



# Condemned to repetition? An analysis of *problem-setting* and *problem-solving* in sign language interpreting ethics

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**Abstract.** A profession learns from the mistakes of the past and it is these historical lessons that will undoubtedly influence its current ethical frame. However, in order to remain relevant, the ethical frame must avail itself to current practice issues, not just protection against the misdeeds of the past. This review follows a similar analysis proposed by Hill (2004) in the field of counselling and considers the ethical content material presented to sign language interpreting students in the U.S. This study analyses examples of ethical content material in the sign language interpreting profession to determine what is the past and present ethical discourse offered by the profession's exemplars. It is concluded that ethical content material available to students and practitioners appears to remain imbedded in the concerns of the past, at the minimal standards of ethical practice, and therefore may not be sufficiently addressing broader concerns for the development of effective (and ethical) practice skills of sign language interpreters today.

**Keywords:** sign language interpreting ethics, community interpreting, ethical dilemmas, decision-making skills

## Introduction

Those who cannot remember the past are condemned to repeat it.  
- George Santayana

Most sign language interpreters in the United States can likely recite it without thinking: 1964, *Ball State University, Muncie, Indiana*. It is a reference to the inaugural meeting of concerned stakeholders of the then fledgling field of sign language interpreting (SLI) in the U.S. This gathering eventually led to the creation of RID, the Registry of Interpreters for the Deaf. It is one of the first historical events taught to American Sign Language (ASL)-English interpreters about the profession.

This history appears to be of great meaning. It has been chronicled in published volumes (Ball, 2013; Fant, 1990). As an orientation to the field, many popular textbooks in ASL-English interpreting detail this history (Frishberg, 1990; Humphrey & Alcorn, 1996). Similarly, articles on the topic of ethics and professionalism frequently begin with a review of the history (Cokely, 2000; Hoza, 2003; Janzen & Korpinski, 2005).

These historical accounts depict familiar anecdotes of the sometimes unfavourable ways in which interpreters, mostly ad hoc and volunteers, acted in the days before the start of RID. Moreover, many set the turning point in the field not only with the start of RID but to the establishment of

RID's Code of Ethics. The profession's past, particularly in the field of ethics, is remembered and recounted for students and new professionals in these texts and in the stories we tell about our work.

### **Dilemmas versus situated practice**

Retelling the stories of the past is not unique to the field of sign language interpreting (SLI). Hill (2004), from the field of counselling, proffered that it is these stories of the past that has led to their profession's *standards of care*. Standards of care (or practice) are those documents that form a corpus of ethical material within the field – an ethical code being a subset of the standards of care. Moreover, such historic narratives constitute a profession's *raison d'être* (Hill, 2004). As Hill (2004) states:

One primary goal for forming a profession is to limit practice to those who are aware of the misdeeds of prior practitioners and who are dedicated to using strategies that allow them to avoid those pitfalls in the future (p. 134).

While the task of maintaining established standards is valid, Hill (2004) suggested that this is only one part of professional ethics. He expressed concern that such an emphasis on the boundary between acceptable and unacceptable behaviour fails to advance a practitioner's ability to identify or accurately interpret an ethically troubling situation in the first place (Hill, 2004). Developing new professionals' *moral sensitivity* or the ability to accurately interpret the situation (Rest, 1984) is further complicated when ethical content presents to students *pre-determined ethically troubling material* (Hill, 2004). Pre-determined ethically troubling material is manifested mostly through the use of ethical dilemmas – relaying to the student a real or hypothetical practice scenario that ends with the implied question of, "What would you do?"

Dilemmas are used with frequency in the ethical education of SLIs. *Encounters with Reality: 1001 Interpreting Scenarios* (Cartwright, 1999, 2010) literally contains 1001 scenarios for discussions of ethical practices with students (Cartwright, 1999). For example:

A good friend is also an interpreter and she asks you if you would interpret for her Deaf husband in therapy. This worries you because it's so personal, but at the same time, you're honoured to have been asked (Cartwright, 1999, p. 2).

The use of the term "you" places the reader as the character in the scenario and feelings are assigned. What is ethically troubling is outlined for the reader.

*Encounters with Reality* (EWR hereafter) is only one of several texts available for use with students and practitioners that propose ethical dilemmas as a starting point for ethical discussions.<sup>1</sup> In *Decisions? Decisions!* by Humphrey (1999), half of the text covers general topics of ethics (e.g., morality, ethics, values, decision-making) while ethical dilemmas/scenarios comprise the second half. Seal's (1998) book, *Best practices in educational interpreting* combines ethical content in regards to educational interpreting

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<sup>1</sup> *Encounters with Reality* is used to a significant degree in interpreter education programs in the US. The book was sold over a ten-year period – from its publication date to the publication date of its second edition in 2010. According to the publisher, in that time about 15,000 copies were sold. It is unknown how many copies were sold directly to interpreter education programs since the publisher did not keep those records for the entire ten-year period. However, in the few years that they did document those sales, it was estimated that 80% of sales were to educational programs and purchased by students (E. Sow, personal communication, 11 October 2012).

with corresponding dilemmas and analyses. Using ethical dilemmas, case scenarios and the like are common in the teaching of ethics in a given profession (Bebeau, 2002).

Because something is common practice does not make it *comprehensive* or free from shortfalls. Hill (2004) worried that counselling students come to equate the broad topic of ethics only with ethical dilemmas. In that way, ethics are envisaged as a barrier: a distraction to contend with and resolve in order to do the *real work* (Hill, 2004). Cartwright (1999), in the preface to *EWR*, framed the book's scenarios similarly, saying that such incidents, "potentially distract from the immediate task of facilitating communication" (p. viii). Here, *ethical thinking* appears to be separated from the task of facilitating communication.

Bebeau (1993) offered concerns for ethical cases that do not cover a wide range of practice topics; that are not practical to students but are mere, "exotic problems that may be of interest to educators" (p. 323). Bebeau (2002) framed ethics as the execution of professional practice by saying, "Professional practice is predominately a moral enterprise" (p. 271). That is, practice decisions or *moment-to-moment* decisions made by the practitioner *define* ethical practice (see also Dean & Pollard, 2011).

Hill (2004) stressed that while using ethical dilemmas may be helpful for *maintaining mandatory minimal standards*, they do very little to advance ethical awareness and to highlight conversations about ways in which to foster and ensure *effective practice*. Hill suggested that this type of thinking which stems from a mere focus on the minimal standards can create professionals who practice a type of defensive medicine, "perhaps so defensively that they might limit their behaviour even more severely than necessary and thus fail to serve their client's best interests" (Hill, 2004, p. 140). Hoza (2003) proposed something similar within interpreter education. Focusing only at the boundaries of ethical principles (that is, right-vs-wrong) can lead interpreters to conclude that as long as "they are following an established Code of Ethics, their decisions are based on ethical principles" (p. 4).

In addition to the sole focus on the boundaries of ethical behaviour, Dean and Pollard (2011) highlighted other concerns regarding the use of ethical dilemmas. They contend that ethical dilemmas often presume prior decisions. That is, the dilemma itself is often *created* due to the interpreter's lack of proactivity and that this chain of decisions often leads to higher-stakes problems. Instead of attending to the moment-to-moment decisions (linguistic or interaction-based), an interpreter may default to not taking action at an earlier, perhaps even more appropriate moment, which could circumvent a problem or dilemma from the start. Dean and Pollard attribute this delaying action to the profession's long-standing valuation of invisibility. To have the foresight to identify ethically troubling material in the early stages of a potential problem requires an educational approach that an emphasis on the boundaries of ethical principles does not accomplish (Hill, 2004). This sole approach to ethics education for students and new practitioners is, therefore, insufficient.

Schön (1987) recognised that a gap between professional education and professional practice is of great concern for many disciplines. In part, this gap is created when the problems (dilemmas) presented in professional education fail to meet the practice realities of the profession. "Indeed, [in practice] they tend not to present themselves as problems at all but as messy indeterminate situations" (Schön, 1987, p. 4). Schön refers to this aspect of professional education and professional dialogue as *problem-setting*. When a practitioner's solution to a problem fails, it is not necessarily the solution itself that was insufficient but the way in which the problem was set at its root. That is, "When a practitioner sets a problem, he chooses and names the

things he will notice” (Schön, 1987, p. 4). If a practitioner fails to notice an ethically salient event or factor, then regardless of the efficacy of his judgement, it cannot be sufficiently addressed. Indeed, how can one respond to ethically salient material if it goes unnoticed or is wrongly interpreted?

In his *Four Component Model*, Rest (1984) proposed that there are four discrete psychological aspects of decision-making: moral sensitivity, moral judgment, moral motivation and moral implementation. Rest points out that failure can happen in the interpretation of the situation, the intentions and actions of the individuals present (moral sensitivity). It can happen at the point where a cognisor devises and determines moral action (moral judgment). The determined right action could be undermined by other conflicting motivations including feelings of fear (moral motivation). Finally, right action depends on having the courage and self-control to follow through (moral implementation or character).

### **Study 1: Analysis of ethically troubling material**

Cartwright (1999) stated that one of the aims of her book is to help students be prepared for the unusual incidents that often arise in interpreting, to have, “clear, quick, ethical thinking” (p. viii). This study considers the ethical content material in both *EWR* and *Decisions? Decisions!* as a means of envisaging what is *cognitively available* (Kahneman, 2011), what gets noticed and named (Schön, 1987) or as Hill (2004) has framed it, what is determined to be ethically troubling for the typical interpreting student using these texts. There are two distinct types of data in *EWR* (Cartwright, 1999<sup>2</sup>) that could be contributing to the cognitive landscape of the average interpreting student (and practitioner). There are the 1001 scenarios that provide information about what the profession has determined to be ethically troubling (Study 1). The second source of data is best practice responses provided by representatives in the field of interpreting for the first 100 scenarios in (Study 2). Since both types of data contribute to the cognitive landscape of the interpreter, both are relevant for thematic analysis.

In addition to *EWR*'s first 100 scenarios, Humphrey's (1999) text contributes another 92. To scale down the data for a thematic analysis of the ethical content material, selection criteria for scenario inclusion was imposed. For both texts, only those scenarios that encompassed decisions that were expected to occur *during the interpreting assignment* were included. That resulted in removing from the analysis those scenarios that addressed business practices, suitability for a job (qualifications), and confidentiality. Most of these decisions happened before or after an assignment and as such do not require an immediate response.

These scenarios<sup>3</sup> were then analysed for themes. Themes were then categorised into the types of ethically troubling material that are:

1) Participant's access to other's utterances or to information; 2) Barriers to effective work; 3) Interpreter 'agency' (attention to, requests of, offers from, etc.)

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<sup>2</sup> The 1999 version of *Encounters with Reality* was chosen over the 2010 version for this analysis for a couple of reasons. First and foremost, the 1999 version has been in circulation longer and therefore, has been read by more students and practitioners than the 2010. Second, it was determined that almost all of the selected material for analysis was also included in the 2010 version.

<sup>3</sup> The following scenarios (numbered by the authors) were included for analysis: Cartwright: 1, 2, 6, 7, 9, 10, 18, 22, 23, 38, 39, 41, 42, 40, 48, 49, 50, 51, 52, 53, 59, 62, 63, 64, 65, 66, 68, 69, 70, 72, 71, 75, 77, 78, 82, 83, 88, 90, 93, 96, 97, 98; Humphrey: 10, 11, 14, 23, 24, 26, 27, 29, 34, 39, 41, 42, 43, 47, 48, 50, 52, 53, 54, 55, 56, 59, 58, 60, 61, 66, 67, 71, 72, 82, 84, 91, 92.

### **Participant's access to utterances & information**

In these scenarios, one participant (most frequently the hearing person) would say something that was inappropriate (a sexual comment or an insulting remark) or something that was not intended for the other party.

Examples include: a doctor saying something insulting about a patient not intended for the patient (C22); a hearing classmate saying mean things to a five-year old deaf student (H11); a doctor ordering the interpreter out of the labour and delivery room during a delivery (C66, H29); a hearing government official in a meeting with a deaf leader referring to deaf people as “hearing-impaired” and “deaf-mute” (H52).

### **Barriers to effective work**

In these scenarios, something is ‘getting in the way’ of the interpreter accessing information or for effective communication to happen in either a logistical or an emotional/cognitive way. Concerns about qualifications to do the job were also considered a barrier to effective work.

Examples include: a deaf person chatting with the co-working interpreter during a meeting (C7); a professor refusing to allow a light source on the interpreter during a slide presentation (C49); police officer asking the interpreter on site to interpret an interrogation after a weapon is found in a deaf high school student's locker (H24); a doctor suggesting a course of treatment that the interpreter's father had and subsequently died (C90); a teacher refusing to slow down when the interpreter requests it (H66).

### **Interpreter agency**

In these scenarios, the interpreter in some way becomes the focus of the interaction or the interpreter has some type of unique information that would impact the situation.

Examples include: a deaf person telling the interpreter all his problems when his therapist leaves the room, (C41); the interpreter noticing erratic behaviour from a deaf patient in the emergency room when no other medical staff does (H34); a deaf student asking his teacher a question and the interpreter is the only one who notices when a misunderstanding occurs between the teacher and student (C59); a job interviewer asking the interpreter questions about the deaf applicant before he arrives (H53).

The table below provides the themes and the classification for these scenarios from *EWR* and *Decisions? Decisions!*

<b>Participant's access to utterances &amp; information</b>	<b>Barriers to effective work</b>	<b>Interpreter agency (attention to, requests of, offers from)</b>
C1, C2, C6, C9, C10, C22, C23, C49, C66, C71, C93, H10, H11, H14, H29, H52, H55, H72	C7, C18, C38, C40, C48, C50, C63, C69, C70, C75, C77, C78, C83, C90, C96, H24, H27, H39, H41, H42, H48, H54, H56, H59, H66, H82	C39, C41, C42, C51, C52, C53, C59, C62, C64, C65, C68, C72, C82, C88, C97, C98, H23, H26, H34, H43, H47, H50, H53, H58, H60, H61, H67, H71, H84, H91, H92,

## Study 2: Analysis of normative messages

The second source of data available for analysis in *EWR* is the suggested best practice solutions offered for the first 100 scenarios (Cartwright, 1999). Each of the first 100 scenarios has two exemplar responses: one from an experienced interpreter and one from an experienced deaf consumer of interpreting services. Given Hill's (2004) account of a profession's standard of care, these responses function as an informal subset of the standard of care, which Hill refers to as a "powerful socialising process" (p. 140). Kahneman (2011) would consider these to be *normative messages* and, as a result, quite influential in affecting behaviour. Though, the preface of *EWR* noted that these responses should be read as opinions of the individuals only (Cartwright, 1999).

Given the 42 scenarios of *EWR* analysed above and the two exemplary responses per scenario, a total of 84 responses was analysed for themes for how interpreters should act or not act when they face a decision juncture. These best practice responses were not analysed as a subset of the three ethically troubling themes described above but as a separate corpus of normative messages.

According to Kahneman (2011), in order to function, the brain creates heuristics allowing for cognitive ease, to think and respond quickly. Heuristics, *or rules of thumb*, are defined by Kahneman (2011) as "simple procedures that help find adequate, though often imperfect, answers to difficult questions" (p. 98). Therefore, it is likely that these normative messages would function as an *availability heuristic* (Kahneman, 2011) for SLI students regardless of the specific context – a quick rule that simplifies the question so the heuristic can be applied; this necessarily leads to an overuse and overgeneralisation of the heuristic.

The normative message themes emerged as:

Message 1: *Interpreters should merely interpret.* Interpreters should not be overly concerned about the consequences of the impact of the message they deliver, poor practices in service settings, nor how deaf people may be impacted as a result.

Message 2: *Anything that is not about the message transfer task (i.e., decode/encode) is not the job of the interpreter and the interpreter should follow the lead of the participants, and be especially aware of how the deaf person chooses to act or not act.* As a result, interpreters are permitted to explain their role to those who may expect more than this from an interpreter.

Message 3: *Interpreters may take action if something is directly impacting their ability to do their job (unless the deaf person prefers them not to) and where possible, such action is preferable before the start of the assignment.*

Normative message 1 was mostly in response to participants' comments or behaviours that are perceived as inappropriate in some way (e.g., insensitivity, sexually explicit, etc.). Most of these comments or behaviours of concern were initiated by hearing people (scenarios 1, 2, 6, 9, 10, 22, 49, and 58) and the exemplary responses from both the interpreters and the deaf consumers include: "just interpret it" or "interpret everything" or "do your job." Yet, when scenarios have deaf people initiating these inappropriate comments or behaviours (scenarios 7, 23, 39, 41, 42, 64, 69, and 72) flexibility and caveats are frequently suggested: "give the deaf students a warning" or "remind the deaf person you have to interpret everything" or "the interpreter should not have voiced what the deaf person said."

Normative message 2 was mostly in response to times when a service professional was providing questionable care or service (scenarios 50, 59, 63, 65, 66, 71, 75, 83, 88, 90, 93, and 98). Examples vary from a dentist who refuses to give a patient an anaesthetic to a college professor who will not allow a light on the interpreter during a slide show. In these cases, the respondents discourage the interpreter from doing anything directly; instead suggesting that the interpreter follow the lead of the deaf person in how they choose to handle the situation. “This is not your job” also appears as a response within a few scenarios where the interpreter expresses a sense of additional duty.

Normative message 3 is the only one where action on the interpreter’s part is encouraged (scenarios 20, 38, 40, 48, 52, 53, 62, 68, 70, 73, 77, 82, 96, and 97). The reasons for action stem from some impedance on the interpreter’s ability to complete the message transfer task. In these scenarios, the interpreter is distracted by some physical or psychological event, is involved in a medical emergency or situation of possible physical harm, or a team/co-working interpreter is behaving in ways that are problematic.

This analysis provides a window into the ethical material available to SLI students and practitioners who had access to this educational material beginning in the late 1990s. Certainly, much has changed in the field since 1999. The RID Code of Ethics was revised, decision-making models were offered by SLI scholars (Dean & Pollard, 2006, 2011; Hoza, 2003; Humphrey, 1999) – all of which emphasis a consequentialist approach, and a new ethics portion for the certification test also showed concern for consequences (RID, 2005). Other interpreting scholars have advanced the idea of interpreter as participant, a co-constructor of meaning (Dean & Pollard, 2005; Nicodemus, et al., 2012; Turner, 2005) and, in the interest of helping young practitioners move to independent practice, mentoring became a popular topic and theme for local organisations.

Given these changes since the publication of these two texts, two questions emerge: 1. Are the themes of ethically troubling material still present in today’s ethical discourse or, as Schön (1983, 1987) might frame it, are the problems *set* in the same way? 2. Are the exemplary solutions to these problems reflective of the same normative message themes identified above?

### **Study 3: Content analysis of current ethical material**

An online training was offered in early 2012 by a U.S. agency on the topic of SLI ethics and decision-making. The trainer and training coordinator both gave consent to use the material in the webinar for research. Formal consent (assent) was attained from participants at the conclusion of the session via an email sent out by the agency on behalf of the researcher. The webinar’s topic was the application of the 2005 NAD-RID Code of Professional Conduct (CPC) to interpreting practice. In the second part of the webinar, thirteen ethical dilemmas were discussed in light of the CPC. Since this was a similar aim articulated in *EWR*, this training session was determined to be a viable comparison between past and current ethical training content.

Over sixty people were registered for the webinar and it is estimated from source material provided by the agency that the participants represented at least twenty states; most major areas of the United States were represented (i.e., northeast, southeast, southwest). For this analysis, only the material from the trainer is used. Participant material (e.g., chat logs) will be analysed for later publications.

The webinar was divided into two parts. The first part was didactic and covered topics on the CPC (2005), Kohlberg’s six stages of moral

development, and personal versus professional values. The second half, which was the focus of this analysis, was the application of the CPC to 13 ethical dilemmas. The trainer read each scenario aloud, chose one or two quotes from participants' homework (participants had previously read the dilemmas and submitted their answers in advance of the online session), then the trainer either endorsed or challenged these responses and concluded by offering his own responses to the dilemma – what he referred to a few times as the *official response*, lending credence to these as normative messages.

Four scenarios were excluded from the analysis because the decisions to be made occurred after the assignment or it was unclear when a decision was to be made. The remaining nine were determined to be “in the moment decisions” – the same inclusion criteria used in the *EWR* analysis. However, given the scope of the article and some redundancy in themes and in normative messages (e.g., in two scenarios the interpreter is asked to provide her opinion), only six webinar scenarios are included in this analysis. In order to preserve the future use of these scenarios by the host agency, the full outlined dilemma is not provided. A summary statement about the dilemma is below:

Case scenario 1: A psychiatrist asks the interpreter her opinion about a patient he suspects might be depressed.

Case scenario 2: The family of a terminally ill patient asks the interpreter to use the sign ILLNESS instead of CANCER during a meeting with the medical team.

Case scenario 3: A teacher requests that the interpreter contact deaf parents and visit them in her stead.

Case scenario 4: An interpreter unknowingly makes a mistake while interpreting the results of an HIV test and the deaf person, who is found to be HIV positive, reveals to the interpreter at the end of the assignment the assumption that they do not have the virus.

Case scenario 5: A psychologist assumes his deaf patient does not know the name of his father because he only knows the sign name.

Case scenario 6: The judge, at the request of the defence attorney, instructs the interpreter to follow a word-for-word translation.

All three of the ethically troubling themes from Study 1 were evident in the six chosen scenarios. 1) Participant's access to other's utterances or to information; 2) Barriers to effective work; 3) Interpreter 'agency' (attention to, requests of, unique knowledge, etc.). See table below.

In Cartwright (1999) and Humphrey (1999), the most popular theme was 3, interpreter agency. It is the same for the webinar scenarios. It is also worth noting that the scenarios that deal directly with linguistic and cultural aspects of interpreting work are lengthier than the scenarios that address interpreter agency. Assuming that sufficient information is supplied for the reader to be able to answer it, it is significant that the ones dealing with interpreter agency require fewer words than those that deal with other themes. This is suggesting that when an interpreter is addressed directly or if an interpreter has unique knowledge, not much else needs to be said for *the problem to be set*.

Given that there is evidence that problem-setting is the same in these scenarios as in Study 1, one would expect the normative messages (the *problem-solving*) to be the same. This second source of webinar data, the exemplary responses from the webinar trainer, was subjected to content analysis. According to Liamputtong (2009), because a pattern or theme has been identified (from the normative messages), then the webinar data can be used to either support or contradict that pattern or theme.

<b>Webinar case scenarios:</b>	<b>Ethically troubling theme:</b>	<b>Comparable to scenario:</b>
<i>Case scenario 1:</i> A psychiatrist asks the interpreter her opinion about a patient's diagnosis.	#3 Interpreter agency	EWR: 64 & 72 Decisions: 53 & 71
<i>Case scenario 2:</i> The family asks the interpreter not to sign cancer during a meeting with the medical team.	#1 Participant's access to utterances and information	EWR: 9 & 93 Decisions: 55
<i>Case scenario 3:</i> A teacher requests that the interpreter contact deaf parents and visit them in her stead.	#3 Interpreter agency	EWR: 82 & 97 Decisions: 23, 47, 58
<i>Case scenario 4:</i> An interpreter unknowingly recognises the deaf patient does not have accurate information about the diagnosis.	#3 Interpreter agency	EWR: 39, 42, 62, 88 Decisions: 34, 61, 84
<i>Case scenario 5:</i> A psychologist assumes his deaf patient does not know the name of his father because he only knows the sign name.	#3 Interpreter agency	EWR: 42 & 59 Decisions: 92
<i>Case scenario 6:</i> The judge instructs the interpreter to follow a word-for-word translation.	#2 Barrier to effective work	EWR: 50, Decisions: 41, 66

In the content analysis below, the scenario is identified, the *EWR* normative message is used to predict the webinar trainer's responses and finally, to confirm or challenge this prediction, direct comments from the trainer follow:

### **Case scenario 1**

A psychiatrist asks the interpreter her opinion about a patient he suspects might be depressed.

In *EWR*, giving an opinion is beyond the message transfer task of the interpreter and is therefore, not the job of the interpreter (*EWR* exemplar message 2). The deaf person is not present at the time of the psychiatrist's request but if he had been, the interpreter would have been expected to interpret this message and follow the choices of the deaf person. In the webinar, the trainer says:

I would take the opportunity to say to the psychiatrist that I'm really not qualified to make that decision. That my role as an interpreter is to help him ascertain whether that person has any type of, or mental instability or is depressed. And if the client...since the client has already left, I would offer to interpret another session where he could get some clarity.

### **Case scenario 2**

The family of a terminally ill patient asks the interpreter to use the sign ILLNESS instead of CANCER during a meeting with the medical team.

In *EWR*, there are a few scenarios where the interpreter is asked not to sign/interpret something or it is implied there might be a concern if it is interpreted. The message of these exemplars is to always sign what was said regardless of the implications (*EWR* exemplar message #1). While this request is coming before the interpreting assignment, it can be assumed that the interpreter would need to decline the family's request. In the webinar, the trainer, offers:

If any party at the meeting uses the word "cancer", then you are bound to render it accurately and completely. In accordance with the Code, the interpreter is responsible to explain their role to those unaccustomed to working with them. This means that the interpreter should explain that they are bound to interpret everything faithfully and accurately.

### **Case scenario 3**

A teacher requests that the interpreter contact deaf parents and visit them in her stead.

This case allows for a direct application of *EWR* exemplar message #2: This is not the job of the interpreter and therefore, she would need to decline the request. It does not involve direct message transfer between two parties. The trainer agrees:

You are in effect being asked to conduct the interview for the teacher, which goes far beyond your role, your impartiality and objectivity would be thoroughly compromised. It must be made clear that your role is to facilitate communication and that parents would surely ask questions which can only be answered by their child's teacher. Suggesting a home visit by both you and the teacher at a mutually convenient time...

### **Case scenario 4**

An interpreter unknowingly makes a mistake while interpreting the results of an HIV test and the deaf person, who is found to be HIV positive, reveals to the interpreter at the end of the assignment the assumption that they do not have the virus. Unlike the first five cases, this one directly involves communication or the task of message transfer.

Given *EWR*'s exemplar message #3, action can be taken. In this case, the deaf person has misunderstood because of the interpretation. In other words, the message transfer task was unsuccessful and therefore, the interpreter must intervene. It also involves medical harm to a person. In *EWR*, this also warranted taking action. In the webinar, the trainer offers, "Asking the doctor to come back into the room to explain the situation is really the best". Then:

"[...] in the presence of BOTH clients, explain: 'I believe we may have had a miscommunication. Perhaps the doctor could explain the results of the test again to give the interpreter the opportunity to be sure it was interpreted accurately.' This time, when the doctor says the test was "positive," the interpreter can provide a more accurate interpretation such as "HIV, HAVE you." Then the meeting can proceed more appropriately."

### **Case scenario 5**

A psychologist assumes his deaf patient does not know the name of his father because he only knows the sign name.

In this case study, the psychologist during an evaluation asks a deaf man for his father's name. The deaf man knows the name sign but not how to spell it. The psychologist mumbles to himself, "Doesn't know his father's name. Very interesting!" That is, the psychologist reveals this misunderstanding verbally. *EWR* exemplar message 1 would guide the interpreter to interpret what the psychologist said to the deaf man and let the

deaf man respond. In the webinar, after reporting on a participant answer outlining this same approach, the trainer adds:

[...] I liked the idea of empowering the deaf person to explain about name signs. That probably should be the first thing that should be done, then, if the deaf person does not explain...it is recommended that cultural information about name signs be provided to the hearing consumer.

### **Case scenario 6**

The judge, at the request of the defence attorney, instructs the interpreter to follow a word-for-word translation.

This is an example of another scenario where the message transfer task is directly impacted (EWR exemplar message 3). Word-for-word translations are not possible and therefore impact the ability of the interpreter to do her job. In these situations, EWR's exemplar messages frequently encouraged action. The trainer agreed and said, "It really flies in the face of what your job is there" adding, "The interpreter will need to explain to the judge about the interpretation process and the ethical requirement to interpret in the most readily intelligible language."

### **Discussion**

All of the quotations directly cited from the webinar script were effectively *anticipated* based on the normative messages found in *EWR* (Study 2). Interpreters were encouraged to *not take action* except when the task of effective message transfer (including cultural information) was challenged. For Schön (1987), this should not be surprising – it is the result of a profession's *problem-setting*. That is, if you ask the same questions, you will get the same answers.

The profession, concerned for the misdeeds of the past, may be ensuring maintenance of ethical boundaries but may also be insufficiently addressing effective practice (Hill, 2004). If an interpreter, accurately interpreting a situation, decided that taking action outside of message transfer was ethically sound (moral judgement), she may fail to take that action since it deviates from the normative message. Maintaining the norm would conflict with the decision she determined to be ethical in that given context and to follow through would be risky (Rest, 1984). In this example, the failure occurs not with moral sensitivity or moral judgement but with moral motivation.

Ethically troubling themes from the scenarios in study 1 (from 1999) re-emerge in study 3 (from 2012) indicating they are still *of concern* for the profession; most notably, the theme of interpreter agency. It is emphasized as ethically troubling through repeated examples of interpreters who are either directly addressed (attention to and requests of) or by holding unique knowledge about the encounter or the participants. While it may be widely agreed upon that a particular *example* of interpreter agency would be considered troubling, the question is whether such frequent examples serve to colour practitioners' interpretation of the individuals and the interaction.

Are all interactions that directly engage the interpreter problematic and does the repeated emphasis create the perception that engagement with participants lead to boundary violations? Hill (2004) wondered if this might not create a type of defensiveness and, in doing so, counsellors, "...fail to serve their client's best interests" (Hill, 2004, p. 140). This may also be true in the ethical judgement and actions of interpreters.

Consider the first case where the psychiatrist is wondering about the patient's diagnosis and asks the interpreter, "What do you think?" Action is discouraged because this is tacitly determined to be a boundary violation of

the profession's Code of Professional Conduct (2005): *Tenet 2.5, refraining from providing personal opinions*. The interpreter could instead determine the question to be an opportunity to comment on any aspects of communication that might add evidence toward advancing the psychiatrist's diagnosis (e.g., small signing space, limited facial expression may be an indicator of depression). Adding relevant information about a patient's communication style is encouraged in RID's Standard Practice Paper on Mental Health Interpreting (RID, 2007).

Consider the final case where the judge directs the interpreter to use a word-for-word translation. Taking action is acceptable because it is tacitly determined to compromise the message transfer task ("flies in the face of what your job is there"). However, nowhere in the scenario is it stated what the deaf individual's language needs are; she could be a person who understands or prefers an English-based signed language but such an important factor in this context is never addressed.

Analysis of salient contextual factors and the subsequent consequences of an interpreter's decision are common themes in interpreting scholarship today. As other scholars and educators attempt to advance appreciation for the "messy indeterminate situations" (Schön, 1987, p. 4) and the interactional skills of interpreters, the normative messages in studies 2 and 3 may be countering these efforts. This was no evidence in the webinar training that salient, contextual factors should be considered. For example, when the family requested the sign *illness* to be used for *cancer*, it was assumed this was an attempt to withhold information from the deaf patient.

One example of a salient factor could have been that illness was *an established sign* and therefore equated with cancer in the mind of the patient. Another example could be the young age or possible cognitive limitations of the patient. When one of the webinar participants offered this very caveat (i.e., suppose the patient is a child), the webinar trainer replied, "This does not change your role." Instead, not complying with the family's request (not taking action) was determined to be the right answer when it is conceivable, in a real situation, such advice from the family could serve as necessary information or helping the interpreter to meet the communication needs of the patient.

Through further exploring these case examples, predetermined ethically troubling material and the efficacy of the normative messages is challenged. In two examples, action was discouraged but such action could have served the best interest of the participants. In the other, action was encouraged but could have resulted in undermining the justice process.

Activation of cognitively available material may compromise the interpreter's moral sensitivity. For community interpreters, who are called into a variety of settings with many different types of people, all with varying communication objectives, the inadvertent projection of their assumptions of participants' actions and intentions can lead to poor moral judgement. For community interpreters, therefore, the development of moral sensitivity skills should be of the highest concern in ethics education.

It is particularly interesting that the topic of moral development stages was addressed at the start of the webinar. Kohlberg's final stages of moral development (stages 5 and 6) are determined to be those decisions that seek "shareable ideals" or working towards consensus amongst interested parties (Thoma, 2002). However, these stages of hierarchy in reasoning were not referred to again in the second part of the webinar, during the analysis of the ethical scenarios. If they had been, it would have been evident that the reasoning evidenced in the webinar discourse (and by extension *EWR*) would fall into a less advanced stage: Stage 4 or, *the morality of law and duty to the social order*.

The interpreting profession seems to believe that *maintaining their role* (only taking action when message transfer task is compromised) is the most effective way to engage in social cooperation. However, most individuals, let alone professionals, develop beyond stage four. By the time most reach their mid-twenties, stage 4 reasoning is dismissed for its simplicity. Even professional practitioners with long-standing ethical codes, such as doctors and nurses, are found to have reasoning skills representative of stages 5 and 6 (Bebeau, 2002).

As Hill (2004) concluded, other educational approaches need to be implemented that provide an opportunity for practitioners to develop moral sensitivity, to not only notice the boundaries of acceptable and unacceptable behaviour but to define effective practice. Hill offers several other approaches to the ethical education of counsellors. Similarly, in the interpreting profession, several scholars have proposed the use of case conferencing, or the analysis of their own and others' *situated practice* in order to improve critical thinking and judgement (Dean & Pollard, 2001, 2009, 2011, 2013; Fritsch-Rudser, 1986; Hetherington, 2011).

### **Limitations**

These data come with some caution as the one-time webinar cannot be seen as representative of ethics training today. Also, comparing the aggregate responses of fifteen SLI representatives in *EWR* to one trainer may be incongruent. In a forthcoming manuscript, whether the participants (nearly 60) agreed with these normative messages (via the chat log and their homework answers) or challenged the normative messages is addressed.

### **Conclusion**

[...] members [of great social movements] tend to live trapped in old patterns of seeing, reacting to the past rather than focusing on the transforming potential of now.

- Sue Monk Kidd

Making decisions and taking moral action is a complex psychological phenomenon that draws on decision-makers' cognitive and affective processes. If an interpreter makes a poor or questionably ethical decision, it is not enough to look at that action (or inaction) but to consider the processes behind it and how interpreters come to conceptualise ethically troubling material and right action. Collectively, these studies provide a view into some of the psychological aspects that could interfere with interpreters' effective decision-making.

Exemplary ethical discourse continues to focus on duty orientation, or maintaining the rules (Rest, 1984) regardless of the circumstances or consequences. This discourse may result from concerns for past practitioners' misdeeds or it may be a result of the profession's problem-setting. Certainly, maintaining minimal ethical standards is important to the ethical instruction of students and new practitioners. Yet, by only recounting similar thematic scenarios, practitioners are limited to learning from the past and not the present – where there is much to be considered for ethical and effective practice. Additionally, ethical reasoning that is representative of a lower developmental stage (i.e., stage 4) than the other professionals with whom interpreters frequently work (e.g., lawyers, doctors) may well compromise the effective delivery of the services for deaf people who seek these services.

Reviewing and analysing one's day-to-day, *situated interpreting practice* (versus created hypothetical scenarios alone) as is done in case conferencing is one potential option. Further research is needed on this and other educational and profession developmental approaches suggested by SLI scholars in recent years (Bentley-Sassman, 2009; Dean & Pollard, 2009, 2012; Hetherington, 2011; Napier, 2012; Nicodemus, et al., 2012; Pollard & Dean, 2007; Winston, 2005) to determine if there is evidence of a shift in focus from the boundaries of ethical behaviour to effective practice skills more broadly.

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