Article

Identifying points of convergence between trained and 'natural' interpreters for public services

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Abstract

This paper reviews the implications of the role assumed by community interpreters and the linguistic and paralinguistic features of the profession. It reflects on bilingualism and interpreting capacity, comparing the different attitudes observed in several research studies between trained and natural interpreters, the latter being bilingual mediators with no specific training who are frequently called on to interpret in a range of contexts. In particular, the current study covers areas of convergence between the standard profile of trained interpreters and a non-normative approach that prioritises sociocultural skills and understands mediation as the most effective path to reach successful communication. A qualitative analysis of interviews pertaining to court and medical interpreting in Spain is employed to understand what guides interpreters' decisions, thus contributing to a broader view of daily practice.

Findings suggest that role prescriptions are not necessarily incongruent with many of the non-formal, mediating procedures on which natural interpreting is based, and that a flexible active approach based on empathy and critical skills should be encouraged and developed as part of student training.

KEYWORDS: COMMUNITY INTERPRETING; CONVERGENCE; EMPATHY; EXPECTATIONS; MEDIATION; NATURAL INTERPRETING

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1 Introduction

The interpersonal interaction that characterises community interpreting has been described as 'the prime determiner of the range of concerns which dialogue interpreters experience in their day-to-day work' (Mason 1999: 148). The sensitive situations which community interpreters are also frequently involved with may present dilemmas related to role adopting and decision making, adding emotional pressure on the interpreter because of the vital issues that often arise from these encounters, for example in a medical or legal setting.

This paper reflects on the perceptions and expectations among both users of interpreting services and interpreting practitioners, and the competences and degree of involvement that are expected from the interpreter, focusing on court and medical interpreting in Spain. It will also consider the gap that has been created between the standards of professional conduct and the interpreters' performance in daily practice. The aim is to address the hypothesis that many of the behaviours which have been identified as inherent to natural interpreting and which are in principle inconsistent with the codes of conduct of the profession are also present in trained interpreters' daily practice. Such convergence of behaviour would show potential compatibility between both types of interpreters, which should be taken into consideration in order to enrich and standardise methodologies in professional training programs.

The participation framework for interpreter-mediated discourse will be analysed, with greater attention paid to how the presence of the interpreter induces changes in the power dynamics and distance relationship between the addressee and the addresser. The aim is to determine what motivates the interpreter's footing – Goffman's (1981) term for the way in which framing is accomplished in verbal interaction – and the extent to which the interpreter's involvement is influenced by users and by the specific setting in which the interpretation takes place. The paper singles out clients' expectations as a key aspect of determining the role assumed by the interpreter and concludes that it is not an entirely free choice on the part of the interpreter, but often a reaction to the expectations of the clients in a given setting.

The paper is structured as follows: first, the theoretical backdrop and relevant literature are presented. Then, the objectives and methodology are explained, and the results of a qualitative corpus analysis discussed. The most representative excerpts from the interviews have been selected and included to illustrate the interpreters' and providers' perceptions regarding professional behaviour. Finally, the main findings of the study are provided, along with personal insights, some observations on the strengths and limitations of the study and perspectives for future work.

2 Literature review

The ethics and politics of the interpreting performance are my focus here, along with reflections on the interpreting capacity and concept of 'natural' interpreter, in contrast to trained interpreter, and the need to 'naturalise' the interpreter's role. The concepts of cultural mediator and culture broker are discussed in the context of interpreter-mediated encounters in some medical institutions in the US. I attend to the interpreter's discourse and its influence on power dynamics.

There is a near-universal consensus on the three ethical principles of interpreting: confidentiality, accuracy and impartiality (Bancroft 2015). However, there is far less consensus regarding ethics specific to community interpreting and standards for such interpreters' role and scope of practice, such as cultural mediation.

In Lang's (1978: 241) view, the role of interpreters 'was contaminated' from the beginning by their role as 'intermediaries', and although the 'official role was that of a passive participant', the interpreter often participated actively. However, as this paper examines, the degree of involvement is rarely just a free choice of the interpreter; it is also subject to negotiation and highly determined by external factors beyond his or her own judgement. As Lang (1978) concludes, the primary participants signal the extent to which they wish to include or exclude the interpreter through linguistic and paralinguistic cues.

Bahadir's (2011) approach considers ethics and politics to be in the middle of each interpreting performance, highlighting the need to develop 'professional empathy' that goes hand in hand with flexibility and independence in deciding on communication strategies within a given interaction. Beyond the interpreter's official role of translating, the author also draws attention to three other roles that the interpreter may need to perform in interpreter-mediated encounters at the same time: performer, participant and director/moderator. As performers, interpreters are in action, i.e. they interpret in the sense that they behave, speak, move, act and react. As participants, they become observers who perceive, observe, reflect, evaluate, judge, take decisions, criticise, modify. Finally, as directors/moderators, interpreters take on the responsibility for effective communication in every step they take, whether emotionally or rationally (more or less visibly during the interpreted encounter). With regard to this last point, Wadensjö (2013 [1998]: 285) is of the view that 'arguments about *just* translating must partly be understood as the interpreter's way of keeping apart professional and personal life', i.e. making the distinction between professional and lay identities, rights and responsibilities.

2.1 Interpreting capacity and natural interpreting

It was in 1972, in a Montreal lecture on the subject, that Brian Harris first argued for the importance of 'natural translation' (NT), referring to untrained bilinguals' capacity to translate, or 'the translating done in everyday circumstances by people who have had no special training for it' (cited in Harris and Sherwood 1978: 155).

The concept of natural translation can be extrapolated to the field of interpreting. While interpreting has long existed in the context of public services, this function has mostly been performed by untrained individuals (Meyer *et al.* 2010: 298). Indeed, many studies (e.g. Angelelli 2004; Valero-Garcés 2008; Real and Buckner 2015) have drawn attention to the fact that most of the interpreters interacting in medical settings up to the present day are untrained or 'natural' interpreters. This paper aims to go beyond an antagonistic debate, in favour of an integrated, complementary approach between natural and trained interpreting, as both are part of everyday practice.

Many voices (e.g. Baraldi 2014; Llewelyn-Jones and Lee 2014; Hojat 2016) have argued that standards of practice telling the interpreters to 'pretend they are not there' can influence cooperation, leading to the possibility of misreading the 'invisibility' of the interpreter as a sign of indifference rather than neutrality. This can lead to less openness and cooperation – especially in emotionally difficult contexts – with impaired interview performance and communication put at risk. Moreover, Dam (2017: 230) considers the demands for neutrality established through professional ethics as 'reductionist ideals, […] unfulfillable and discomforting'.

Interpreters with no specific formal training tend to base their decisions on intuition and natural inclination rather than on any systematic method (Hale 2004: 14). Mason (1999) stresses the importance of studying the spontaneous behaviour of these natural interpreters in order to better understand the mechanisms involved in the process of dialogue interpreting:

> [I]t can be convincingly argued that, if we wish to understand the basic mechanisms involved in the process of dialogue interpreting, then we should investigate not the results of training, based as it is on sets of normative assumptions about what constitutes appropriate behaviour, but rather the spontaneous behaviour of bilinguals who can and do interpret in a wide variety of social situations, prior to any norms of behaviour inculcated in training. (Mason 1999: 155)

An empirical study carried out by Valero-Garcés about hospital interpreting practice showed that trained interpreters assumed an impartial role and were more likely to use the first-person pronoun, whereas untrained interpreters more frequently used the third-person pronoun – e.g., 'tell her', 'ask her', 'she says' (Valero-Garcés 2008: 173–174). Indeed, one hypothesis that this paper

will address is whether the active involvement of the interpreter as a primary interlocutor can be considered a common feature of natural interpreting.

2.2 Naturalising the interpreter's role

The present paper is not concerned with how the duties and functions of the interpreter are defined, or with the professional status of interpreters. Rather, its purpose is to contribute to understanding why, in many cases, traditional models of interpreting fail as regards the primary principle of successful communication – so crucial in interpreted interactions – which is to develop trust among all the interlocutors. Authors such as Llewelyn-Jones and Lee (2014) question the traditional notion of the interpreter's role as so often taught in interpreter education courses and defended by the standards of the profession, arguing that it has been defined in such a way that the interpreter cannot act 'naturally': 'the prescriptive/proscriptive codes merely serve to inhibit or de-normalise interactions', so community interpreters 'can only help to normalise dysfunctional interactions […] by acting "normally"' (Llewelyn-Jones and Lee 2014: 9).

Such an approach would be consistent with the idea that by normalising or *naturalising* their own communicative behaviour, i.e. 'acting in ways that are similar to other participants, interpreters can be more effective in facilitating successful interactions' (Llewelyn-Jones and Lee 2014: 31).

2.3 New insights on interpreters' involvement: The interpreter as cultural mediator and culture broker in medical institutions in the United States

2.3.1 The interpreter as cultural mediator

In 1995, the Harborview Medical Center in Seattle, Washington, implemented the model of the Interpreter as Cultural Mediator (ICM) and created a manual providing 'a basic overview of steps to develop a training program with the goal of decreasing sociocultural barriers to healthcare for non-English speaking ethnic populations' (Graham *et al.* 1998: 5). This was a move away from the 'standard' profile of the community interpreter, and it has been adopted by several medical institutions in the United States: ICMs are medical interpreters who work as direct outreach workers and cultural trainers to provide a range of services including interpretation, cultural mediation, case management, advocacy, follow-up and coordination of patient care.

The ICM brings traditional perceptions of the interpreter's job into question, particularly the relationships that are permissible between the interpreter and clients. According to medical staff, ICMs have proven 'to be highly effective in facilitating dialogue about health and social issues between providers and their patient population' (Graham *et al.* 1998: 7). Such performance, which instils

trust in the system and increases patients' compliance, highlights the relevance of encouraging what Brislin (1978) called 'attraction power' for interpreting. Brislin stressed that interpreters, just as in other professions, have to learn that competence alone rarely leads to job success. People have to be liked (or at least not disliked) by their co-workers and potential employees.

2.3.2 The interpreter as culture broker

In 2004, the National Center for Cultural Competence (NCCC) at Georgetown University Medical Center implemented a similar program commissioned by the US Department of Health and Human Services. The interpreter's profile – based on Jezewski and Sotnik's (2001) definition of a cultural broker – was someone considered 'a go-between, one who lawyers on behalf of another individual or group […] to ensure the delivery of effective health services' (Brathwaite-Fisher 2004: 2–4). Interpreters' ability to build a meaningful relationship between the provider and the patient/consumer while establishing and maintaining trust was highlighted, with an increased use of healthcare services at the hospital by minority communities. Noteworthy is the absence of rigid criteria in the recruitment protocol, it instead being argued that 'almost anyone can fulfil the role of a cultural broker' (Brathwaite-Fisher 2004: 5). This evidences the importance attributed to competences beyond language skills and professional interpreting training in working as an ICM: for instance, an ICM should also have mediating skills and an understanding of ethics, as well as knowledge and experience of particular cultural groups, including their values and beliefs, and the trust and respect of these communities.

2.3.3 Barriers to implementing new models

Interpreting models such as ICM or ICB open new opportunities to reflect on community and natural interpreting, and give a whole new meaning to the concept of interpreter's visibility. However, they are often difficult to fully implement in professional practice, for several reasons.

Garzone (2011) argues that the constant variations in the position and the role of the interpreters, along with differing institutional idiosyncrasies, ultimately may affect the process of interpretation and result in loss of message and miscommunication. Hsieh notes that some interpreters assume the provider's communicative goals by editorialising information for medical emphasis which they consider irrelevant for diagnostic purposes, also initiating information-seeking behaviours, participating in diagnostic tasks or volunteering medical information to the patients:

> Although many strategies can be attributed to interpreters' effort to conserve providers' time and to bridge the cultural differences, they also pose risks to patients' privacy, clinical consequences, and provider–patient relationships. (Hsieh 2007: 925)

Similarly, Iglesias's (2010: 223) research shows that 'rapport can be challenged when interpreters remain silent, editorialise, and summarise what they regard as non biomedical information.' As Hsieh and Hong conclude, medical interpreters should be vigilant about how their performance may affect the therapeutic objectives:

> For example, when interpreters focus on medical information and ignore providers' rapport-building talk, providers may appear emotionally detached. Interpreters' performance has significant implications for the clinical and emotional aspects of care.
>
> (Hsieh and Hong 2010: 193)

2.4 The interpreter's discourse and its influence on power dynamics

The presence of the interpreter induces changes in the power dynamics and the distance relationship between the addressee and the addresser. Linguistic and paralinguistic strategies are part of the reality of daily practice and therefore should form the basis of the content for interpreting training programs.

Many linguistic parameters can be analysed to measure the degree of involvement during interpreting. One way in which role options are commonly realised is through the use of personal pronouns as reference terms (Nakane 2014: 22): when the primary interlocutors address each other using the third-person pronoun, for example, they are authorising the interpreter to become the coordinator of a triadic exchange and also, consciously or unconsciously, influencing the interpreter's style towards more indirect discourse.

2.4.1 Factors that determine the interpreter's status

Among the various factors that might influence the interpreter's behaviour in mediated encounters, we here focus on two parameters: the setting in which the interpretation takes place, and the clients' expectations.

There is consensus on how the distinctive characteristics of the different settings determine the nature of the interpreter-mediated encounter (Eraslan Gercek 2008). Training for court interpreters normally explicitly requires them to behave 'as unobtrusively as possible', i.e. to translate as close to verbatim and literal in content and meaning as possible, 'without altering, omitting or adding anything, and without explanation' (Minnesota Legislature 1996). As Hale (2004: 13) explains, taking the role of the helper in the courtroom context will inevitably have an impact on the balance that exists in the adversarial system. For example, lawyers may ask questions intended to be deliberately confusing and the interpreter would be interfering with the lawyer's strategy by clarifying the questions in order to ensure understanding. Such good intention on the part of the interpreter may distort the legal process. If the role of the court interpreter is largely pre-defined – even if in every case there is always a subconscious negotiation of the role, and prescribed behav-

iour and actual behaviour are frequently at variance (Mason 1999: 153) – there are other situations where one may observe constant shifts in role and stance within a single exchange. The is the case of medical consultations, as explored below, where the interpreter, in principle, enjoys greater latitude.

3   Data and method

Interviews with 20 professional interpreters, five lawyers and five medical practitioners were conducted in Spain. The interviews were designed to gather information and gain insights into the daily practice in two primary community interpreting settings, so exploring common ground shared by trained and natural interpreters and also the differences between them.

The sample was selected according to a specific profile, which is provided below along with the participants' language combinations. Participation was voluntary. Informed consent for participation was obtained prior to data collection and the study had formal ethical clearance.

Trained interpreters (8 women and 2 men)
  – Certified professionals: Master's degree or any other post-graduate qualification in TISP (Translation and Interpreting for Public Services), with at least 30 ECTS / 225 hours of training.
  – At least two years of professional experience as regular interpreter in legal (courtroom sessions, etc.) and medical (medical consultations, etc.) settings.
  – Age: 26–40 years old.
  – Linguistic combinations: English > Spanish; French > Spanish; German > Spanish; Russian > Spanish.

Natural interpreters (6 women, 4 men)
  – Bilingual mediator with no specific training in community interpreting.
  – At least two years of professional experience in legal and medical settings.
  – Age: 24–60 years old.
  – Linguistic combinations: Polish > Spanish; Arabic > Spanish; Vietnamese > Spanish; Armenian > Spanish; Cantonese > Spanish; French > Spanish.

The profile of the natural interpreter used in this research excludes *ad hoc* or chance interpreters (Real and Buckner 2015: 168), to focus on the profile of bilingual mediators who have not received specific training in community interpreting but work professionally or semi-professionally as interpreters for public services (and are paid for their services).

The comparison between the language combinations of trained and natural interpreters reflects one of the main reasons why bilinguals are called upon to act as interpreters, despite the absence of any training. With the exception of a French-to-Spanish interpreter (a 29-year-old Moroccan woman), the rest of the interpreters had less-common or rare language combinations, so it can be assumed that the availability of trained interpreters is much lower than for languages such as English, German or French. In other words, the difficulty of finding interpreters speaking Armenian, Chinese or Vietnamese might leave the service provider with no option but to hire an untrained individual simply because he/she knows the language required.

Ten service providers (five medical practitioners and five lawyers) were selected, fulfilling the specific requirement that they have prior experience of having worked with interpreters on at least ten occasions.

All of the participants were asked to provide their viewpoints about inter-preter-mediated encounters and their perceptions of the interpreter's role. In order to facilitate data analysis, several options were given as possible answers to some of the questions and the participants were also invited to include explanations to justify their answers. Some of the comments have been repro-duced in the following section in order to enrich the discussion (translations of statements from Spanish into English were made by the author; the original Spanish extracts are included).

Convergence in the behaviour of trained and natural interpreters would demonstrate a common ground regarding the most suitable role, and strengthen the role of the interpreter as a *coordinator* (Wadensjö 2013 [1998]), i.e. an agent who actively intervenes in rebalancing power differences between participants to lead to more effective communication. Any shared perspective could also be taken into consideration in professional training programmes to enrich and standardise methodologies.

4 Findings

The main findings are presented below, organised by theme.

4.1 Services providers' expectations about the interpreter's role change depending on the context

The results shown in Figure 1 underscore a notable difference between lawyers' and medical practitioners' perceptions of interpreters' duties. Four of the five lawyers interviewed felt that interpreters should not deviate from a strict linguistic transfer role (with the possible addition of some explana-tion about terminology), whereas none of the medical practitioners referred to this. Indeed, three of the five medical practitioners claimed to encourage
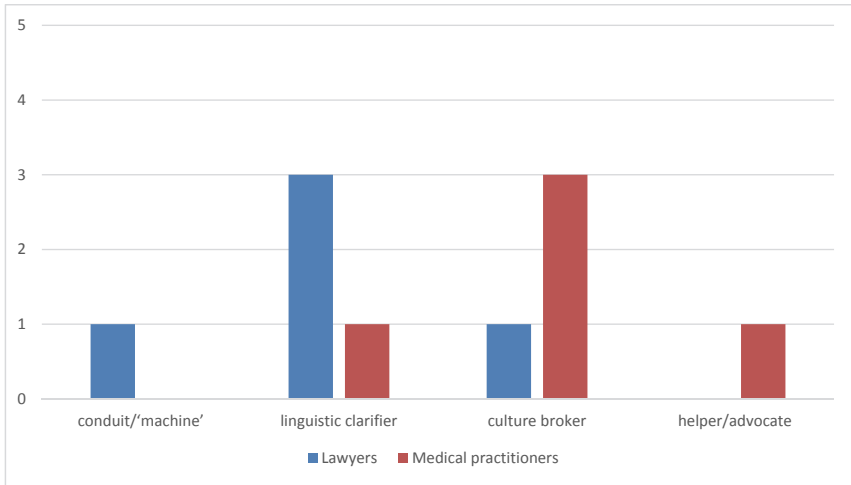
Figure 1: Service providers' views of what interpreter model should be (lawyers: n = 5; medical practitioners: n = 5)

interpreters to become more involved and provide the patient with some contextual information, including cultural explanations, and they said that they trusted the interpreter's expertise to omit unnecessary parts of the patient's speech. One even claimed to be comfortable with the interpreter guiding and mediating for the patient, for example in cases where there is less familiarity with the Spanish healthcare system or culture – something not considered appropriate by any of the lawyers participating in the study.

4.2 Awareness of providers' expectations has an impact on the interpreter's behaviour, regardless of training background

As shown in Figure 2, most frequently mentioned by both trained (seven of the ten) and natural interpreters (six of the ten) was the role of the interpreter as linguistic clarifier during courtroom sessions, and this was consistent with the expectations of a majority of lawyers (three of the five), expectations which were confirmed by the interpreters themselves, regardless of whether they had undergone training. One of the interpreters interviewed admitted that 'nothing other than that is expected from us' (*es lo que se espera que hagamos, nada más*). The use of the first person when interpreting was pointed out as 'not even a choice, but a request from the judicial personnel' (*no es una decisión personal, sino lo que pide el personal de Justicia*). In medical settings (Figure 3) practitioners appeared to demand a much more active role for the interpreters than lawyers, with four of the five expecting the interpreter to perform as a helper/cultural broker for the patient. Again, the interpreters'
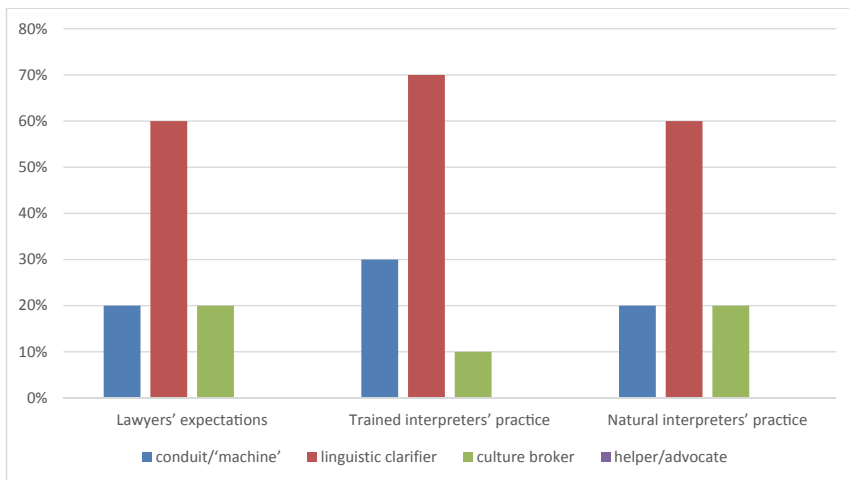
Figure 2: Comparison between lawyers' expectations of model (n = 5) and interpreters' daily practice (trained: n = 10; natural: n = 10)
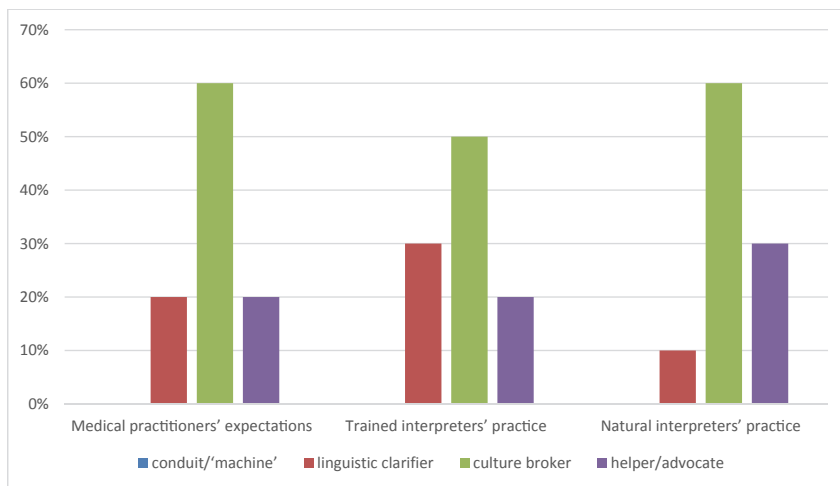

Figure 3: Comparison between medical practitioners' expectations of model (n = 5) and interpreters' daily practice (trained: n = 10; natural: n = 10)

performances seemed to be in line with providers' expectations, with these most active roles also described as being the most desirable by seven of the trained interpreters and nine of the natural interpreters. It should be noted that the role of helper in courtroom sessions was deemed to be inappropriate by all the trained interpreters and by nine of the natural interpreters.

Various explanations can be put forward for the different attitudes towards the interpreter's role in different contexts. One explanation is that the more the interpreter becomes an active party in an interaction, the higher his or her degree of responsibility is thought to be. This may explain why most of the interpreters prefer to avoid unnecessary contact with the parties in legal settings, instead sticking to the rules established by the codes of professional responsibility for interpreters in the Spanish court system: 'It is safer for the interpreter, both professionally and emotionally, to not interfere and stand aside' (*La opción más segura, tanto profesional como emocionalmente, es mantenerse al margen*), judged one of the interpreters.

Another reason behind the differences in attitudes between the two settings may be the interpreter's perceptions about the dynamics of communication: whilst the exchange that takes place in the courtroom is considered a question-and-answer session which will become a signed declaration with legal implications, a medical consultation may be conversational, with the focus (especially in the initial stages) on information sharing to enable the practitioner(s) to arrive at a range of conclusions that may or may not be final. This could explain the shift of footing during the course of the interaction, from a conduit role to a culture-broker or mediator/coordinator role, depending on the nature of the questions (specific direct questions or broader questions).

Also, as shown in Table 1, natural interpreters seem to play a slightly more participatory role than trained interpreters in both legal and medical contexts, more so in medical settings where only one of the natural interpreters reported adhering to a normative linguistic clarifier role (versus three of the trained interpreters). Instead, there was a clear preference for more participative roles, particularly those of culture broker (six) and helper/advocate (three). This reality was highlighted by many of the service providers in the study; according to one, 'bilinguals with no training most of times speak on behalf of the patient (*Las personas bilingües sin formación suelen posicionarse de lado del paciente*), while another said that 'they engage more than trained interpreters in what is going on; they often try to help the patient, they care more' (*Se involucran más con lo que está pasando que los intérpretes formados; a menudo tratan incluso de ayudar al paciente, lo viven más de cerca*).

Nevertheless, some trained interpreters disagreed with 'the preconception that an interpreter disrespects neutrality by simply assuming a helper role'

Do you think assuming an advocate/helper role, i.e. put aside neutrality by helping the less-empowered party (normally the user, *versus* the provider) might be advisable in some contexts?		
Trained interpreters	Yes	4
	No	6
Natural interpreters	Yes	7
	No	3

Table 1: Interpreter question 9 (trained: n = 10; natural: n = 10)

(*la idea preconcebida de que un intérprete que pretende ayudar está comprometiendo su neutralidad*). According to one,

> interpreting is the responsibility to provide both parties with equal conditions. I don't intend to benefit the immigrant in any illicit way, but to help the less-empowered party fully understand how our system works and how he should act in a context he is not familiar with (*el intérprete tiene la responsabilidad de poner a las dos partes en igualdad de condiciones. No pretendo beneficiar al inmigrante de manera ilícita, sino ayudar al interlocutor más vulnerable a entender plenamente cómo funciona nuestro sistema y cómo actuar en unas circunstancias con las que no está familiarizado*).

Similarly, another stressed that

> the helper role cannot be simply banned from our practice criteria. It might be necessary, for instance, when dealing with cultures which are very different from our own; in such cases, certain mediation on behalf of the immigrant might be necessary to ensure good cooperation (*el rol de ayudante no debe rechazarse sin más. Puede ser necesario, por ejemplo, con culturas muy distintas a la nuestra; en casos así, una cierta mediación en nombre del inmigrante suele favorecer una mayor cooperación*).

The fact that only three of the trained interpreters in medical settings chose to play the role of mere linguistic clarifier (the role proposed by most codes of conduct) underlines how, regardless of the standards of the profession, interpreters in general consider more expanded roles to be appropriate.

4.3 Within both medical and legal settings, behavioural convergence exists for trained and natural interpreters

Within each context, a majority of interpreters appears to follow similar patterns of behaviour, regardless of their training or lack of it. Such convergence may be due to several factors, each of which is worthy of further research. Courtroom interpreters followed stricter patterns of behaviour and displayed closer adherence to established standards of conduct, something that is likely to be influenced by providers' expectations and the very nature of their particular context (e.g. greater awareness of the legal consequences of their choices). One of the lawyers pointed out that

the majority of interpreters behave in a similar way [because] the procedure is long established, and untrained interpreters take the example of trained colleagues, learning by observation and imitation (*casi todos los intérpretes actúan igual, hace mucho que se fijó un patrón de conducta; los intérpretes sin formación siguen el ejemplo de los que sí la tienen, aprenden por observación e imitación*).

A greater freedom in deciding on communication strategies, based on what they consider as appropriate according to their own criteria, seems to be a more common behaviour pattern in medical settings, not only for natural interpreters, as might be expected, but also for a substantial percentage of trained interpreters. This could also explain why eight of the ten service providers from the corpus did not point out significant disparities between trained and untrained interpreters' behaviours in medical or legal settings (Table 2).

Do you perceive differences in the degree of involvement between trained and untrained interpreters? (please be specific in your answer)		
Lawyers	Yes	1
	No	4
Medical practitioners	Yes	3
	No	2

Table 2: Public services provider question 5 (lawyers: n = 5; medical practitioners: n = 5)

The most obvious difference in performance between trained and natural interpreters is in the use of direct or indirect speech (Table 3).

When interpreting in courtroom or legal processes in general, do you become the voice of the speaker, so you speak in the same person as the person speaking, or do you prefer to use the third person? (please justify your answer)		
Trained interpreters	First person	8
	Third person	2
Natural interpreters	First person	7
	Third person	3
When interpreting in medical consultations, do you become the voice of the speaker (speak in the same person as the person speaking), or do you prefer to use the third person? (please justify your answer)		
Trained interpreters	First person	6
	Third person	4
Natural interpreters	First person	2
	Third person	8

Table 3: Interpreter questions 6 and 7 (trained: n = 10; natural: n = 10)

Whereas the use of direct first-person speech is consistent in legal settings – used by eight of the trained interpreters and seven of the natural interpreters – the

difference is much more marked during medical encounters, where six of the trained interpreters claimed to use direct speech when interpreting, compared with only three of the natural interpreters.

There is also a different perception among interpreters concerning the controversial role of helper/advocate, with six of the trained interpreters rejecting it as being beneath their competences. Some remarked how becoming involved with the situation can turn the job into 'a psychologically exhausting activity' and consider that 'it is safer for the interpreter, both professionally and emotionally, to not interfere and stand aside' (*interpretar resulta agotador, así que lo más seguro para el intérprete, profesional y emocionalmente, es no interferir y mantenerse al margen*).

A revealing comment from a natural interpreter was that

> by helping, consciously or subconsciously [the interpreter] commits to improving the situation, so if things don't turn out as expected, [he or she] could be blamed for 'not having done enough'. The job is hard enough without feeling the burden of such responsibility (*al ayudar, ya sea consciente o inconscientemente, [el intérprete] se está comprometiendo a resolver la situación, de modo que, si algo sale mal, se le puede reprochar 'no haber hecho lo suficiente'. Este trabajo ya es suficientemente duro como para, encima, añadirle semejante responsabilidad*).

However, despite knowledge about expected behaviour, four of the ten trained interpreters and seven natural interpreters felt that more personal interaction might be advisable in some situations, e.g. when dealing with cultures which are different from the local one, for reasons such as to 'bridge the cultural gap and ensure good cooperation' or 'put both parties at an equal level'.

4.4 Perceptions about required professional qualifications differs between services providers

As shown in Tables 4 and 5, two of the five lawyers and four of the medical practitioners voiced opposition to individuals without specific interpreting training (natural interpreters) being used as professional interpreters. Further, three of the five lawyers advocated specific training for interpreters, due to the nature of the activity itself and the legal consequences of inaccurate interpretation.

There seems to be a correlation between providers' expectations (based on the interpreting context) and the perception of whether training should be a mandatory obligation for interpreters (Table 6). In courtroom settings, interpreters are bound to a strict code of conduct, for example being strictly forbidden to give advice or provide explanations to clarify intended meaning. Such patterns of behaviour are more likely to have been emphasised in formal training and can help to explain why lawyers would feel more comfortable working with trained interpreters.

Do you agree that individuals without specific training in interpreting should not be used as interpreters? (please justify your answer)		
Lawyers	Yes	3
	No	2
Medical practitioners	Yes	1
	No	4

Table 4: Public services provider question 9 (lawyers: n = 5; medical practitioners: n = 5)

Do you agree that untrained interpreters should not be used as interpreters? (please be specific in your answer)		
Trained interpreters	Yes	7
	No	3
Natural interpreters	Yes	3
	No	7

Table 5: Interpreter question 5 (trained: n = 10; natural: n = 10)

Do you agree that untrained interpreters should not be used as interpreters? (please be specific in your answer)		
Trained interpreters	Generally yes	3
	Generally no	1
	Depends on context – COURTROOM or MEDICAL (please specify)	6
Natural interpreters	Generally yes	5
	Generally no	2
	Depends on context – COURTROOM or MEDICAL (please specify)	3

Table 6: Interpreter question 8 (trained: n = 10; natural: n = 10)

In medical settings, however, patterns of behaviour are not as fixed as in the courtroom. The basic translating function is often extended, for example, to providing the doctor with extra information, which might be useful in understanding the patient's cultural background, encouraging the patient's collaboration or building trust between the doctor and the patient. The interpreter's performance in medical settings was in general perceived to be more natural, less mechanical and therefore less technical, with the interpreter often put in the front line of the interaction, as a visible participant. This is consistent with prior studies which uphold empathy and the ability to establish rapport as prerequisites in interpreted doctor–patient encounters (Bot 2003). In this sense, the establishment of trust and the communication of affect alongside the message have been viewed by interpreters as an intrinsic part of their

role (Angelelli 2004), particularly in medical settings, where interpreters see themselves as more visible than in other professional environments. Interpreters therefore add explanations to the message, rather than just transferring the statement, enhancing the importance of personal and psychological skills such as 'empathy' and 'personal engagement', along with 'good judgement', 'intercultural understanding' and 'non-verbal communication skills'. These all represent abilities that are achievable through 'daily practice reality and experiences' rather than exclusively through education and inculcated training, as one participant mentioned:

> To become a good community interpreter you need good interpersonal skills, good listening skills, and self-criteria to remain neutral and emotionally detached. Those are skills that don't need to be taught in a classroom, they can be developed from one's own experience. Experience and common sense are the best professional tools (*Un buen intérprete social debe tener habilidades interpersonales, saber escuchar y criterio suficiente para permanecer neutral y no involucrarse emocionalmente. Esto no solo se aprende en el aula, muchas veces se consigue a través de la propia experiencia. La experiencia y el sentido común son las mejores herramientas profesionales*).

However, some trained interpreters interviewed argued that this is often due to a serious lack of knowledge about the profession of interpreter in medical settings, due to less familiarity with them (Table 7). As one participant commented:

> Judicial service providers are more used to working with interpreters, and the standards of practice are much more set than in medical settings. During consultations, it is more difficult to adhere to a certain code of conduct: very frequently I have to explain to the practitioner before starting that I will interpret everything in the first person, for example (*El personal de Justicia está más acostumbrado a trabajar con intérpretes, y los estándares de conducta están mucho más arraigados que en el ámbito medico. En las consultas es más difícil seguir un código de conducta: por ejemplo, tengo que explicar constantemente al médico, antes de empezar, que interpretaré todo lo que se diga en primera persona*).

How often do you work with interpreters?		
Lawyers	Rarely	1
	Often (several times a month)	4
	Regularly (several times a week)	0
Medical practitioners	Rarely	2
	Often (several times a month)	3
	Regularly (several times a week)	0

Table 7: Professional service provider question 1 (lawyers: n = 5; medical practitioners: n = 5)

The confusion about the interpreting performance can also lead to some funny situations, as one interpreter admitted: 'Once, I made my attempt to educate the doctor, and said: *Doctor, please address the patient directly*. She looked at me in bewilderment and asked: *You mean he speaks Spanish?*' (*En una ocasión intenté dar instrucciones al doctor, y le dije:* Doctor, diríjase directamente al paciente. *Ella me miró perplejo y preguntó:* ¿ah, pero es que habla español?).

   Another trained interpreter shared a similar experience:

> I see a significant difference between judicial staff and health care staff. In medical consultation, for example, it has happened to me several times, that I start interpreting what the patient just said by saying 'I', and the practitioner looks at me bewildered and says 'You?!', so I have to explain this is how professionals do our job. So to avoid it, now I always ask them first if they have already worked with interpreters in the past, otherwise I explain the dynamics before the session starts (*Hay una gran diferencia entre los trabajadores de Justicia y los sanitarios. En las consultas me ocurre constantemente que, cuando empiezo mi interpretación con 'Yo', el médico me mira confuso y responde '¿Tú?'. Entonces debo explicarle que en eso consiste la interpretación profesional. Así que, ahora, lo primero que hago es confirmar si ha trabajado alguna vez con intérpretes, para de lo contrario explicarle el procedimiento antes de nada*).

However, a natural interpreter disagreed with the above position:

> Ordinary people are not used to such a way of behaving in conversations and they don't feel comfortable with that. I could start explaining to them that this is the way we do it, but at the end of the day you just want the communication to be fluent and the participants to feel at ease and fully cooperate, so educating them does not seem to be appropriate at that time (*La gente, claro, no está acostumbrada a actuar así en una conversación, y se les hace raro. Podría ponerme a explicarles que así es como se hace, pero, a fin de cuentas, lo importante es que la comunicación sea fluída y que todos se sientan cómodos y cooperen. Así que, seguramente, ese no sea el mejor momento para enseñarles a hacerlo de otro modo*).

4.5 A lack of training is not necessarily an obstacle to successful work

Both the service providers and the interpreters were asked whether individuals without specific training should be used as interpreters. Two of the lawyers and four of the medical practitioners raised reservations about any clear connection between training and performance quality, arguing that 'this is not a yes or no question'. Comments included how interpreting 'is a matter of experience and good judgement rather than of previous training or lack of it' and, ultimately, 'daily practice is the best training'; many accepted that formal training gave 'credibility' to the interpreter's job, and exerted a 'subconscious influence', making the user 'feel more comfortable' (*la verdadera diferencia que marca la formación es la influencia que ejerce en el subconsciente, aportando credibilidad y confianza al usuario*). Finally, the words of one of the practitioners' interviewees are highly illustrative, when she argued that

the explanation of a particular behaviour should not be sought in training, but in the interpreter's own-criteria, empathy and personal engagement. Interpreters […] cannot simply be pigeonholed on some particular level – trained/untrained (*la manera de actuar no depende tanto de la formació*n como d*el propio criterio del intérprete, su capacidad empática y su compromiso personal. De modo que la simple etiqueta 'con o sin formación' resulta insuficiente*).

Six of the trained interpreters suggested that formal training should be compulsory in order to be eligible to practice, whereas only three of the natural interpreters agreed with this statement. Among the former, a common argument used was along the lines that 'the professionalisation of community interpreting starts with training'. The argument used by most of the trained and untrained interpreters in rejecting the importance of training for interpreters was to point out how interpreting can rarely be made an automatic process: 'we are people, not translation machines: sometimes we have to make use of all our human abilities to establish truth between the user, the interpreter and the provider' (*somos personas, no traductores automáticos: a menudo hay que echar mano de habilidades personales para establecer la verdad entre el usuario, el intérprete y el proveedor de servicios*), and that 'it is also a lot about intuition'; therefore, 'the simple fact that someone has followed or not a previous training doesn't automatically turn him or her into a good or bad interpreter' (*la intuición suele resultar clave; el mero hecho de haberte formado antes no te convierte en un buen intérprete, ni al contrario*).

A trained interpreter from the survey underlined that

training is important, especially in terms of professionalism. However, interpreting is not an automatic process, intuition and empathy, for example, are key to successful work practices. I've met bilinguals with great expertise, who had never been trained in interpreting skills (*La formación es importante, es el camino a la profesionalización. Pero interpretar no es un proceso automático, la intuición y la empatía también son las claves del éxito. He conocido bilingües sin formación extremadamente competentes*).

The opinion was also shared by some service providers. One of the lawyers interviewed admitted that

I wouldn't say there is a correlation between training and quality of their performance. I think it is rather a matter of experience and good judgement, rather than previous training or lack of it. I have worked with interpreters without formal training who did their job impeccably (*No creo que haya una relación directa entre formación y calidad. Creo que se trata más bien de una cuestión de experiencia y buen juicio. He trabajado con intérpretes sin formación que interpretaron de manera impecable*).

It was also clear that the need for an interpreter to have undergone training is mostly espoused by those who reject the active involvement of the interpreter during interactions, and this applied to both service providers and

interpreters. This leads again to the idea of establishing a link between natural interpreting as a communicative activity – which demands to be analysed from a social interactionist and interpersonal pragmatic approach, with the interpreter monitoring the social and discursive situation – and (trained) interpreting as a translative, linguistic transfer activity based on formal, mandatory guidelines.

5 Discussion and conclusion

The relatively small sample size of the survey does not permit the results to be generalisable to the interpreting community as a whole; however, the findings are suggestive enough and provide insight into the common ground shared by trained and natural interpreters and also the differences between them. It has been shown that the invisibility that has traditionally been demanded of interpreters is considered inadvisable not only by a considerable number of interpreters, but also by a growing number of service providers. The findings of the study also confirm the hypothesis proposed in several studies (Wadensjö 2013 [1998]; Jacobsen 2009, among others) that the degree of interpreter involvement is inevitably affected and therefore significantly influenced by the situational context.

A strict conduit role was more clearly seen in courtroom interpretation, at least partly because of the intentional use of rhetoric and the risk of interfering with the legal process if, for example, the interpreter were to attempt to clarify the meaning of the primary speakers when they were deliberately using ambiguity (Nakake 2014). This justifies strict adherence to the original speech; lawyers and interpreters (both natural and trained interpreters) seemed to agree about this strict conduit role as being the most advisable in this context. In contrast, the findings of the study point towards more expanded roles as appropriate in medical settings, both for trained and untrained interpreters. This choice supports the idea that psychological, emotional and interpersonal qualities – attributes that were most associated with natural interpreting (Walichowski 2002) – are the key parameters for most trained interpreters, who agreed that there was more to empathic understanding than simply knowing and evaluating objective information about a patient.

Therefore, the 'mythological neutrality' (Bot 2003) should be considered from the point of view of the setting in which the interpreter works; for example, it may be advisable in legal settings, but not so much in medical or social settings where personal involvement may be in the interest of both the patient and the care provider (Leanza 2007). The self-perception that the interpreters in the present study, regardless of their training, shared about their own role prompts a consideration of how interpreters' formal, procedural training is not

necessarily incongruent and can coexist with many of the non-formal proce-
dures in which natural interpreting is sustained. This also reinforces Bahadir's
(2011) perception about empathy in interpreting, which does not solely mean
compassion and solidarity, but includes the ability to distance oneself from
the interlocutors. Blumgart (1964) referred to this approach as 'compassionate
detachment' or 'neutral empathy'; that is, an emotional appreciation of the
user's feelings without becoming engulfed by them. Following this perspec-
tive, empathy could be understood as a means of problem solving to complete
the institutional task. Hsieh and Hong (2010: 193) stress the importance of
providing emotional support in healthcare services:

> The appropriate emotional support is situated in cultural contexts and enhances
> the recipients' overall wellbeing. Interpreters' emotional support was found to help
> patients to be more receptive to providers' treatment suggestion and reduce patients'
> negative moods caused by a despondent therapist. (Hsieh and Hong 2010: 193)

Likewise, this paper has defended the view that there cannot be only a single
valid approach to all interpreting interactions with clients/providers, and the
fact that certain behaviour has been preferred or proven to be effective in the
past does not necessarily mean it will always be appropriate in the future. The
important point is that the interpreters' behaviour 'shouldn't be so unexpected
or intrusive that they distract the interlocutors and put at risk the success of
communication' (Llewelyn-Jones and Lee 2014: 140).

An overall picture emerges of natural interpreting where the interpreter
becomes an active player and assumes his or her share of responsibility for
the success of communication, and empathy becomes the basis of ethical
behaviour, and this in turn enriches and complements the daily practice of
professional interpreting. It is therefore essential that training and education
programs emphasise developing professional empathy or compassionate
detachment, as mentioned above, along with cognitive abilities and problem-
solving abilities – skills that Walichowski's research (2002), among others, has
shown to be a part of natural interpreters' behavioural repertoire.

However, reflections on daily practice show that such a complex, multicon-
textual activity as community interpreting requires ongoing reconsideration
of the priorities of each setting and every particular situation. To a greater or
lesser extent, the results from our survey about interpreters' self-perception
suggest that interpreters perceive themselves as visible participants in every
setting, especially in the most conversational ones (i.e. medical encounters),
and they often need to align with one of the parties to ensure the best possible
communication flow. A dynamic and multi-dimensional approach which does
not lose sight of the negotiable nature of this profession should be taken into
consideration in the education and training programs of future interpreters, in
order to move the profession forward and lead to more natural, realistic roles.

We should also consider the psychological variables between male and female individuals and the fact that most interpreters taking part in the survey were women (70% of the interviewees), which is also representative of the profession itself, normally dominated by women. According to Mestre *et al.* (2009), women would tend to show greater empathic disposition than men, a fact that could have influenced the results and led to a greater defence of more involving roles.

Finally, further ethnographic studies are suggested which should address the implications that the micro and macro contexts have on the interpreter's performance, and future descriptive studies should be enriched with the analysis of semiotic and pragmatic constraints such as footing shifts, social interaction, power dynamics or the position of the interpreter as an active or passive participant during the exchange.

About the author

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