
Culture Brokers, Advocates, or Conduits: Pedagogical Considerations for Deaf Interpreter Education

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Abstract

In a qualitative review of interpretation and Deaf² studies programs in Canada, some educators described their experiences teaching Deaf students. Most of the Deaf instructors had worked as Deaf interpreters (DIs). Given the challenges they faced as a DI, and in light of research concerning interpreters from other minority cultures, the conceptualization of their subjectivity should consider their ethnicity; perhaps the role of culture broker or advocate is appropriate in some settings. The inclusion of Deaf students in the programs led to many benefits, as described by the participants, including a heightened awareness of power, Freire's (2004) *conscientização*, through awareness of praxis. Examples of Freire's philosophy of education as being dialogic were also noted, as the Deaf students took on the role of teacher. However, educators might wish to reconsider practices that promote massification (Freire, 1974), such as assignments only in English and the Deaf interpreter serving in the role of a conduit.

Keywords: Deaf; interpreter; epistemology; audism; advocate; oppression; praxis; identity; culture; power; pedagogy

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² Editor's note: Although the convention for this journal is to use the lowercase 'd' when referring to deaf people, the author has expressed his wish to use the uppercase 'D' convention to imply a linguistic and cultural minority.

Culture Brokers, Advocates, or Conduits: Pedagogical Considerations for Deaf Interpreter Education

1. Introduction

The ascribed or assumed subjectivity of professional interpreters is a complex phenomenon, as the history of hearing American Sign Language (ASL)–English interpreters in North America has seen a metamorphosis in the conceptualization of the role from that of helper, to conduit, to communication facilitator, to bilingual–bicultural professional (Humphrey & Alcorn, 2001; Roy, 1993) and ally to the Deaf community (Mikkelson, 2008). It has been theorized that this change in perception and metaphorical representation was the result of several factors, such as a movement in the field from a psycho-linguistic paradigm to that of a cultural view and the increased recognition of ASL as a language (Roy). With each re-inscription of the interpreter’s identity or his/her subjectivity came implications in terms of what was deemed to be ethical behavior (Mikkelson, Roy). While the role and identity of interpreters who can hear was being debated in the literature, little attention was given to the work of Deaf interpreters in Canada and the United States. To date, there have been few empirical studies concerning this phenomenon (Forestal, 2005; Keller, 2008; Ressler, 1999; Stone, 2009). To address this lack of information, and as the result of a broader qualitative study to examine interpreter education in Canada, this manuscript focuses on Deaf interpreter preparation and subjectivity from the perspective of the respondents. What emerged from this study was a number of areas concerning the need for the education of working Deaf interpreters and a list of the benefits and challenges of Deaf students who had enrolled in the programs. Perhaps of great significance to the field is the suggested differentiation between the role or the subjectivity of hearing ASL–English interpreters, who have typically acquired ASL as their second or “B” language, and Deaf interpreters, who have acquired ASL as their first or “A” language.

2. Review of the Literature

As with spoken language interpreters, some Deaf interpreters work between two languages, such as ASL and Langue des Signes Québécois (LSQ; Boudreault, 2005). In Britain, Deaf interpreters translate live newscasts, working from the printed English on a teleprompter or autocue to British Sign Language (BSL; Stone, 2009). They are also employed, at times, to shadow or mirror a signed message from a hearing interpreter or from a Deaf speaker to a Deafblind client with limited vision (Boudreault; Humphrey & Alcorn, 2001). Deaf interpreters might

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also work between their native signed language, for example ASL, and International Sign³ (Boudreault; Forestal, 2005).

To understand the role of a Deaf interpreter, this study made reference to the growing canon on spoken language interpreters from minority language cultures in the North American context (e.g., Cree, Inuit, and Spanish); as fellow members of a linguistic minority, it was found that they have many experiences in common with the participants of this study. To delimit the review of the literature, however, no reference will be made to the canon on spoken language interpreters in court settings,⁴ or minority language interpreters in educational settings, as they rarely work in this environment. Instead, the focus of this manuscript and literature review will be on the articles written concerning spoken language interpreters, primarily in medical and mental health settings, and Deaf interpreters. To differentiate between interpreters who do not have English as a first language and who come from a linguistic minority (i.e., Deaf, native users of ASL, and spoken language interpreters whose first language is Spanish or Cree) from interpreters who have English as a first language and are members of the majority culture in the North American context, the former group will be designated *minority language interpreters* (MLIs).

2.1 Deaf minority language interpreters

As mentioned earlier, and as should be noted in this literature review, there is little empirical research into the phenomenon of Deaf interpreters;⁵ much of the literature is based on autobiographical or anecdotal accounts. Several terms have been used to describe the role of a Deaf MLI, such as a *relay interpreter* (Frishberg, 1986; Ressler, 1999) or an *intermediary interpreter* (Forestal, 2005; Frishberg; Mathers, 2009). In these roles, the Deaf MLI observed the interpretation from a hearing interpreter and then re-interpreted their signed language into a more comprehensible form of ASL for the Deaf consumer. At one time, the Registry of Interpreters for the Deaf (RID) assessed Deaf interpreters and awarded a Reverse Skills Certificate (Frishberg), a designation that was problematic given that the “reverse” of interpreting seems theoretically impossible. This nomenclature was later changed to Certified Deaf Interpreter (CDI; Humphrey & Alcorn, 2001). As early as 1984 in the United States (Bonni, 1984) and 1990 in Canada (Dubieniski, 1990), authors have advocated for the employment of Deaf MLIs. Unfortunately, according to Dively (1995) and Ressler, they have had limited opportunities to work.

Based on personal experience, P. Wilcox (1995) believed a significant and systemic barrier faced by Deaf interpreters was the unwillingness of the public to accept the role of a Deaf MLI. This differs greatly from the experiences of MLIs in spoken languages, who are more readily employed in medical settings; those experiences will be described later in this manuscript. The reluctance to employ a Deaf MLI is thought to be the result of audism—a form of racism directed against Deaf individuals for using a signed language (Lane, 1994) and the subordinate position accorded Deaf people by society (P. Wilcox). The concept of a Deaf person providing interpretation services to another Deaf person, it has been theorized, is “inconceivable to many hearing people,” according to P. Wilcox (p. 90) or viewed as “somewhat preposterous” (Ressler, 1999, p. 72) to the hearing public.

2.1.1 Deaf minority language interpreter competencies

The clientele with whom Deaf interpreters work and the competencies needed to perform their duties are of interest to interpreter educators. It should be noted that the role of an interpreter is not foreign to Deaf adults, for as students, some were called to consecutively translate lessons for their peers from their instructors’ impoverished ASL to fluent ASL (Boudreault, 2005; Forestal, 2005).

In the North American context, a Deaf MLI typically works on a team with a hearing interpreter (Dubieniski, 1990) to reinterpret the signed message to a Deaf consumer. This experience differs from that of a spoken

³ To communicate across different cultures, the international Deaf community has encouraged the development of a system that borrows lexical items and grammatical features from a number of signed languages. This system has been referred to as International Sign and there is controversy regarding its status as a language especially as its nature varies from signer to signer (Moody, 2002).

⁴ See Mathers (2009) and Mikkelson (2008) for a discussion of Deaf interpreters in legal settings.

⁵ See C. Stone’s (2009) comprehensive empirical study of Deaf interpreters.

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language interpreter, who probably works alone, interpreting between Spanish and English or English and French. A Deaf MLI might provide interpretation services for Deaf individuals who lack fluency in English or who are characterized as being monolingual ASL users (Frishberg, 1986; P. Wilcox, 1995). Mathers (2009) also advocates for a Deaf and hearing interpreter pair in settings where the clients are “foreign born” or where there is a “lack of family support, substance abuse, discrimination, inappropriate education, residence in a rural or low-income urban area, limited socialization, or a bilingual home environment (without signing)” (p. 72). Frishberg suggested that a Deaf and hearing interpreter pair be employed with individuals who exhibit “idiosyncratic” vocabulary or grammar.

Deaf interpreters work in partnership with hearing interpreters because, as authors such as Dively (1995) and Mathers (2009) believe, a Deaf MLI is considered more fluent in ASL than the typical hearing ASL–English interpreters and more aware of Deaf culture. This enables them to provide more comprehensible texts in ASL to the Deaf clients. In a comparison of interpreters translating British newscasts, Stone (2009) found that the Deaf MLI, more so than their hearing counterparts, enriched their target texts in BSL in a number of ways. Some Deaf MLI added information about the content of the English text, referred to as thematic enrichment (Stone). Some added information about the geographic area being discussed, locational enrichment (Stone).

The ASL target texts produced by hearing interpreters, on the other hand, have been described as retaining much of the English source text features (Frishberg, 1986; Ressler, 1999; Stone, 2009; P. Wilcox, 1995), making them more difficult to understand or incomprehensible to some Deaf consumers. Thus, in situations in which both a hearing and Deaf interpreter are employed, it allows each to focus on their “A” language, their stronger language, providing a separation of duties as suggested by Mathers. When the hearing interpreter’s signed text contains too many features of English, the Deaf interpreter can then re-interpret the signed message into a more complete form of ASL.

In terms of competencies, and as mentioned earlier, interpreters must be fluent in their native sign language (e.g., ASL) and another sign language (e.g., LSQ or International Sign), as they may be called to work between the two signed languages (Boudreault, 2005; Forestal, 2005). They must also be adept in a number of modes of interpreting, such as sight translation (Forestal, 2005; Montoya, Egnatovitch, Eckhardt, Goldstein, Goldstein, & Steinberg, 2004; Stone, 2009), consecutive interpretation, and simultaneous interpretation (Humphrey & Alcorn, 2001; Ressler, 1999). When working with certain clients, such as recent immigrants who lack knowledge of ASL or English, a Deaf MLI needs a facility with different systems of communication (e.g., miming and gesturing) and must be ready to use props to achieve communication (Boudreault). In some instances, they must draw upon artistic abilities to create pictures (Forestal, 2005). When working as an interpreter for Deafblind individuals, the interpreters must also be adept with tactile sign languages or alphabets (Frishberg, 1986).

Based on her belief that a Deaf MLI had a superior command of ASL and knowledge of Deaf culture, as compared to their hearing peers, Mathers (2009) argued that a Deaf MLI was better suited to work with a variety of Deaf clients. From a number of anecdotal accounts, it was recommended that a Deaf MLI be employed in legal proceedings (Mathers; P. Wilcox, 1995), immigration procedures, or with Deaf children or seniors (Dubieniski, 1990). A Deaf MLI was also recommended in mental health settings (Montoya, et al., 2004), for example, to translate psychological or psychiatric evaluations, as Humphrey and Alcorn (2001) believed that “misinterpretations of questions and answers have repeatedly led to the misdiagnosis of the Deaf individuals involved” (p. 13-49).

2.1.2 Benefits of MLI

Based on the personal experiences of several authors, a number of hypothetical social or interpersonal benefits to employing a Deaf MLI have been suggested, information that, perhaps, should be considered for inclusion in interpreter education programs. The presence of a Deaf MLI has the potential of providing emotional support and comfort for Deaf clients (Dubieniski, 1990; Frishberg, 1986; P. Wilcox, 1995). Frishberg wondered if “the presence of a deaf interpreter may relieve the anxiety of a deaf person, who is having difficulty communicating to several hearing people” (p. 153). Because of his experience as a Deaf interpreter, Boudreault (2005) thought a Deaf client might experience a sense of “cultural identification” and “empowerment” (p. 335) when a Deaf MLI was present. P. Wilcox also wondered if their presence lent “credence to the entire communication process” (p. 92) and responded to the cultural oppression faced by Deaf clients.

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Reflecting on her experiences as an interpreter educator, Dively (1995) recommended having had prior experience as a Deaf MLI as a criterion of employment for instructors in an interpretation program. She thought having Deaf MLIs on staff would enhance the Deaf community's understanding of interpreting and would give the hearing students more exposure to native language users and role models. Support has also been growing for the inclusion of Deaf students as MLIs in interpretation programs (Association of Visual Language Interpreters of Canada, 1988; Bonni, 1984; Frishberg, 1986). In a study of interpreters in legal settings, Russell (2002) expressed her belief that Deaf graduates of these programs "often become the best allies" (p. 13) in describing and advocating for areas such as consecutive interpreting in legal settings.

Unlike Deaf MLIs, there is a growing canon of empirical studies concerning interpreters in spoken languages within medical or mental health settings. These studies outline a number of benefits for clients and the institutions when professional MLIs are present. Benefits include an increase in patient visits to the outpatient department (Flores, 2005) and better follow-through with prescription drugs (Flores). Studies noted equal "adherence to follow-up" treatments (Flores, p. 743), frequency of service use, and visit length when compared to English speaking patients who did not require an interpreter (Karlner, Jacobs, Chen, & Mutha, 2007). When professional interpreters were booked, their presence served to "decrease communication errors, increase patient comprehension, equalize healthcare utilization, improve clinical outcomes, and increase satisfaction with communication and clinical services for limited English proficient patients" (Karlner, et al., p. 748). In one survey, it was found that patients with limited English fluency also asked more questions during their treatment, had better recall in terms of the health information, reported better physical functioning and well-being, more frequently made use of vaccination services and cancer screenings for mammograms, and went for blood testing more often when trained interpreters were present, as compared to patients who were not given an interpreter (Flores). Flores concluded that the cost of providing a professional or trained interpreter for hospitals was therefore cost effective, in view of reduced errors, less demands on the hospital services, and fewer lawsuits.

2.1.3 MLI education

A lack of preparation seems endemic in the field of Deaf minority language interpreters (Dively, 1995; Forestal, 2006) and for spoken language interpreters in medical and mental health settings (Baker, Parker, Williams, Coates & Pitkin, 1996; Davidson, 2001; Elderkin-Thompson, Silver & Waitzkin, 2001; Kaufert & Koolage, 1984; Musser-Granski & Carrillo, 1997; Singh, McKay & Singh, 1999). At one time, a Canadian program offered a series of courses for Deaf MLIs (Mitchell, Evans, & Spink-Mitchell, 1988). In the United States, P. Wilcox (1995) identified a number of ad hoc training programs in 1995, such as ones through the Superior Court of Los Angeles County and at the Bicultural Center in Maryland. At one point, Northeastern University in Boston reported enrollment of a Deaf MLI (P. Wilcox, 1995), as did Gallaudet University (Dively). However, in a review of the literature, Mathers (2009) opined that generally, "most interpreter education programs are ill-equipped to admit deaf students" (p. 69).

Forestal (2005) conducted a qualitative study in which she interviewed nine Deaf individuals who described themselves as Deaf interpreters. In terms of their education, "three received their training from an interpreter education program, three primarily from workshops, and three from a federally funded Deaf interpreting training program that met one full weekend, once a month, for three years" (p. 244). Although better trained than their hearing counterparts, as we will see next, the participants still desired further, ongoing education.

Although there was a lack of training for Deaf MLIs, as mentioned earlier, the picture was similar for spoken language interpreters working in medical or mental health settings. The concept of proficiency and training was frequently not addressed by these institutions (Baker, et al., 1996; Davidson, 2001; Flores, 2005; Karlner, et al., 2007). When the qualifications of the interpreters were documented in the research, they were described as being untrained medical staff (Baker, et al.; Davidson, 2000; Elderkin-Thompson, et al., 2001; Nailon, 2006) or as family members (Baker, et al.; Karlner, et al.). Davidson (2000) found that in one hospital that employed professional interpreters, their preparation was in fact "scant" and included "a good grasp of both English and Spanish and the ability to translate 50 medical terms on a test with complete accuracy" (p. 400). Davidson (2000) was concerned that the interpreters lacked training in "discourse processes" (p. 400), and that the education they received consisted of "nothing more than a period of time following an interpreter on her daily rounds, an assurance that the interpreter in question [was] actually bilingual in the relevant languages, and paperwork

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documenting that the interpreter [was] informed (somewhat) about issues of patient confidentiality” (pp. 385–386).

In another study, in which professional interpreters were booked from a local agency, they had been provided 45 hours of training and had passed an unspecified competency test (Rosenberg, Seller, & Leanza, 2008). In a review of the literature on medical interpreters, it was found that “currently, training ranges from several hours to more than a year; this variation may result in a wide range of competency levels among professional medical interpreters.” (Karliner, et al., 2007, p. 749). Areas suggested for inclusion in training programs for medical or mental health interpreters were English, mental health issues, medications, interpreting, culture, assessment, counseling, ethics, advocacy, community-based resources, boundaries (Musser-Granski & Carrillo, 1997) and medical terminology (Musser-Granski & Carrillo; Nailon, 2006).

2.1.4 Deaf MLI coursework

In terms of coursework for a Deaf interpreter preparation program, Boudreault (2005) proposes that a curriculum is needed and Mathers (2009) argues for defined program outcomes and further research. Boudreault suggests coursework including ASL linguistics, interpreting theory, Deaf culture, ethics, International Sign Language, Deafblind interpreting, and the role of the interpreter. As identified by Stone (2009), programs could instruct Deaf MLI in how to enrich target texts thematically, temporally, and at the level of discourse. Forestal (2005) further recommends processing skills, ASL and gestural skills, expansion techniques, interpersonal training, working with hearing interpreters, and coursework that covers topics such as educational, medical, and mental health interpreting. Both Forestal and Mathers advocate for education related to specific contexts, such as legal settings. Forestal and Mathers agree that programs should include coursework for hearing interpreters on how to work with their Deaf colleagues, and Mathers feels that it is necessary to teach hearing interpreters how to advocate for the employment of Deaf interpreters.

To deliver courses, only two authors specifically touch on the pedagogy of Deaf interpreter education. Forestal (2005) found that the Deaf MLI she interviewed appreciated “hands-on activities, role-plays, and team or group activities that provided opportunities for skill application based on what was briefly explained in the lectures” (p. 247). While lecturing was not described as a successful pedagogy, the study participants described a preference for learning activities based on consecutive work (Forestal). In 2008, Keller noted a similar preference for role-plays in the Deaf students she interviewed who were enrolled in a course she taught on ethics. Also of interest to program designers was the suggestion for separate courses for Deaf and hearing students, due to a disparity in their power and educational backgrounds in areas such as linguistics and culture (Boudreault, 2005; Forestal). Keller also recommends the demand-control schema (Dean & Pollard, 2001) as a pedagogical model for use with Deaf students.

2.2 Role of Deaf MLIs

Few studies have been done on the role of a Deaf MLI. Stone (2009) noted where Deaf interpreters were employed to interpret newscasts; they believed their role shifted from translator, interpreter, presenter or news reader. In community settings, Boudreault (2005), a Deaf interpreter, also talked about the need for a Deaf MLI to adopt different roles, such as the position of facilitator or advocate, due to the “educational, language and cultural backgrounds” or “semi-lingual” status of their consumers (p. 331). He suggests that in these roles the interpreter works to “focus” the client’s attention “just on the information being requested” and to help “the consumer to frame her response to match the conventions of the setting” (p. 333).

Keller (2008) provided a number of examples of behaviors adopted by Deaf interpreters, perhaps associated with the role of advocate or facilitator. As a teacher, she had invited a Deaf interpreter to a class on ethics, and this individual described a Deaf client’s frustration when asked to reply repeatedly to the same questions at a social service agency. One suggested response was to have the Deaf interpreter “explain that it was a factor of the system,” to help the Deaf client realize they were “not being singled out” (p. 10). A Deaf student in the same course shared an experience as an interpreter in which he/she had been asked to interpret information concerning cochlear implants that he/she believed to be inaccurate and oppressive. This Deaf student “used the control option of stepping out of interpreting role and into participant role to address the inaccuracy” (p. 8).

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However, while Boudreault (2005) and Keller (2008) described incidences of Deaf interpreters acting as an advocate, there was still the belief that they were limited to a conduit model and that whatever action they took must be “within the limits of the code of ethics” for ASL–English interpreters (Boudreault, p. 335). In Keller’s interviews, for example, the classmates of the Deaf student “challenged the control option” (p. 8) of direct participation and suggested other controls that they felt were more in keeping with ethical behavior, such as “debriefing with a colleague” (p. 9) after the interpreting session. Not surprisingly, it was suggested by Boudreault that the professional code of ethics for hearing ASL–English interpreters must be re-examined in light of the experiences of Deaf MLIs.

Given the different roles Deaf MLIs take on in comparison to the expectation that they adopt a conduit model, it is perhaps not surprising that Frishberg (1986) postulated that one of the biggest challenges a Deaf MLI might face was the ability to maintain “role-separation” and neutrality (p. 153). Based on his experience, Boudreault (2005) also wrote that the Deaf MLI might experience “a different dynamic than most hearing interpreters experience in the Deaf community” (p. 347). He believed the Deaf community did not understand the role of a Deaf interpreter and that Deaf MLIs might have to learn how to balance professional distance and Deaf cultural expectations for establishing polite rapport. A Deaf MLI may also experience some internal conflicts not faced by hearing ASL–English interpreters, in view of what was described as their dual role as service provider and consumer (Keller, 2008; Mathers, 2009).

Based on their experiences, Forestal (2005) and Mathers (2009) also mentioned the need to address the willingness and ability of hearing interpreters to accept the role of their Deaf colleagues, another challenge to their role and authenticity. Earlier, Frishberg (1986) speculated that hearing interpreters perhaps experienced a “temptation” (p. 169) to interpret directly to the Deaf clients when a Deaf MLI was present, thereby bypassing the Deaf interpreter and negating their presence. She suggested special seating arrangements so that the hearing interpreter could see only the Deaf MLI (Frishberg). Boudreault (2005) provided examples of what he believed to be the most efficient seating arrangements for different contexts.

2.2.1 Role of spoken language interpreters

For MLIs of spoken languages, unlike for Deaf interpreters, several roles have been described and have been the subject of study; these roles will be reviewed next because they help to contextualize the challenges faced by Deaf interpreters. One of the most frequently mentioned roles was that of a neutral, *linguistic translator* (Dysart-Gale, 2007; Kaufert & Koolage, 1984; Leanza, 2005; O’Neil, 1989; Rosenberg, et al., 2008), also referred to as a *conduit* (Hatton & Webb, 1993; Hsieh, 2007; Rosenberg, et al.), or *voice box* role (Hatton & Webb). In this role, it was believed that the interpreter did not, or could not, alter the information in any way (Kaufert & Koolage), and it appeared to be the preferred role of inexperienced interpreters and clinicians (Hatton & Webb).

Whereas it was commonly mentioned, the conduit role “was also the most frustrating” for some interpreters (Leanza, 2005, p. 178), perhaps because “the exact translation of words was extremely complex work” (Hatton & Webb, 1993, p. 141). Especially in a medical setting, it was thought that the conduit model was inadequate to describe the interpretation process that was needed (Bolton, 2002; Davidson, 2001; Dysart-Gale, 2007; Rosenberg, et al., 2008). Individuals who advocated for this role did so under the erroneous belief that an interpreter did not have an impact on the interpreted interaction (Mikkelsen, 2008), and as such, the role contradicted the interpreters’ social and professional identities, for example, by limiting their ability to show empathy (Rosenberg, et al.). Perhaps as a response to the limitations of a process of literal interpretation, Bolton suggested the conveyance of connotative meanings in addition to the denotative sense of the participants’ utterances; however, he also realized that this was a challenging role, especially in mental health settings when interpreting the language used by some clients.

A second role described was that of *culture brokers* (Bolton, 2002; Dysart-Gale, 2007; Hatton & Webb, 1993; James, 1998; Kaufert & Koolage, 1984; Labun, 1999; O’Neil, 1989; Rosenberg, et al., 2008; Singh, et al., 1999) or *collaborator* (Hatton & Webb). In this role, interpreters were seen as active participants (Rosenberg, et al.) in a relational process (James), in which they conveyed culturally significant aspects of the interaction (James). Dysart-Gale postulated a semiotic or mixed model of interpreting, in which meaning was negotiated and interpersonal relationships were prioritized. This was believed by some to be a bi-directional process: from the interpreter to both the patient and clinician (Kaufert & Koolage, Labun).

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However, the role of culture-brokers has also been described as uni-directional: from the clinician to the patient (Leanza, 2005). In this role, and as culture-brokers, interpreters have been described as *agents of the state* (Rosenberg, et al., 2008), or as an *ally of the state* (Davidson, 2001; Leanza), as *cultural informants* (Leanza), or as *culture broker–biomedical interpreters* (Kaufert & Koolage, 1984, p. 283). They were given the responsibility to explain medical terminology and procedures to the clients (Kaufert & Koolage; Rosenberg, et al.), but appeared to implicitly support the dominant, medical discourse over the needs of the patient (Leanza). The genesis of this role appeared to be interpreters' perceived lack of power in healthcare institutions (O'Neil, 1989), as they felt that they had to defer to the physician's tolerance toward their work and interests (Rosenberg, et al.).

Like Deaf interpreters, another role minority language interpreters adopted was that of *advocate* (Davidson, 2001; Dysart-Gale, 2007; James, 1998; Kaufert & Koolage, 1984; Kaufert & O'Neil, 1990; Labun, 1999; O'Neil, 1989; Rosenberg, et al., 2008) or *community agent* (Leanza, 2005). In this role, their loyalty was to the community as they recognized differences in culture and power and chose to bring to the foreground the values and norms of the patient (Kaufert & Koolage, Leanza). Not all interpreters adopted the advocate role, however, (Davidson, 2000; O'Neil; Rosenberg, et al.; Leanza), and some refused to do so, even "in case after case it was clear that patients and providers [failed] to grasp the intent of the other's message" (O'Neil, p. 331).

Several authors supported the role of an advocate, as patients wanted interpreters who demonstrated caring (Rosenberg, et al.) and because there was concern that a role of neutrality could "result, somewhat paradoxically, in the circumscription of patients' presentations of their problems" (O'Neil, 1989, p. 331). O'Neil believed that given disparate levels of power between clinicians and minority status patients, "advocacy [was] a necessary strategy to ensure that even basic clinical information [was] presented and translated" (p. 331). Advocacy was also necessary "for empowering the patient to assert rights that might otherwise be ignored or denied" (Kaufert & O'Neil, 1990, p. 41).

The role of *editor* (perhaps also described as the *excluder role*; Hatton & Webb, 1933) is another one that was adopted by or ascribed to interpreters (Davidson, 2001; O'Neil, 1989). In several examples, interpreters took it upon themselves to leave out information shared by the patient or doctor (Davidson, 2001; O'Neil, 1989; Poss & Rangel, 1995), such as extraneous details (Davidson, 2001), "environmental or lifestyle" or contextual information (O'Neil, p. 337), right up to the actual diagnosis from the physician (Poss & Rangel, 1995). The interpreters took on this role because they saw it as their job to control the flow of information and to keep everyone on track (Davidson, 2000; Rosenberg, et al., 2008); in some instances they answered for the physicians or clients (Davidson, 2001). Some also assumed this role because they believed the physicians expected them to edit out information and to not waste time (Davidson, 2001; O'Neil). Poss and Rangel cautioned that interpreters from the same background as the patient might adopt this role to save face for the patient and to protect them, if they thought the patient wouldn't comply with the doctor's instructions, or if they had strong beliefs against the medical advice given. In some cases, in which the interpreters had experienced trauma similar to that of the patient (e.g., being a refugee), there was concern that the interpreters might also "subtly discourage clients from talking about their painful experiences" (Musser-Granski & Carrillo, 1997, p. 57).

Healthcare professionals, however, did not like being left out (Nailon, 2006). Some felt "cast aside" (Hatton & Webb, 1993, p. 141) and some "became hostile when they felt that interpreters were censoring or inadequately translating a patient's reply" (Kaufert & Koolage, 1984, p. 284). As some were not bilingual, the clinicians might not have realized that the interpreter was trying "to establish rapport or find culturally appropriate terminology or analogies for explaining biomedical concepts" (Kaufert & Koolage, p. 285). Physicians were also left with the impression that some patients were passive or not interested in their diagnosis if the interpreter took control (Davidson, 2001).

In some clinical settings spoken language interpreters have also been viewed as co-diagnosticians (Davidson, 2001; Hsieh, 2007; Nailon, 2006; Singh, et al., 1999). In this role, the interpreter as culture-broker was expected to "familiarize the clinician with the world views of individuals from different cultures, and to advise them to use an emic approach" (Singh, et al., p. 4). This meant aiding the clinician in getting information from the patient by probing (Davidson, 2000; O'Neil, 1989; Singh, et al.), and creating culturally compatible treatments (Singh, et al.). Several clinicians expected interpreters to help them establish rapport with the patient (Bolton, 2002; Labun, 1999; Hatton & Webb, 1993; Nailon; Rosenberg, et al.; Singh, et al.), to "vouch" (p. 107) for the doctor, or to act as "a buffer zone," shielding the clinician from the emotional response of the client (Bolton, p. 109). Other duties included "(a) assuming the provider's communicative goals, (b) editorializing information for medical emphasis, (c) initiating information-seeking behaviours, (d) participating in diagnostic tasks, and (e) volunteering medical

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information to the patients” (Hsieh, p. 926). Hsieh cautioned, however, that activities of a co-therapist “would be considered as interpreting errors” by some professionals (p. 925).

Perhaps as a co-therapist or diagnostician, authors stressed the need for interpreters to take on the responsibility of ensuring informed consent was obtained (Kaufert & Koolage, 1984; Kaufert & O’Neil, 1990). Typically, it was suggested that Western doctors used “culturally based explanatory models” (Kaufert & O’Neil, p. 41) to describe the costs and benefits of medical procedures. In one study, however, the authors noted that because the “risks and benefits were not formally discussed [by the physician], the interpreter elaborated on the basic diagnostic information” and later “introduced a more formal decision point” to more clearly request consent (Kaufert & O’Neil, p. 49).

A number of other roles were suggested for interpreters in medical or mental health settings. They included the roles of *gatekeeper* (Davidson, 2001), *clarifier* (Dysart-Gale, 2007), *welcomer* or *greeter* (Leanza, 2005, p. 178), and as a source of support for the family and patient (Kaufert & O’Neil, 1990; Leanza). Leanza described the role of some interpreters as being an *integration agent*, in which the interpreter helped the patients negotiate norms and resources outside of the hospital setting (p. 186). Not surprisingly, it was suggested that interpreters needed time to negotiate a shared role with the service provider (Labun, 1999) and that as a profession it was very dissimilar to other fields (Kaufert & Koolage, 1984).

2.2.2 Cultural brokerage

Specific examples of the role of culture broker or advocate, as performed by MLIs in spoken languages, have been given in the literature. Where interpreters work with patients of Asian origin they might need to broker concepts such as the Chinese medical practice of coining and cupping that leaves obvious bruises; Western doctors did not seem familiar with these treatments (Ngo-Metzger, Massagli, Clarridge, Manocchia, Davis, Lezzoni, & Phillips, 2003). Hsieh (2007) gave an example in which an interpreter used the concept of having “caught the wind” from a Mandarin-speaking patient as having “caught a cold” in Western medicine (p. 933). While interpreting with Inuit Canadians, interpreters had to be aware that “sewing, drum dancing, or hunting and trapping” were viewed as “recreational” activities by non-Native doctors, whereas they were “understood by the Inuit as being fundamental to self-esteem, productivity, and gender identity” (O’Neil, 1989, p. 341). Researchers also noted how the act of offering tobacco could be considered the equivalent in Native culture to signing a consent form in Western medicine (Kaufert & O’Neil, 1990). In one study, the interpreters working between English and Cree “often found it necessary to move beyond the direct translation of the concept” by describing “familiar animal anatomy and by making analogies between metabolic processes in a diabetic’s diet and familiar mechanical processes such as maintaining a gas and oil balance for outboard motors,” thereby ensuring patient comprehension (Kaufert & Koolage, 1984, p. 284).

As culture-brokers and agents of the hospital, some researchers found that therapists relied on their interpreters “to ascertain whether the client’s words, attitudes and behaviours [were] considered normal and acceptable in their culture” and if the therapist’s questions were “culturally inappropriate” (Musser-Granski & Carrillo, 1997, p. 54). Hatton and Webb (1993) described how a Spanish-English interpreter rephrased a health nurse’s request concerning a family’s Christmas Eve dinner. The interpreter talked about having visited other homes also receiving social assistance, indicating that it was difficult for families to buy groceries, which led the mother to admit that there was no food in her house (Hatton & Webb). As an example of semiotic mediation, Dysart-Gale (2007) described a situation in which an interpreter talked to the doctor of a young comatose patient and suggested the clinician approach the family about turning off life support by agreeing with their religious beliefs that it was “in God’s hands” (p. 244).

In another study with interpreters between Cree and English, the interpreter found it necessary to explain to a physician that an elderly Cree grandmother’s desire to maintain her body for the afterlife was the reason that she resisted the amputation of a gangrened limb (Kaufert & O’Neil, 1990). In a discussion of the duration of back problems with a native female patient, one interpreter related the question to the birth of the patient’s children to determine the number of years she had been experiencing pain (O’Neil, 1989). In another example of cultural brokerage, anaemia was described in Cree as a lack of blood (Kaufert & O’Neil).

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2.2.3 Challenges to their role

Much like Deaf MLIs, several authors noted a number of challenges faced by spoken language interpreters in terms of defining and maintaining their role (Musser-Granski & Carrillo, 1997; Rosenberg, et al., 2008). This was perhaps due to a lack of guidelines, which no doubt led to clinicians' preference for a language transmission model (Dysart-Gale, 2007). One author described the expansion of the interpreter's role beyond a neutral conduit as "controversial," as it was thought to "compromise confidentiality" and could lead to "patient requests for advice, recommendations, clarifications" (Dysart-Gale, p. 240). Probing patients for information as a co-therapist or on behalf of a physician could be construed as an invasion of privacy (Hsieh, 2007). In situations in which the advice given by an interpreter contravenes the physician's medical opinion, the interpreter could be guilty of malpractice (Hsieh).

A number of social pressures acted on minority language interpreters in their attempts to define their roles (Musser-Granski & Carrillo, 1997). They faced conflicting values between their cultural group and the medical establishment (James, 1998; Kaufert & Koolage, 1984; Labun, 1999; Musser-Granski & Carrillo). Extended kinship ties challenged some to keep information confidential and also clouded their feelings of loyalty (Kaufert & Koolage). As an interpreter, MLIs may have experienced an elevation or change in status (Kaufert & Koolage; Musser-Granski & Carrillo), but were also cautioned not to "abuse their power and position" (Musser-Granski & Carrillo, p. 57). Their new role also "*distanced* them from some members of their community" (Kaufert & Koolage, p. 285; emphasis authors') or made them feel like an outsider in their own culture (Musser-Granski & Carrillo). Some reported jealousy in their peers because of their new social status (Musser-Granski & Carrillo). Yet some MLIs needed support for their own acculturation into the dominant English community; especially as refugees or immigrants themselves, the interpreters perhaps found it "emotionally painful to listen and interpret traumatic life experiences so similar to their own" (Musser-Granski & Carrillo, p. 57).

It must also be recognized that the interpreters were outsiders, the "other," and so lacked the power to make changes to the system (James, 1998). Medical institutions, in particular, were seen as colonial in orientation (Davidson, 2000; James; O'Neil, 1989) and asymmetric in power (Davidson, 2001; Kaufert & O'Neil, 1990). Clinicians preferred a transmission or conduit model, as the doctor was seen as the expert and the patient as being passive (Dysart-Gale, 2007). The ability of interpreters to intervene or to act as an advocate was thus limited; to do otherwise meant either challenging the clinician's authority (O'Neil) or taking action that was not seen as threatening (Leanza, 2005). Some interpreters refused to act as advocates, perhaps due to their lack of power (Davidson, 2000; O'Neil); some did not feel like part of the healthcare team and believed they were not given respect (Rosenberg, et al., 2008) or that they were not valued (Davidson, 2000). Perhaps in response, some interpreters adopted the role of *assimilator* (Leanza) and continued to ascribe traditional roles to physicians and used Western labels (Hsieh, 2007); the discourse of medicine put them in the position of being "*native informants*" and "subordinate to the dominant white English-speaking service provider" (James, p. 60).

3. Theoretical Framework

Having looked at the literature concerning both Deaf interpreters and hearing minority language interpreters, we turn now to Freire's (2004) model of critical emancipatory education as a framework for understanding the findings of this research study. Freire believed it was imperative for educators to acknowledge the impact of oppression on students and to recognize the possibility for pedagogy to become a force "to liberate themselves and their oppressors as well" (p. 44). This is a particularly relevant epistemology given the experience of oppression faced by Deaf people as a linguistic minority (Ladd, 2008; Lane, 1992; S. Wilcox, 1989). In terms of pedagogical practices, Freire envisioned teaching as an active process of engagement and of consensus building to discover solutions, perhaps in keeping with the characteristic of a collectivist society as ascribed to the Deaf community (Mindess, 1996; Page, 1993; P. Wilcox, 1995).

At the level of epistemology, Freire (2004) described education as a transformative social phenomenon, dialogic in nature, and one in which the educators and students taught each other. This view of pedagogy resonates with the value system ascribed to the Deaf community, with an emphasis on involvement (Hoza, 2007), consensus, reciprocity (Mindess, 1996; Smith, 1983), and, potentially, diffuse orientation (Page, 1993).

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The ultimate goal of education, according to Freire (2004), was to assist students in becoming more fully human, their “ontological and historical vocation” (p. 55). This act of becoming more human was accomplished through the naming of the world, then critically reflecting on the naming in a continual process of recreating the world and reflection. As sites of education for both hearing and Deaf interpreters, interpreter preparation programs are well situated to facilitate this process of naming and ownership in both Deaf and hearing students, fostering a sense of Deafhood, or pride that Deaf people have of themselves and of their culture (Ladd, 2008).

At the same time, it should be recognized that interpreter educators such as Baker-Shenk (1986) and Gish (1988) were of the opinion that the interpreting field is capable of perpetuating audism. Based on her experience, Gish believed that programs have historically employed more hearing than Deaf staff. Both anecdotal (Dively, 1995) and research-based (McDermid, 2009) evidence has suggested that Deaf staff in interpretation programs could be ascribed a lower status than their hearing peers. Both Gish and Stratiy (1996) worried that the Deaf instructors acquiesced to hearing staff, especially concerning decisions regarding culture and language classes.

During the process of naming their world, it should be kept in mind that students can confront limit-situations (Freire, 2004). For Deaf students and instructors, these limit-situations they might encounter include the oppression they have faced or the myths and stereotypes created about them (S. Wilcox, 1989; Woodward, 1989). When they realize these situations and act to change them, they come to understand their own praxis or power in an act of *conscientização*, the ability to think critically and develop a conscious awareness of their power to transform their world (Freire), again tied to a sense of Deafhood (Ladd, 2008).

It is also important to realize that as an oppressed population, Deaf instructors and students might have a “submerged state of consciousness” (Freire, 2004, p. 95), in that they wish to support their own culture but might also have an unconscious desire to take on the power and position of their dominators. This Freire (1974) described as the process of *massification*, in which the oppressed take on a role of power to enjoy more local benefits or privileges. Freire (1974) theorized that massification was the result of an education that did not address broader issues of power but instead prepared students for an individual, historically constituted role and privilege. In the case of the Deaf instructors and Deaf students, as Deaf MLIs they might wish to adopt the role of a typical professional ASL–English interpreter without critically considering what that means. Such a view does not take into account the unique culture and values they bring to the field of interpretation and could thus lead to “fatalistic attitudes towards their situation” or “docility” (Freire, 2004, p. 61), “horizontal violence” (p. 62), or “self-deprecation” (p. 64) should they fail to perform like their hearing peers or where they see other Deaf people failing to conform to the “standard” role of Deaf interpreter. Instead, during the process of education, instructors have the ability to facilitate emancipation from these prescribed subjectivities (Freire, 2004) and to imagine new conceptualizations, in this case the role of minority language interpreters.

4. Methodology

Within an ethnographic and qualitative framework (Bogdan & Biklen, 1992), faculty of five interpreter education programs and four Deaf studies or pre-interpreter programs in Canada were contacted and invited to participate in an interview concerning their teaching experiences. Each participant was given a description of the research proposal and broad research questions through electronic mail. In addition to the interview questions, the participants were also encouraged to discuss issues of relevance to them.

As the study was designed within a qualitative paradigm, the research questions were of a general nature, in order to solicit topics of interest to the participants. For example, the participants were asked to talk about the students they taught, their experiences as interpreters, and how they designed and taught their courses. Several areas were identified, and the specific focus of this paper concerns the comments of the participants about the education of Deaf students as future Deaf interpreters and, in the case of the Deaf instructors, on their experiences as Deaf interpreters.

Interviews with the hearing participants were conducted in spoken English. With the Deaf participants, the interviews were conducted in American Sign Language; the principal researcher, a nationally certified interpreter and interpreter educator, translated their comments from ASL to written English. Each participant then received a copy of their interviews for verification, additional comments, and as a source of triangulation.

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In order to maintain the anonymity of the individuals, each instructor was provided with an identifier, consisting of two letters, such as HP or DP, indicating a hearing participant or a Deaf participant, respectively, and a number. For example, HP1 represented a hearing participant and DP5 indicated a Deaf participant.

4.1 Participant demographics

Eighteen of the 34 participants in this study identified themselves as being Deaf. As a group, none of the Deaf staff reported graduating from an interpreter preparation program; only three Deaf faculty members mentioned having had training specific to the field of interpreting, which consisted of from one to several workshops on the interpreting process or legal interpreting. While 17 of the 18 Deaf instructors were active members of a Deaf community association or club, only five held membership in a professional interpreting organization; none of the 18 Deaf participants reported membership with the Conference of Interpreter Trainers or American Sign Language Teachers Association. Three Deaf staff held ASL Instructor Certification from the Canadian Cultural Society of the Deaf (see Table 1).

Table 1: Faculty Demographics

Cultural identity	Deaf	Hearing
Total participants	<i>N</i> = 18	<i>N</i> = 16
PhD / EdD		3
MA / Med	5	5
BA/BEEd/BS	9	6
College diploma/certificate	4	1
Graduate of AEIP	0	7
Certification	3 ASLIC	8 (COI, RID)
Member of interpreting organization	5	15
Member of a Deaf organization	17	3
CIT /ASLTA member	0	5

4.2 Data analysis

Utilizing an analytic-induction methodology (Bogdan & Biklen, 1992), major categories and properties were identified from the research notes and transcripts specifically related to the participants' comments concerning the education of Deaf interpreters (see Table 2). As additional instructors were interviewed, their comments were compared to the previous interviews and the literature and initial categories and properties were re-evaluated or reformulated. Examples of the major categories and properties can be seen in Table 2, in which Competencies was identified as a category with the properties of settings, modes of interpreting, and additional skills.

Table 2: Categories

Category	Properties
Competencies	Settings Modes of interpreting Additional skills
Challenges	Lack of paid positions Lack of standards
Benefits of Deaf MLI	Clients benefit Staff and hearing students benefit Deaf students benefit
Education	Lack of training Deaf MLI coursework
Pedagogy	How to support Deaf students Better understanding of hearing culture Enhanced awareness of community resources More examples to share (e.g., linguistic, experiential)
Role	Confidentiality Hearing interpreter respect

5. Findings

Turning to the findings of this study, 17 of the 18 Deaf respondents reported having experience as a Deaf interpreter, which has significance in terms of their thoughts on interpreter education, as will be discussed. They typically worked in tandem with a hearing colleague. It should also be noted that, based on the comments of the participants, three of the interpreting programs had accepted Deaf students on either a full- or part-time basis; seven Deaf and three hearing faculty members talked about their experiences or their views of working with Deaf pupils. In some cases, the Deaf students were enrolled on a part-time basis and typically took only a few of the courses in the interpreting program as a replacement for general elective courses. One Deaf student had, in fact, graduated from a program and was working in an educational setting as a Deaf interpreter.

5.1 Competencies

Within the category of Competencies, the Deaf participants in this study described working with a variety of clients, including Deafblind individuals, newcomers to Canada, and monolingual ASL users. They believed that Deaf interpreters were needed to work with Deaf students in elementary and secondary educational settings, and a graduate of one program was now employed in a school setting. The Deaf participants did not mention

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interpreting between two different signed languages, nor did they talk about having fluency in another signed language, such as Langue des Signes Québécois (LSQ) or International Sign.

Two settings were most often described by the instructors. The first included a number of legal contexts (as described by nine Deaf individuals); examples include court appearances, police interviews, and visits to the local jail. The second most frequently cited setting was medical institutions (as described by five Deaf individuals). Four of the Deaf respondents began their careers as a Deaf interpreter at Gallaudet University, working as Deafblind interpreters. One of these individuals, however, did not believe that Deafblind interpreting was really a form of interpreting or a professional role. Three Deaf instructors mentioned interpreting for family meetings, two had worked in a group home setting, and one had worked as an interpreter at a local university. Whereas two Deaf instructors had interpreted in mental health settings, one of the two described translating psychological assessments and shared how much this experience was “hated” because of the complexity of the language used in the test protocols. Two individuals were frequently called upon to interpret for friends at social gatherings or to translate written English texts to ASL. One Deaf instructor mentioned that it was common practice to look to a Deaf congregant in church to explain the sermon in ASL while the minister used some form of sign language.

One Deaf participant believed that there had been an increase in the demand for Deaf interpreters, especially in medical settings, and two mentioned the need for Deaf MLIs for an increasing number of Deaf immigrants. Two others advocated for the employment of Deaf MLIs in educational settings, and, as mentioned earlier, one instructor reported that a Deaf student had graduated from his/her program and had gone on to work in an integrated educational setting.

The Deaf participants described specific modes of interpreting, both consecutive and simultaneous; as mentioned earlier, at least two of the Deaf instructors had experience in conducting sight translations of written English forms into ASL. One of the two instructors believed that consecutive interpreting was especially appropriate for legal proceedings. The simultaneous mode, according to the participants, was typically used in settings such as an appointment with a doctor, meetings, or family gatherings.

The interpretation process for a Deaf MLI was described as being more complicated than just working between two languages. In medical settings for example, one Deaf instructor noted the need for interpersonal skills. Instead, he had “met interpreters who said they could sign well, but it’s not about being fluent in ASL. There are a lot of other skills required in those settings” (DP2). As one participant noted, the interpreter had to resort to gesturing or drawing in order to ensure the Deaf client’s comprehension.

When working as a Deafblind interpreter, one instructor described how she was responsible for sharing “background information and describing what was going on in the room” as well as arranging the seating (DP4). During meals, she had to identify where different food items and utensils were placed on the table. She also realized she would need to be “very patient” with Deafblind clients and shared the following.

At lunch I realized how messy [the Deafblind person] was when [he/she] ate. Again, I saw a similar parallel to how hearing people get upset when they think Deaf people eat too loudly or make too much noise. I really had to take a hard look at myself. (DP4)

5.2 Challenges

The participants reported that a number of challenges were encountered when working as a Deaf interpreter. Three of the instructors were concerned about a lack of professional assessment or “clear standards” for the position. At the time of this study, and according to the participants, there were no formal screening protocols in place in Canada. According to one Deaf instructor, there were few, if any, paid positions or contract work for a Deaf MLI. Five of the Deaf participants, in fact, reported working on a volunteer basis.

5.3 Benefits of a Deaf MLI

In their interviews, the Deaf instructors described the benefits of their involvement as Deaf MLIs with Deaf clients; they also talked about the benefits of having Deaf MLI students enrolled in ASL–English interpretation programs. For example, a number of the participants talked about the role of a Deaf MLI as a source of support for Deaf clients. One Deaf faculty member emphasized the importance of hiring a Deaf person from the same

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background as the Deaf client, especially for citizenship and swearing-in ceremonies, as someone from the same culture would have more cultural sensitivity. In other settings, the presence of a Deaf MLI seemed to help the clients “feel like they were more normal, and they could understand the information clearly. They needed a second voice... support to turn to and that was the Deaf interpreter” (DP1). Another instructor believed that Deaf Canadians “who were mis-educated” from their experiences in mainstream or integrated settings also benefited from working with a Deaf interpreter, as it improved communication and provided the Deaf pupils with a role model.

In a discussion of the benefits of having Deaf students in interpreter preparation programs, overall, the Deaf instructors were pleased and hoped to have more Deaf students enroll. Three, in particular, described the experience as “fantastic” and felt that they had benefited from the participation of the Deaf students. During discussions of cultural norms or history, for example, the Deaf teachers appreciated input from the Deaf students. This lent credence to their lecture, and it was felt that, otherwise, the hearing students may have “disbelieved” the information they were learning from only one source, typically the only Deaf person with whom they had interacted. Another Deaf faculty member described feeling that s/he had made a contribution to the lives of the Deaf students, an experience of “giving something to them, something that they valued” (DP5).

The benefits for the Deaf students in the programs were described as “wonderful,” especially for the Deaf learners who had not attended a residential program. Three Deaf instructors believed this cohort finally had the opportunity to study and understand his/her own culture and language. The Deaf students who had not been in a residential program typically “excelled” and developed pride in their identity as a Deaf person; being in the program was “very important” for them. It enhanced their self-esteem and allowed them to interact with Deaf professional role models, their teachers. One Deaf instructor was certain that it wasn’t until the students had met a Deaf teacher in person that they finally believed “that Deaf people could have degrees or hold college teaching positions” (DP5).

Also, the presence of Deaf students in the programs supported the education of the hearing students in a number of ways. Hearing instructors modeled “appropriate behaviours” when interacting with Deaf students by responding to the Deaf students directly in ASL. In classes where the hearing instructors were not fluent in ASL or not comfortable teaching in their second language, professional ASL–English interpreters had been hired. The presence of interpreters gave the students a chance to see how the process worked. In other classes the hearing instructors taught through ASL, thus precluding the need for interpreters, which was described as a cost-saving measure for the colleges. There were concerns, however, about the ability of the hearing students to learn the course content through their second language and about the hearing instructors’ level of fluency in ASL.

When Deaf students attended class, it “forced” the hearing students to sign, again increasing their use of ASL. The presence of Deaf students also gave the hearing students more direct access to the real-life experiences of the Deaf. For example, in one class, a Deaf student translated a poem into ASL, and because of her fluency and cultural adaptations, the hearing students were brought “to tears because she had done such a great job” (DP9).

5.4 Education

As mentioned earlier, only a few Deaf respondents discussed specific training to be a Deaf interpreter or MLI, and that consisted of a few workshops. When asked about establishing a program for Deaf interpreters, the concept was unanimously supported. However, in further discussion, the participants felt that launching an accessible Deaf interpreter program was problematic for a number of reasons. Two instructors (one Deaf, one hearing) believed that the pedagogical processes they used would have to be modified, as well as the curriculum goals. A Deaf faculty member raised questions about the best place to house such a program (within a college or a university), the cost, and financial support. Three instructors (one hearing, two Deaf) noted a lack of appropriate resources and the need to create or adapt specific interpreting activities that are based on spoken English into a printed text to accommodate Deaf students. One hearing faculty member questioned the wisdom of undertaking these revisions and adaptations, as some of the part-time students currently enrolled were not planning on becoming interpreters. A Deaf instructor suggested hosting a series of workshops initially, and then, if there was interest, creating a separate one-year program.

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5.4.1 Deaf MLI coursework

As mentioned, some of the instructors reported having taught Deaf students, and some believed that Deaf students could be successful within the established programs. Coursework recommended by the participants included: a Deaf history class “because they didn’t know their own history” (DP13), Deaf culture or Deaf studies, ASL, an introduction to the Deaf community, issues and trends in the Deaf community, intercultural communications, and visual gestural communication. A hearing instructor suggested the students might also be best served with coursework on “hearing culture first.”

Several concerns about coursework were raised, however, that should be noted. Some educators (two Deaf, one hearing) didn’t know which classes should be mandatory for the Deaf students and felt that they were experimenting with this group. A Deaf teacher questioned if the interpreting and translating courses actually “fit” the needs of Deaf students. As mentioned earlier, in some institutions, the hearing faculty could not or would not teach using ASL. As a result, and due to a lack of interpreters, the Deaf students were limited in their course selections and were encouraged to take only the courses taught by the Deaf instructors.

There were also some very real concerns about the students’ ability to succeed academically, especially on a full-time basis. Four Deaf faculty members suggested that Deaf students would do well if they enrolled only in the Deaf Studies Program or took classes in the interpreting program on a part-time basis.

5.5 Pedagogy

In a discussion of their teaching practices, three of the Deaf instructors and one hearing faculty member were not sure how to accommodate a Deaf student and worried that these students were not able to manage all of the program requirements because many of the courses were too difficult for them. Some of the Deaf students were characterized by a hearing instructor as “grassroots” and “not classroom savvy.” One Deaf instructor had concerns about the ability of the Deaf students to do the same assignments as their hearing peers. To accommodate Deaf learners, this instructor assigned only “small research projects of interest,” such as researching “the history of the residential schools.”

Another serious concern expressed by the interpreter educators, both Deaf and hearing, was the lack of English fluency they saw in the Deaf students. While it wasn’t expected that they had “advanced English skills,” several didn’t exhibit even “basic fluency,” perhaps because “they were not bilingual” (HP9). In the experience of the two Deaf instructors, the Deaf students also repeatedly voiced concerns about the number of assignments and readings they were required to do in English. Some Deaf pupils frequently requested to have the course content explained through ASL and needed additional tutoring with the use of English textbooks or help writing essays. Perhaps not surprisingly, one of the Deaf participants described his/her experience with this cohort as being “awful” and noted that Deaf students typically “struggled,” eventually leaving the program.

Recommendations from the participants to support the inclusion of Deaf students in the programs included examining the screening tools and entrance requirements to clarify the level of English fluency required. Two Deaf staff suggested the elimination of tests based on audition and spoken English and the creation of a policy accepting assignments in ASL from the Deaf students. A third Deaf instructor recommended an English course for Deaf student interpreters, and a fourth suggested hiring Deaf tutors to work with Deaf students.

In addition to their insights and concerns about teaching Deaf students, four of the Deaf instructors also talked about how their experiences as a Deaf MLIs had informed their pedagogy, the next property identified in this category. As one instructor described it:

Maybe there are things I do now, which are in the back of my mind that I’m not aware of. For example, being a DI might have made me more sensitive to hearing people. Or maybe I’ve become a stronger political advocate for the Deaf community. As a DI, I saw a lot of horrible things, but I also got to see the otherside to many stories that I wouldn’t have seen ordinarily. Maybe because I have seen those things, it helps me to talk about Deaf culture and the Deaf community in the classroom with the students and share more interesting experiences. (DP18)

A second educator felt experiencing the role of a Deaf interpreter was beneficial to understanding the contexts Deaf people lived within and the support services available in the community.

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I think that it [interpreting] is important for teachers because it is an experience most Deaf people don't have. Most Deaf people, when they think about counseling or psychologists, feel that they are sent there because they are in trouble or that they were bad. They don't realize that it is a positive experience and can give them support. (DP1)

A third educator described how she used examples from her DI experiences to prepare students for placement and to teach the translation process.

Before the third year students go on placement, I usually give a short lecture about it. I describe the different levels of communication or language that Deaf people use. And try and educate them about that. I tell them that not all Deaf people sign at the same level, and I try to describe the role of the DI to them. (DP14)

For example, the Deaf client might not understand the label for "mustard." I showed the students how to interpret that clearly, how to describe the colour and how to describe the jar, how to spread it on food, and things like that. (DP14)

A fourth Deaf instructor shared the following viewpoint.

Yes, I think the instructors should be working interpreters. If not, they keep teaching the same old stuff. Or they become stale. They have to get out there and see what's happening, and use that in the classroom. That way they can share things with the students and understand their experience. For example, when the students bring issues back after practicum, I am able to understand what they went through. So instructors must keep themselves up-to-date and can do that by working in the field. (DP2)

5.6 Role

The final major category identified from the data and of interest to interpreter educators was that of the role of a Deaf MLI. From their experiences, three of the Deaf instructors described their role as "a great experience," or "enjoyable." As one instructor put it, "every assignment was different, and I liked the challenge of adapting my work to meet the individual clients" (DP10). Several of the Deaf instructors, however, talked about the challenges they faced. Some Deaf clients wanted to share a lot of information about their problems and looked to the Deaf interpreter for advice. One participant found the experience "awkward" and didn't know what was expected. Another participant found the experience educational but would not like to take on the position again. A third Deaf participant was reticent to interpret in mental health settings again, due to the complexity of the language used during assessments and because she felt unable to do more than just literally interpret the tests or interviews. A fourth instructor was concerned about the impact of her work as a Deaf interpreter on her life as a Deaf community member, in particular around expectations of confidentiality. As standard practice, she made sure she explained to the clients that she would keep their information confidential, but worried that some would not understand or would question her ability to do that. As a result, the Deaf community was perceived as less welcoming or "guarded," which led to a sense of isolation.

Different terms were used to describe the work that these individuals performed. One had considered taking on the role of an advocate instead of acting as an interpreter. Three other Deaf participants described their work as that of a communication mediator. They had to take on the responsibility for clarifying the sign language used by a hearing interpreter to the Deaf clients or, conversely, they had to explain to the hearing sign language interpreter what the Deaf clients were describing. This meant "expanding" or "explaining" things in more detail to the Deaf clients. Where the Deaf client had "limited vocabulary or low language skills," it meant presenting the client's language at a level that matched the interpreter's ability to understand. One instructor believed that a Deaf MLI should also know the history of the community they work in, the names in ASL of significant Deaf people and places, and important events in the local Deaf community, as they might be needed in the interpretation or could come up in discussion with the Deaf client.

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Only two Deaf faculty members had concerns about working with hearing interpreters. One described how the hearing interpreters often shirked their responsibilities of interpreting into ASL. Instead they used more English-like signing when they found out a Deaf interpreter was present and refused to function as a team. At other times, the same instructor noticed that while she was adapting her signs to ensure client comprehension, the hearing interpreter would then mimic or copy her language choices. This left her wondering, “If they do that, why am I there? Then I feel like the client doesn’t need to watch me” (DP10). The second Deaf respondent believed that hearing interpreters didn’t “realize the support they could get, especially if they’re struggling,” from a Deaf interpreter, as it would be a team working together to interpret; however, the concept of a Deaf interpreter was “a new idea for them” (DP1).

6. Discussion

Turning to a discussion of the findings, it should be kept in mind that the nature of this study was qualitative and the research questions were general and open-ended. Of interest to note is that not all of the participants spontaneously talked about working with Deaf learners. Of the 16 hearing instructors interviewed, nine worked in programs in which Deaf students had reportedly been enrolled; yet only 3 of them talked about working with Deaf learners. Perhaps this is indicative of the field, in which the concept of a Deaf MLI is still in its infancy and not considered by hearing ASL–English interpreters. As will also be noted, there was not a lot of spontaneous discussion concerning curriculum design or modifications specifically for Deaf students. Again, this may mirror the current state of affairs for teaching Deaf interpreters, as the participants may not have been sure how to adapt their curricula for this group of students.

Having said that, the participants did describe the competencies needed to be a Deaf interpreter, reported some of the challenges they faced in this role, and mentioned issues of teaching and pedagogy. For example, from their work as Deaf MLIs, the instructors had many insights into the competencies required to be a Deaf interpreter, which, in turn, can help to formulate program outcomes.

6.1 Competencies

Similar to what was reported in the literature, some Deaf instructors had been interpreters in legal and mental health settings (Frishberg, 1986; Mathers, 2009), as well as for immigration services (Dubinski, 1990). Some also had experience as an interpreter in medical, educational, religious, and social contexts and provided services to group homes and to Deafblind clients. To work in these settings, they had to be fluent in ASL and tactile signing and be able to use environmental props or drawings to assist with communication. Unlike the findings of other authors (Boudreault, 2005; Forestal, 2005), however, they were not called upon to interpret from International Sign or LSQ. They had also provided interpretation services in all three modes: translation, consecutive, and simultaneous. These settings and competencies largely mirror what was found in the literature on Deaf interpreter education (Boudreault, Forestal, Frishberg, and Mathers) and perhaps should be considered to be desirable outcomes for Deaf interpreter preparation programs.

6.1. Benefits of a Deaf MLI

When establishing a preparation program for Deaf interpreters, it is advisable, as several authors noted (Forestal, 2005; Mathers, 2009), to teach hearing students how to advocate for the employment of Deaf interpreters, for example, by explaining the benefits of their participation. In a discussion of spoken language MLIs, Labun (1999) described one benefit as the concept of “culturally competent care” (p. 215), elaborating that an interpreter who shared the same background as the patient could ensure better service delivery due to cultural sensitivity. For example, in medical or mental health settings, the use of professional spoken language interpreters from a minority background led to increased treatment efficacy, patient health, and treatment compliance, as well as reduced errors, demands on service, and overall costs (Flores, 2005; Karliner, et al., 2007).

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While largely anecdotal, the literature also outlined several benefits to hiring a Deaf MLI, such as Mathers' (2009) comprehensive list of reasons for employing a Deaf interpreter within legal contexts. For Deaf clients, the presence of a Deaf MLI also potentially provides emotional support (Dubinski, 1990; Frishberg, 1986; P. Wilcox, 1995), reduces anxiety (Frishberg), and might give them a sense of empowerment (Boudreault, 2005). The employment of a Deaf MLI might further dispel audist beliefs about the ability of a Deaf person to work as an interpreter (P. Wilcox).

In addition to the benefits described above, other benefits were noted by the participants, specifically by having Deaf students enrolled in an interpretation program and by having Deaf teachers who were experienced Deaf MLIs. For example, according to the instructors, the presence of Deaf students enhanced the informal acquisition of Deaf culture and ASL by the hearing students, as the Deaf students served as native language models, a benefit predicted in the literature (Dively, 1995). According to the instructors, the Deaf graduates had a better understanding of the abilities and role of an interpreter and so were potentially better prepared to advocate on behalf of the profession, as postulated by Russell (2002).

The inclusion of Deaf students and Deaf interpreters as a topic of study might also dispel the conflicts between Deaf and hearing interpreters, as was described by two participants. It might increase the willingness of hearing interpreters to work with their colleagues, a concern noted by Forestal (2005), and help hearing interpreters understand their responsibilities in language translation.

For Deaf students in particular, the instructors thought that participation in an ASL–English interpreter program was extremely beneficial. As the programs were designed to examine both hearing and Deaf cultures, they spoke to the praxis of the Deaf students, as well as their worldview (Freire, 2004), and facilitated their authentic participation. It was within an interpreting program, for example, that they could critically examine their ascribed subjectivity as “disabled” and impart a cultural perspective to the hearing students. Input from the Deaf students was also encouraged by the Deaf instructors, another example of authentic participation (Freire), as their comments were seen as a source of expertise.

Because issues of oppression were routinely discussed in the interpretation programs, it could also be argued that participation fostered an awareness of power and social capital in Deaf students, *conscientização*, as described by Freire (2004). This is particularly significant for the field of interpretation and for preparation programs, given their goal to be allies to the Deaf community; for as allies, do they not support a humanist pedagogy of emancipation? It would appear that some Deaf staff members felt more empowered in the presence of Deaf students. As reported by the Deaf staff, some of the Deaf graduates had found employment as role models and communication aids in educational settings with integrated Deaf students, another example of the power of education to empower and emancipate. It could be argued that for Deaf learners, the act of meeting Deaf professionals and of having their identity as a Deaf person validated and deemed worthy of study, challenges the prevailing pathological societal view of the Deaf and promotes a positive sense of Deafhood (Ladd, 2008). The act of passing on their culture and language also allowed the Deaf instructors and students to honour the expectations of reciprocity and the collectivist nature ascribed to the Deaf community (Page, 1993; P. Wilcox, 1995). Based on these findings, instructors might want to encourage the enrollment of Deaf students.

6.2 Education

Similar to the findings of Forestal (2005), as prior or currently working Deaf interpreters, the Deaf participants in this study were fairly well educated, with a college diploma or certificate, at the minimum; the majority of the Deaf participants (14/18) had a bachelor's degree, or higher. In comparisons to their hearing peers, it should be recognized that Deaf MLIs are, perhaps, better educated than many hearing MLIs, some of whom are family members of those for whom they are interpreting.

However, as mentioned earlier, many of the Deaf instructors had little or no specific education to work as a Deaf MLI, which is similar in many ways to their hearing counterparts. For example, only one instructor had attended a workshop on interpreting in legal contexts and only one Deaf participant was concerned about her ability to interpret for mental health assessments. Most of the participants, however, saw the need for additional training, which is similar to the findings of other studies (Forestal, 2005; Keller, 2008), in which it was noted that the participants “felt most unprepared for or least confident in were mental health, educational, legal, and lastly medical” and wanted additional, ongoing education in these settings (Forestal, p. 251). Perhaps further education

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and increased access to interpretation programs would reduce the anxiety of Deaf interpreters and increase their numbers.

An examination of the participants' comments seems to indicate that Deaf interpreter preparation is indeed happening, but it is occurring in an ad hoc manner. At the same time, there is enthusiasm from several participants for establishing a Deaf interpreter program. Boudreault (2005) and Mathers (2009), therefore, are correct in saying that there is a need to establish outcomes and for a curriculum for this cohort.

Perhaps as a starting point for a program, educators might want to note the competencies mentioned by the participants of this study. One such area for consideration is the level of fluency needed in English and in ASL by applicants, in light of the work done by a Deaf interpreter in medical and legal contexts and the concerns shared by the participants about working in these settings. When Deaf interpreter programs are established, in order to facilitate student success, programs might want to consider offering immediate assistance in the form of tutoring, peer support, and additional English coursework for Deaf students, as suggested by the participants of this study. The creation or adaptation of existing resources might also be considered. As recommended by one participant and in the literature (Boudreault, 2005; Forestal, 2005) as well, perhaps separate coursework is needed for Deaf and hearing students in order to address their different levels of power and knowledge. Deaf learners might also benefit from a college transition program or preparatory coursework to ensure that they are academically prepared. Or, as suggested by one instructor, perhaps a series of coordinated workshops might serve as a good introduction to the field of interpreting for Deaf students.

During the process of determining program outcomes, it should also be kept in mind that there is an important role for national organizations, such as the Register of Interpreters for the Deaf, an organization that has an established certification process. Perhaps it would also be beneficial for the staff members who are not yet members to join organizations such as the Conference of Interpreter Trainers or the ASL Teachers' Association.

6.2.1 Deaf MLI coursework

In terms of coursework for a Deaf interpreter preparation program, the participants in this study suggested classes on Deaf history, Deaf culture or Deaf studies, ASL, an introduction to the Deaf community, issues and trends in the Deaf community, intercultural communications, visual-gestural communication, and a class on hearing culture. It was suggested that most Deaf students seemed to experience success on a part-time basis and when enrolled in courses such as Deaf culture and ASL linguistics. The literature review also identified courses such as ASL linguistics (Boudreault, 2005), interpreting theory (Boudreault; Forestal, 2005), the role of ethics (Boudreault, Forestal), "processing skills, ASL and gestural skills, expansion techniques" and both "interpersonal training" and "working with hearing interpreters" (Forestal, p. 253). Furthermore, it was suggested that Deaf interpreters might take classes in International Sign Language, Deafblind interpreting, and working with semi-lingual clients (Boudreault). Coursework for hearing interpreters providing information on how to work with their Deaf colleagues was also recommended (Forestal; Mathers, 2009).

However, given the diverse settings in which Deaf interpreters are called to work, offering only the coursework recommended by the participants of this study is problematic. As noted by several authors and the participants of this study, because Deaf MLIs work in specific settings, it would seem reasonable to include preparation in legal interpreting (Mathers, 2009; Russell, 2002; P. Wilcox, 1995), immigration procedures (Dubieniski, 1990; Frishberg, 1986), mental health (Frishberg; Montoya, et al., 2004), and medical contexts. Appropriate practicum sites should also be considered. As described by the participants in this study, there are a limited number of student placements in some jurisdictions, another factor to be considered in the creation of a Deaf interpreter education program.

6.3 Pedagogy

As mentioned earlier, the participants of this study did not describe in detail how to teach Deaf interpreters, or how to adapt their curriculum to the needs of this cohort. But in terms of their pedagogical practices, the Deaf instructors described an epistemology that was dialogic in nature. In this process, the Deaf students were invited to share their experiences; the roles of the teachers and students were fluid in nature, as both assumed the responsibility of expert and learner (Freire, 2004). This was the type of pedagogy espoused by Forestal (2006),

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who advocated for a critical, social epistemology founded on “knowledge communities” (p. 6). Additionally, Forestal (2005) and Keller (2008) described a preference in Deaf students for a pedagogy of active learning, in which learners are allowed to participate in activities, groups, and role plays, and to be able to utilize consecutive interpreting.

There was also evidence from the interviews that for the Deaf instructors their experience as a Deaf MLI was an important part of their preparation for teaching in an interpretation program. One instructor, for example, described how she brought into the classroom examples of classifiers she had used, such as how to describe mustard. Another talked about how she had learned much about confidentiality and so felt more confident when discussing this topic with students. The role of a Deaf MLI had given the instructors insight into the abilities of working interpreters and a deeper understanding of the broader community in terms of the services and supports available to Deaf individuals. As recommended by Dively (1995), perhaps a criterion for employment as Deaf instructors in interpretation programs might be prior experience as a Deaf MLI.

Of significant interest to educators considering a Deaf MLI program is the work of Stone (2009). As mentioned earlier, Stone looked at the work of Deaf and hearing interpreters and noted differences in terms of a Deaf interpreter’s ability to enrich target texts in British Sign Language. As an example of “locational enrichment” (p. 152), Stone noted how a Deaf interpreter translated the phrase “on the Clyde” in BSL as “C-L-Y-D-E- SCOTLAND,” adding Scotland (p. 152). As another example of enrichment, Stone found that Deaf interpreters felt “names often need enrichment to ensure their relevance is more fully determined” (p. 137), leading to one Deaf MLI adding Beatles in the BSL interpretation concerning a discussion of Paul McCartney.

There were some teaching practices described by the participants of this study, however, that educators might wish to re-examine if they do establish a program for Deaf students. Instead of a critical pedagogy, there was some evidence of Freire’s (2004) banking model of education. During the interviews, several Deaf instructors described courses (e.g., Deaf culture) as being lecture based and teacher centered with a set curriculum. Some Deaf teachers were troubled when the hearing students challenged their lessons and would not accept the knowledge that was imparted. A few instructors viewed as problematic the struggles Deaf students had in completing what were described as “standard” assignments. Some were concerned that these students had to be given different projects, described as more interesting to them (e.g., researching events or places in the Deaf community). This raises the pedagogical question: Should not assignments be of interest to students? Instructors also worried that the Deaf students had less fluency in English literacy than the hearing students, but at the same time the instructors were not willing to accommodate the students by accepting assignments in alternative formats or languages, such as ASL. The expectation of some teachers, that students uncritically participate in lessons, that tests and assignments should be teacher determined, that students should learn similar topics at the same rate, and that the curriculum is sacrosanct does not fit with a philosophy of reflective practitioners as described by Freire. In following this model, instructors value the explicit, written curriculum over the social learning process of Deaf and hearing students, as a result, ascribing a subordinate role to the students.

To support a critical epistemology, educators must be cognizant that learning is a social process, one that involves identity formation and issues of power (Freire, 2004). Especially in terms of preparing MLIs, instructors would do well to consider how they “inculcate values” in their students that support or work against the prevailing hegemony (Kaufert & Koolage, 1984, p. 286). As the Deaf community is an oppressed minority in North America, and the programs are preparing predominately hearing, privileged interpreters, a critical pedagogy should be considered. Within such a pedagogy, projects of interest to the students and learner-generated resources or assessments could be encouraged, as they foster the *conscientização* of both the Deaf and hearing pupils and facilitate their exploration and naming of the world. Such an epistemology would avoid the deprecation of the abilities of Deaf students by recognizing what they bring to the programs (e.g., their experiences and language, ASL) instead of what they lack (e.g., English academic fluency). In such classes, students would be asked to explore why there is a lack of support for Deaf interpreters and an unwillingness to employ them. Learners would discuss how the presence of a Deaf MLI could enhance communication access and legitimate the authentic experiences of the Deaf clients, benefits that have been outlined in this research study. A central question to this pedagogy is an authentic awareness, in both hearing and Deaf graduates, of their limitations, their praxis, and the benefits of working in partnership with a Deaf colleague.

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6.4 Role

The final category identified in the research process was that of the role of Deaf interpreters, an important concept to consider in the education of future Deaf MLIs. What seemed to emerge from the comments of a few participants was the expectation of a mechanistic, conduit role for a Deaf interpreter, a trend noted with hearing ASL–English interpreters (Roy, 1993) and a challenge faced by Deaf MLIs (Boudreault, 2005; Keller, 2008; Stone, 2009). For example, one participant felt limited to just interpreting mental health exams, and another wanted to act as an advocate but did not see it as the role of an interpreter. Similar challenges concerning a conduit role were also faced by spoken language interpreters and noted in the research (Bolton, 2002; Kaufert & Koolage, 1984)

The conflicts experienced by the participants concerning the adoption of a professional or conduit role may have been exacerbated by what has been described as the dual role of a consumer and practitioner experienced by Deaf interpreters (Keller, 2008; Mathers, 2009). Unlike their hearing colleagues, they may have been more sensitive to the challenges faced by the Deaf clients with whom they worked. A neutral conduit role might also be problematic for Deaf interpreters, given Deaf cultural values that encourage the sharing of information (Page, 1993), the amount of detail and narrative structure preferred by Deaf interlocutors (Mindess, 1996), and the cultural inclination of Deaf individuals to relate to an individual and not their role from a diffuse perspective (Page). In fact, the latter was mentioned by some participants, as Deaf clients turned to them for advice.

Within a collectivist orientation, it has been suggested that one of the most severe forms of punishment is ostracism from the group (Mindess, 1996). Perhaps some of the apprehension described by the participants concerning their role, for example, in terms of the reaction of Deaf community members concerning confidentiality, was heightened by their concerns about being rejected from their own culture. Based on Deaf cultural practices and mores, it would therefore be difficult for a Deaf interpreter to successfully negotiate disparate professional and social levels of involvement within the Deaf community. Hearing interpreters, on the other hand, as members of the majority community, might not have to confront similar fears of banishment, neutrality, or confidentiality. Adopting a conduit model of behaviour might be one means of dealing with these tensions.

The adoption of a distant or conduit role is perhaps evidence of a process of massification (Freire, 1974), in which the Deaf teachers assume a traditional position, as an interpreter, that they believe to be innocuous or expected of them by the field. However, by assuming an uncritical position of local privilege, they run the risk of supporting the existing oppressive system and ignoring the conflicts they experience in their values and role. If they continue to act only as language mediators, such a role might perpetuate the audism faced by Deaf people. This is based on the comments of several authors suggesting that the literal translation of one language to the other within a conduit model is problematic for interpreters working with minority language clients and puts the clients at a disadvantage in medical contexts (Bolton, 2002; Davidson, 2001; Dysart-Gale, 2007; Rosenberg, et al., 2008) and legal contexts (Mikkelsen, 2008).

While they found the role challenging, the Deaf instructors also personally benefitted from working as a Deaf MLI. Experiencing the role of a Deaf interpreter seemed to foster *conscientização* (Freire, 2004), or self-awareness, in the Deaf instructors. It was in the role of a Deaf MLI that they confronted disparate levels of power between themselves and the hearing interpreters they worked with and were witness to the subordinate position experienced by other Deaf individuals as members of a minority culture in a hearing society. From these experiences, they gained insight into their ability to affect change and transform their world. For one instructor, she was able to reflect on her view of Deafblind clients and relate that to the pejorative view some hearing people had of her as a Deaf person. Some did not challenge the limited situations they were confronted with, whereas others campaigned for Deaf advocates and Deaf interpreters to work with new citizens and Deaf children in mainstream programs.

Another benefit to their role and presence, as has been suggested in the literature (Dively, 1995; Frishberg, 1986; Mathers, 2009; Stone, 2009), is the superior fluency in ASL and cultural awareness compared to their hearing peers. In the examples given, one Deaf instructor knew how to describe mustard to a Deaf client and another was able to use gestures or drawings to get information across. Others talked about describing information to the clients they worked with until the Deaf consumers understood what was being said. These are advanced socio-linguistic abilities that hearing students of ASL might not possess, perhaps because they do not spend

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enough time in preparation programs to achieve such levels of cultural fluency (Mikkelson, 2008). These advanced aptitudes allow Deaf interpreters to take on a different role with the Deaf clients and do more than just convey the words of the English speaker.

Looking to the canon on interpreters for language minority groups, examples were found of culture-brokerage that are worth repeating here. As mentioned earlier, in one study, a native Canadian interpreter knew when to use analogies, such as “maintaining a gas and oil balance for outboard motors” (Kaufert & Koolage, 1984, p. 284) to describe a medical condition to a patient. Another author noted how native MLIs were aware that some activities are seen as cultural, not recreational, in some Native communities and knew how to associate various time frames (i.e., months, years) with significant life events (i.e., her children’s birthdays) in a native patient’s life (O’Neil, 1989). Dysart-Gale (2007) gave an example in which an interpreter recognized conflicting religious beliefs between a doctor and a family and knew how to intervene successfully. In yet another study, the authors noted how minority language interpreters were asked to judge the language used by a client to see if it was “considered normal and acceptable in their culture” (Musser-Granski & Carrillo, 1997, p. 54). If a hearing person as an interpreter was to begin explaining medical concepts to a Deaf patient or Deaf cultural values to a hearing consumer, they run the risk of appearing to patronize the Deaf clients. Their ethnicity as non-Deaf individuals thus challenges a hearing interpreter’s ability to take on the role of ally (Mikkelson, 2008) or advocate, whereas this might not be the case for a Deaf MLI.

Based on the results of this study, perhaps it is time for programs to reconsider the role of the interpreter and take into account variables such as context (Mikkelson, 2008), issues of power (Page, 1993; Roy, 1993), and expectations of the clients. Added to that list should also be consideration for cultural affiliation. This could entail, as Boudreault (2005) suggested, a re-examination of the code of ethics of professional interpreting organizations, “since these tenants were developed from a hearing perspective” (p. 347) and so might not speak to the different roles ascribed to or negotiated by Deaf MLIs. Such a model would account for the “balance of power” (Page, 1993, p. 121) that can be achieved in an interpreted interaction between Deaf and hearing interpreters. It would also take into account the multiple roles of the interpreter given their ethnicity, the socio-political context, and the expectations of the interlocutors. If instead, educators and professional interpreters insist on a conduit role, whether unintentionally or not, they disregard issues of culture, power, and consumer expectations. They could, as James (1998) noted of spoken language interpreters, continue, “to reinscribe the power relations and concomitant discriminatory approaches that traditionally have characterized practices regarding ethnic minorities” (pp. 52–53).

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