that are directly linked to a stated list of professional values are examples of the types of normative ethical material available to other practice professions. It is logical that community interpreting should follow suit.

Addressing Values and Value Conflict in Community Interpreting

How should the field of community interpreting build normative ethical material that is current, in alignment with the broader field of professional ethics, and more effective in guiding the decisions of community interpreters? The first ingredient needed is a list of the profession's values. It is not our intention to propose a new or different set of values; much of what is needed can be found in ethical material currently in the field. However, some of this material is conveyed in the form of rules. Other material is conveyed through a series of metaphors. It is our goal to transform some of this ethical material from rules and metaphors to values. For example, the following values are often articulated in T & I ethical codes:

- Accuracy
- Confidentiality
- Neutrality
- Fidelity (truthfulness)
- Professionalism
- Respect for colleagues/service users

However, the field has also expressed values through other means than the publication of ethical codes. The conduit metaphor conveys values that are still important to the practice of interpreting, even if the metaphor itself is

limited—values such as respect for autonomy, agency, and self-determinacy. Another value underpinning the conduit metaphor is noninterference—allowing people to behave as they naturally would without interference from the interpreter. Given the long-standing and arguably important function of the conduit metaphor, its intent could also be distilled to underlying values. Therefore, to the above list we would add the following:

- Respect for autonomy (self-determinancy)
- Noninterference

This is the beginning of our proposed list of professional values that is necessary, we argue, for effective community interpreting work. However, these are the same values that compel the work of conference interpreters. That is, there is nothing in this list that accounts for the unique social and other elements and challenges of community interpreting. A further complication is that the work of community interpreters is situated within systems and institutions that have their own unique values. If community interpreters merely focus on values pertaining to message transfer alone, it is possible that other values, specifically relevant to community interpreting settings, could be compromised.

Consider the following example: An interpreter is called in to substitute for a regular interpreter in a fourth-grade classroom. The teacher is giving a spelling test. One of the words on the test does not have a corresponding sign, so the interpreter considers fingerspelling the word. Although this might respond to a value regarding accuracy or clarity of the message, doing so would compromise a value specific to this setting. In this case, that value would be accurate assessment of student learning. By fingerspelling the word, the interpreter would give away the answer to the deaf student, countering that value of the setting. Therefore, consideration of values of interpreting alone are not enough to be an effective community interpreter. Community interpreters need to consider the values of the setting as well (as in *accurate assessment of student learning*, which is derived from education).

Choosing between accuracy and assessing student learning is an example of *value conflict* or what Aristotle referred to as *incommensurable values*. Decisions between right and wrong are fairly straight forward, but what about decisions between right and right? The substitute interpreter in this

example is faced with a decision between two rights: It would be sound reasoning to want to convey the utterances of the teacher accurately and clearly, but it is also right that the interpreter not interfere with the situational (educational) values of the work setting. When values conflict, as they sometimes do, a weighing of the consequences (teleological reasoning) is necessary. Whatever behavioral choice ultimately is made, one of the conflicting values necessarily will have to be forfeited. This weighing, choosing, upholding, and forfeiting of values is the very essence of maintaining responsibility in professional practice. It is what ethical processes are intended to elucidate—especially within practice professions.

As practice professionals, community interpreters are service-based professionals. The service-based professions tend to rely on four core *principles* (a term often used interchangeably with *values*) in their practice (Beauchamp & Childress, 2012). They are autonomy, nonmaleficence (do not harm), beneficence (to do good), and justice. Most codes of ethics in service-based professions derive their more specific practice values from these four core principles. Consider the value of informed consent in the field of medicine. Informed consent is an ethical construct derived from the broader value of the nonmaleficence or the *do no harm* tenet. Autonomy, another of the four core principles, already has been noted as inherent in the conduit metaphor. Additionally, do no harm (nonmaleficence) is included in the preamble of RID's current ethical code. Arguably, justice is the value inherent in the ally metaphor. This would leave the remaining principle of beneficence to be considered as a potential core value of community interpreters. There already is precedence for this value being asserted in NCIHC's standard of practice document for healthcare interpreters.

Finally, consider the normative ethical material inherent in the metaphor of team member. If an interpreter is acting as a member of the (healthcare, educational, or legal) team, what is she considering and doing at an ethical level, in light of the particular setting in which she is working? We would suggest it should be the same thing we described in the spelling test example above—recognizing the potential values conflicts at play and making a thoughtful decision about which values to uphold and which values to forfeit. Arguably, many interpreters already make these types of decisions. What is lacking in our profession is the ability to explain or reason through those decisions by using normative ethics constructs.

We propose, therefore, that the way in which community interpreters should consider and reason through their decisions is to articulate the values inherent in the settings where they work. This means that interpreters must consider how the values of the work setting may, at times, conflict with traditional interpreting values and make wise choices while being open with all relevant parties about the reasons behind their decision-making. Further, interpreters must recognize their responsibility to respond to the

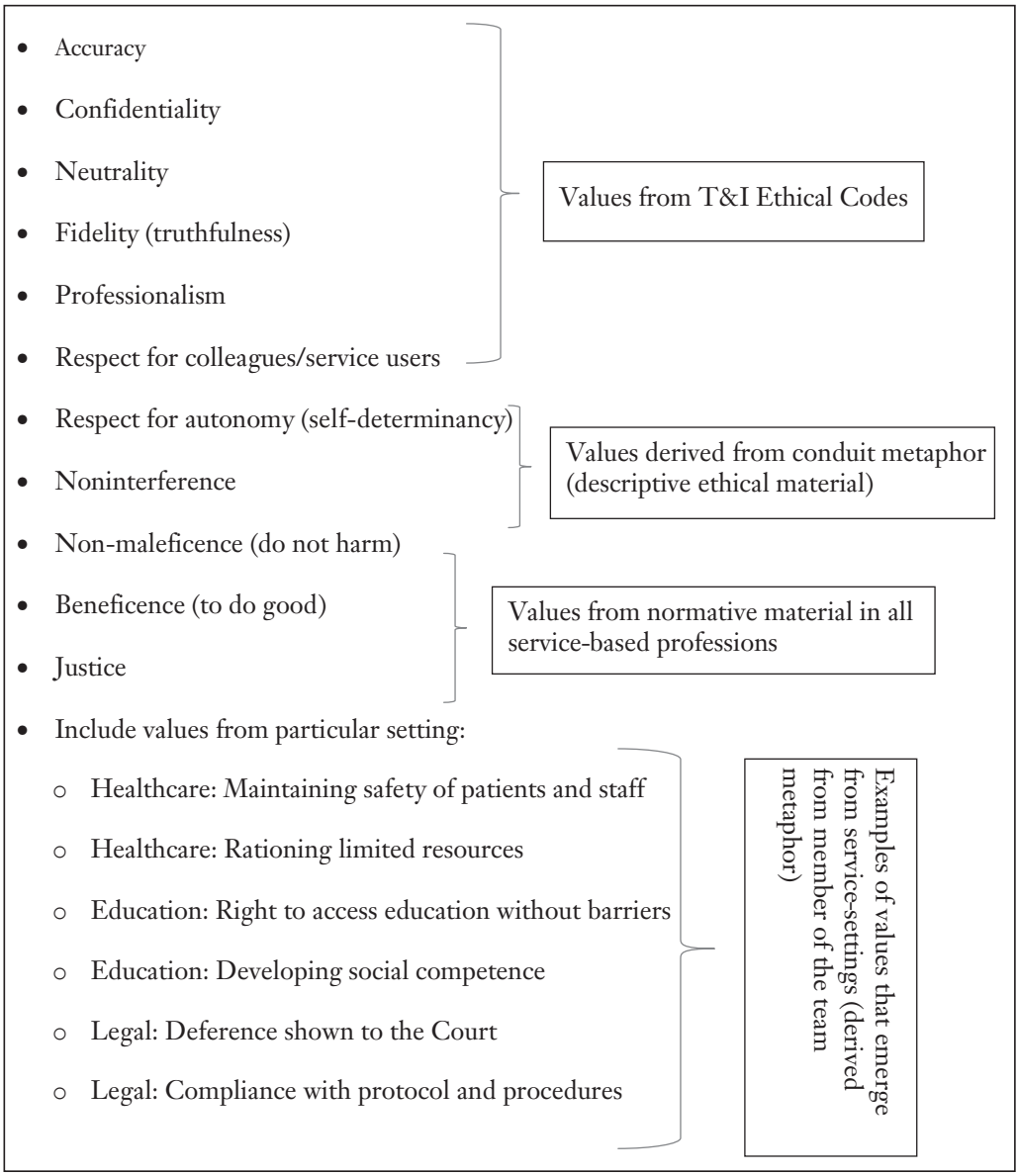

Figure 2. Proposed values for community interpreters (combining normative and descriptive ethical material already existing in the field).

consequences of any forfeited values and to be open and responsive to consumer feedback regarding their decision-making.

Finally, piecing together the sources of values that converge when an interpreter is working in a specific setting, the ensuing list of values are illustrated in Figure 2.

Conclusion

As we have suggested in the examples earlier in the chapter, it is important for interpreters working in community settings to find ways to collaborate with the professionals and the clients in the service settings in which they work. We have also argued that this is what is meant by the use of the team member metaphor. James Rest and his colleagues (1999), as well as other ethicists in the field of justice reasoning would also agree. They have proposed that the most sophisticated and ethically defensible approach to professional practice is to find ways in which individuals can cooperate with service users in a given setting. (For SL interpreters, this would mean both deaf and hearing people.) Finding ways in which the values of our profession (potentially discernable in our ethical codes and metaphors, as described above) can be adhered to in ways that uphold, or at least do not thwart, the values of other practice professionals and those of our shared clientele is the most effective way to negotiate pathways toward effective practice. Illumination and open discussion regarding values conflict is consistent with this view. Pym (2000, p. 182) stated, "Translating is by nature a cooperative act" and therefore, "defection [from the professional aim of cooperation] is definitely not a professionally correct move." This definition of ethical practice is consistent within the T & I field, the field of professional ethics, and the field of moral philosophy.

The challenge lying ahead for community interpreters, their educators, and the field's scholars is to focus on the process of elucidating the field's values and how they are optimally applied in specific practice situations. The process of applying or specifying a broader principle to the circumstances of a practice situation is referred to in the field of normative ethics as *specified principlism*. Learning to take a principle or a value and make it operable, or applying it specifically to a given situation, is a necessary type of ethics education that other practice professions build into their training

programs (in particular, through a period of supervised practice, such as internship or residency). Applying professional values in situated, dynamic, interpersonal practice situations is neither a natural nor intuitive process but a learned skill that takes time to develop. This development necessitates increasing exposure to practice situations coupled with reflective practice discussions with educators and peers. This trend must be pursued with vigor in the 21st century, making its way from the literature to the classroom to the practice setting.

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Appendix

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