Chapter 5

The Medical Interpreter Mediation Role: Through the Lens of Therapeutic Communication

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ABSTRACT

While it is claimed that the role of medical interpreters is constantly changing, perhaps it is the understanding of their role that is evolving. The aim of this chapter is to provide an initial exploration of the contextualized issues and challenges related to interpreting therapeutic communication. The qualitative data analysis of nine specialist certified medical interpreters showcase some of the therapeutic factors that influenced their approach and practice. In addition to the interlinguistic and intercultural communicative goals, interpreters utilized their interpersonal, communication, and mediation skills to meet several therapeutic objectives. Interpreters described mediating therapeutic interaction and intervention, playing a therapeutic mediation role in addition to well-known linguistic and cultural mediation roles. Interpreters described their preoccupation and engagement in the therapeutic process, suggesting specialist medical interpreters play an important role in the therapeutic process.

INTRODUCTION

Therapeutic communication, also called health communication, has been researched extensively within the field of communication studies, providing healthcare professionals with clear communicative strategies to enhance their therapeutic aims. Hsieh (2008) was the first researcher to explore how interpreters use communication to manage health and illness. Interpreting is now amply recognized as an interdisciplinary field (Vargas-Urpi, 2011), and the role of the interpreter is a common research theme. Research on the medical interpreters’ role(s) has described a multiplicity of roles: monitor and arbiter (Takeda, 2009)

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conduit, clarifier, patient advocate, intercultural mediator (California Healthcare Interpreters Association, 2003), informant, community or cultural representative, and co-diagnostician among others. There is a need to further explore issues surrounding the role and responsibilities of medical interpreters within the contextualized framework of therapeutic communication goals. The qualitative study described in this chapter will showcase what nine practicing medical interpreters have to say about their role in the provision of healthcare services. First, the author will set the scene describing some characteristics of therapeutic communication. Then, data will be presented to showcase how therapeutic communicative goals affect medical interpreting identity and practice. Ultimately, the objective of this chapter is to explore interpreting vis-à-vis the mediation of therapeutic communication.

BACKGROUND

Medical interpreters have been studied, conceptualized and understood primarily based on generalist interpreter norms that are not specific to medical interpreting. Furthermore, as Jacobsen stated (2002), interpreting practice has historically been divided into two separate fields: conference interpreting and community interpreting (i.e. non-conference interpreting). This is still the case, and it is time for these current categorizations to evolve further. Since community interpreting includes several specializations (medical, legal, conflict zone, educational, etc.), some norms and standards for community interpreting simply do not meet or reflect the specialized needs of the healthcare sector.

In healthcare, it has been understood, that the act of interpreting enables healthcare providers to communicate with their patients and vice-versa. However, is there more to interpreting than enabling communication? According to the International Medical Interpreting Association (IMIA) Standards of Practice, initially published in 1996, and republished in 2003 and 2007:

*As the dissimilarities between providers’ and patients’ assumptions increase, literal interpretations become inadequate, even dangerous. In such cases, to convey the intent of the message accurately and completely, the interpreter may have to articulate the hidden assumptions or unstated propositions contained within the discourse.*

In addition to properly interpreting or capturing the message of the speaker or signer, the interpreter needs to articulate the *intent* of the message. In order to properly render an accurate interpretation from a functional perspective, not just a linguistic one, not only the content of the message needs to be accurately captured and rendered, but the intent and delivery of such message needs to be accurately captured and delivered as well. Interpreters working in healthcare may need to understand exactly what therapeutic communication is in order to be effective in their practice. This context includes socio-cultural assumptions unique to the provision of healthcare services. Contextual understanding is crucial to replicate the intent of a message. But why does the intent need to be captured? The IMIA implies that without the embedded assumptions, interpreting can be dangerous. Dialogic interpreting involves interaction as well, and interaction is not just how humans communicate with each other, but also how humans relate to each other (Wadensjö, 1998). In healthcare, this relatedness is called *therapeutic rapport*.
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