On impartiality and neutrality: a diagrammatic tool as a visual aid[1]

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Abstract. The present article revisits the role of the interpreter by examining a case study within a forensic psychology setting. During the session with a nine-year-old boy as the service user and a forensic psychologist as the service provider, the interpreter faces an ethical dilemma. The story the young boy presents is in conflict with information he has previously disclosed to the interpreter. The paper proposes the development of diagrammatic representations to help the interpreter position themselves within the communicative triad by presenting the interpreter's role along two axes – the impartiality axis and the involvement axis. Given the complex nature of the forensic psychology setting, interpreter role definitions in community interpreting in general and in mental health interpreting and legal interpreting in particular provide a backdrop to the argument. Finally, the role of the interpreter is defined in terms of the nature of the session rather than the broader interpreting environment, whereby the interpreter needs to constantly reconsider their position to the primary participants.

Keywords: community interpreting, forensic psychology, role definition, impartiality

Introduction

The idea of re-visiting the subject of the interpreter's role in community interpreting (CI) settings may sound tedious to some, as the topic has been under the microscope for some time (Brune et al., 2003; Carr et al., 1997; Carr et al., 2000). However, as Ozolins (2007) remarked in his closing speech at the Fifth Critical Link conference, it is an area that keeps attracting our attention, and while the subject of the discussion seems to be the same, the focus has shifted. Posited within this discourse, I would now like to present an interpreter-mediated forensic psychology session as a basis for introducing diagrammatic representations of interpreter role definitions. My aim is not to redefine the role of the interpreter, but to offer a simple representational tool. I propose that such a tool could aid the understanding and explanation of abstract notions such as neutrality or impartiality to practising or trainee interpreters.

The basic scenario took place between a child, aged 9, a forensic psychologist and an interpreter. I have chosen this particular scenario because the service provider professional is a forensic psychologist working in a field which lies at the crossroads of psychological and legal domains (Adler, 2004). As a result, interpreting in this scenario can be characterised either as mental health or as legal interpreting, which can pose difficulties. As will be seen in the following sections, CI has often been classified into two main areas, the fields of law and medicine. In broad terms, the former comprise court, police, asylum proceedings or any other settings involving representatives of the law, while the latter includes hospitals, mental health

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care and often social welfare. Thus, the junction of these two general subfields of CI should provide food for thought and consideration.

The meeting in question had been set up during legal proceedings where the father of the child had filed a case against the mother based on the 1980 Hague Convention on the Civil Aspects of International Child Abduction. The mother had taken their son from their home country without the father's written consent and had been residing in the host country for over a year. By law, the child should have been returned to the country of origin, but mother and son pleaded that they were afraid the father would be abusive on their return. The court wanted to substantiate their argument and asked an independent forensic psychologist to provide an expert opinion of the child's plea. As the child and the forensic psychologist did not speak the same language, an interpreter was employed to aid their communication.

Prior to the actual interpreter-mediated session with the forensic psychologist, the child in the mother's presence and with her approval and encouragement disclosed to the interpreter that they actually intended to return to their country of origin. This contradicted their plea which was based on their fear that on their return they would be reunited with the father. However, during the interpreter-mediated session, the child, this time on his own with the forensic psychologist and the interpreter, repeatedly claimed that he did not want to return to the country of origin at all. The question is, how could the interpreter keep to the professional guidelines of neutrality and / or impartiality in a perceived conflictual situation like this?

On the one hand, there may be expectations from the forensic psychologist that the interpreter should disclose information they had obtained about the client. During the submission process of the current article an anonymous reviewer from a psychology background commented that such course of action would be encouraged and expected by mental health professionals on the basis that if "the interpreter withholds information from the psychologist that would alter the professional judgement of the psychologist, then the interpreter has short-changed another professional." In their assessment of the draft, the reviewer continued that by not disclosing the information, the interpreter would be seen to "have acted in an unprofessional manner by withholding information that would allow another professional to do their job. Under the circumstances the interpreter will be seen as unprofessional and therefore unlikely to be engaged in the future"[2].

From a professional interpreter's perspective this certainly holds if there is a risk of the client endangering self or others. In other words, if the interpreter becomes aware that the client is planning to commit suicide, they would have to bring this to the attention of the mental health professional. However, being a professional interpreter entails that the interpreter interprets what is communicated *during* the interpreter-mediated session between the primary speakers and engages or collaborates with other professional colleagues on this basis. All the more so, as it is not up to the interpreter to make a judgement on when the client is telling the truth or decides to deviate from it.

The difficulty in the example arose from the fact that the interpreter had become privy to one version of the young boy's story while was to interpret another version later on. As Hale (2007) comments,

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[2] I am grateful for this insight into interpreter user's expectations on the reviewer's behalf. I would also like to thank the other anonymous reviewer for their invaluable advice from an interpreting professional's point of view.

there are a number of ways such ethical dilemmas can be dealt with. However, avoiding them in the first place by not being left alone with the patient or the suspect is the preferred alternative. In any case, the code [of ethics] applies to the interpreted encounter, and not any interactions before or after the professional encounter. During those interactions, the interpreter is not acting as interpreter but as a private citizen and is therefore not bound by any professional code of ethics. According to the code, it is the information obtained during the interpreted interview that must not be disclosed. (pp.130-131)

We could equally say that the information obtained before or after the interpreter-mediated event does not enter the actual event. As the author of both stories was the same client, the interpreter, as a professional in their own right, should interpret the version that the client presents when the interpreter-mediated event takes place.

This is not always easy and often puts the interpreter under pressure in terms of ethical choices, especially in encounters where professional ethics of the collaborating professionals are in conflict. The diagrammatic tool I propose in the current paper can help the clarification of such issues and prepare interpreters for the intricacies of interpreter-mediated encounters. It could perhaps also be used in informing interpreter user service providers about the complexity of the interpreting profession.

Therefore, in the following sections, I concentrate on two aspects of the role of the interpreter, namely, neutrality and impartiality. These two concepts are often used interchangeably. However, they refer to different, albeit interrelated, notions, as explained throughout the following sections. In order to clarify the use of the proposed diagrammatic representation, I examine how the role of the interpreter has been viewed in the CI literature in general, and the mental health interpreting (MHI) and legal interpreting (LI) literature in particular. While the triadic relationship between the service provider – service user – interpreter has become axiomatic in CI studies (Mason, 1999, 2001; Roy, 2000; Wadensjö, 1998), and triangular representation is not novel (see, for example, Bélanger, 2003), either, here the aim is to further develop such a visual tool.

1. The role of the interpreter in CI

The general approach to the classification of CI tends to take the interpreting setting as a starting point. Thus, we talk about court interpreting, medical interpreting or police interpreting, and perceive the role of the interpreter accordingly. We anticipate potential problems that may arise and consequently prepare for such assignments mentally. This is more or less how we train interpreters-to-be, too. We also approach research according to these categories, whether we examine the use of specialised terminology (Meyer, 2001), the discourse at phrasal or clausal syntactic, semantic or pragmatic levels (Bot, 2005b; Hale, 2001; Pöchhacker and Kadric, 1999) or higher levels of discourse units (Papadopoulos, 2003). However, the demarcation lines are often not so clear and it is in situations like medico-legal interviews, health and safety training and other "mixed" environments where preparation becomes more difficult. The case of the forensic psychologist meeting the nine-year old boy is such an example, where the interpreting environment could be considered a mental health as well as a legal interpreting one. In the following section I briefly discuss the role of the interpreter as presented in the CI literature in general in terms of the impartiality versus involvement continuum before moving on to job-description-like role definitions.

1.1. Along the CI (im)partiality continuum

When discussing the role of the interpreter, a near automatic reaction is to consider the subject in terms of the interpreter's involvement with either of the primary participants of the interpreter-mediated encounter. We tend to think in terms of a continuum (see, for example, Erasmus, 1999), with a completely neutral interpreter at one extreme and a fully involved interpreter (either an advocate for the service user or a co-worker of the service provider) at the other, as depicted in Figure 1. below.

"the impartial interpreter"   "the involved interpreter"

Figure 1. The (Im)partiality Continuum

While extreme cases are rare, a lot of the literature can be placed along this line of (un)involvement or (im)partiality.

Some international experts appear in favour of advocacy models and more active assistance to the "powerless" service user. For example, in the South African context, power relations gain greater importance in connection with issues of ethics and interpreter roles (Erasmus, 1999, 2000; Marais, 1999; Tyolvana, 1999; Ulyatt, 1999; van Dessel, 1999). Promoters of a more involved role for the interpreter usually cite empowerment issues as the reason to support their argument. They argue that in such encounters there is an apparent power difference between the two primary participants and the interpreter, by bridging the linguistic gap, can virtually give a voice to speakers of the non-authority language.

From the service provider's point of view, experts quote collegiality as the rationale for a more involved interpreter role. Especially in the field of medicine and mental health care, professionals sometimes perceive the interpreter as a member of the service provider team. The independent reviewer's comments cited above emerge from the same understanding of the interpreter's role. This in itself is not problematic if the interpreter's role is clearly defined. However, certain role nominations, such as bilingual link-worker (Baylav, 2003), bilingual health worker (Kaufert et al., 1999) or bicultural worker (Tribe and Morrissey, 2003), would suggest that sometimes there is an expectation for an extended role on the interpreter's part.

At the other end of the continuum, some researchers and professional organisations, for example the Association of Visual Interpreters of Canada (n.d.), the Australian Institute of Interpreters and Translators (n.d.), the Institute of Translation and Interpreting (n.d.), the Irish Translators' and Interpreters' Association (2009), the National Register of Public Service Interpreters (n.d.), and especially legal interpreters' associations, such as court interpreters in Finland (The Finnish Association of Translators, (n.d.) or the National Association of Judiciary Interpreters and Translators in the US (n.d.), maintain the ideal of impartiality. The Tolkencentra, centres of CI operating in the Netherlands since 1976, also base their professional approach on neutrality and impartiality (Vonk, 2001). Swedish professionals are another example of strong preference for complete neutrality (Englund Dimitrova, 1997; Niska, 1999). Denmark has also long recognised the need for employing and training community interpreters who adhere to impartiality (Dubslaff and Martinsen, 2003; Hamerik and Martinsen, 1998).

However, the concept of impartiality and an interactive model of communication within an interpreter-mediated encounter do not need to be

mutually exclusive. They may seem so if the scale is presented as a single line as in Figure 1. While the continuum between the extremes of full independence and full involvement on the interpreter's part is a useful conceptualisation, the interpreter's involvement is perhaps best illustrated by their position in relation to the primary participants on an axis of (im)partiality, as shown in Figure 2.
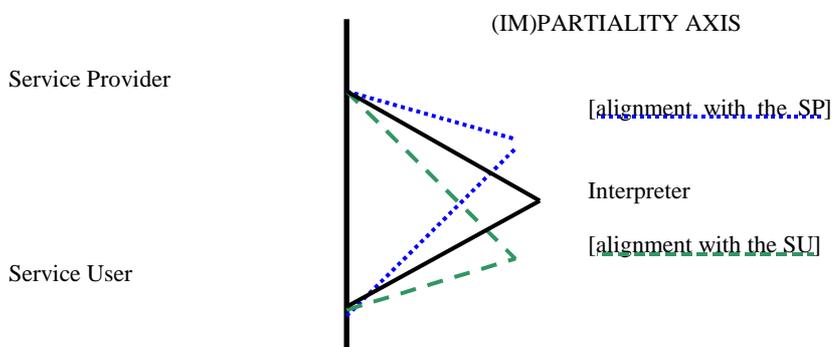

(IM)PARTIALITY AXIS

Service Provider

[alignment with the SP]

Interpreter

[alignment with the SU]

Service User

Figure 2. The interpreter's position in relation to the primary speaker on an Impartiality Axis

It is easier to understand from Figure 2. that the interpreter can diverge from impartiality in either direction, that is, the interpreter can align themselves with either the service provider or the service user. In our example, an untrained or inexperienced interpreter could blurt out the information during the session or communicate their mistrust of the young boy's story to the forensic psychologist in a post-encounter debriefing session. If, on the other hand, the interpreter empathises with the boy, they would do their utmost to communicate the boy's message, in an extreme case, by changing the child's register and using stronger expressions in the interpreted version than in the original. In all of these cases the interpreter would overstep their professional boundaries not only on the grounds of impartiality, but also in terms of accuracy.

This does not mean that the interpreter cannot empathise with a client or agree with a service user, it simply implies that they cannot bring their personal beliefs to the interpreter-mediated encounter. Interpreters are not insensitive beings and often feel compassion or, on the contrary, lack of sympathy for either primary party. Trained and experienced professional interpreters, however, have learnt to compensate for such emotional reaction to their clients. As Hale (2007) argues on discussing professional codes of conduct,

> [w]hat the codes of ethics expect of interpreters […] is for them to be aware of and to control their subjectivity, so that they do not interfere with their ability to render the utterance faithfully. […] Making a conscious effort to remain impartial can help avoid emotional involvement and possible burn-out. (pp.121-122)

The diagrammatic representation proposed here could be used as a visual tool in drawing attention to such techniques and emotional and mental processes.

Following this line of argument, it is crucial to understand that aligning with either primary participant, which can be depicted as a divergence from the impartiality axis in the diagrammatic representation, is not identical to helping both primary participants, which shows a variation on the involvement scale, as can be seen in Figure 3. The closer to the two primary

participants the interpreter is on the Involvement Axis, the more the interpreter becomes an active participant in the communication. The least involvement would assume total neutrality, the often idealised interpreter, while involvement to some extent would suggest mediation or brokerage of some sort. In the purest sense, none of these models would see the interpreter aligned with either primary speaker.

Service Provider

[total neutrality]

INVOLVEMENT AXIS
Interpreter

[involved interpreter]
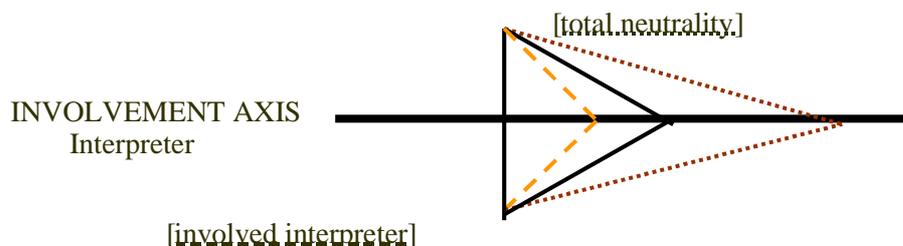
Service User

Figure 3. The interpreter's position in relation to the primary speakers on an Involvement Axis

1.2. CI job-description models

The models presented so far have been mostly purist in their nature, and their practical application seems difficult at best. An alternative, more pragmatic, way of approaching the concept of the interpreter's role is in terms of job description models, where the interpreter's relationship with the primary participants of the interpreter-mediated encounter is defined by the tasks they are expected to carry out rather than by their affiliation with the primary speakers. For example, Roberts' classification (1997) distinguishes four different aspects of the interpreter's role which could be presented on the triangular model including both the (Im)partiality and the Involvement Axes, as shown in Figure 4.

(IM)PARTIALITY AXIS

Service Provider

INVOLVEMENT AXIS
Interpreter
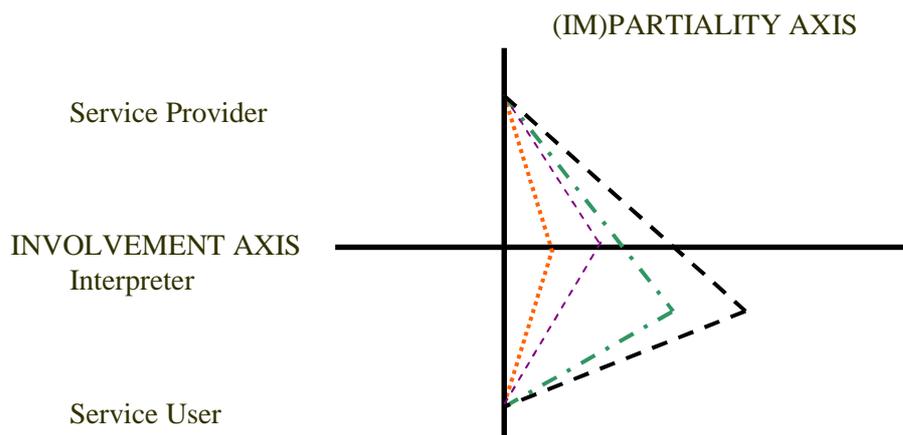
Service User

Figure 4. The interpreter's position in relation to the primary speakers on the Involvement and Impartiality Axes in Roberts' definitions

1. Assistance: This model primarily applies to assisting the service user who is deprived of their human and linguistic rights (Roberts, 1997 p.12), and therefore, does not necessarily pertain to the case in example, where the young boy has in fact been given the opportunity to share his opinion with the forensic psychologist.

2. Cultural brokerage: In this model, the interpreter aids the communication between the two primary participants beyond the translation-machine role in favour of cultural considerations, sometimes "even to the detriment of the linguistic aspect" (Roberts, 1992 p.13). As cultural differences were not at the heart of the case study presented, this model also appears less relevant within the scope of the current study.

3. Advocacy: This model implies defending, pleading for or actively supporting the service user (Roberts, 1997 p.13). The interpreter's dilemma in the example case arose as the interpreter felt uncomfortable with relaying the service user's message, therefore this model does not truthfully represent the situation, either.

4. Conciliator: This model "involves conferring privately with parties to the conflict to determine their perceptions of the issues and concerns and then participating in joint discussions, ensuring that both parties are correctly understood not just in terms of words but also in terms of motives" (Roberts, 1997 p.14). This is probably the only model which the interpreter could have applied to themselves, if they perceived a conflict to arise between the nine-year-old boy and the forensic psychologist. However, the conflict was rather an internalised one on the interpreter's part.

As none of Roberts' descriptions can be fully applied to the case in point, it appears that a further consideration of role definitions is required.

2. Specialist definitions of the interpreter's role

The reason for not assuming the role of the conciliator is the complex nature of the assignment. While conflict resolution may seem an attractive option in an MHI environment, the forensic element in the example appears prohibitive in terms of involvement. There seem to be two distinct types of settings where CI is undertaken. Some are generally consensual in nature, such as medical, social or mental health assignments, where both the primary participants and the interpreter are working together to achieve a favourable outcome for the service user. Others, however, are rather conflictual, such as court or police interpreting, where the primary participants of the interpreter-mediated encounter do not necessarily share the same goal with regard to the encounter.

Mikkelson (2008) states that it "can be argued that medical interpreters should be held to a different standard than their counterparts in legal settings, given the collaborative nature of most healthcare interactions" (p.85). Although this distinction can be questioned on two counts, it is helpful in identifying relevant areas of interest for the case example. The distinction is problematic, firstly, because it is far too overgeneralising, as, for example, taking witness or victim statements is not an adversarial activity. Secondly because some authors would argue for the same level of collaboration between service provider and interpreter regardless of the setting. Hale (2007), for example, writes that "it is difficult to understand how medical interpreters can be more helpful to provision of health care by deviating from their role of interpreter and adopting an advocate or gatekeeper role" (p.46).

Later on she continues saying that the

> private, informal and relaxed nature of the medical consultation makes it more conducive for interpreters to ask for repetition or indicate when they feel there has been a misunderstanding, while still maintaining a detachment and interpreting the utterances accurately. Whereas in the courtroom cross-examiners use tactics to confuse and trip up witnesses in their questioning techniques, the aim of the physician is to be clear and to be understood by the patient, so interpreters can take advantage of the purpose of the interaction to ask for clarifications when needed. However, this does not justify unwarranted interferences from the interpreter. (ibid.)

Nevertheless, Mikkelson's comment follows the usual broad classification of CI areas as mentioned above, and points to MHI and LI as fields of enquiry for a more complete understanding of the interpreter's role. What follows here is a review of the definition of the interpreter's role first along the lines of the (im)partiality continuum then in terms of job-description models in the specialist areas of MHI and LI respectively.

2.1. Along the MHI (im)partiality continuum

Bot (2005a), in the only monograph currently available on MHI, describes two approaches which are akin to the impartiality and the involved extremes of the continuum discussed in the previous section on role definitions in CI in general. First, she identifies two basic interpreting models: the interpreter-as-translation-machine model and the interpreter-as-interactive-participator model. This distinction in essence resembles the continuum presented in Figure 1., with the "impartial interpreter" on one end and the "involved interpreter" on the other. Second, she compares these models to therapeutic models in psychology, namely one-person psychology where "the relationship that develops between patient and analyst is seen as a manifestation of the patient's psychology alone" (p.76); two-person psychology which holds that "[w]ithout a relationship, there can be no therapy" (p.77); and three-person psychology approaches which "explicitly pay attention to the context in which the patient-therapist dyad functions" (p.78). Finally, Bot draws up models of cooperation between the two professionals by aligning the interpreting and the therapeutic models. Subsequently, she states that interpreters operating in a translation-machine model work well with therapists who subscribe to the one- or two-person psychology models, while interpreters from an interactive-model background can work well with therapists who prefer a three-person psychology approach. Bot names the former the "translation-machine model," and the latter "interactive model" for short (p.87).

Miller et al. (2005) present a study which is similar to Bot's approach in that it is informed by their background in psychology. They continue in a similar vein to Bot's line of reasoning and identify the continuum between the "black box" or "translation machine" concept of an uninvolved interpreter to the idea of the interpreter as "an integral part of a three-person alliance" (p.30). Clearly in favour of the latter, they posit that therapists working from this perspective are more likely to solicit interpreters' thoughts about clinical material and are also more likely to rely on interpreters as cultural consultants who help them understand the cultural context of the client's experience and the specific cultural meanings of particular behaviours and metaphors (p.30).

The interpreter roles presented in the MHI literature, which distinguish between the uninvolved translation-machine model and the participatory interactive model, are not sufficiently complex to model the interpreter's perceived ethical conflict in the case in point. In addition, they presume a

therapeutic alliance between the service user, the service provider and the interpreter, which has not developed between the forensic psychologist, the young boy and the interpreter in the case study. Therefore, these models are not applicable to the case under study.

2.2. MHI job-description models

Additionally, the MHI literature offers role definitions other than those clearly defined on the (im)partiality scale. Some of these models see the interpreter as a more involved professional, or rather a professional who is very much part of the therapeutic team. As discussed in section 2.1., the term "bilingual co-worker," rather than "interpreter," is favoured by some scholars (Granger and Baker, 2003; Raval, 2003; Tribe and Morrissey, 2003) who envisage a therapeutic-cum-language-support service.

Informed primarily by Roy (2000), Raval (2003 pp.17-18) outlines a series of roles which could be adopted by the mental health interpreter. These range from the uninvolved "translator" through various consultancy and advocacy models to co-workers, and are listed below. They can be represented along the (Im)partiality Axis and the Involvement Axis, as seen in Figure 5.

1. Translator: Translation is done in a neutral and impartial manner by the interpreter.

2. Cultural broker: The interpreter explains and gives cultural and contextual understanding to the clinician or service user.

3. Cultural consultant: The interpreter acts as a cultural consultant to the clinician.

4. Advocate for the service user: The interpreter represents the service user's interests and speaks on their behalf.

5. Intermediary: The interpreter mediates on behalf of the clinician or service user.

6. Conciliator: The interpreter resolves conflicts which arise between the clinician and the service user.

7. Community advocate: The interpreter represents the community concerns at the level of policy making.

8. Link-worker: The interpreter supports clinicians in identifying unmet needs of service user, and helps the service user to make informed choices concerning their health care.

9. Bilingual worker: The interpreter takes on a more involved therapeutic role in addition to providing translation.
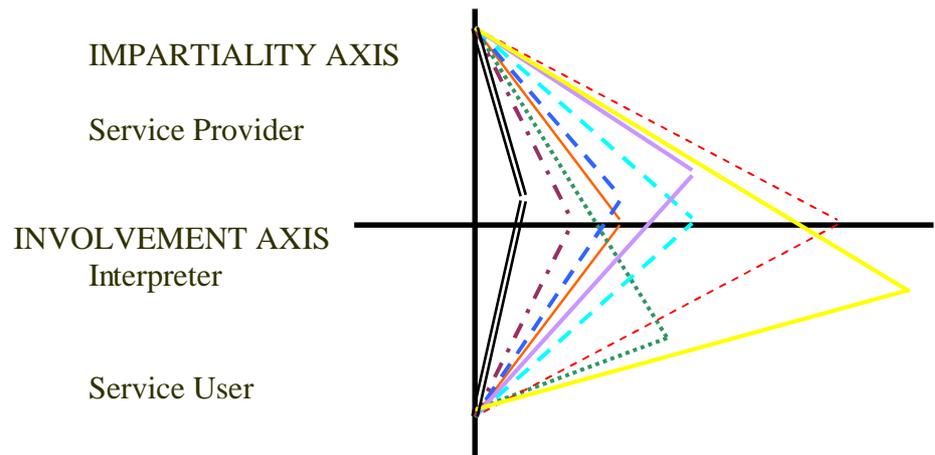
Figure 5. The interpreter's position in relation to the primary speakers on the Involvement and Impartiality Axes in Raval's definitions

In terms of the young boy and the forensic psychologist, some of these role definitions can be relevant. The "translator" model equates to the previously mentioned "translation-machine" model. It "has long been discredited" (Hale 2008 p.114) because it "assumes that interpreters act robotically, without thinking, because all they need to do is match words" (Hale 2007 p.127). Although the interpreter is at an equal, quite considerable, distance from both primary participants, this model does not reflect the complexities of accurate and impartial interpreting. As the issue at hand is less of a cultural and more of an ethical nature, the "cultural broker" and the "cultural consultant" models bear little relevance. If the interpreter empathises with the nine-year-old-boy and becomes emotionally invested in their narrative, they will take on the role of the "advocate for the service user" in their attempt to empower the boy to make his own decisions about the course of his life. As the conflict in the case example does not arise between the two primary participants, but between the interpreter and their affiliation, the roles of the "intermediary" and the "conciliator" are of no particular significance here, either. The "community advocate" model also falls outside the scope of the current example. If, however, the interpreter has strong affiliation with the services in the role of a "link-worker" or "bilingual worker," they may feel obliged to disclose information to the forensic psychologist, as suggested by the independent reviewer quoted in the introduction.

2.3. *Along the legal interpreting (im)partiality continuum.*

If there appears to be no clear role definition for the interpreter in mental health settings, the same seems to apply to LI. In this respect, the two areas are comparable, insofar as the "multiplicity of conflicting roles leads to confusion among users of interpreting services and to insecurity among practising interpreters" (Hale, 2008 p.101). However, what clearly differentiates MHI from LI is the *adversarial* nature of the court system, in English-speaking countries in particular. In other words, very broadly speaking, in MHI the two primary participants and the interpreter are apparently present for the same reason, to consensually co-construct successful therapy which benefits the service user. On the other hand, in LI the service user and the service provider may very well be on the two sides of the fence where the interpreter is caught in a conflictual construction of a social event. In pragmatic terms,

> [o]ne major difference between these two settings is that, in the courtroom, participants are bound by the rules of evidence, which stipulate that questions can only originate with lawyers and never with witnesses. In the medical consultation, however, patients feel free to ask questions at any time. Another major difference is that questions asked in the courtroom do not seek new information. For the most part, lawyers ask questions that elicit the answers they need in order to create a story that supports their case. The information is normally already known to the questioner. In the medical setting, physicians are genuinely interested in obtaining information that will enable them to help the patient. (Hale, 2007 p.38)

Nevertheless, the understanding of the role of the legal interpreter has been presented along the same lines as within the general area of CI or the specialised area of MHI, that is either in terms of the (im)partiality continuum or in terms of job description-like models.

In a scholarly example of the former, Mikkelson (2008) highlights the difficulty "for interpreters to maintain both actual and perceived neutrality when they are working in the highly-charged atmosphere of an adversarial proceeding, in which power imbalances are heightened" (pp.83-84). Following a brief discussion on how the tenets of CI, (that is accuracy, impartiality and neutrality), are viewed by the judicial service provider and the interpreting professions, she posits that there is no generalised role definition for legal interpreters and that some situations are of a conflictual while others are of a consensual nature. Therefore, it appears that the interpreter is moving along the (im)partiality continuum according to the emerging situation, possibly even within the course of the same assignment. Consequently, the techniques used during the interpreting process will differ and move along a parallel continuum.

As Mikkelson suggests, in consensual situations "the interpreter might take a more active role and provide culturally equivalent interpretation or suggest questions that can be asked to elicit a more comprehensible answer" (p.92). In conflictual situations, however,

> it will probably be more suitable to render a conservative interpretation that adheres closely to the form of the original. In some cases it may be acceptable to leave the term in the source language and allow the attorneys to ask follow-up questions, or simply to alert the court to the fact that a misunderstanding has occurred and allow the parties to decide how they want to proceed. (pp.92-93)

The outcome of the argument presented here is significant as it suggests that the classification of interpreting assignments does not necessarily depend solely on the settings. Thus, it appears that it is not the environment that determines the position of the interpreter in relation to the two primary participants, rather the nature of the evolving situational relations between the three participants, as illustrated in Figure 6.
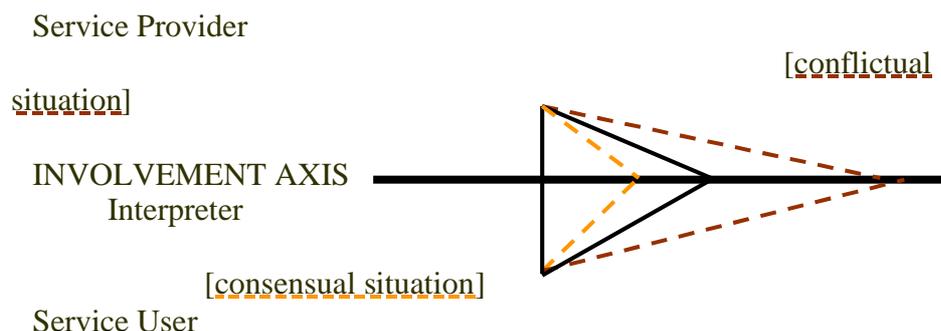
Service Provider

[conflictual situation]

INVOLVEMENT AXIS
Interpreter

[consensual situation]
Service User

Figure 6. The interpreter's proposed position in relation to the primary speakers on an Involvement Axis with regard to the degree of conflict or consensus during an interpreter-mediated encounter

Consequently, in the case of the nine-year-old boy and the forensic psychologist, the role of the interpreter does not depend on whether we view the encounter as a MHI or as a LI situation. It is rather the conflict, or a perceived conflict that determines the interpreter's position. Thus, according to Mikkelson (2008), the more conflictual a situation is, the more the interpreter should keep to the ideal of impartiality.

2.4. Legal interpreting job-description models

In addition to the understanding of the interpreter's role along the impartiality continuum, the LI literature also offers a discussion of various definitions similar to the job-description models presented in relation to CI and MHI. Hale (2008) frames her treatment of such role definitions in terms of controversy and confusion regarding the interpreter's position. She posits that uncertainty and misunderstanding in this respect stem from a combination of the inadequate and mechanical understanding of ethical guidelines and the lack of appropriate training. In her view, the answer to the dilemma is "to move […] towards prescriptions based on consequences" (p.101).

Hale distinguishes five possible roles for legal interpreters and supports her definitions with examples from transcripts of actual interpreter-mediated encounters (pp.102-118), which are illustrated in Figure 7.

1. Advocate for the minority language speaker: Assuming that minority language speakers are deprived of linguistic and cultural communication and, consequently, of their rights, and need assistance from the interpreter to address the power imbalance, this is the advocate role already discussed in general CI and MHI settings. It is similar to a combination of Roberts' "advocacy" and "assistance" roles and to Raval's "advocate for the service user" role. A consequence of such role is that "the best intentions to help may very well backfire" (Hale, 2008 p.106), as it is wrong to assume that only minority language speakers have difficulty in legal procedures or that they in fact do at all. It is also a mistake to believe that all minority language speakers are innocent (p.106).

2. Advocate for the institution or service provider: Reminiscent of the "link worker" or "bilingual co-worker" models introduced in relation to MHI, in this model the interpreter aligns themselves with the service provider. The possible consequences of the assumption of such a role are that the minority language speaker is excluded from the interaction and that the interpreter's attempts to facilitate the legal procedures may fail (p.110).

3. Gatekeeper: Based on samples of interpreter-mediated encounters collected in Australian courts and US medical settings, Hale has found that this role is more representative of medical settings in general. In the

gatekeeper's role, the interpreter excludes one of the primary parties, usually the service provider, from the communication and engages in a conversation with the other primary speaker, usually with the aim of providing information on or explanation of services, for the duration of more than one turn. The consequences of such involvement include the omission of important information by not interpreting every utterance as well as providing unsolicited advice with no qualifications to do so. As a result, rather than empowering the service user, the interpreter actually deprives both the service user and the service provider of free communication (Hale, 2008 pp.110-112).

4.   Facilitator of communication: The role of facilitator involves aspects of Roberts' "conciliator" and "cultural broker" roles as well as Raval's "cultural broker," "intermediary" and "conciliator" definitions, where the interpreter is trying to help both parties in the communication. The consequences are as outlined in the "advocate roles" proposed by Hale (pp.113-114).

5   Faithful renderer of others' utterances: Aware that complete impartiality is impossible, Hale argues that "those who are aware of this requirement and consciously attempt to enforce it, will be better able to achieve a more accurate rendition than those who openly advocate for one party or another" (p.115).
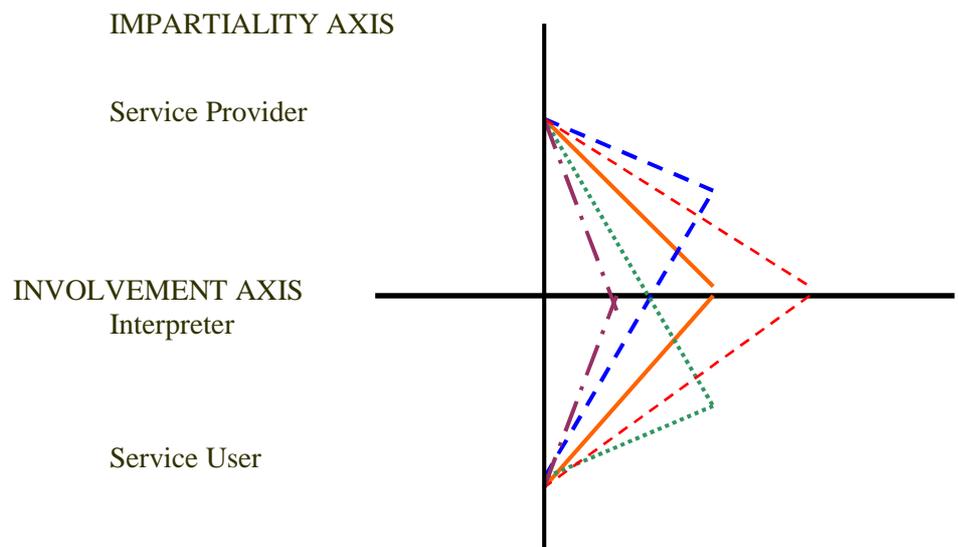

Figure 7. The interpreter's position in relation to the primary speakers on the Involvement and Impartiality Axes in Hale's role definitions with regard to legal interpreting situations

3. Returning to the case study

How can these classifications and their diagrammatic representation help the interpreter in resolving an internal ethical conflict with regard to the case of the nine-year-old boy and the forensic psychologist? Firstly, it appears that a redefined triangular illustration of the interpreter's place in the triadic relationship can help practising interpreters and interpreter trainees to understand the various roles they may be drawn to assume during an interpreter-mediated encounter. Secondly, the comparison of the role definitions and their illustration can facilitate drawing parallels between

various CI settings, such as Roberts' (1997) general classification, or MHI examples from Bot (2005a) and Raval (2003) against Mikkelson's (2008) and Hale's (2008) LI categories. Thirdly, and following on, such visualisation may also aid us in understanding the encounter in terms of the nature of the situation, be it conflictual or consensual, rather than in the traditional classification based on the background setting to the interpreter-mediated encounter. In other words, rather than simply preparing for an MHI or an LI assignment, we need to prepare for a particular type of assignment in these settings, be it therapy, forensic psychology, court appearances or lawyer-client consultations. Finally, by extension, the figures can also help explain what consequences the choice of particular roles can have, as proposed by Hale (2008) in LI. Hopefully, the redefinition of the triangular model is a useful aid, and having considered its use, the interpreter in question will be able to stay clear of aggravating the conflict by taking the side of either the young boy or the service-provider forensic psychologist.

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