

A Better Medical Interpreting Service: Interpreter's Roles and Strategies Under Goffman's Participation Framework

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ABSTRACT

Medical interpreting has become a new research focus in recent decades, but few studies have discussed the role of interpreter in combination with strategies. This paper aims to work out how a medical interpreter plays his or her role and adopts strategies when interpreting between English and Chinese. Based on a first-hand medical interpreting corpus, this empirical study tagged the interpretation and made a detailed analysis of the interpreter's role and strategies. The results revealed that under the guideline of Goffman's participation framework theory the medical interpreter facilitated the therapeutic talk via three roles, namely "animator," "author," "principal"; for each role, different interpreting strategies, like "supplement," "omission," "compression," etc. were adopted. Moreover, the study found motives behind interpreting strategies under the specific context. The sociological discussions are presented in the hope of enhancing medical interpreters' understanding of their roles and the importance of adopting more flexible strategies in order to provide better service.

KEYWORDS

Interpreter's Role, Interpreting Strategy, Medical Interpreting, Participation Framework

1. INTRODUCTION

It was about in the 1980s and 1990s, in the face of mounting communication problems in public-sector institutions, that community interpreting, also known as public service interpreting mainly in the UK and cultural interpreting in Canada, emerged as a wide new field of interpreting practice, with health-care or medical interpreting and legal interpreting as the most significant institutional domains (Pöchhacker, 2004). From then on, medical interpreting has come to the fore serving as the subset of community interpreting and facilitating the communication between doctors and patients when there are some language barriers. The service provider in this process to ensure the conduction of diagnosis is known as medical interpreter.

In the wake of medical interpreting, institutions and associations in western countries began to give attention to this emerging sphere and took the lead to standardize the sector of medical interpreting by regulating the behaviors and professionalism of interpreters. For example, the Australian Institute of Interpreters and Translators (2012) and National Register of Public Service Interpreters (2016) all make the rules that interpreters are obliged to ensure the accuracy and completion of every information uttered or signed by all parties during communication. Even though professional interpreters have a clear idea about these principles that require them to work as a "faithful echo" or "input-output robot", the reality is that health-care interpreters on the contrary perceived themselves as visible agents in the

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interaction (Angelelli, 2001). In this century, more researchers around the world have already proved the visibility of medical interpreters, including Mesa (2000), Miller et al (2005), Hsieh (2008), Su (2010), Ren (2017), Rena et al (2018) and so on.

The failure to be invisible in the course of medical interpreting is possibly due to the nature of medical interpreting itself with distinct features. Differing from other types of interpreting activities, medical interpreting requires interpreters a good command of professional medical terminologies that might be mentioned in the real practice. No less importantly, other distinct features of medical interpreting, like a face-to-face dialogic mode (Su, 2010) and cultural awareness (Leanza, 2005), are also critical for a medical interpreter. Under this turn-taking mode process concerning doctor, patient and interpreter three parties, interpreters are needed to participate in the dialogue and conduct two-way interpretation in the medical interpreting activity (Wang, 2019:94).

Since medical interpreting is a kind of activity under the dialogic and social context, we selected Goffman's participation framework as its theoretical basis with the aim of finding how medical interpreter played his roles and what interpreting strategies were adopted behind each role in the medical mediated talks. In this present study, we chose a first-hand medical interpreting practice as our studying object and tagged the script by drawing the methods of Chinese Interpreting Learning Corpus. We found a dynamic role shift on the interpreter, in which different interpreting strategies were adopted driven by different motives or reasons. Through discourse analysis, this study further confirms the significance of sociocultural nature of being an medical interpreter, which is inspirational for both medical interpreting practice and education in the future.

2. RESEARCH BACKGROUND

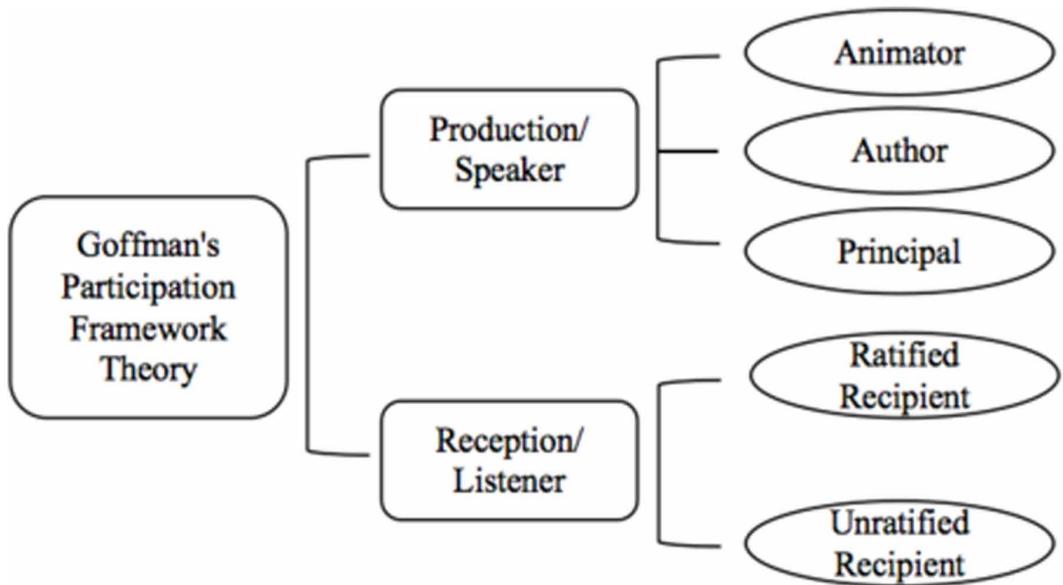
As one of the themes of community interpretation, medical interpreting has great demand across the world and is highly valued. Every limited-English-proficient (LEP) patient deserves rights to be given language services in hospitals. Regulations across the USA have set standards for any LEP individuals. In the meantime, ample evidence have early proved that there is a certain correlation between language imperfections and inappropriate diagnoses (Hampers et al, 1999) and inefficient follow-up (Joshua & David, 2004), which indicates the medical process can be put at risk when the language barrier can not be overcome. Then the importance of a qualified medical interpreter is therefore self-evident. To explore how to be a qualified medical interpreter, we made an in-depth research about a real medical interpreting practice from the perspective of sociolinguistics.

2.1 Theoretical Framework

The theoretical basis of this study is a well-acknowledged theory, Participation Framework, raised by famous sociologist Erving Goffman. It describes an individual's involvement, or "status of participation," in communicative interaction. According to this theory, all participants involved in a conversation take on one or more than one roles.

Generally speaking, shown as in Figure 1, a "speaker" may take up three different positions towards his or her utterance, which Goffman discusses under the heading of "production format" the speaker as "animator" responsible only for the production of speech sounds and "author" responsible for formulating the utterance and "principal" bearing ultimate responsibility for the meaning expressed; a "hearer", in Goffman's term, maybe "ratified" further categorized as an ratified/addressed or unratified/unaddressed recipient; taking the medical interpreter in the practice for example, the interpreter is an active listener in the interpreting work and supposed to be the ratified recipient in most time and rarely to be the unratified recipient. As already mentioned, the role of interpreter can also be explained in the dialogic interpreting. With a view to multiple listener roles of the interpreter, Wadensjö (1992) proposed a threefold distinction under the heading of "reception format", the interpreter acting as a "reporter" to repeat what has been uttered, the interpreter acting as a "recapitulator" to give an authorized voice to a prior speaker and the interpreter acting as a "responder" to make his or her own

Figure 1. Goffman Participation Framework Theory



contribution to discourse. Here we have to say that the research priority of this paper is only on the production/speaker side of the medical interpreter.

2.2 Participation Framework in Interpreting

As explained previously, owing to the face-to-face interactive characteristic of medical dialogue interpreting, researchers began to conduct research on interpreting practice through sociological or sociolinguistic discourse analysis. One of representatives in pioneering the study of this area is Cecilia Wadensjö who presented her discourse-based approach to the study of interpreting in dialogic interaction in 1997 (Pöchhacker, 2004:41). Drawing on the methods of conversation analysis and discourse analysis, Wadensjö applied Goffman's Participation Framework into interpreting. The interactant model highlights "activity roles" within a "situated activity system" in which individuals interact to perform a single joint activity (Wadensjö, 1992: 84). Since then, Goffman Participation Framework has become a part of discourse analytic theme and the discussion about the interpreting and social interaction can not be separated from this theoretical framework. Reviewing the medical dialogic interpreting, we found that Li et al (2016) introduced a new conversational framework based on previous ones including Goffman's to analyze interaction during medical consultations. Zhan & Zeng (2017) made an empirical study about the establishment of medical interpreters' text ownership. Ren (2017) validated the application of Goffman's sociolinguistic theory in interpreting through examples and comprehensively explicated the three roles played under complex situation. Vranjes et al (2019) drew on the conversation analysis combined with the data of gaze and head nods and studied affiliation in interpreter-mediated therapeutic talk within participation framework. Cox & Li (2019) illustrated how concepts from the research field of language and social interaction facilitated the description and analysis of communication in clinical encounters. However, the study of interpreting strategies combined with interpreters' roles within a sociologically analytical framework falls outside this domain, especially in the field of medical interpreting, constituting a much smaller body of research. Therefore, we put our lenses on the application of Goffman's Participation Framework in this field to address two issues: How does the shift of roles occur on medical interpreter and what

are interpreting strategies adopted by interpreter in the practice from the perspective of Goffman Participation Framework?

3. RESEARCH METHODOLOGY

3.1 Materials as Research Object

The research data were collected from two clinical practice in 2017, one video recording about a foreign health expert making wards round and another audio recording about the same foreign expert diagnosing a patient with sleep some problems. In regard to the parties in the recordings, the foreign expert came from Germany speaking in English during consultation, and the patients and patients' family were local, speaking Chinese only. In this process, the medical interpreter was then a post-graduate student, studying in medical interpreting in China. The total length of two recordings is about 90 minutes. Prior to research, ethics approval was granted from the concerning parties in the medical setting. In the interests of accuracy of recordings, we manually transcribed the two recordings verbatim and then proofed them instead of using machine transcription. Subsequent to the transcription work, we accomplished the core information categorizing and strategies tagging work on the basis of previous studies.

3.2 Tagging Methods

Core information are critical for the assessment of interpreting quality (Zhang, 2019). It is pity however that the definition of core information in interpreting is still under debate and the classification of core information varies. Since this study tries to figure out how interpreters adopted strategies in dialogue interpreting from the Participation Framework theory, we followed three notions and categorized three types of core information. According to Ren's interpreting study from the perspective of Goffman Participation Framework in 2017, interpreter would play three roles in the real situation, namely, "animator", "author" and "principal" respectively. The interpreter exactly vocalizing what the doctor or patient says is categorized as "animator"; the interpreter producing the doctor or patient's meaning is categorized as "author"; the interpreter adding his/her own ideas in the translation utterance is categorized as "principal". For the convenience of tagging work in this study, we tagged these three roles as ANI, AUI and PRI shown as Table 1.

Table 1. Interpreting core information categorizing

Types of Information	Abbreviation
Animator Information	ANI
Author Inforamtion	AUI
Principal Information	PRI

With respect to the tagging work of interpreting strategies, we adopted the tagging principles of information matching of Chinese Interpreting Learning Corpus (CILC), i.e., "One to One", "One to Multiple", "One to Zero" and "Multiple to One". For each corresponding principle, Zhang (2019) summarized interpreting strategies based on the book of *Introducing Interpreting Studies*. For instance, "One to One Information Match" means the normal trans-coding from source language to target language without interpretation omission or interpretation redundancy; "One to Multiple Information Match" indicates chunking information into several pieces; "One to Zero Information Match" implies

omission or misinterpreting; “Multiple to One Information Match” means compression. For the convenience of following analysis, we have capitalized abbreviations tagged as Table 2 to represent different interpreting strategies:

Table 2. Tags of interpreting strategies

Types	Strategies	Tagging
One to One Match	Normal Trans-Coding	OTOM
One to Multiple Mach	Chunking	OTMM
One to Zero Match	Omission/Misinterpreting	OTZM
Multiple to One Match	Compression	MTOM

3.3 Tagged Material Sample

After confirming the methods of tagging the core information and the interpreting strategies, we conducted tagging work on transcriptions and then made notes for each corresponding tagging through recordings and interviewing the interpreter in order to clarify the motives of each interpreting strategy. Here is one sample shown as Table 3:

In this example, it is not difficult to find that the interpreter was acting as an “author” most of the time to convey the speaker’s idea by interpreting the source language into the target language albeit some omission and misinterpreting which caused dis-matching core information in the interpreting process. Ideally, the core information should be one to one match other than one to zero match. It is

Table 3. Sample tags

Source Language	Target Language(literal translation)	Tagging	Notes
So we can probably say what kind of problem she has.	我们现在可以看出她是什么问题。(Now we can tell what problems she has.)	<OTOM, AUI>	信息对等 Normal trans-coding
If it is heavy,	所以如果情况现在严重的话,(If the condition is worse now,)	<OTOM, AUI>	信息对等 Normal trans-coding
we can give her some medicine time to time,	你们愿意选择药物治疗也可以选。(It is okay to receive medicine treatment)	<OTOM, AUI>	信息对等 Normal trans-coding
because if you give too much, it’s working during the day.	但是这个剂量绝对不能太多,一定要特别特别的少。(But the dose could not be too high, and it must be very low.)	<OTZM, AUI>	误译 Misinterpreting
And she is a little bit stable, but the cognition maybe worse.	认知能力会逐渐下降。(The cognition ability will decrease gradually.)	<OTZM, AUI>	漏译Omission
So you always have to decide to give treatment or not.	所以在使用药物治疗方面决定权在于你们,(so it’s up to you to decide drug use.)	<OTOM, AUI>	信息对等 Normal trans-coding
	但是要记住,(but remember please)	<OTZM, PRI>	代替发言 Replacement
You don’t cure the disease.	这种药物是不可能治疗这种疾病的。(This medicine can not cure this disease.)	<OTOM, AUI>	信息对等 Normal trans-coding
So you have to decide what time you have to give treatment if necessary.	而且什么时候用药也取决于你们。(And also you need to decide when you have treatment.)	<OTOM, AUI>	信息对等 Normal trans-coding

also noticeable that in this example the interpreter also acted the role of “principal” once, expressing something beyond the speaker’s idea. This kind of deliberate addition in interpreting led to one to zero match as well. Usually, there are some motives behind the deliberation. Taking the core information tagged as <OTZM, PRI> in the sample for instance, according to the interpreter, he intended to emphasize or explicate something so he spoke in place of the speaker and expressed something beyond the content. For the analysis of more tags, the following part case study will demonstrate.

4. RESEARCH FINDINGS AND DISCUSSION

4.1 General Profile

As we mentioned earlier, Erving Goffman’s Participation Framework Theory is suitable for analyzing daily conversations or any kind of canonical talks. For Goffman, the term “Speaker” can have various meanings. To precisely and properly identify the source of an utterance, Goffman gave the concept, “production format”, referring to the multiple ways speakers can present themselves (Corsaro, 1983). In what follows, we first give an overall analysis of interpreter role-displaying and then mainly focus on the interpreting strategies under each role through the combination of a quantitative and a qualitative conversation analysis-applied approach.

Table 4 demonstrates an overall statistical distribution of the times and proportions of the three different speakers. The above tagging results show 184 tagged core information in total and that each role appeared more or less in the medical interpreting. This result is at least in line with what Ren (2017) discussed about the interpreter’s roles before in the real interactive interpreting mode. Although we find a significant difference in the times or frequency among three groups, indications of each role vary greatly, behind which the reasons or motives will be discussed in the following parts. In macro sense, these three roles formulate a dynamic shift in the whole interpreting process as the below Figure 2 represents.

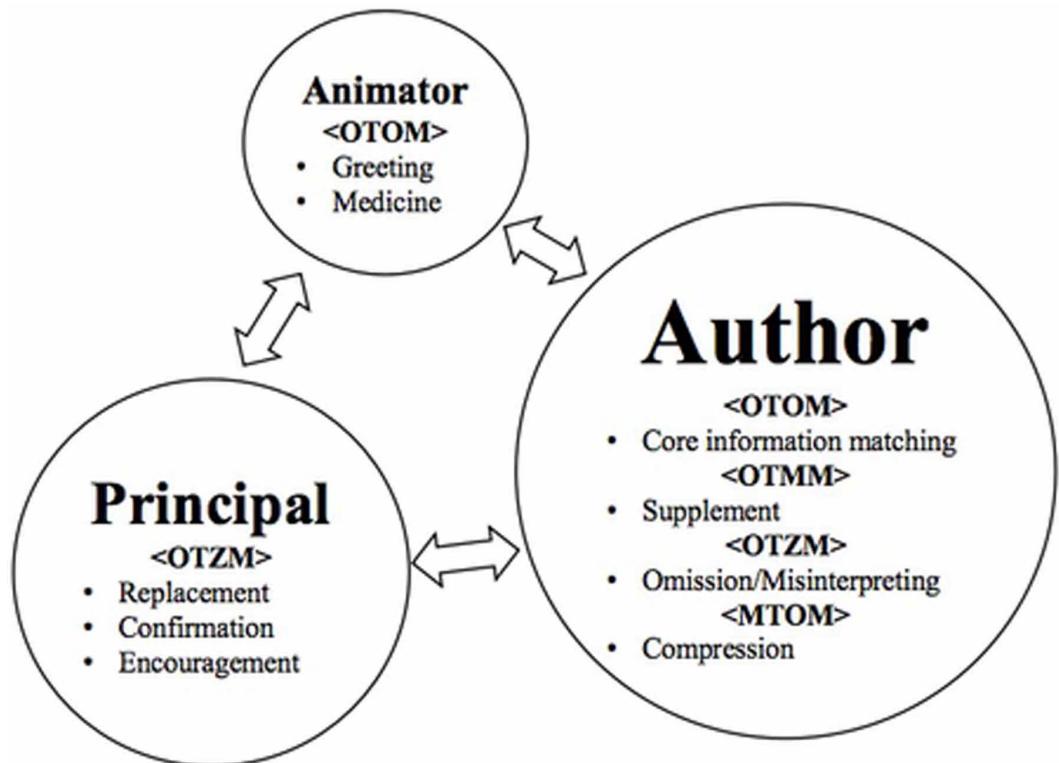
Table 4. Distribution of role-displaying in a medical interpreting

Type of Role	Time(s)	Frequency
Animator(ANI)	1	0.54%
Author(AUI)	162	88.04%
Principle(PRI)	21	11.41%

4.2 Interpreting as an Animator

According to Goffman, the role of utterance production, engaged in canonical activity, is like the talking machine or the sounding box in use. This is functioning as an “animator” (Goffman,1981:144). The “animator” in this interpreting practice, as mentioned in 3.2, refers to the interpreter who just vocalized what the speaker the medical expert or the patient said (Ren, 2017). Through the observation of tagged core information, the “animator” just appeared only once when the interpreter repeated a common sedative medicine name “Benzatropine” for the treatment of movement disorder recommended by medical expert. In fact, according to the interpreter, apart from this circumstance tagged in the recordings, there were also some occasions unrecorded when the interpreter vocalized some basic common language familiar to all parties as an “animator” like greetings or appreciations made by speakers. In short, in this situation particularly, the simplest notion of “animator” is very simple to understand and it is played when the interpreter intended to deal with some proper names

Figure 2. Dynamic Shift of Interpreter Roles and Strategies



or greetings or appreciation words. In what follows, we select one example of turn-takings during the medical diagnosis, followed with corresponding analysis.

Excerpt [1]

1 Foreign Expert: For some patients, if it's too heavy,

2 Interpreter: 很多有这种严重疾病的病人,

(For those who are diagnosed with worse diseases.)

3 Foreign Expert: you can give some benzatropine.

4 Interpreter: 我们通常会给他服用Benzatropine. <OTOM,ANI>

(We often recommend them Benzatropine.)

5 Foreign Expert: sedatives which can calm the situation down.

6 Interpreter: 镇静药用来短期缓解这种状况。

(The sedative for relieving symptoms.)

A first case is shown in the excerpt 1. It is the very first time for the interpreter to act as an “animator”. In this example, the patient was asking for counter-measures to address the sleep disorder issue. Conversation turn-takings 1-6 is that the foreign expert was recommending a medication for this patient and the interpreter was finishing his translation. When the foreign expert named the medicine, the interpreter repeated its name, tagged as <OTOM, ANI>, which implies the role and strategy the interpreter adopted. According to the interpreter, he explained this medicine later in Chinese to the patient’s family. Interestingly, the interpreter also made some supplementary remarks about the role “animator”. In addition to the repetition of medication, interpreter mentioned that the repetition still

happened when the expert uttered some simple target words, like greetings or appreciation expressions. Since interpreting is a matter of bilingual communication work, the utterance of repetition given by interpreter is understandably sparse. The key part of this section is mainly about the role “author” and “principal”, and more analysis with examples will be demonstrated below.

4.3 Interpreting as an Author

The “author”, in the words of Goffman, is the individual who has selected the sentiments that are being expressed and the words in which they are encoded (Goffman, 1981:144). In interpretation, the “author” means people who “produce” words with meanings. That is, the interpreter who translated the meaning of what the speaker said by using another different target language is called “author”.

Despite the fact that the interpreter being an author was just to convey the speaker’s ideas to the other party, the role of this author still adopted some different strategies. As Table 5 shows, the highest times of interpreting strategy found in this table is the strategy of OTOM. This high percentage of matching core-information strategy just keeps consistent with such conventional views of interpreters’ role in previous research summarized as the black box (Miller et al, 2005), the message converter

Table 5. Interpreting strategies of being an author

Strategies	Time(s)	Percentage	Notes
OTOM	117	63.59%	Core information match
OTMM	7	3.80%	Supplement
OTZM	58	31.52%	Omission/Misinterpreting
MTOM	2	1.09%	Compression
Total	184	100%	N/A

(Angelelli, 2006) or the conduit (Hsieh, 2008). As previously mentioned, the interpreter is not fully invisible, so the interpreter working as an “author” could also adopt other interpreting strategies. For example, the occurrence of OTMM, according to the tags in recordings, the interpreter was performing the supplementary role in delivering the content. We believe that this kind of information-addition would happen when the interpreter intends to re-explain something or encounters interruption by speakers before completing the interpretation. As a professional medical interpreter, to facilitate the diagnosis between doctor and patient, the interpreter had to convey missing meanings in the next turn of conversation, otherwise omissions would hinder the process of diagnosis (Glenn et al, 2012). Then the strategy of OTZM resulted from the misinterpreting or omission. Taking a closer observation of tagged OTZM, we found that misinterpreting was the result of misunderstanding while most of omissions were associated with interruptions. It is because of this kind of situation that the interpreter adopted the strategy of OTMM in the following turns, as explicated above. Aside from the cognition-related omission and compulsive omission, there were also several times when the interpreter changed the personal pronoun in his rendition although it did not affect understanding speaker’s intention. The possible reason of this phenomenon is that personal pronoun shift is useful for showing his respect to the patient as well as for building rapport with the patient. Additionally, we found 2 times MTOM strategy for achieving conciseness and succinctness in the output, which is typically known as “compression” (Dong Y. et al, 2019). To better illustrate the role of Author under Goffman’s Participation Framework theory, some examples were selected for discussion below.

Excerpt [2]

1 Foreign Expert: *Is she realizing the nightmare? Or others think she is acting out the nightmare?*

2 Interpreter: 是您感到做噩梦了还是和您一起休息的人感到做噩梦了?

(*Did you feel a nightmare or the person who rested with you felt a nightmare?*)

3 Patient: 我自己梦醒来的,吓醒了。

(*I woke up from scaring dreams by myself.*)

4 Interpreter: (Interrupted by the expert). <OTZM, AUI>

5 Foreign Expert: *Is it always the same nightmare or different one?*

6 Interpreter: (每次)做的噩梦是一样的还是不一样的?

(*Is the nightmare the same or different every time?*)

7 Patient: 不一样。

(*Different*)

8 Interpreter: Different. Just nightmares frightened her.<OTMM, AUI>

Excerpt [3]

1 Foreign Expert: *Does she have this kind of nightmare before?*

2 Interpreter: 以前有做这样的噩梦吗?

(*Did she have nightmare like this before?*)

3 Patient: 以前做的不像这个一晚上

(*Yes, but not that long.*)

4 Interpreter: (Interrupted by the patient's family). <OTZM, AUI>

5 Patient's family: 以前也做这样的噩梦,但没现在这么厉害,现在一入睡就进入做梦状态。

(*She had nightmares before but not as worse as this now.*)

6 Interpreter: *Before this, she had nightmares, but not as worse as this now.*

Excerpt [4]

1 Foreign Expert: *That means if you just sleep 5 hours, now she is in bed 12 hours. maybe here she is sleeping. Here she is sleeping. 1 hour, 2 hour... 5 hours. The total hour is 12, you only can sleep 5 hours maximum. and get up at 6 o'clock. she must have insomnia.*

2 Interpreter: 过去您只睡5小时,现在您在床上躺下的时间有12个小时。也许您在这个时间睡觉,或是这里(指的纸上画的时间轴)。1小时,2小时...5小时。您真正睡眠休息的时间最多有5个小时。其他时间都是没有睡着的。所以这就是您会失眠的原因<OTMM, AUI>。6点起床,您一定会失眠。

(*In the past you only slept for 5 hours, now you have 12 hours of lying down in bed. Maybe you sleep at this time, or here(pointing at the timetable written on the paper). 1 hour, 2 hours...5 hours. These 5 hours are your actual sleep time at most. The rest of the time was not asleep. So this is the reason why you have insomnia. Getting up at 6 o'clock, you will definitely have insomnia.*)

Above three examples demonstrate the interpreter's ways of conveying speaker's idea as an "author" under different situations. A first case is shown in Excerpt 2. The foreign expert asked the patient how she had experienced nightmares during sleep. The first turn of diagnosis (1-3) seems normal, but according to the recording, when the interpreter got ready to initiate a new turn of interpretation for patient, he encountered interruption of a new question (turn 4) raised by the expert and failed to convey patient's first chief complaint, which caused the interpreter impulsive omission. To compensate, the interpreter supplemented the missed information in the next turn of conversation as the interpretation underlined and noted with <OTMM, AUI> in turn 8 Excerpt 2. The second case shown in Excerpt 3 likewise has a breaking off but the difference lies in the interpreter's way of dealing with missing information. This time the interpreter did not use addition to make up for the

Table 6. Interpreting strategies of being a principal

Strategies	Time(s)	Percentage	Notes
OTOM	0	0%	N/A
OTMM	0	0%	N/A
OTZM	21	100%	Replacement/Cofirmation/Encouragement
MTOM	0	0%	N/A
Total	21	100%	N/A

missing information since the new initiator who interrupted the conversation (turn 5) just repeated the idea (turn 4) to be interpreted. In that case, it is not difficult to understand why the interpreter adopted OTZM as an author in the interpretation. The Excerpt 4 also reveals the interpreting strategy of <OTMM, AUI>, in which the foreign expert gave the patient explanation why she suffered insomnia. The interpreter performed OTOM interpreting in a large part but he also automatically supplemented explanations to patient’s symptoms when necessary on the basis of expert’s idea. This just reflects the interpreting strategy of OTMM as an author. More interestingly, in the section of all AUI tagged information, like above examples, one astonishingly consistent thing is that the interpreter addressed the patient the first person in Chinese in most time while the expert used the third person instead. The change of person pronoun, as assumed in previous part, could possibly be attributed to the interpreter’s motive of establishing a harmonious relationship among several parties in this medical consultation.

4.4 Interpreting as a Principal

The third format of speaker is “principal”, that is, someone whose position is established by the words that are spoken, someone whose beliefs have been told, someone who is committed to what the words say (Goffman, 1981:144). Being “principal” means social significance, influence, attitude and position. In this real medical dialogic interpreting, apart from expressing what the author said, the interpreter also had his own ideas expressed in his translation utterance sometimes. This is the case of “principal” and more examples are demonstrated below.

As a matter of fact, breaking the word-for-word translation mechanism and expressing oneself are viewed as exceptional cases, and previous scholars had already made in-depth research about this when discussing interpreter roles or strategies. For example, contrary to the idea of standardized translation, Rena et al (2018) held that interpreters may also act like the replacer or excluder of either patient or General Practitioner in medical consultation. More earlier, Glenn et al (2012) categorized interpreters’ own views after the interpretation of a word/phrase uttered by the clinician, parent or child into the editorialization, despite a type of interpreting error. However, we got new understanding of the role of medical interpreter from the perspective of sociolinguistics. To begin with, as Table 6 demonstrates, there are some occasions when interpreters expressed his own views in stead of acting as an “author” all the time. Working as a “principal”, the interpreter was found to adopt the strategy of OTZM only. And the strategy used each time was for some specific reasons or purposes noted in Table 6. The utterance of replacement, confirmation and diagnosis assistance or encouragement gave rise to OTZM. Through a closer observation of tagged transcription, we found the replacement in this practice occurred when the interpreter replaced the patient or the expert to answer questions directly. As long as the interpreter knew what the counter-speaker would give the question-raiser answer, the replacement like this is not literal interpreting errors, but the co-diagnostician role in interpretation (Hsieh, 2007; Su, 2010). Working as an “principal”, the interpreter also provided the supplement or explanation in the course of medical consultation but these actions functioned in the same vein, that is, making diagnosis more effective and efficient. Moreover, another circumstance of being principal is when the interpreter failed to understand and intended to confirm what speaker

said. After all, in the interest of accuracy and completeness, interpreters must be able to manage the flow of communication so that important information is not lost or miscommunicated (See IMIA, 2007), albeit some inevitable missing information in the real practice. When it really happens, one of wise choices is immediate confirmation. In a nutshell, it is natural and acceptable that the interpreter acting as “principal” resorts to some strategies, including replacement for supplement or explanation, confirmation and diagnosis assistance, for the sake of effective communication among three parties.

Excerpt [5]

1 Patient's family: 产生的这个是不是和脑梗有一定的关系?正常人睡眠都正常,那现在她出现这种情况是不是因为脑梗加剧造成的?有没有一定的关系?你问下

(Does this have something to do with cerebral infarction? We all have normal sleep. Is her situation caused by an increased cerebral infarction? Is there a certain relationship? You can ask the doctor.)

2 Interpreter: 不是,是因为人年纪越来越大,各项功能开始下降,大脑里的功能也开始出现问题,部分脑神经也不能控制本身控制的那些活动,现在抑制不了了,所以夜间会有各种各样的行为。<OTZM,PRI>

(No, the reason is that as people get older, various organs' functions begin to decline. Brain function is also beginning to appear problems. Part of the brain nerves fail to control some activities that can be controlled before, so there will be some strange behaviors at night.)

3 Patient's family: 夜间正常的话可睡眠,一旦功能退化,该睡觉却进入了非正常睡眠状态,对吧?
(You mean, we normal people can have a good sleep at night, but when the function deteriorates, there will be some sleep problems, right?)

4 Interpreter: 对,所以这也算不上精神上的问题。<OTZM,PRI>
(Yes, it has nothing to do with mental health.)

Excerpt [6]

1 Foreign expert: *If it happens to the patient who are older than 60 years. The reason is that the mechanism of breaks that should stop the muscles from moving doesn't work.*

2 Interpreter: 所以针对60岁以上人出现这种情况呢,主要还是大脑机制本来应该...because the mechanism of what? <OTZM,PRI>

(So what about the elder aged over 60 with such problems, the reason is that the mechanism should have been... because the mechanism what?)

3 Foreign expert: *The mechanism during sleep, the muscle tone is blocked and the movement of muscle is blocked doesn't work those patients.*

4 Interpreter: 大脑机制就会在做噩梦的时候肌肉张力受阻,对这类人说没有凑效。
(Brain mechanism usually controls the muscle stretching but it fails to do so for the elders.)

Excerpt [7]

1 Patient's family: 专家讲得好!确实是这样。
(The expert explained very well. It is true.)

2 Interpreter: *They said that your words are on the point. Very good!*

3 Interpreter: 所以您能少睡就少睡,然后尽量不要老想噩梦。<OTZM,PRI>
(So try to reduce your sleep time little by little, and stop thinking about nightmares.)

The examples above show how the interpreter was acting as the role of “principal” in medical interpreting service. In the excerpt 5, the interpreter replaced the foreign expert and gave the answer to the patient directly, which seems improper for the interpreter to do so; however, the real situation was that all parties involved in this diagnosis had already discussed this problem back and forth with

the facilitation of the interpreter. Thus, when the patient was still puzzled about the same question (shown as turn 1 and turn 3), the interpreter adopted the strategy of OTZM as a “principal” by skipping the supposed interpretation work and giving the answer to the patient again in the words of the foreign expert (shown as turn 2 and turn 4). This replacement strategy, <OTZM, PRI>, is also known as educating patient (Zhan & Zeng, 2017), removing the worry the patient had and facilitating the procedure in an efficient manner. Then the excerpt 6 demonstrates another common circumstance when the interpreter failed in interpretation and asked the speaker for confirmation. The example was that the speaker was expatiating how the brain mechanism of the elder aged over 60 or so works. Due to some reasons, most probably the failure of memorization, the interpreter was stuck in interpreting (shown as turn 2). Out of professionalism, the interpreter just turned to speaker and asked him to repeat what he just said. This action can also be categorized into the interpreter’s role of “principal”, tagged as <OTZM, PRI>. The last example in Excerpt 7 presents another different situation when the interpreter was acting as a “principal”. The conversation, in this example, indicated the end of the diagnosis (shown as turn 1). The patient expressed satisfaction and gratitude towards the foreign expert and the interpreter fulfilled the obliged “author” role, but according to his interpretation he also acted as the role of “principal” by adding some encouraging words as his suggestions to the patient (shown as turn 3).

5. CONCLUSION

In this paper, we have analyzed the medical interpreter’s use of interpreting strategies when he acts as different roles in the therapeutic talk from the perspective of sociology. The results show different interpreting strategies reflected in different roles. In this medical practice, the interpreter’s visibility is manifested by the shift of three roles according to Goffman’s Participation Framework. Each role could initiate one or more strategies for different purposes or reasons. These strategies clearly show how an interpreter integrates himself or herself into the medical consultation.

To summarize, the empirical study explores the medical interpreting from the perspective of Goffman’s Participation Framework and answers the questions raised at the very beginning. The flexible shift of interpreter roles and strategies facilitates medical interpretation service. The implication of this study is that in order to provide a better interpreting service, medical interpreter should have a new perception about his or her role in health-care interpreting, especially in therapeutic talks. Moreover, the paper provides further support for the study of interpreter in social interaction.

Lastly, we admit that the scale of this corpus is small and the audio recording limits the study of medical interpretation. It is our opinion that future studies should expand the scale of corpus and continue to investigate the relationship between interpreter’s role and strategies through more non-verbal indicators, like gaze and body-oriented gestures (Krystallidou, 2014; Gerwing & Li, 2019; Vranjes & Brône, 2020) etc., and further explore how medical interpreter deal with socio-cultural issues in the dialogic context.

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