

# THE COMMUNITY INTERPRETER'S TASK:

Self-Perception and Provider Views  
(1999)

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## ABOUT THE AUTHOR

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Empirical research and lectures in conference, media, healthcare interpreting.

- Introducing Interpreting Studies (Routledge, 2004/2016)
- Interpreting. International Journal of Research and Practice in Interpreting
- Routledge Encyclopedia of Interpreting Studies (Routledge, 2015)



# THE INTERPRETER'S ROLE

*The Vienna survey*

- Defining the community interpreter's role
- Over 600 service providers in Vienna hospitals
- 32 interpreters (spoken and of sign language)
- Questionnaire: 9 selected tasks
- Is interpreting «just translating»?

ABSTRACT





# INSTITUTIONALIZATION

*A pressing issue*

- Community interpreting: a novelty in some countries
- The need for professionals
- The nature and limits of the community interpreter's task – equal at any stage

INTRODUCTION



# INSTITUTIONALIZATION

*A pressing issue*

- Gentile et al. (1996), *Liaison Interpreting: A Handbook*: entire chapter on the interpreter's role
- Wadensjö (1992): professional lack a firm stance on the interpreter's role
- Roberts (1997: 20): understanding the role as a key requisite for professionalization

INTRODUCTION



## THE DEFINITION

*Different opinions*

- Who does the job?
- What code of practice?
- Implicit norms of translational behaviour and client expectations
- Provider's views and interpreters' self-perception





# DEMANDS AND ASPIRATIONS

## *Roles and Tasks*

- Gentile: how to define behaviour requirements?
- Ad hoc interpreters

Linguistic conduit

Advocate/Broker



INTERPRETER

- Putsch and Barsky: Interpreters as intercultural agents between provider and client
- «Just translating» is impossible, too many differences

THE  
INTERPRETER'S  
ROLE



Cairncross (1987: 7): notion of *cultural interpreter*

- Faithful mouthpiece
  - Representative and advocate
- } UNCLEAR

Anderson (1976: 216f):

«the interpreter's **role** is always partially **undefined** – that is, the role prescriptions are objectively inadequate... The interpreter's position is also characterized by **role overload**. Not only is it seldom entirely clear what he is to do, he is also frequently expected to do **more that is objectively possible**.»

Roberts (1997: 20f)

- When should the interpreters step out of their specific role?





## GOAL OF THE SURVEY

*Gathering empirical data*

- Tasks: pertaining to and beyond relaying and coordinating in mediated talk
- No abstract labels like *conduit, clarifier, culture broker, helpmate, agent, advocate etc.*
- Question items from the literature on:
  1. Professional ethics
  2. Interpreter's standards of practice







# THE QUESTIONNAIRE

**Material**

**Method**

**Results**



# MATERIAL AND METHOD

## *Questionnaire*

- **Providers** had to answer the question: "**Does the TASK of interpreters in communication with non-German-speaking clients ALSO include...**"
- **Interpreters** had to answer the question: "**In your view, does your TASK as interpreter ALSO include...**"

The word **client** refers only to the minority-language speaker.





Both the questions were followed by nine items to be answered with "yes" or "no"

- *Editing tasks*

1. Simplifying technical language for the clients;
2. Explaining technical terms for the clients;
3. Summarizing clumsy long utterances of the clients;
4. Omitting utterances which are not to the point to avoid losing time;

- *Tasks beyond relaying*

5. Explaining foreign cultural references and meanings;
6. Clarifying indeterminate statements by immediate follow-up questions to the clients;
7. Alerting parties to any misunderstanding in the conversation;
8. Asking questions and giving information at the request of the provider;
9. Filling in forms with the clients.



## *Respondents*

### *Providers*

**765** questionnaires: distributed in 12 Vienna hospitals to **doctors, nurses** and **therapists** in different medical departments. (response rate of 66.4%)

**151** questionnaires: distributed to **social workers** in the District Offices for Youth and Family Affairs of the City of Vienna. (response rate of 80%)

Total **response rate of 68.7 %**

### *Interpreters*

**16 spoken language** interpreters in the same settings were interviewed in individual or group sessions. (September 1996 in Vienna)

**16 sign language** interpreters from all over Austria with work experience in health care were asked to fill in the questionnaire.(early 1997 in Graz)



## *Respondents*

### *Spoken language interpreters*

16 persons were interviewed:

- ☐ 6 native-language interpreters for Turkish patients;
- ☐ 5 interpreters assigned full-time to family affairs offices;
- ☐ 5 bilingual hospital staff serving *ad hoc* as in-house interpreters.

Very important: **None** of these interpreters **had received any training** in interpreting at the time of the study.





*Respondents*  
*Study population*

***Providers***

- Doctors: mostly male (2:1 ratio)
- Nurses, therapists and social service providers: mostly female

Average age: 35-40 years

Work experience: 12/13 years on average.

***Interpreters***

- The 16 spoken language interpreters were mostly male (14 males - 2 females)
- The 16 sign language interpreters were mostly female (13 females – 3 males)

Average age: 38 (spoken language int.) vs. 32 (sign language int.)

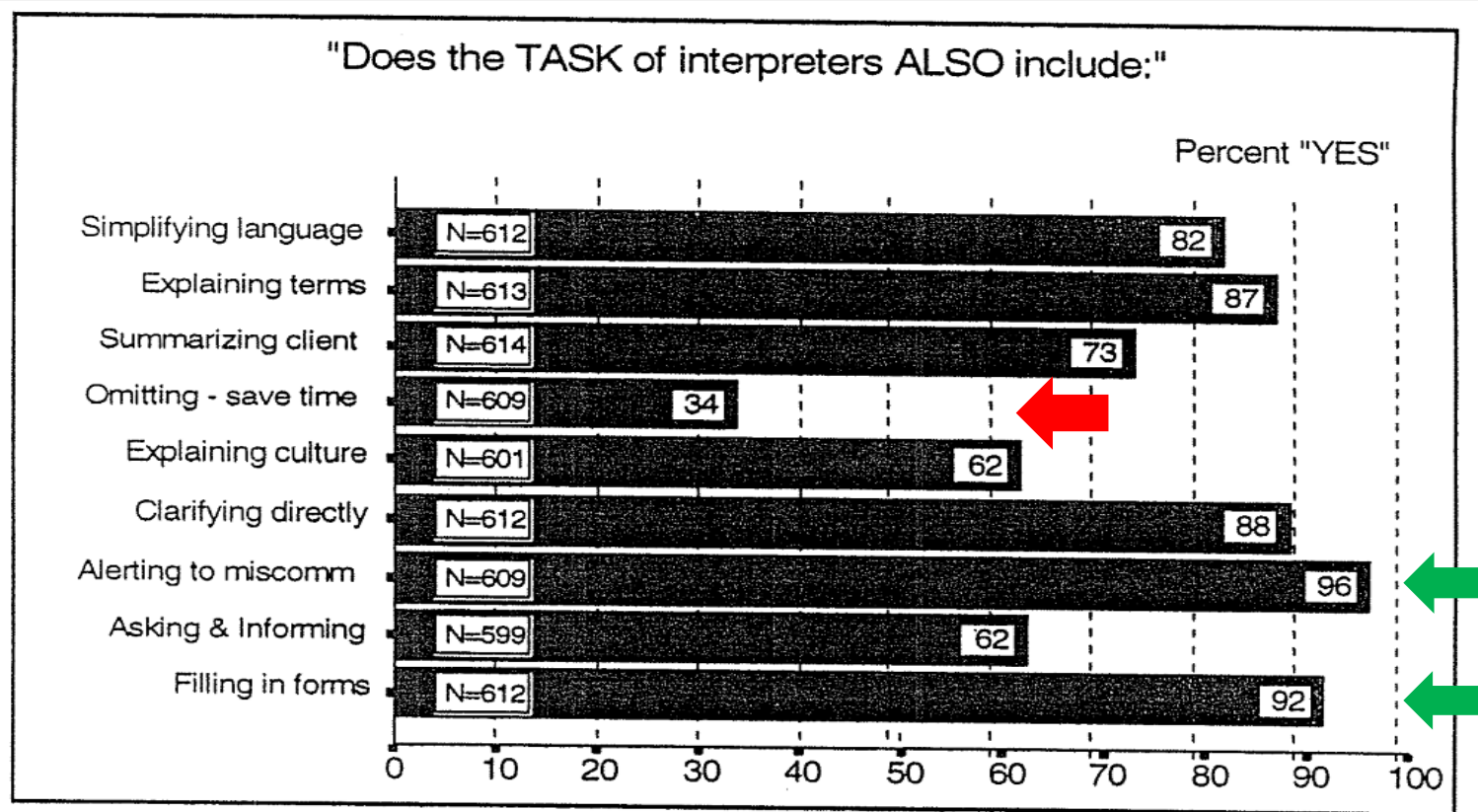
Level of education: only 1 vs. 4 without secondary school-leaving certificate.

In general the **numbers of males and females were sufficiently balanced.**



# RESULTS

## *Provider views*



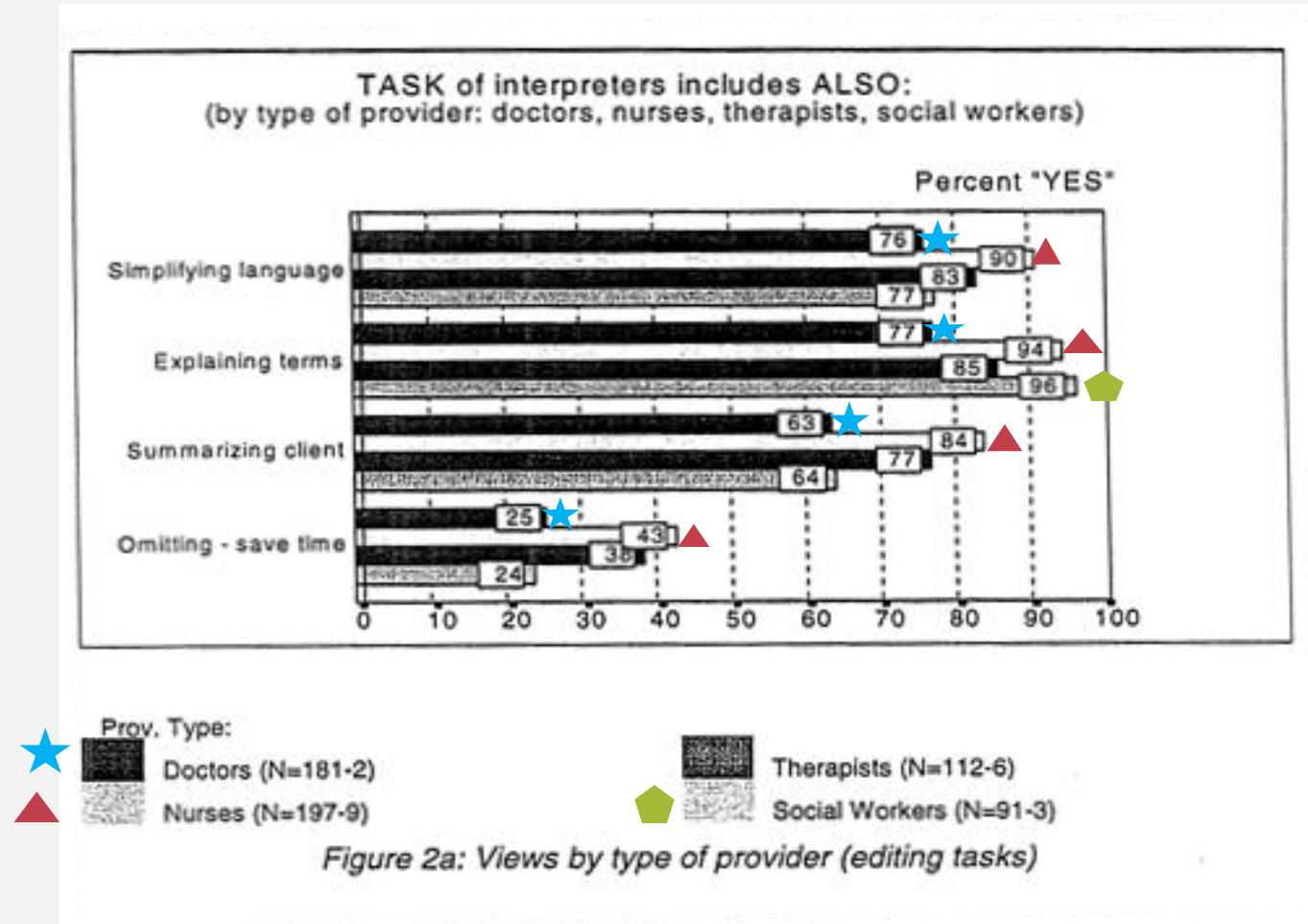
*Figure 1: Provider views on the scope and limits of the interpreter's task*





# RESULTS

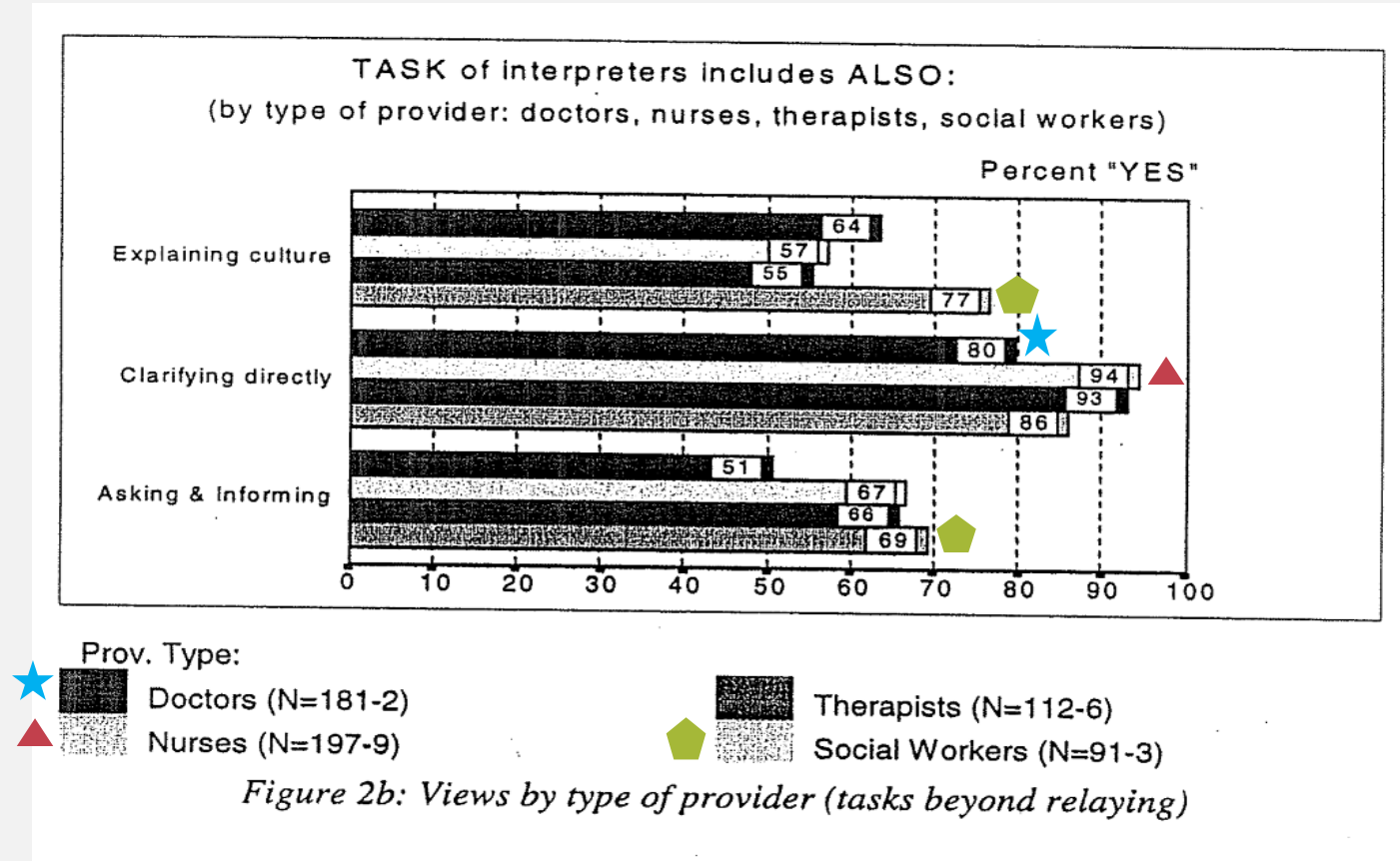
*Provider views broken down by type*





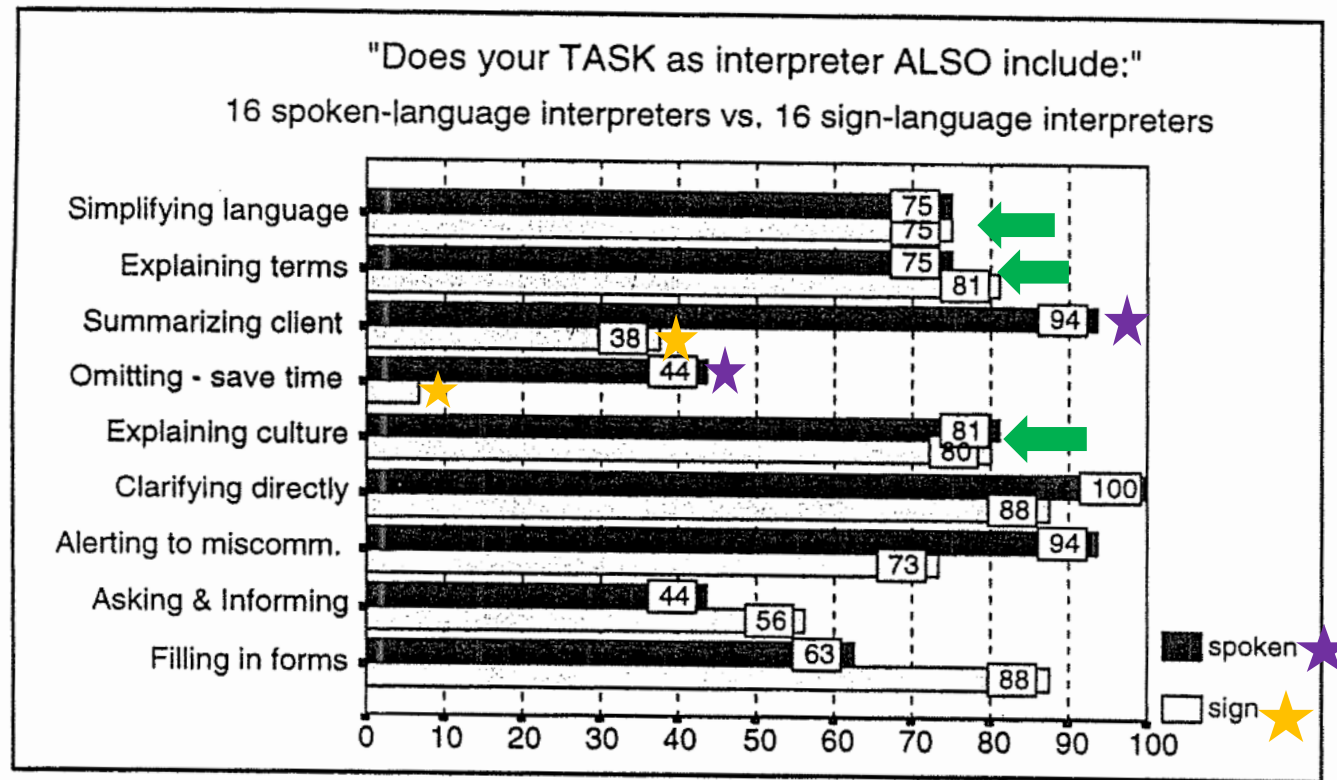
# RESULTS

*Provider views broken down by type*



# RESULTS

*Interpreters' views  
spoken language vs. sign language*



*Figure 3: Interpreters' views on the scope and limits of their task*

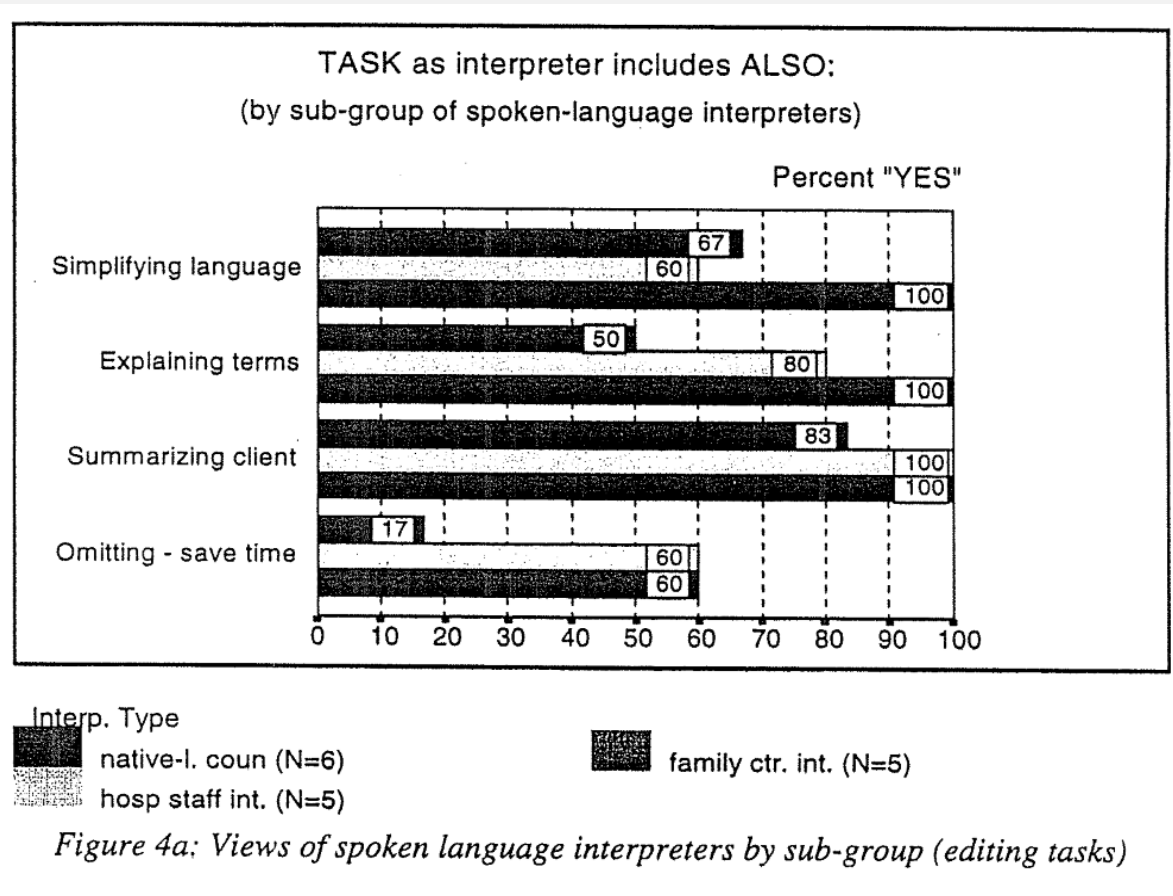




# RESULTS

## *Views of spoken language interpreters by sub-group*

### *Editing tasks*



# RESULTS

## *Views of spoken language interpreters by sub-group* *Tasks beyond relaying*

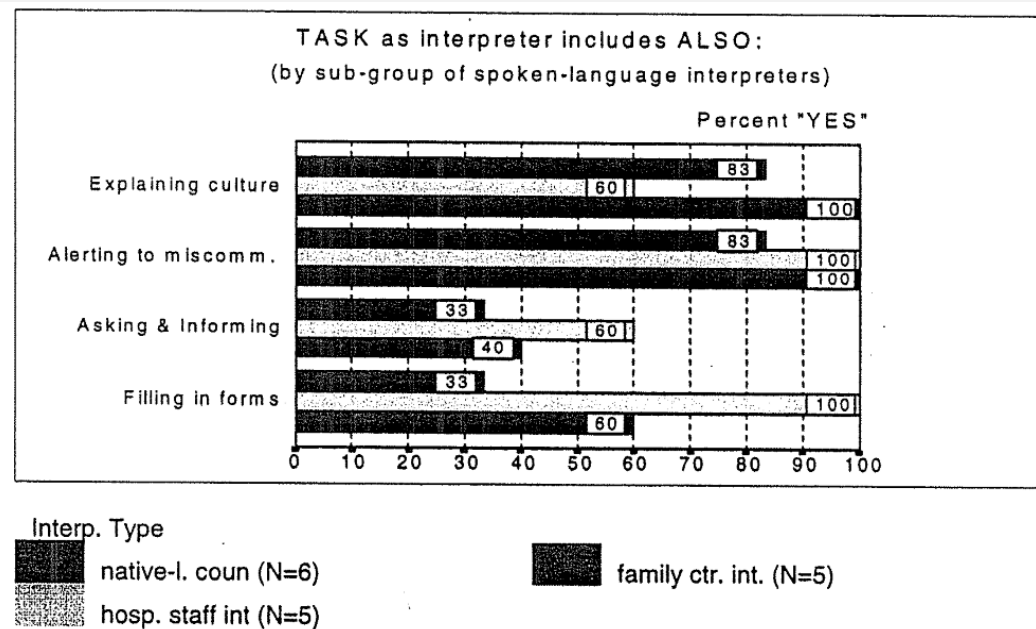


Figure 4b: Views of spoken language interpreters by sub-group (tasks beyond relaying)







# DISCUSSION AND CONCLUSION



# DISCUSSION

“The role of the community interpreter today is ill-defined or, more commonly, too vast” – Roberts (1997:20)

The issue of what an interpreter is or should be expected to do requires as much as clarification as the question of how the scope and limits of the interpreter’s task are defined by untrained mediators





## User Expectations

- Users of the community interpreting services expect interpreters to do much more than “just translate”
- Broad license = editing tasks: adapting utterances, abridging utterances by clients, discourse coordinating tasks
- Service providers would like the interpreter to fill in forms with clients and explain foreign cultural meanings
- Interpreter’s task construed broadly: clarifier, explainer, cultural mediator, helpmate and agent



## Self-Perception and Provider Views

- Respondents: facilitating comprehension for the client, enhancing the provider's understanding of the foreign cultural background, ensuring an efficient flow of interaction
- Interpreters: willing to act as cultural mediators by *Explaining foreign cultural references and meanings*





## Self-Perception and Provider Views

- Hospital setting: service providers and staff members act as *ad hoc* interpreters, native language counselors adopt more restricted view of their task
- Social service setting: comparison between the provider and interpreter perspectives highlights the family center interpreter's broad perception of their task



# CONCLUSION

- Interpreting = multi-faceted task beyond “mere translation”
- Interpreters shown to share an expansive view of their role
- Finds presented best seen as an exploratory attempt

