Orientation to the Interpreted Interaction: An Examination of Consumer Perception

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ABSTRACT

A survey of non-signing adults showed that a lack of information about the interpreted interaction may lead to feelings of confusion and distraction as well as a negative perception of the Deaf interlocutor. A review of the literature and of current practice standards revealed that there is very little written on *orientation to the interpreted interaction*, or *consumer orientation*, wherein consumers are informed about what to expect during the interpreted interaction, how the interpreter will function, and how they can participate in ensuring that communication is accessible and inclusive. Recommendations include further research on current practices and the impacts of consumer orientation, opening a dialogue within interpreting Communities of Practice, and the development of evidence-based best practices for orienting consumers.

INTRODUCTION

Signed language interpreters in the United States have been debating ethics, professionalism, and decision-making in the profession for decades (see Cokely, 2005; Dean & Pollard, 2013; Kent, 2012; Llewellyn-Jones & Lee, 2014; McIntire & Sanderson, 1995; Russell & Shaw, 2016; Witter-Merithew, 1999). As the conception of interpreter ethics has evolved, interpreters' decisions about how to engage with consumers[1] have sometimes stemmed from the belief that interpreters should be as invisible as possible (Hsieh, 2010; Metzger, 1999; Witter-Merithew, Swabey, & Nicodemus, 2011). To that end, interpreters may not take advantage of opportunities to share information that would make the interaction inclusive and satisfactory for all consumers.

This paper focuses on *orientation to the interpreted interaction*, or *consumer orientation*, defined as "communication with one or more consumers with the goal of supporting their understanding of the interpreted interaction" (Jones, 2017, p. 4). This article addresses the research question, "When consumer orientation is omitted, how does this omission impact the hearing consumer's experience and understanding of the interaction?" Data for this analysis are part of a larger study examining the effects of gender bias (see Jones, 2017). The larger study consisted of a two-part process: participants watched a video of a Deaf presenter while listening to an interpreter render the message into spoken English and then provided both qualitative and quantitative responses indicating their impression of the presenter. The video did not include an orientation for participants, and the resulting data indicate that omitting this information had a negative impact on the ability of the hearing consumers to attend to the message. Additionally,

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[1] The term "consumer" is used to refer to any interlocutor who is relying on an interpreter for access to all or part of the interpreted message. Although consumers may identify as hearing, hard-of-hearing, D/deaf, or DeafBlind, this paper refers to hearing consumers and Deaf consumers as the two overarching groups that represent various participants in the interaction.

results from this smaller study suggest that feelings of confusion and distraction on the part of the hearing consumer correspond to a more negative impression of the Deaf consumer.

The field of signed language interpreting has not yet documented best practices for orientation to the interpreted interaction. Results presented here indicate that absent or improper orientation may negatively impact consumers, their engagement with the message, and their interactional relationships. Further investigation and discussion are warranted, and the development of evidence-based best practices is recommended.

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LITERATURE REVIEW

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Many interpreted interactions begin with a conversation—referred to here as an *orientation to the interpreted interaction*—that may outline who the interlocutors and interpreter are, how the interpreter will function, what consumers can expect to see and hear while working with an interpreter, and how individuals can ensure that the interaction is accessible for everyone. However, in real-world settings, this orientation may be omitted or skipped for a variety of reasons. A review of the literature shows that the omission of consumer orientation may be related to interpreter ethics, particularly the perpetuation of the idea that in order to respect Deaf consumers, interpreters should be invisible (Witter-Merithew, Swabey, & Nicodemus, 2011). Research in both signed language and spoken language interpreting fields has shown that interpreter codes of ethics consistently restrict the level to which interpreters can participate in the interaction. Studies have also shown that it can be problematic if interpreters, while trying to abide by their code of ethics, exhibit behavior that does not align with typical customs of polite interaction. Ethical constraints can mean a lack of information for consumers, which can lead to confusion, miscommunication, and misunderstandings about working with interpreters.

ETHICS AND THE MYTH OF INVISIBILITY

One likely reason that interpreters may not introduce themselves or provide an orientation to the interpreted interaction for hearing consumers relates to the constraints embedded in their ethical codes and vision of their role. Witter-Merithew (1999) described the evolution of the interpreting field and the associated changes in how interpreters view their role. When the interpreting field tried to move away from a helper approach in 1964 with the establishment of the Registry of Interpreters for the Deaf (RID) and the adoption of a Code of Ethics, the resulting pendulum swing of professional ideals led to the characterization of interpreters as "conduits" or "machines" (p. 2). McIntire and Sanderson (1995) suggested that this led to interpreters "rejecting any responsibility for what happened to deaf people" and becoming "'invisible' behind the skirts of the newly adopted Code of Ethics" (p. 1). Witter-Merithew et al. (2011) wrote that "in the United States, the practice of acting as if invisible may have been devised in an honest but misguided attempt to put the power back in the hands of deaf consumers" (p. 73).

Although these changes were taking place as early as the 1970s and interpreters' understanding of their role has continued to evolve, the Code of Professional Conduct (Registry of Interpreters for the Deaf, 2005) can still be taken to mean that interpreters are to remain as invisible as possible. Tenet 2.5, for example, advises interpreters to "refrain from providing counsel, advice, or personal opinions" (p. 3) and Tenet 3.5 says that interpreters should "conduct

and present themselves in an unobtrusive manner" (p. 3). Dean and Pollard (2005) pointed out that "taken in its most conservative, literal context, [Tenet 2.5] would seem to preclude interpreter commentary to consumers while on the job" (p. 262). Similarly, Llewellyn-Jones and Lee (2014) wrote: "Interpreters are taught not to interact with the interlocutors other than to interpret the meaning of their utterances" (p. 19). Witter-Merithew et al. (2011) also agreed, writing that "interpreter ethical codes may be taken to encourage non-involvement rather than a relational approach to the work" (p. 72).

The idea of invisibility appears repeatedly in research regarding the role and function of the interpreter. Specific techniques that interpreters use to appear invisible are described by Witter-Merithew et al. (2011) and by Hsieh (2010). Many researchers also point out that invisibility can be problematic. Llewellyn-Jones and Lee (2014) wrote that staying strictly "in role" and trying to be invisible limits the strategies available to interpreters (p. 27). Metzger (1999) also emphasized that trying to be invisible does not work. In spite of interpreters' intentions, "the anecdotes that interpreters and laypeople share suggest that the traditional perception of the interpreter's role as a neutral conduit of language is at odds with people's real-life experiences" (p. 1).

Internationally, multiple studies in both signed language and spoken language interpreting fields outline the expectation that interpreters act as a conduit—not a participant—in interpreted interactions. While this expectation is sometimes codified and other times implied, evidence shows that interpreters around the world exhibit behaviors that deviate from this expectation (see Nakane, 2009; Van De Mieroop et al. 2012). Norström et al., (2011) explained the conflicts that Swedish interpreters experience when trying to balance ethical and practical considerations. In Sweden it is considered best practice for interpreters to only utter first person interpretations and to refrain from engaging in the interaction. However, this strict guideline from the Swedish interpreter code of ethics inhibits interpreters' ability to clearly introduce themselves and explain their function in the interpreted interaction. The researchers suggested that more dialogue between interpreters and consumers would benefit everyone involved (Norström et al., 2011).

ROLE CONFUSION

Orientation to the interpreted interaction is important because research shows that when hearing consumers are not educated about the function of the interpreter or what to expect when participating in an interpreted interaction, confusion and distraction often result. Metzger (1999) explained that "each participant, including the interpreter, comes to the interaction with a unique set of experiences and background information" (p. 49). When time is not taken to ensure that all participants are on the same page, misunderstandings about the interpreter's actions can occur.

As an illustration of a typical scenario where this confusion and distraction shapes the interaction, Metzger (1999) analyzed an interpreted medical encounter involving a sick child and a Deaf mother where "no introduction or explanation regarding the interpreter and her presence" had occurred (p. 75). Confusion ensued, with the doctor and nurse using third person pronouns to refer to the Deaf person ("tell her") and the doctor asking for clarification on who had given the ailing child medicine: "You (points to interpreter) tried or she (points to mother) tried?" (p. 78). Metzger suggested that this doctor was particularly confused because, with no introduction or

orientation to the interpreted interaction, he was not operating from "a schema in which the interpreter is a professional expert and colleague" (p. 80).

Findings in more recent research also indicate that a lack of education for hearing consumers often leads to misunderstandings about who interpreters are and how to work with them. Leeds (2009, as cited in Llewellyn-Jones & Lee, 2014) surveyed doctors' clinics in one of the largest cities in the United Kingdom, inquiring who provided interpreting services for their Deaf patients. In spite of the fact that all of these clinics held contracts with agencies that provided fully qualified interpreters, "54% [of staff] thought the person accompanying the patient was a 'friend', 15% a 'caretaker', and 8% a 'social worker'" (Llewellyn-Jones & Lee, 2014, p. 43). Similar findings are apparent in research on spoken language interpreters. For example, Kredens (2017) found differences in understanding of the interpreter's role after surveying legal interpreters in England and Wales and the police officers with whom they work. Hsieh (2010) had similar findings in a study of medical providers and spoken language interpreters in the United States. All of these researchers note that a lack of information for hearing consumers leads to misunderstandings during the interpreted interaction.

GAPS IN THE LITERATURE

As outlined above, previous research has explored interpreter ethics and the perceptions of hearing consumers. A gap in the research exists, however, when it comes to orientation to the interpreted interaction. Very little is known about whether interpreters are engaging in consumer orientation, how often, and to what effect. The interpreting field has yet to document what an effective orientation looks like and best practices for conducting an orientation. This study aims to address that gap by examining the impact that the absence of orientation has on hearing consumers.

METHODS

As a NIC-certified ASL-English interpreter with seven years of experience in the field, my interest in consumers' perceptions of interpreted interactions stems from observing interactions between ASL and English language consumers in a variety of settings. The larger study (Jones, 2017) was completed as part of my MA in Interpreting Studies degree; it was designed to evaluate whether interpreter gender has an impact on the perceptions of hearing consumers. Hearing adults in the United States and Canada who indicated they were not fluent in ASL completed an online survey that involved watching a presentation by a Deaf professional while listening to a verbal interpretation and then providing both qualitative and quantitative responses indicating their impression of the presenter. While the visual stimulus was the same for all participants, two different interpreters rendered the message into spoken English; half the participants listened to a male interpreter and half listened to a female interpreter.

OVERALL STUDY DESIGN

The development of the survey consisted of four phases. During each phase of the study, design decisions were made in an effort to balance an authentic experience for participants with the collection of usable data. The goal was that participants' experience while taking the survey would

mimic a true interpreted interaction and any variables that would make data analysis too complex were eliminated.

PHASE ONE

Phase one involved recruiting a Deaf presenter, then recording, analyzing, and editing his monologue. Because hearing survey participants would be rating the presenter on soft skills that are significant in the workplace, the researcher selected a Deaf presenter who was deemed professional and competent based on the fact that he holds a college degree, has professional experience, and is a native user of ASL. The presenter developed a five-minute presentation on a topic in which he was experienced and comfortable: how to train people to interact with their legislators.

PHASE TWO

Phase two involved recruiting two professional interpreters, and then collecting, analyzing, and editing their recorded interpretations. Both interpreters had been interpreting full-time for at least seven years and were nationally certified by the RID. One interpreter identified as male, the other as female.

Both interpreters were sent the video of the ASL presentation and asked to prepare for their interpretation as they would for any other assignment. Both interpreters undertook their own preparation processes, familiarizing themselves with the topic and the presenter, and then recorded themselves interpreting the presentation into spoken English. On sending the audio file to the researcher, both interpreters indicated that their preparation for this assignment and the resulting interpretation was typical of their work. Keeping in mind that the two interpretations were authentic and original, with stylistic differences and variations in vocabulary choices, both samples were analyzed by the researcher and deemed equivalent in meaning and delivery.

Because the goal for the video was to mimic an actual interpreted scenario, both audio recordings were added to the video of the male Deaf presenter with appropriate decalage time; that is, the interpreter did not utter the meaning of a phrase until after it was signed. In this way, the timing more closely resembled a live interpretation rather than a voice-over.

PHASE THREE

Phase three consisted of the development of the online survey. The survey opened with an IRB-approved consent form, explaining the purpose of the study, how the results would be used, and confirming that participants were at least 18 years old. The second page of the survey collected participant demographic information and education level, as well as level of familiarity with interpreters and knowledge of ASL. An important part of the study design was that participants relied on the interpreter for full access to the presentation. Because of this, only participants who indicated that they knew no ASL, only a few signs or fingerspelling, or who knew some ASL but were not fluent were taken to the next step in the survey. Those who indicated that they were fluent in ASL were taken to a thank you page and their results were neither recorded nor included in the study.

A randomization feature was used so that half of the participants listened to the male interpreter and half listened to the female interpreter. Following the video presentation, participants were asked the open-ended question, "What was your impression of the presenter?"

After answering the open-ended question, participants were asked to rate the presenter in ten soft skill categories using a Likert scale (1 being the lowest, 5 the highest). Participants were asked to score the presenter in the following characteristics: professionalism, friendliness, knowledge, confidence, intelligence, communication skills, trustworthiness, competence, authoritativeness, and likability. These categories were selected based on research regarding soft skills that are valued in the workplace (Khanna, 2015; Robles, 2012; Schulz, 2008).

As a final step, participants were taken to a second consent form that explained in more detail the original goal of the study, examining the impact of interpreter gender on participants' perception of the presenter's competence. This consent form also included the statement, "This was not made explicit at the beginning of the survey because I wanted to allow you to respond naturally without drawing attention to the interpreter, their gender, or their communication style and language choices." Participants' responses were only recorded if they agreed to both consent forms. If participants declined either form or exited the survey their responses were not included in the study.

PHASE FOUR

Phase four consisted of the distribution of the survey and collection of data. Survey participants were recruited using a snowball sampling method (Hale & Napier, 2013), originating with social media posts and direct emails to friends, family, and colleagues. The original Facebook post asking for participants was shared 83 times, and 357 people completed the survey, with representation from all regions of the United States as well as from Canada. Based on suggestions from Hale and Napier (2013), the original goal for this survey was to collect at least 100 responses. The participation of more than three times that number indicates that this was a successful approach for eliciting responses. The survey was open for two weeks, at the conclusion of which the survey was closed and the data exported to an Excel file for analysis.

DATA ANALYSIS

Data were analyzed utilizing both qualitative and quantitative methods. The original purpose of the study was to examine responses for evidence of gender bias as described in Jones (2017). Unexpected results were discovered during the analysis of participants' open-ended responses to the question, "What was your impression of the presenter?" and led to the exploration of a second research question: "When consumer orientation is omitted, how does this omission impact the hearing consumer's experience and understanding of the interaction?"

Participants' open-ended responses were analyzed using open coding (Strauss & Corbin, 1998) and grounded theory (Strauss & Corbin, 1994), meaning that the categories used to group the open-ended responses were developed during the analysis process and based on patterns observed in the data. These categorized responses were then examined further, and observations were made about their relationships to each other, the demographic data, and the literature.

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FINDINGS

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Responses from 357 participants were collected and analyzed using the techniques described above. An unexpected but important finding was revealed: Without an explanatory introduction to the stimulus video, 44% of participants expressed confusion or distraction in the process of watching the Deaf presenter and listening to the interpreter render his message into spoken English. Furthermore, most participants who were confused or distracted gave the presenter lower than average scores in soft skill categories.

SURVEY PARTICIPANTS

A total of 357 people completed the survey and agreed to both consent forms. Of these participants, 283 (79%) were women, 68 (19%) were men, and 6 (2%) were nonbinary. There was representation from all age ranges: 68 participants were Millennials (ages 18-32), 185 were Gen X (ages 33-50), 98 were Baby Boomers (ages 51-70), and 6 were Greatest Generation (ages 71 and over). With the help of social media, the survey was taken by individuals from all regions of the United States as outlined in Table 1.

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Table 1: *Number of Participants from Each Region*

Region	Participants
West Coast	231
Southwest	6
Rocky Mountain	12
Midwest	42
South	23
Northeast	40
Canada	3

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In terms of education level, only one participant indicated that their highest education completed was some high school. 54 participants had graduated from high school (with 14 of these indicating that they had also completed some college courses or are currently in college), 28 participants had earned an Associate degree, 140 had earned a bachelor's degree, 107 hold a master's degree, and 27 hold a doctoral degree. When it came to knowledge of American Sign Language, 145 participants (41%) indicated that they knew no sign language at all, 185 (52%) said that they knew a few signs and/or how to fingerspell, and 27 (8%) said they knew some ASL but are not fluent. Of the participants, 184 participants (52%) indicated that they were not at all familiar with interpreters, 140 (39%) said that they were somewhat familiar with interpreters, and 33 (9%) said they were very familiar with interpreters.

QUALITATIVE FINDINGS

Analysis and coding of participants' open-ended responses to the question, "What was your impression of the presenter?" quickly revealed that many participants had not answered the question as intended. Rather than commenting on the presenter's professionalism or providing

other commentary on the effectiveness of the interpreted interaction, participants responded to this question by describing their own confusion or distraction while watching the stimulus video. In total, 156 people (44%) made comments about the process of watching the video, the ASL, the presenter's facial expressions, or indicated that they did not know who "the presenter" was. Some of these people also described their impression of the presenter (for example, "Clear and detailed, however [I didn't know] if he was signing correctly"). Even with this overlap between categories, only 76.7% of participants answered the question with the type of response it was intended to elicit—a description of their impression of the presenter himself.

CONFUSION

31 participants (8.6%) were confused about who the presenter was. In spite of the study being titled "Deaf Presenter Survey," these participants indicated that they were unsure if the presenter was the man on the screen, the voice they were hearing, or both. Comments such as "Spoke slowly," "I assume the presenter was the person whose voice I could hear," and "I didn't see the presenter but only the interpreter in the video," were coded into this category.

DISTRACTION

When asked their impression of the presenter, 94 people (26.3%) commented on the process of watching the video and/or listening to the interpreter. Participants in this category made comments such as "I couldn't tell if his signing was following the spoken word, or simultaneous with it, which distracted me," and "I found myself trying to 'listen' and simultaneously watch the presenter to understand if what I was 'seeing' matched my perception of what he was signing."

When asked their impression of the presenter, 71 people (20.4%) commented on the presenter's facial expressions, which are an integral part of ASL grammar (Reilly & Bellugi, 1996). Responses in this category included: "His facial expressions didn't always seem to reflect what was being said," "Good facial expressions," and "I found myself more interested in what his facial expressions were rather than watching his hands. At one point I wished I could have blocked his face." People who used words like "expressive" and "animated" were also included in this category.

When asked their impression of the presenter, 21 people (5.8%) commented on the presenter's use of ASL. Comments in this category included: "Easy to watch, appeared to give clear signing," "Very fluid and smooth with the signs," and "The signing seemed slow."

DEMOGRAPHIC GROUPS

When examining these results, it is interesting to note which groups were confused and distracted. Of the 31 people who did not know who the presenter was, only two were Millennials. Further inspection shows that only 2.9% of Millennials were confused, while 9.7% of Gen Xers and 11.2% of Baby Boomers were confused.

Familiarity with ASL or with interpreters did not make much difference in whether participants indicated confusion or distraction. 47% of people who indicated that they knew no

ASL were confused or distracted, as compared with 41% of those who knew a little ASL, and 44% of those who knew some ASL. Similarly, 47% of participants who indicated that they were not at all familiar with interpreters were confused or distracted, as opposed to 39% of those who were somewhat familiar, and 42% of those who were very familiar with interpreters.

QUANTITATIVE FINDINGS

The fact that 44% of participants in this study were distracted or confused is made even more meaningful by their associated quantitative results. Likert responses show that participants who were distracted or confused gave the presenter lower-than-average ratings on his soft skills, while people who were able to describe their impression of the presenter gave higher-than-average ratings, as shown in Figure 1.
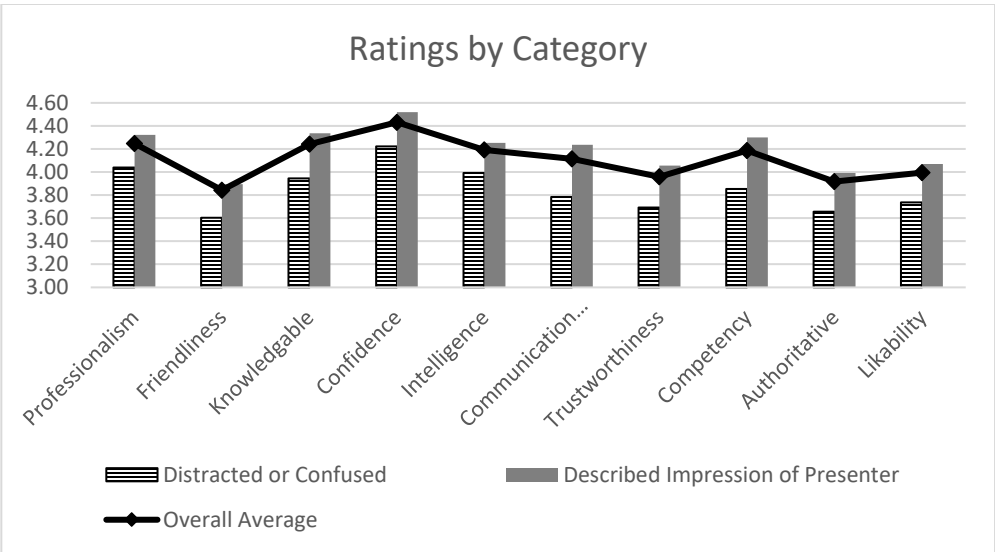

Figure 1. Ratings in each soft skills category.

Interestingly, participants who made comments about the presenter's signing actually gave the presenter higher-than-average ratings on his soft skills. When their ratings are separated from those who were confused about who the presenter was and/or made a comment about the facial expressions or process, the difference is even more striking, as shown in Figure 2.
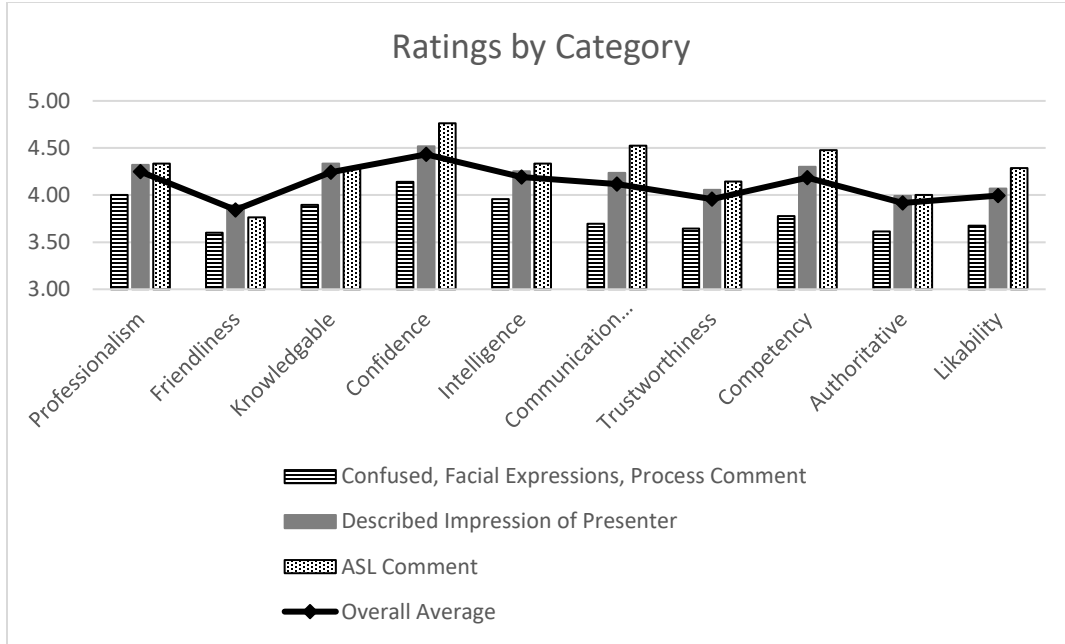
Figure 2. Ratings comparison—participants who were confused or commented on the facial expressions or process versus those who commented on the signing.

In summary, participants in this study were not provided with information that would have served as an orientation to the interpreted interaction. This resulted in 44% of participants indicating confusion and/or distraction when asked their impression of the Deaf presenter. Comments on the presenter's facial expressions, the process of watching the video, and confusion about who the presenter was were associated with lower ratings of the presenter in ten soft skill categories.

LIMITATIONS OF THE STUDY

In order to collect useful data about the perception of survey participants, some elements of an authentic interpreted interaction were eliminated in this study. In the real world, many interpreted interactions are dialogic (where hearing and Deaf consumers take turns speaking and listening), but the stimulus for this study was monologic (the Deaf consumer was the only one producing utterances); if participants had been able to interact with the Deaf presenter their perceptions may have been different. Similarly, the ASL-to-English interpreter was not visible in the stimulus video; it is possible that the physical presence of the interpreter alters the experience of participating in an interpreted interaction and would have led to different results. Results from this study are based on analysis of qualitative data; while consistent criteria and codes were used, such analysis does rely on the subjective lens of the researcher, which could skew the results. Additionally, this study was not originally designed to collect data on the importance of consumer orientation; future studies might consider comparing two groups where the only variable is whether participants received an orientation.

DISCUSSION

Results in this study indicate that the absence of an orientation to the interpreted interaction may hinder hearing consumers' ability to attend to the message and may also have an impact on their perception of the Deaf interlocutor. As discussed in the literature review, consumers may miss out on this information when interpreters adhere to a strict interpretation of ethical guidelines or seek to act invisible as a strategy for empowerment of Deaf consumers. Orientation to the interpreted interaction is neither well-studied nor discussed by researchers and educators in the signed language interpreting field, and evidence-based guidelines and best practices have yet to be developed. Further investigation is warranted to discover whether practicing interpreters are orienting consumers, how they are doing it, and whether their approaches are effective. Future studies are needed to explore how important orientation is to the interpreted interaction and what elements it should include. This is an important topic for dialogue amongst interpreters, educators, consumers, and students. This section includes a closer look at the definition of consumer orientation, how existing recommendations from the literature might be applied, and directions for future research and discussions within the interpreting field.

CONSUMER ORIENTATION

Findings in this study led to the development of a working definition for orientation to the interpreted interaction, or consumer orientation. In order to support their understanding of the interaction, orienting consumers may include:

- educating consumers about how the interpreter will function within the context of the interaction;
- explaining what consumers can expect to hear and see during the interaction and why this is different than typical monolingual interactions; and
- describing how consumers can actively participate in ensuring communication is accessible and inclusive to all parties. (Jones, 2017, p. 4)

It is easy to imagine that consumer orientation might occur at the same time the interpreter introduces themselves (or is introduced by the consumer) at the beginning of the interaction; however, sometimes it may be necessary to engage in orientation during or after the interpreted interaction. It is important to note that orientation is not always the responsibility of the interpreter; it could be conducted by the Deaf consumer, the hearing consumer, or a coordinator or agency. It is equally important to understand that orientation to the interpreted interaction will look different for different consumers and scenarios. It may be unnecessary for consumers who have already experienced working with each other and with interpreters. For some consumers, participating in an interpreted interaction will be a natural adjustment that requires little explanation.

Options for orientation to the interpreted interaction fall on a spectrum. For example, consumer orientation could range from formal (e.g., a court document describing how interpreters will function during a trial) to informal (e.g., a casual reminder at an assignment where all parties are familiar with each other). Approaches to orientation may range from liberal (described as "active, creative, or assertive") to conservative (described as "reserved or cautious;" Dean & Pollard, 2004, p. 3). Interpreters may also utilize various degrees of "presentation of self" when

orienting consumers (Llewellyn-Jones & Lee, 2013, p. 59). Minimal presentation of self is defined as "behaviors associated with the machine model or 'invisible' interpreter, e.g., not interacting with the participants," while high presentation of self is defined as "presentation of self in ways that are consistent with the situation, e.g., introducing one's self" (Llewellyn-Jones & Lee, 2013, p. 59). The spectrum approach may be useful to practitioners, educators, and researchers when discussing consumer orientation and decision-making.

The concept of orientation to the interpreted interaction can be expanded upon and bolstered by future research as well as discussions in interpreting Communities of Practice.[2] Similarly, details of how orientation may occur in different settings will be guided by the development of best practices and will ultimately be determined by individual practitioners and consumers in the field.

EXISTING RECOMMENDATIONS FOR CONSUMER ORIENTATION

There are no current guidelines or models in place that outline best practices for orienting consumers to the interpreted interaction. The guidance that has been published contains gaps and conflicting information. It is unclear what should be included in consumer orientation, who might be responsible for conducting it, and how decisions are to be made in different contexts; however, a common theme in existing research is the need for more information sharing. These existing recommendations seem to support the idea of interpreters engaging in orientation to the interpreted interaction.

Llewellyn-Jones and Lee (2014) pointed out that information sharing can serve to build rapport and trust among the interpreter and the interlocutors. They suggested that "successful interpreting depends on trust. Interlocutors have to trust that what they are saying (and meaning) is being portrayed in a way that they would want" (p. 24). Medical interpreters in Sweden have specifically expressed the need for healthcare staff to undergo more training on how to work with interpreters, including how to speak clearly, where to position themselves in the room with a patient and interpreter, how to communicate critical information to the interpreter, and the importance of using a professional interpreter as opposed to a family member or bilingual staff person (Hadziabdic & Hjelm, 2013). While not a substitute for consistent, formal training, such information might be appropriately shared as part of an orientation to the interpreted interaction.

Humphrey and Alcorn (2007) also advocated for sharing information with what they call "uninitiated consumers":

> Self-advocacy skills are required. In spite of increasing public awareness, some people still do not understand an interpreter's role or what the interpreter needs to perform her/his job maximally … It may be necessary for the interpreter or the Deaf consumer to "brief" parties about the "do's and don'ts" of working with an interpreter. For example, an interpreter may have to tactfully, but insistently, explain to an x-ray technician that the Deaf client cannot hear through the partition as s/he shouts, "take a breath—hold it—now breathe." Thus,

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[2] A Community of Practice is a "group whose joint engagement in some activity or enterprise is sufficiently intensive to give rise over time to a repertoire of shared practices" (Eckert & McConnell-Ginet, 1999, p. 185).

interpreters must be able to predict their needs prior to entering interpreted settings and effectively and professionally communicate those needs to others. (p. 251-252)

Witter-Merithew et al. (2011) also recommended that interpreter training programs prepare students to share information with consumers: "Ideally, interpreter education programs prepare graduates capable of keeping both parties fully informed of what is happening, who is speaking, and what the interpreter is doing in a transparent, authentic, and natural manner" (p. 75).

As demonstrated in the literature review and above, consumers of interpreting are prone to role confusion, and sharing information is a vital responsibility of the interpreter. Results from this study indicate that without orientation, many hearing consumers may experience confusion or distraction during the interpreted interaction, and these feelings may be associated with negative perceptions of the Deaf interlocutor. Further research is needed to determine how consumers should be informed of the dynamics of the interpreted interaction.

RECOMMENDATIONS FOR THE FUTURE

A lack of documented evidence-based practices does not mean that consumer orientation is not occurring in the field of interpreting. Many interpreters, in fact, probably are introducing themselves and orienting consumers to the interpreted interaction as part of their daily work. The fact that this aspect of interpreting has not yet been documented in the literature is perhaps a reminder that signed language interpreting is still a relatively young profession. Results from this study can serve as a starting point for future research that explores current practice, the efficacy of various strategies, and the impact of including orientation in interpreters' work. The method from this study could be replicated with a simple variable substitute: The gender of the interpreter could be consistent and half of participants receive an introduction and orientation to the interpreted interaction while the other half do not.

Exploration of current practices in the interpreting field is also imperative. A lack of research and insufficient guidelines have left interpreters and savvy consumers to come up with their own ways of orienting novice consumers. There are, no doubt, effective approaches being utilized every day; the collective wisdom on this topic held in the Deaf and interpreting communities should be documented and examined.

RELATED FIELDS

Interpreters, educators, and researchers would do well to examine other professions that include an element of orientation. Victim advocates, for example, use orientation to help clients navigate the legal system. Disability advocates orient people with disabilities and their families when they need to access resources or engage with government systems such as school districts. Teachers and parents provide orientation when they prepare children for a new experience. Nurses use orientation to keep patients and their families informed in medical settings. There may be elements of orientation that are already considered best practice in other professions that interpreters could adopt into their own repertoire.

POWER DYNAMICS

As dialogue begins and best practices are developed, the manifestation of power and privilege in interpreted interactions should be taken into careful consideration. Researchers need to look not just to interpreters, but also to consumers who have experience and preferences concerning introductions and orientation to the interpreted interaction. Research on Deaf/hearing interpreter teams also supports the idea of Deaf and hearing interpreters communicating and strategizing together on how best to approach consumers, which would logically include introductions and orientation (Reinhardt, 2015). Interpreters need to be cautious that the development of orientation strategies does not leave Deaf people out and that implementation of these strategies does not usurp the power of Deaf consumers. Some interpreters may be omitting orientation in the hopes that the Deaf person will take the responsibility for conducting it. It is easy to imagine scenarios where this leads to a complete omission of consumer orientation, which the current study suggests may not serve consumers well. Interpreters should consider how they negotiate this with different consumers in different contexts.

EXISTING MODELS AND THEORIES

Existing models and theories may provide a beneficial framework for discussing orientation. In addition to ethical decision-making models from other fields, the demand control schema as described by Dean and Pollard (2011, 2013) is particularly useful when examining the decisions interpreters make and the consequences of those decisions. Nieto et al. (2010) described nine social rank categories where a person can hold Agent status (meaning that they are a member of a group who experiences benefits and privileges) or Target status (meaning they are a member of a group that experiences oppression and limitations). Understanding the status of interlocutors and the interpreter in different categories can give clarity to the power dynamics that exist in interpreted interactions.

CONCLUSION

Participants in this study were not provided with an orientation to the interpreted interaction, and almost half indicated they were confused or distracted while watching the Deaf presenter. Feelings of confusion and distraction were associated with a more negative perception of the Deaf presenter.

Further research is needed to strengthen these findings and to document current practices in the field of signed language interpreting. Future studies can examine the efficacy of current practices and the importance of orientation to the interpreted interaction. Analysis of consumer orientation from various perspectives will allow the interpreting field to develop an evidence-based approach with positive outcomes for interpreters and consumers alike.

Dialogue within interpreting Communities of Practice will be an important part of developing best practices for consumer orientation. Exploring this element of the work with other interpreters, mentors, educators, and consumers will bring more awareness to interpreters' habits and their effectiveness. Interpreters can learn from one another's strategies and can work together to develop guidelines and approaches that empower all of their consumers. Further research will bolster these conversations, but interpreters can now begin considering how they approach their

consumers and the influence of power dynamics, systemic oppression, context-specific expectations, and evidence-based information sharing.

Interpreters have opportunities to orient consumers in their daily work, and interpreters and consumers alike would benefit from future research and ongoing dialogue on this topic. This study can serve as a starting place for future research and as a basis for discussions within interpreting Communities of Practice.

REFERENCES

Cokely, D. (2005). Curriculum revision in the twenty first century: Northeastern's experience. In C. Roy (Ed.), *Advances in teaching sign language Interpreters* (pp. 1-21). Washington, DC: Gallaudet University Press.

Dean, R. K. & Pollard Jr., R. Q. (2013). *The demand control schema: Interpreting as a practice profession.* North Charleston, SC: CreateSpace Independent Publishing Platform.

Dean, R. K., & Pollard Jr., R. Q. (2011). Context-based ethical reasoning in interpreting: A demand control schema perspective. *The Interpreter and Translator Trainer*, *5*(1), 155–182. doi:10.1080/13556509.2011.10798816

Dean, R. K., & Pollard, R. Q. (2005). Consumers and service effectiveness in interpreting work: A practice profession perspective. In M. Marschark, R. Peterson, & E. A. Winston (Eds.), *Sign language interpreting and interpreter education* (pp. 259– 282). Retrieved from https://intrpr.github.io/library/dean-pollard-practiceprofessions.pdf

Eckert, P., & McConnell-Ginet, S. (1999). New generalizations and explanations in language and gender research. *Language in society*, *28*(2), 185-201.

Hadziabdic, E., & Hjelm, K. (2013). Working with interpreters: Practical advice for use of an interpreter in healthcare. *International Journal of Evidence-Based Healthcare*, *11*(1), 69-76.

Hale, S., & Napier, J. (2013). *Research methods in interpreting: A practical resource.* New York, NY: Bloomsbury.

Hsieh, E. (2010). Provider–interpreter collaboration in bilingual health care: Competitions of control over interpreter-mediated interactions. *Patient Education and Counseling*, *78*(2), 154-159.

Humphrey, J. & Alcorn, B. (2007). *So you want to be an interpreter? An introduction to sign language interpreting.* Renton, WA: H & H Publishing Co.

Jones, C. (2017). *Perception in American Sign Language interpreted interactions: Gender bias and consumer orientation* (Master's Thesis). Western Oregon University, Monmouth, Oregon. Retrieved from https://digitalcommons.wou.edu/theses/41/

Kent, S. J. (2012). Deaf voice and the invention of community interpreting. *Journal of Interpretation*, *22*(1), 3.

Khanna, V. (2015). Soft skills: A key to professional excellence. *International Journal of Research in Engineering, Social Sciences, 5*(1), 32-40.

Kredens, K. (2017). Conflict or convergence? Interpreters' and police officers' perceptions of the role of the public service interpreter. *Language and Law*, *3(2),* 65-77.

Llewellyn-Jones, P., & Lee, R. G. (2013). Getting to the core of role: Defining interpreters' role space. *International Journal of Interpreter Education*, *5*(2), 54-72.

Llewellyn-Jones, P., & Lee, R. G. (2014). *Redefining the role of the community interpreter: The concept of role-space*. United Kingdom: SLI Press.

McIntire, M.L., & Sanderson, G.R. (1995). *Who's in charge here? Perceptions of empowerment and role in the interpreting setting.* California State University, Northridge, CA.

Metzger, M. (1999). *Sign language interpreting: Deconstructing the myth of neutrality*. Washington, DC: Gallaudet University Press.

Nakane, I. (2009). The myth of an 'invisible mediator': An Australian case study of English-Japanese police interpreting. *PORTAL Journal of Multidisciplinary International Studies*, *6*(1) 1-16.

Nieto, L., Boyer, M., Goodwin, L., Johnson, G. R., & Smith, L. C. (2010). *Beyond inclusion, beyond empowerment: A developmental strategy to liberate everyone.* Olympia, WA: Cuetzpalin.

Norström, E., Gustafsson, K., & Fioretos, I. (2011). *The Interpreter–A cultural intermediary. Behind closed doors: The importance of interpreting for the rule of law and for integration, with special focus on separated minors* [Research paper]. Lund University. Retrieved from http://www.tolkprojektet.se/Report_English.pdf.

Registry of Interpreters for the Deaf. (2005). *NAD-RID code of professional conduct.* Retrieved from https://drive.google.com/file/d/0B-_HBAap35D1R1MwYk9hTUpuc3M/view

Reinhardt, L. R. (2015). *Deaf-Hearing interpreter teams: Navigating trust in shared space* (Master's Thesis). Western Oregon University, Monmouth, Oregon. Retrieved from http://digitalcommons.wou.edu/theses/21

Robles, M. M. (2012). Executive perceptions of the top 10 soft skills needed in today's workplace. *Business Communication Quarterly*, *75*(4), 453-465.

Russell, D., & Shaw, R. (2016). Power and privilege: An exploration of decision-making of interpreters. *Journal of Interpretation*, *25*(1), 7.

Schulz, B. (2008). The importance of soft skills: Education beyond academic knowledge. *Nawa: Journal of Language & Communication*, *2*(1), 146-154.

Strauss, A., & Corbin, J. (1994). Theory methodology. *Handbook of Qualitative Research*, *17*, 273-85.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research techniques*. Thousand Oaks, CA: Sage Publications.

Van De Mieroop, D., Bevilacqua, G., & Van Hove, L. (2012). Negotiating discursive norms: Community interpreting in a Belgian rest home. *Interpreting*, *14*(1), 23-54.

Witter-Merithew, A. (1999). From benevolent care-taker to ally: The evolving role of sign language interpreters in the United States of America. *Gebärdensprachdolmetschen: Dokumentation der Magdeburger Fachtagung (Theorie und Praxis 4), Hamburg: Verl hörgeschädigte kinder*, 55-64.

Witter-Merithew, A., Swabey, L., & Nicodemus, B. (2011). Establishing presence and role transparency in healthcare interpreting: a pedagogical approach for developing effective practice. *Rivista di psicolinguistica applicata*, *11*(3), 79-94.