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Another Chance

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In More Words

*First International Anthology
of Interpreters' stories*

In More Words

(the interpreters' story)

What people said about *In Other Words*:

'As an interpreter and a migrant, I found myself in all of these stories. This book is not only a precious insight into interpreters' experiences, but also a space where the ones used as voices are empowered to speak up and to express themselves in their own voice.'

Dr Teodora Manea Hauskeller, University of Exeter

'This beautifully crafted anthology provides a fascinating and highly moving insight into a little-known world as experienced by six interpreters engaged by Mothertongue. Essential reading for those who work with people from minority backgrounds as well as anyone who is interested in real life stories.'

Liz Real

'In Other Words has touched me on many levels professionally and personally. The telling of the interpreters' story poignantly brings to the fore the relational dynamics in the clinical arena — a pertinent and welcome narrative. This dimension is a reminder of the relentless and boundless unaccounted demands on interpreters, a role too often misunderstood and embedded in ambiguity. For far too long has the impact of the clinical domain on the interpreter remained a neglected space and one in need of greater attention. In Other Words achieves this...!'

Mayio Konidaris, Accredited Mental Health Social Worker — Family Therapist, Melbourne, Australia

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Introduction

Beverley Costa, *Mothertongue*

Following closely on from *In Other Words*, *Mothertongue*'s first anthology of interpreters' stories, *In More Words* includes stories from international interpreters. The interpreters, who have all chosen to write in English, are from Finland, Germany, Hungary, Italy, India, Iran, Kenya, Nepal, Poland, Turkey, the UK and the USA.

Their work is crucial if the most vulnerable in society are to be heard. These interpreters allow us to glimpse into their worlds. Usually working on the sidelines, without the relief of being able to express their opinions, they turn the spotlight onto themselves. They offer us the privilege of seeing what really goes on on the sidelines. The result is a fascinating collection of honest, beautiful stories.

Mothertongue, September 2017

Elise Dillsworth, editor

It has been a pleasure to put together this anthology and give a voice to those who are normally in the service of doing just that for others. By breaking down language barriers and facilitating an awareness and understanding of people from different cultural backgrounds, the writers show us that there is more that unites us than divides us. *In More Words* is a recognition and celebration of the important work interpreters do, which — as these stories attest — goes beyond mere translation.

September 2017

In More Words or *In Other Words* are available at:

www.mothertongue.org.uk

www.pasaloproject.org

Mama

OYA ATAMAN

I was interpreting at a medical appointment. 'I am afraid the test results are not in your favour,' the doctor said in a weak voice. My eyebrows showed his worry and the forward bend of my neck, his empathy. Then my mouth pronounced for her, who was frozen. 'How much time do I have?' I adopted the patient's face as I was voicing her signs. This is not what her signing would sound like, I thought. I thought my voice sounded as if I had spoken those words before, but she would have said them for the first time. I heard her mother sobbing. A few years earlier and she would have had to interpret the doctor's answer to her daughter herself, I thought. What a good thing I let the agent talk me into accepting the job this morning.

I was going to take the day off to finally see my mother but when the agent called, I postponed the visit to the afternoon. I had not checked up on her for weeks: I was writing the final draft of my thesis. She even stopped faxing to ask me to come. This was not a good sign. Ever since she got divorced from my father, she had suffered from severe asthma attacks. She could breathe in, that was not the problem. But she could not exhale, could not press the air out of her lungs past her pharynx. Her breathing — the rhythmic rasp of it — was trying to tell me all her sufferings at once.

A sharply intelligent, extraordinarily beautiful and stubborn woman, she had been born Deaf in Turkey — a patriarchal country where handicapped people were often considered God's punishment. Upon graduating as a visual artist she was offered a stipend for an American art college. However, she was expected to stay and get married. She picked a Deaf suitor who had been sent away to Germany all by himself as a child in order to benefit from the so-called oral teaching method forbidding the use of sign language. When they had their first child — me — it turned out to be hearing. They were so poor, my mother had to leave me in Turkey with her own hearing mother. As soon as my parents took me to Germany, I started interpreting for them. I was five. I understood there were languages unintelligible to each other. My father's family had rejected him. My mother's was different. All of them signed. When they divorced, I knew where I belonged. I was like her, just hearing. She was

very proud of me. She never had the chance to go to university and write a thesis. She had no idea how it sucked up all your attention.

The day before the agent called, my father sent a fax. It was from a hospital. He had had a heart attack, he wrote. The staff refused to give information over the phone, so I took the train to the city he lived in. I faxed him exactly when I would come and told him to wait. I was late. He was not there. I went looking for him all over the hospital. 'Where is the short bald Deaf man who has had a heart attack?' He returned to his ward in the evening. I had been waiting there, angry and crying, remembering all the other times we missed each other because of some similar miscommunication. What a waste of my life! He was almost disappointed he only had high blood pressure, but very happy that he would be released the following day. I explained to the nurse how to order a professional interpreter next time. After all, there were agencies now, they would take care of the formalities.

The next day, as my hands were signing the doctor's blunt answer to 'How much time do I have?', I was not crying. The mother and daughter were one sobbing, hugging mess. After a while, the doctor embraced both of them. I looked away. I could just as well not have been there. I was proud of myself. After all these years, I have finally become a professional interpreter, I thought.

I got a seat on the crowded train back home. My cell phone whirred. It was a text message from my aunt. 'Your mother, I am sorry, dead.' I remember getting up and the floor of the train giving in. Passengers asked in slow motion if I needed help. I needed to get out to catch the train in the opposite direction.

I was late. They had laid her down on the blue sofa we had sewn together. Her eyes were closed and her hands were cold. 'She fainted. I was in the other room,' her second husband was pacing as he signed again and again. 'When I saw her, she was. Already. She couldn't breathe so she opened the window. To get some air. I was in the other room. She fainted.' My aunt, already there, was signing at her loudly, complaining about something. My sister stared at the paperwork left by the paramedics. 'Natural death. Lack of oxygen,' it said. I thought of the lung specialist my mother saw. He used to scream at her to stop pretending. One could not die from asthma anyway. 'He thinks you're healthy, but you just act like you're sick. You can't die from asthma,' I would sign to her then. The doorbell rang. This was a pastor with an interpreter, a friend of mine. She was shocked to see me there. One is not supposed to interpret for a friend.

We were Muslim, there was not much they could think of doing. After standing around helplessly for a while, they left. My mother had been sicker than usual for over a week. She was at that phase when she normally went to the hospital. 'Why didn't you take her to the hospital?' I interrupted her husband. 'I told her to go. She just would not go.' I looked around. Her apartment was meticulously clean. She had thrown away her most private belongings. She had given up. I dealt with the formalities. At night I placed my head to sleep on the skin of her belly. Where I am from. She was not in here any more.

I find myself at another assignment. Another 'I am afraid the results are not in your favour.' My eyes close for a split second, I take a deep breath, put on the doctor's face and sign.

[The characters of the Deaf clients are fictional.]

Women's Prison

VEENA BASSI

It was yet another bleak morning. Typical January weather. Wind howling, depressing rain, bitter cold. What did I expect living in the bleak part of Glasgow?!

Yet on this Monday morning, I was up and ready to get to work. I was assigned to go to the Women's Prison. A job in which I always feel I make a difference to people isolated by language barriers. An Asian woman was remanded in custody on a charge of arson. She had been there since Saturday night. Two nights in a place where she could not explain her case!

In the prison, I was received very politely and ushered into an office where the prison officer explained to me what had happened on Friday evening. After that I followed her and a policewoman, trying hard not to show my discomfort at the whistles and remarks of the inmates:

'Allo luv!'

'Have you come to get me out of this hell hole?'

'Any chance of a curry tonight?'

They were as young as eighteen. Full make-up, some dressed in revealing, sexy clothes, some pregnant and showing no signs of remorse or embarrassment. Thinking the Asian woman would be the same, I got a shock when I saw her — an obese, homely woman in her fifties, dressed in a salwar kameez. She was huddled in a corner. Her eyes fixed on the floor. She looked like a lost child. Her isolation behind an impenetrable language barrier was quite heart-rending.

Get a grip, woman, I reprimanded myself, this innocent-looking woman is here on suspicion of arson. At least she is innocent until proven guilty.

After introductions, I said to her, 'Salaam.'

'Va lakam salaam,' she replied, her face momentarily lighting up at the familiar greeting.

All of us were ushered into a small room. No window, bare walls. Only a table and four chairs. It felt like a cold prison cell. More formal information was exchanged and interpreted regarding our various jobs, including my Code of Practice — especially confidentiality and impartiality. The interview was going to be recorded for legal purposes. The interpreting commenced:

'Do you know why you are here, Mrs P?'

'I set fire to our shop.'

'Why did you do that?'

She shrugged.

'Where is your husband?'

'He had to fly back home.'

'Why?'

'His mother was suddenly taken ill.'

'Same day as the fire?'

'Yes.'

'Why the same day?'

'How do I know? She was very ill.'

'Do you think he had anything to do with the fire?'

'Don't ask stupid questions.'

'I think you know the answer.'

'I set fire to my shop.'

'But why? You must have a reason.'

Another shrug.

After a long pause, the policewoman made a decision and said, quite calmly, 'I can't help you unless you give me some reasons. If you had nothing to do with setting your shop on fire, then you need to tell me. Otherwise I will have to charge you with arson. This will become a court case and you can be sentenced to prison and be liable for a hefty fine.'

‘He promised I wouldn’t be sent to prison,’ Mrs P ejaculated, ‘He said they don’t send women of my culture to prison in this country.’

She started sobbing uncontrollably. She refused to answer any more questions. I felt most uncomfortable. My role as an interpreter did not allow me to intervene.

‘You have to help me,’ she said, grabbing my hands. ‘I hate it here. The women in this prison have no shame the way they dress. They are immoral. They snigger at me. I can’t eat their food as my culture doesn’t permit it. Please *please* help me.’

I interpreted exactly what she said. The tears and wailing continued.

The policewoman and prison warden pleaded with me to help calm her down. This was an unusual situation for me and not in line with my code of practice as an interpreter. They switched off the recording machine and suggested that they leave the room for a while. Normally, for my own safety, I refuse to stay with the clients by myself. But in this instance I did not have the heart to refuse.

In her hysteria, Mrs P admitted nothing. She just continued cursing her kismet again and again.

Finally the meeting resumed. Apparently, some decision had to be made for Mrs P as she had refused to co-operate and was very isolated due to language and cultural barriers.

When the choices were offered, Mrs P was totally lost. A safe house, away from her family was one of them. This was a woman who had never made a decision.

‘I don’t know.’

‘What will my community say?’

‘How will my family react?’

‘My husband will be very angry.’

After a lot of prevarication she agreed to go to the safe house until the police had finished their investigation.

I interpreted to her that Social Services were going to be informed and she would go to a safe house which would be culturally appropriate for her. Also all the do's and don'ts were explained and interpreted clearly.

My assignment finished. I was signed off. My role was over — this was a legal matter and I was strictly prohibited from contacting anyone, even for Mrs P's safety or benefit.

Once in my car though, I was besieged by anger and frustration. Why does the female sex (ever the weakest in this culture) always take the blame? Why is it that — with so many media channels enhancing knowledge and increasing awareness of such scams — amongst Asian women masculine power and control still dominates?

Interpreting for Mental Health

ZOE DIDERICH

I have been working as a French interpreter for over fifteen years, specialising in health interpretation. My work has enabled me to discover the many different services a person may or may not need in their lifetime. One of the most interesting areas to me is mental health. Before I became an interpreter, I had a good awareness of the different types of mental illness, but had never encountered serious mental illness or environments in which these conditions could be treated. I had also never heard of interpreters working within these settings. Over the years, I have interpreted for hundreds of cases involving post-traumatic stress disorder, substance abuse, depression and psychosis, to name a few. My first ever assignment was a home visit for a mental health service in London. I was given no information about the case because of confidentiality. I was very worried about how I would handle the emotional side of interpreting for a person whose behaviour might be unpredictable. In fact, I was scared of the person before even meeting her. What I had not taken into account was the linguistic aspect of working with someone who is mentally disordered, which added a whole other layer of stress and difficulty to the interpretation.

When I arrived at the house, I met two doctors and a social worker. They told me that an ambulance would be arriving shortly to take the patient to hospital, as she was being sectioned under the Mental Health Act. I was immediately alarmed as I could already picture the scene unfolding; the patient would refuse to go and I was apprehensive that force would be used. I had only ever seen this type of situation in films, when patients were duped into believing that they were going somewhere safe and nice, only to be taken away and locked up. The final scene would be one of resistance as they walked towards more uncertainty.

The patient's husband spoke to us about how his wife's mental state had deteriorated, as we all stood looking concerned in a huddle in the kitchen which had just been cleaned, and I found myself focusing a lot on the overwhelming smell of bleach in the house, the very pale decor and the gleaming tiles. I wondered if it had just been cleaned for the visitors, or whether this home was always so sterile. It is amazing how much information your brain is looking for when you are assessing a new environment. The patient's

husband looked almost detached from the reality of the situation, and spoke in a way that made it seem as if he were talking about a stranger and not his wife. He was very practical and did not show any emotion. I found this odd but was too scared to dwell on it — I was focusing on remaining calm and tried to mirror the reassuring manner adopted by the social worker. I did not want to show my inexperience.

The patient had stayed up all night, and was now sleeping in her bedroom upstairs. The doctors asked the patient's husband if we could wake her up. He consented, and as we walked up the stairs and along a long corridor, I realised that the only audible sound was that of my own footsteps approaching the bedroom door as directed. I turned around to find that I was standing there alone. The doctors and social worker stood a few metres away, and asked me to knock on the door and call the patient's name. I knocked tentatively and called out 'Hello' in French, and as the doctors fed me their words, I mechanically repeated them through the door, hoping that the patient would not wake up, and that we could leave. I could hear her stir in the room, getting more irate. She started swearing and shouted out that we should leave. I was shaking and noticed my hands were sweaty. I turned around to the doctors and relayed the patient's insults, and felt like bursting out into nervous laughter as I saw their faces change as the insults came thick and fast.

Suddenly, the patient burst out of the bedroom and knocked me aside, ran into the bathroom and slammed the door. The doctors directed her to come downstairs and again I asked her to do this loudly through the door as she was still shouting from inside. Her husband, who had remained downstairs, joined us and let himself into the bathroom to speak to her, and she immediately calmed down. I realised that this poor lady had been sleeping, only to wake up to a stranger making demands at her bedroom door. I felt so bad that we had intruded in such an insensitive way. She agreed to come downstairs and speak to us, I felt so relieved that the situation had been defused.

A few minutes later we all stood in the living room downstairs, where the patient showed us a dress she was sewing for Whitney Houston. She believed that they were currently recording an album together, and that a BBC television crew was following her everywhere to make a documentary about it. She also believed that Whitney was speaking to her through the television. I was bewildered by this, but over the years I have heard variations on the theme

of delusion, and interpreted for many people who believed they were receiving special messages from the television, radio, or voices in their head.

I was intrigued and tried to distance my feelings as I started to feel I was being sucked into this person's world. I was not prepared for the jumbling of words and the speed at which her disordered thoughts were coming at us. I found that my brain was trying to make sense of her sentences and to relay a coherent message, but knew that this was not going to be the correct interpretation of what was being said. It was very difficult to memorise and accurately pass on thoughts and language which did not have any logical sequence. It was also very difficult to accept the puzzled looks in the health professionals' eyes, as I sought for some meaning and wondered if I actually knew how to speak English.

What I learned from this first assignment was that I had to put my own ego aside and stop worrying about whether anyone would question my professionalism. It simply boils down to one core element, which is feeling confident enough to let go of your inhibitions, your own agenda, your motivations and let yourself be transported into someone else's world and try to communicate it to others.

Also, I realised that you can set your own boundaries as an interpreter. You can tell the people whom you are working with when you need to ensure a safer environment, when you feel you need more support and, more importantly, when you feel scared. There is a difference between feeling scared because of your own lack of confidence, and scared because you feel threatened. It took me a long time to understand the difference, which is that one feeling is internal and the other external. If you concentrate and remember to enjoy the process, you pick up the rhythm and can overcome self-doubt; but when you feel threatened, there are so many stages that you go through and you feel things are getting out of control. Sometimes you have to put yourself first and remove yourself from the situation. You rely on your instincts to make that decision. It is not easy to turn your back on someone whom you are trying to help, which is why it is harder to judge where to draw the line.

I never found out what happened to this patient, and I hope this event is a distant memory for her. What I do know is that she unknowingly opened a door for me into the world of interpreting, and I still think of her often and how much this brief encounter taught me.

From Politics to Emotions

ANNEMARIE FOX

Marcel and Sandrine have been attending the treatment centre for Family Therapy for well over a year. Their story was not dissimilar to many other couples from war-torn African countries.

Marcel had been involved in politics in his country. He was tasked with arranging meetings, organizing demonstrations, and publishing leaflets for one of the opposition parties. His activities were conducted from a hiding place as he knew from previous personal experience that a heavy price was paid for overt anti-government activity. He had already spent several months in a rat-infested, damp, and overcrowded prison cell in the capital where the daily 'morning coffee' — a euphemism for the early morning beatings — had left him deeply scarred physically and emotionally. Nevertheless, he was intent on continuing his political involvement with the opposition because he wanted 'to see social change and the reinstatement of democracy', he said.

When this time the gendarmes came to look for him at home, they only found his wife. They took Sandrine away and, over a period of several days, they interrogated her, beat her, and finally gang-raped her. They wanted to know Marcel's whereabouts but, the more she protested that she didn't know, the harder the beatings rained down on her. No matter what they did to her, she could not say anything because she simply did not know. They let her go eventually.

Months later, when Marcel learned through the grapevine what had happened to his wife, he realised that life in his country had become unbearable and too dangerous for the family. He took the decision to leave. By this stage Sandrine had deep feelings of resentment and blamed Marcel for her ordeal. She was not in a forgiving mood. The husband felt a deep sense of guilt and responsibility without, however, being able to voice his feelings. Both found it hard to express what had happened to them and even harder to find a way out of their predicament in order to contemplate a normal family life.

That was when they were referred for family therapy. After the first session it became clear to me, as their interpreter, that the level of their linguistic competence was very different. Sandrine was eloquent and fluent,

well able to articulate and understand difficult and abstract concepts. Marcel, on the other hand, was hesitant in his speech and had difficulty setting out clear thoughts or expressing coherent phrases. He often lost words or left sentences unfinished. During the first few sessions I needed to paraphrase the therapist's questions and statements because I was not sure of Marcel's level of understanding. A linguistic exchange during one of the initial sessions illustrates this point: the therapist asked: 'If I were a fly on your living room wall what would I observe between you and your wife?' When I interpreted this, Marcel simply turned to me and asked: 'Why would she want to be a fly on my wall?' In the same way, the metaphor of the 'safety of the room' that contained the couple, the therapist and myself was lost on Marcel but not on Sandrine.

In post-session discussions with the therapist and after having established that Marcel's language issues were not related to medical sequelae of serious injury due to his torture, we decided to adopt a literal as well as a simplified language which proved to be more accessible for Marcel. Metaphors and figurative speech can often lead to misunderstanding that, in the therapeutic context, might be counterproductive.

In long-term therapy, histories and complex emotions unfold slowly and inherent problems can be easier to overcome if clients are receptive to therapy. The basis for this is a trusting and close rapport between clinician and interpreter, which develops over time into a well-established professional and collaborative understanding of each others methods.

In this case, as the therapy progressed, a slow but remarkable recovery of relational improvement became apparent. There was ample opportunity for me to learn expressions from the couple that were culturally unfamiliar. When Marcel exclaimed that his party called for the 'town to become dead' — (*la ville morte*) it took some explaining on his part for me to understand that his party was calling for a general strike — to render the town dead — a logical turn of phrase. When Marcel was referring to having a bad heart, I came to understand that he meant he was depressed. He also talked of having his 'health threatened' — (*menacer la sante*) — which meant he was not feeling well. On my part I made sure that I translated exactly Sandrine's words describing pain like 'a tight hand, like a vice, like a hammer' because they encapsulated a precise description of the quality of the pain and the sensation — subtle implications and connotations could have extreme importance in therapy.

Sandrine and Marcel opened up trustingly and never missed a session. Both have chosen to feel the pain of the past in the knowledge that it will eventually heal. Interestingly, as they started healing, Marcel became more fluent and relaxed and Sandrine more graphic and forgiving. Eventually, they left us to start a new life in a different town.

Now I would like to wind the clock back a few years to a completely different setting. I was then freelancing for a government department and interpreting for dignitaries and VIPs from developing countries which had no history of stable democracy or good government. These high-ranking advisors and ministers were generally invited by the government department to learn about democracy and new ways of government. On one such occasion I interpreted for the special advisor and assistant to the president of the country from which the victims I ended up interpreting for a few years later, were fleeing.

We attended discussions on human rights, conflict prevention, peacekeeping initiatives, and building civil societies. Big words, big concepts, uttered in earnest fluency by the advisor. Then, on one memorable occasion when the busy schedule allowed some free time, we visited a tailor and shoemaker in a very exclusive part of the city. An exorbitantly expensive order for hand-made suits and shoes was placed by the said advisor. It made me wonder how many years a democracy activist would need to work to be able to afford perhaps just the jacket of the suit, or even just the sleeve? Years later, in the presence of Sandrine and Marcel, I thought of an image of an expensive suit and an image of a damp prison cell. It was preposterously unfair and unimaginably sad! I also wondered whether the phrases, the words and the concepts of the various governmental discussions that the advisor took part in had any meaning for him or the president of his country? Obviously not if Sandrine and Marcel ended up fleeing their country years later.

It was a turning point for me. I had come to admire the resilience, tenacity and determination to overcome almost impossible odds of the people I had met. I had come to respect their openness and trust in me after recounting their horrendous experiences.

It became untenable and incompatible with my other interpreting work to carry on with these other assignments. I was in the fortunate position

to make a choice and so I opted to interpret in settings where I could feel that my language skills were being put to a good and better use, and make a small contribution towards helping people.

The Interpretation of a Murder

ANIA HEASLEY

Murder stays with you. It pulls you in. It changes you.

You sit next to him in the dock, day in day out.

He sees you as the closest thing he has had to a friend for a long time. You are also the only person with whom he can express himself freely in his own language. For most of the day you provide a clearly defined service which allows for smooth and efficient execution of justice. But life in the dock is not all about smooth and efficient execution of justice. It is also about endless waiting time whilst technicians test video links, teams of barristers assemble their accoutrements, judges take their time to arrive. Plenty of time to chat.

It starts as inconsequential small talk about prison food, but before you know it you are listening to stories of a deprived childhood, of a broken home, of unbelievable poverty, of years spent lacking almost everything, years of envy, anger, and greed, and then the inevitable fall into crime, petty at first, growing bigger and bolder, becoming a way of life, and getting out of hand.

You listen to the stories because a part of you wants to find an excuse for him, to justify his actions, to understand.

This is a dangerous path to follow, but what's the alternative? Say nothing at all for eight long weeks except what you are paid to say? Sit arm-in-arm with a six foot two man and ignore his presence except to whisper court proceedings to him in the language he understands? Impossible. So you hear yourself say 'Hello, how are you?' You smile out of habit. And before you know it, you are back in the same conversation, back where you left off at 4.30pm the day before.

Once you start feeling sorry for him, with his alcoholic mother, unknown father, his joyless empty life, you are walking into a trap, eyes wide open. Small talk in the dock can obscure the facts sometimes.

One thing in particular stays with you longer than you would wish, 'I'd done bad things in my life, I steal for a living for God's sake, but not this, murder takes something else, something I don't have within me.'

People say a lot of things, don't they.

By week three, you know quite a lot about him. All he knows about you is your name.

His barristers ask you to translate text messages retrieved from his phone in case he was careless about something to somebody in the last twelve months. You trawl through hundreds of texts and you find nothing relevant to the case, but you stumble upon several clumsily poetic declarations of love to a nameless girl. You feel uncomfortable, snooping on his private life like this. Next time you see him you look for a vulnerability that you had not suspected existed. He does not know you have read his messages. You do not tell him. The trial continues.

You see the victim's parents coming into court for the first time. You feel awkward. After all, you share the language with the defendants. What if the family sees you as connected somehow to the evil that destroyed their world. You know that thought is irrational but you think it nonetheless. So you just acknowledge them with a solemn silent nod every time you see them. Which is every day. They return every day.

The time comes for your client to give evidence. Three long gruelling days of relentless questions, his long-winded convoluted answers when he tries to offer an explanation where there simply is not one. Lies, and more blatant lies, punctuated by nervous sips of water.

Cross-examination, and the steely eyes of the prosecutor when he says, the truth is Mr. . . . that you, jointly with your co-defendants, did plan to kill him, you did plan to dispose of his body and you made sure. . .

A short break, you go outside the courtroom, nobody speaks. The wiggled barristers, the police officers, the usher, the whole entourage. You take a deep breath and you bite your lips. This is more than you have ever bargained for. Your eyes fill up with tears against your best efforts to keep it professional. And then the victim's mother, an old woman dressed in black with straggly grey hair comes up to you, puts her hand on your shoulder and whispers almost inaudibly, 'You are doing well, you are doing a good job, child.'

'All parties in the case of. . .' we are being called back in.

When the trial is over and they are taken away to start serving their life sentences for murder, conspiracy to rob and a string of minor offences,

you walk away from it all for the last time, but you are not free. You catch the train home, you sit by the window, and you watch the city go by, but your mind is drifting back. You replay random moments from the last two months in your head, you go over the evidence, you rewind to when the pathologist said, no, my findings are not conclusive, but they are based on the process of elimination... Then you jump to the fibre expert evidence, and one by one you slowly peel off all the fibres found on the body all over again. You reconstruct the last few hours of the body's life. Because the victim was always just a body to you. No matter how hard you tried, you could not make it come back alive in your imagination. It remained firmly on the floor of the living room where it was found two days after death, bruised and abandoned, stripped of clothes and all dignity.

Murder stays with you, it pulls you in, it changes you. You hope this does not mean a life sentence for you too.

from 'Swansea Collage'

SYLVIE HOFFMANN

At the solicitor's
I'm afraid we don't have an interpreter for your language.

...

Are you happy with that?

No, I'm sorry, 'I'm afraid' does not mean that I am afraid. There is nothing to fear.

...

Are you happy with that?

All communications and letters will be in English.

...

Are you happy with that?

No, I'm not asking you how you feel. 'Are you happy with that?' simply means, 'Now, can we proceed?' And that is not a question.

...

Are you happy with that?

The Adjudicator has refused refugee status for you.

...

Are you happy with that?

You are to be evicted from your accommodation and you face deportation.

...

Are you happy with that?

Now, this paragraph is you, sign here, and here, thank you. You will hear from me shortly, you need not do anything, just leave it all to me.

...

Are you happy with that?

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Hidden Words

SAN MAYA GURUNG

'Namaste! Please come in.'

A thin sprightly lady invited us inside. 'Us' being myself and a social worker who had come to visit the lady's husband. A stroke the previous year had left him paralysed and his speech impaired. The couple lived in a two-bedroomed flat provided by the council and this visit was a review to see how they were faring in their new home.

The lady, Uma, showed us around the flat. She seemed to be very friendly and cheerful. Then we all sat near her husband in the lounge. The social worker started with her questions and Uma's replies were quite odd.

When asked how she was coping, Uma remarked, 'If he falls down or falls sick, there is no way I can do anything. What can I do?'

'Call 999!' was the social worker's reply.

'But I don't speak English,' was Uma's claim.

'Call your son and he can then call for an ambulance or the doctor,' advised the social worker. Uma gave me a helpless look.

'I can pick up the phone and talk to whoever is on the phone, but I don't know how to dial numbers. You see, I never went to school,' she said, giving me an accusing look. 'There were no schools anyway in our village at those times.' She let out a long sigh and gave me the look again. It seemed as if she was telling me, 'You should know better'.

'I'm too old to look after him,' she further explained. The social worker wanted to know if the support from the carers was enough and if she needed more help. If she was not satisfied with the carers' work, they would be changed.

'No! No!' Uma was quick in her refusal. 'They are okay but they come at ten in the morning and eight in the evening. My husband gets up at six in the morning and needs to be changed.' She further explained that he was incontinent several times during the day.

The social worker suggested getting her more support time but Uma did not want that either. 'It is no use,' was her claim. 'They come at fixed times but we can never say what time he needs changing and cleaning. It can be any time.' She continued that he needed to be changed a few times during the night too. 'You wouldn't believe the amount of clothes I have to wash.'

The social worker asked if it would be better for the carers to come once in the middle of the night. But Uma had more excuses to point out the uselessness of that idea too.

Once, she had run out in the middle of the night, frantically shouting that her husband was very ill. Fortunately, the neighbour heard her and came out. Although both of them did not understand each other, she was able to gesture him into her flat and show him her husband, repeating, 'Doctor! Doctor!'

'So, you see it is useless even if they come here once or twice at night!'

By this time I had a strange feeling that something was not right. Was she trying to say something else and could not? But what? I began to reminisce about my short stay in a village in Nepal. Though I had not been raised in our village I spent some years there as a teenager and so had some experience of the way the people in our hills communicated. If they wanted to make a request from someone with whom they were not very familiar or were only formally acquainted, they would not ask straightaway but engage in light and subtle banter which held hidden meanings in words spoken literally — especially if the request was of a somewhat embarrassing nature. For them, it was bad manners to immediately ask for something from a near-stranger. For generations, they (in particular the women) had not been in contact with other communities and so did not have the chance to integrate with other cultures. Nor could they communicate well in the national language as it was not their mother tongue. As such, they normally shied away from speaking their minds. Fortunately, today's generation no longer follow this custom; but Uma, being of the older generation, would obviously converse in subtle banter. Because of her indirect way of communicating, I did not understand exactly what Uma was trying to say, but I knew that there was something more she needed to say.

About an hour later, the social worker made decisions to alter some of the care arrangements and the meeting was concluded. I could not ask Uma what it was that she really wanted to say as my job as an interpreter has its limitations. We are allowed to interpret only what is being said. However, if

asked for an opinion during the debriefing after the session which would be away from the clients, I would then be able to point out what I had picked up. Most professionals do not give me a debriefing but this one did once we were out of the house. So I told her about my suspicions. She decided that we should find out what it was exactly that Uma wanted.

Back inside the flat, while we were all standing in the hallway, a surprised Uma was asked 'What do you want me to do in order to give you more support? There is something you want to say but you aren't, right? Come on! Say it!'

After listening to my interpreted words, Uma started to blabber, gesturing and fluttering her hands about, and not saying anything I could understand as she was speaking in a different dialect from the one I was interpreting in. We waited patiently for her to calm down.

After a couple of minutes, she called out to someone inside. A young woman appeared and explained, 'She wants her son to be allowed to live here with them so that he can help her out.'

At last Uma's real wishes and all those excuses were understood. The council flat was only meant for the two of them but the social worker said she would put in a request to the local authorities, although she could not promise anything as it was not in her hands. Finally we dispersed for good from the house.

For me, that was one of my first experiences of dealing with the hidden meanings in sentences when interpreting but, since then, it has become quite common as I have come across many people who find it difficult to come straight to the point — especially with people in authority.

Another Chance

SIMO MAATTA

— Your treatment here has been successful and you can now return home, the doctor says, looking neutral, impartial, and a bit cold.

He does not look at the doctor. He does not look at me when I translate the doctor's words. He does not look at the nurse who observes him carefully and tries to smile.

I wonder whether he understands what I say. He says he understands. His voice sounds like that of a little child who is scared when his mother turns out the light.

— Do you have any thoughts about that, any questions regarding your treatment and your going back home?

He raises his head just a little and casts a brief glance at the doctor.

— I don't know. I think I will kill myself.

~

— I am sorry to hear that. As I said, the treatment is over and you can go home. We think it will be all right. Here's a prescription. As I just explained to you, we have made slight modifications in your medication. You can go to the pharmacy on your way home. In fact you should do that because you will have to take a new pill tomorrow morning.

— We say that a person only has one chance in life. I had mine but they took it away from me. Now my chance is gone.

As I translate these words, my heart turns into a stone. Not because I do not want to care. My heart becomes a stone so that anything he will say, anything the doctor or the nurse say, anything in this exchange will no longer penetrate my heart and hurt me. I have heard many people say they will kill themselves. But when he said he had lost his chance, it sounded like he was explaining the contents of a death sentence. A terrible thought crosses my mind. Has this happened to me as well? Have I lost my chance?

But now my heart is a stone, and it is all easy. My voice does not tremble, my eyes are dry. I am not here, I am just a robot translating his words mechanically. My real self is floating on the ceiling and looking at us. Then he disappears. I look up and see him sitting on the roof of the hospital, looking at me and pointing towards the exit with his index finger. I know my real self will be waiting for me there, sitting on a bench under one of the century-old birch trees in the park that separates the hospital from the city, far away from this ghastly encounter and this dark room.

— As I said, the treatment has been a success, and you can go home safely. I'd suggest you take a walk every day, preferably in the woods.

— I can't go to the woods. It scares me.

— Well anyway, I recommend you go for a walk every day. Perhaps you can take the metro and come into the city and walk on the streets.

— Do you have friends in your neighborhood, the nurse enquires.

— I had one friend but he moved away.

— If you don't manage at home, you should go to the healthcare centre of your own district primarily. Do you know where it is?

— Yes.

— Good. But that centre is open only during office hours. Do you know the emergency number?

— Yes.

I concentrate on the interpreting task. It is very difficult to know whether he actually understands what I say. Both 'yes' and 'no' sound like no. Will he ever be happy here, I think to myself, but my stone heart kills that thought.

He raises his head a little and tries to smile at the nurse, as if an invisible device is pulling his cheeks but fails because the battery has died. Then his head drops again. His attempt to smile lasted for such a short time that he did not even see the nurse smile back at him. The nurse's face freezes, she glances at the doctor as if looking for help.

— So here you are, here's the prescription. You have your other prescriptions at home and a good supply of your old meds, don't you? And

you remember you will have a meeting with the psychiatric nurse at your local healthcare centre in two weeks? I have written the details on this post-it, here you are.

The doctor stands up and extends her hand for a handshake. He remains seated, gives his hand and lets the doctor shake it.

— Goodbye.

— Thank you, he says.

I pull out the assignment form and hand it over to the nurse.

— Could you sign and write down the time the encounter ended, please?

The nurse gives the form to the doctor who signs it hastily. The doctor leaves the room. The nurse collects her papers and walks towards the door.

— Goodbye then, she says as she walks out.

I slip the form back into my bag, stand up, take my jacket, and extend my hand towards him. He is not looking at me. I pull my hand back.

— Have nice weekend, good luck to you.

— Have a nice weekend, thank you.

As I walk out, my real self joins me and my heart melts again. It feels very heavy and big and hurts a little, as if someone or something had stung it so that now it makes my chest quiver. The sky is blue and the sun reddens the tops of the birch trees like it always does in early spring. Soon everything will be green again. It is Friday and I do not have any other interpreting assignments for today. Perhaps I could take a walk in the woods.

No, not the woods. Not this time.

I turn my head and see him trudge wearily towards the gate. I wish he would look up and see the spring in the birch trees.

Years later I meet him again during another interpreting assignment. His voice has not changed. He still does not know how to smile but something happened to him. He was given another chance. I was happy for him. And I was worried and hoped this other chance would be strong enough to carry him through all the difficult times ahead.

Waiting to See a Specialist

JOANNA MUNGAI

I have spent so many hours in the waiting area, often not knowing whom I will see or what problems I will face that day. Every appointment is a new encounter and a new challenge. Each assignment is like stepping onto unknown ground. Although I know the languages of both parties, the problems I have come to meet never fail to astound me. I always think that it would be easier to cope with these problems if we 'as interpreters' had some idea of what we need to prepare ourselves for. However, with my job, the spectrum of dilemmas is very broad and I often find myself taken aback by the weight of my clients' problems. I would like to describe some of these encounters which have lingered in my thoughts long after they occurred.

I suppose the encounters I find most difficult are ones when I meet families with children of similar age to my own. One occurred a few years ago in CAMHS (Child and Adolescent Mental Health Services). The assignment was located in the centre of a town that I was not familiar with and proved difficult to find. When I found the building, I rode up the lift to the correct floor and then stepped into the waiting area where the only people in the room were a middle-aged looking lady and her son. It seemed strange to me at the time because I usually report my arrival at a reception desk, but I do not recollect any reception at all. I decided to wait and look for any development that might allude to my assignment.

Whilst I was waiting I overheard the mother and son speaking and I recognised that they spoke my language. This allowed me to assume that I would interpret their appointment, but I did not introduce myself to them due to the regulations requiring me to not have any contact with the patient outside the appointment; especially when the appointment is booked through a mental health service organisation. After a few minutes, a lady walked in and introduced herself to me as Lucy, announcing that she was the therapist. She then went on to introduce herself to the mother and her son, inviting us all through to the consultation room.

We all entered the room and sat down in our chairs. The room turned out to be smaller than I expected. Our seating was not to my liking either,

due to the lack of space. Ideally the chairs should have resembled a circle, which is recommended by researchers to be the best seating arrangement for appointments with an interpreter.

After a short introduction, Lucy explained the reason for the meeting; it was an assessment. Something had happened to the boy and she wanted to know all the details surrounding the event and the story as a whole. The boy was eight or nine years old. The family had come to this country about three years ago and, soon after their arrival, the boy began to attend primary school. He spoke English very well so my main service of interpretation was for the mother. The first year of school had not been easy for him, to say the least. He was struggling to learn English at the time and was a victim of bullying on many occasions, which was worsened by the fact that he could not explain the situation well enough to the teachers due to the language barrier. Furthermore his parents, lacking English, also struggled to raise the issue with the school. Over a couple of years, the situation had not improved. The boy struggled to make friends but he liked going to school, despite the fact that this was the place where he endured continuous harassment. He never shared his feelings or his experiences with his mother. He tried to fight all these problems and the consequent emotions on his own.

During the assessment, the mother and the boy began to disclose the information in turn, sharing the responsibility of recounting the events of his bullying. The boy was talking freely in English, yet I translated everything for his mother so that she could fully understand. When she wanted to explain, I would switch from our language to English so that Lucy would be conveyed the information from the mother. On one occasion, the boy tried to interpret for his mother so that Lucy might understand what she was saying. In the middle of the assessment, Lucy asked about the most recent incident. Clearly she had more information about this family than I had. She asked what had happened to cause this family to be referred to CAMHS. The boy refused to say anything about it and was reluctant to reveal even one detail about what had happened. I realised that something very serious had occurred. He was clearly ashamed and his character had suddenly changed from personable and chatty to very shy and withdrawn. It was quite mysterious to observe this as I did not have any information regarding the reason for this assessment or the incident that had happened. Lucy asked whether he would feel comfortable if his mother shared

with us what happened whilst he sat in the waiting room. He agreed and she led him outside.

Lucy came back inside and as soon as the door was shut, the mother burst into tears. It was very difficult for her to speak. After a period of time, and through Lucy comforting and coaxing her, the mother said that a few days ago, the boy had tried to hang himself. I had not expected this answer at all. Immediately, I felt a lot of empathy for the mother but I also struggled to comprehend the situation. She described how she returned from work a few days ago, and how she saw him standing on the table, trying to hang himself with a rope. I remember being at a loss for words, and actually struggling to remember the word for 'rope' in my language. After Lucy had finished her notes, and the mother had calmed down, Lucy stood, opened the door and invited the boy back into the room.

He remained reluctant to talk about the incident but informed us that he had not attempted it again, and that he felt very regretful about how his behaviour had upset his mother so much. Lucy added this to her notes and explained that the assessment was complete. She explained that she would consider the situation with her manager and they would make a decision as to which therapy he could begin.

Lucy finished the meeting and led us all back to the waiting area where we had been before. She wanted to accompany us to the lift. She seemed to expect me to travel down in the lift with this family but I refused. The shock I had felt had a very big emotional impact on me. I was surprised that Lucy did not offer me a debrief after the appointment. I felt that I needed to share my own thoughts and feelings on this assessment as the shock seemed to have overwhelmed me. I rode down in the lift later by myself.

Thankfully I had parked my car a long way away so the walk allowed me to put the situation into perspective. Despite this, I wanted to cry. I thought about my own children — the fact that my youngest daughter was the same age as this boy. I wanted to cry for this boy and his desperation. I wanted to cry for the mother and her emotional struggle. But I also wanted to cry for all children and families who face problems with mental health.

The biggest struggle I found was that I was not in a position to help this family as it was not part of my job. I was not even able to share a few encouraging words with them. Whenever I think about this boy and his family I

am still in shock that a child so young had encountered such suicidal thoughts and even planned and attempted to carry out his own death. What would have happened had his mother returned a few minutes later?

I never met the family again; I do not know what happened next. This boy was the youngest suicidal client I have ever met. As I mentioned before, he was also the same age as my youngest daughter. Since then, I have met children with similar mental health issues to this boy, who go through mental health illness-related problems similar to his.

Since that appointment, and after so many encounters with suicidal clients, it seems that I ought to be wiser and more in control of my reactions and emotions whenever I am tasked with interpreting such an appointment. Unfortunately that is not how it works. Every new client brings a new story, and with that new story, they bring new baggage. Unfortunately that baggage never fails to be emotionally challenging.

In the work of an interpreter, it is vital to learn to empathise with the client. This vastly improves our ability to clearly convey the meaning behind their words. Without a debrief and without any supervision after an emotional assignment, interpreters like me are often left feeling emotionally exposed and vulnerable. As interpreters, I believe the services we interpret for need to remember that we have emotions as well and we should not be treated as translating machines.

The Interpreter's Tale

MAITHREYI NANDAKUMAR

Shoba moved the chubby sandalwood idol of Ganesh in the hallway to face the right direction. She sighed with pride. Perhaps not as good as her cousins in the States, who lived in massive houses in the middle of nowhere — Milwaukee, Wisconsin, and beyond, but this suited her husband and two children perfectly. Bristol was their home and she loved it. Most of the time, that is. She did not need a career with Raghav climbing the corporate ladder. Doing these occasional interpreting assignments suited her just fine, she assured herself. Maybe she could paraglide down the fabulous Avon gorge by the suspension bridge, or cycle through Borneo for charity.

It was the noise that was unbearable, on the hard shoulder on the M32, just outside the city centre, that cold October night. The icy wind made their eyes hurt. Two men and a woman — all in their early twenties, stood with their backs to the traffic. As the cars hurtled by, they could feel the shaking ground beneath their feet. Swaying from tiredness, they flinched as if struck each time a vehicle passed them at furious speed, pushing them to the verge. They had been travelling with a lorry full of mattresses from Dover and the driver had kept yelling at them not to make themselves too comfortable. 'The lorry driver said the police will come to get us,' said Muthu to his friends for the tenth time. Senthil was holding Eswari who was throwing up from the exhaustion of the past few days.

'Thank you so much for coming,' Sgt. John Stevens greeted Shoba with a firm handshake and led her through dull yellow and grey corridors. Shoba heard the noise of banging iron doors and angry shouting. She felt her heartbeat accelerate and concentrated on the back of the officer's smart uniform.

'Do you understand my Tamil?' she asked them first, her Madras accent quite different from their Sri Lankan one. They nodded their heads and smiled. Her accent reminded them of the Tamil films they watched from India.

'Could you please tell them that they've been arrested?' the Sergeant began.

They were inside the prison cell.

‘You’ve been arrested,’ she repeated dutifully.

And then it was made clear that the police were entitled to keep them under arrest before they sought legal advice and applied for asylum.

‘Could you ask them how they arrived here?’

‘In the back of a mattress lorry.’

‘Where were they before that?’

‘We were driven onto the ship.’

‘Do you know where from?’

‘Germany, Suisse, Afghanistan, Libya, Cyprus, Russia, and before that Colombo — we were blindfolded most of the time, so we didn’t see much.’

Muthu and Senthil said that they had been targets of the many terrorist groups in Sri Lanka — people their age would get bullied to join the guerrilla army. They lifted their trousers to show their scars — a long weal where a burning rod had been used to hit, and circular ridges of flesh from the cigarette butts pressed on their ankles. That’s why their families had sold everything to send them away from all the troubles, so that they could make a normal living in another country.

‘Do they have passports or any papers?’

‘No.’

‘Did they go through an agent to come here?’

‘Yes, they each paid 2000 pounds to a Russian agent — once in Colombo and again in Moscow.’

All through this, Shoba noticed that the girl Eswari was keeping absolutely quiet. She was tiny with a dark brown complexion, had long curly black hair tied into a bushy ponytail. She was wearing a thin cardigan over her salwar-kameez, and she didn’t seem affected by her present circumstances at all. There was no fear when they made eye contact — no smile of acknowledgement to a fellow Tamil speaker, and a woman at that. Shoba shivered slightly, unnerved by her impassive face.

'Could you also tell them that they can have tea and coffee from the machine?'

More nodding.

'Do they have any special dietary requirements? There's chicken for dinner tonight.'

That's when a look of mild surprise passed over Eswari's face. Shoba sensed that she found this courtesy unexpected. No restrictions, they said, they could eat chicken.

Sgt. Stevens escorted her out, thanking her profusely.

'So, you are not from Sri Lanka then? You speak such good English.'

'Thank you, I was educated in English, in India.' She maintained a polite face.

'Maybe you could leave your number, so that we could contact you directly?'

His smile was too friendly, she thought, 'You'll have to go through the city council as I work for them,' she replied, and walked out, glad to be in the fresh air.

Shoba drove to Easton for some Indian food shopping — it was a long detour and the Bristol traffic was the usual stop and start at this time of the afternoon. She could not stop thinking about Eswari and the courage she must possess to embark on the kind of dangerous journey she had.

'Oh, stop it!' she told herself off. 'War isn't glamorous. Travelling illegally isn't glamorous.'

She recalled that still expression on the girl's face and paused, thinking of all the obvious horrors Eswari might have experienced. Shoba drew in a strong breath and acknowledged that this rush of envy and yearning she was feeling was actually a deep admiration for the young woman's resilience.

Eswari had turned into a really good cook. Her food was more to a non-Brahmin taste — she tended to use a lot of garlic in everything but they didn't mind. Even Raghav was impressed by her quiet discipline with the children. They went for walks, played board games together, taught her to

say 'Awright me lover?' Shoba would see them all huddled on the sofa in the evenings, giggling over the Simpsons, when she came home from the library.

She still felt uncomfortable when Eswari gave her that piercing look. She was clearly more at ease with the children than her. Eswari did not answer the simplest of questions about her family, so Shoba kept their relationship businesslike. The formal relationship they shared suited them both just fine, Shoba decided.

Eswari lived with them in the spare room up in the loft. Shoba had been called back by Social Services to interpret for her, and seen her sharing council accommodation with men she did not know. Her two friends had been relocated to Swindon and Gloucester and she was left behind. Shoba had hit upon the idea to bring her home. Eswari had looked at her for a long moment before nodding yes. Again, there was no smile and no indication of her emotions — just a fleeting expression of relief. Raghav had been quite sceptical but, six months on, they were both congratulating themselves on their decision.

'I have to leave for London tomorrow — I will be away for a couple of days.' Eswari knocked on the door, popping her head through. Shoba was a few months into her MBA and loving the fact she had the time to focus on her future prospects.

Shoba had heard her talking on her mobile in rapid Sri Lankan Tamil, which, truth be told, she found very hard to follow. Sometimes, Shoba heard her on the phone as she went up to bed after studying late. She must be homesick, Shoba thought. And it was Easter weekend anyway — maybe they could do something special, just them, as a family.

'Can you buy some okra, vendakkai? It's so much cheaper in London.'

Shoba thought it odd that she did not wait for some money.

'Na vaarain. I will return,' Eswari mumbled. Her backpack looked particularly heavy, as Shoba stood by the door worrying about her frail frame carrying the big burden.

'Go and come back carefully,' Shoba called out the traditional farewell as she watched her trudge to the coach station.

'It is nice to have the house to ourselves. Without Eswari lurking in the corners,' Raghav announced with a relieved sigh. Shoba secretly agreed with Raghav, but would not say it aloud. She swirled the glass of white wine that he had poured out and admired the light that caught the crystal. It was Saturday night, the kids had gone to bed, and life was good. Things were falling into place nicely, just when she had given up all hope for her own personal future. She cuddled up against Raghav on the sofa as they settled down to watch a film.

How could everything disintegrate so completely? Shoba was least prepared for what awaited her on Sunday morning when she heard the news from Broadcasting House.

'Police are still trying to identify the woman suicide bomber who blew herself up inside a petrol station in West London last night. Police say that initial reports suggest that the manager Mr. Selvadurai, who was killed in the explosion, could have been on the wanted list of Tamil guerrilla groups in Sri Lanka.' CCTV footage of the garage, minutes before the explosion, showed an Asian woman walking in with a backpack. It had happened last night and had been all over the news — when they had been busy watching the DVD.

'Oh my God, Oh my God.' Shoba could not believe what she was hearing. Raghav looked shaken. Eswari, they realised, had come to this country on a mission.

'I told you we shouldn't have trusted a Ceylonese girl. It was a girl who blew up the Indian Prime Minister, how could you forget?!' Raghav was shouting at her.

'But Eswari didn't wear a cyanide capsule round her neck — I didn't think she'd be a terrorist!' Shoba yelled back.

Words like 'aiding' and 'abetting' sprang to mind and they felt their heads reel in complete shock. The police would soon be here. Shoba ran up to the loft and came back with empty boxes from under the bed — parcels Eswari had received at this address. How had she done that? She must have taken Shoba's credit card to use it for her nefarious activity. Shoba stood in the middle of the hallway and stared at the fish — bright orange creatures slithering merrily. She could see Sgt. Stevens looking grim as he removed the handcuffs

from his pocket to tie Shoba's wrists together behind her back. She felt a bolt of shock go through her body, as she watched her kids crying helplessly.

The doorbell went, followed by loud banging. Shoba steeled herself for the worst, with Raghav close behind her. She pulled the heavy door open with a grim expression. The black umbrella in front of her was dripping wet. Then a carrier bag was stuck under her nose, from under the broly, as she heard Eswari say, 'You need to take the vendakkai out and dry it on a newspaper, it will rot otherwise.' She removed her trainers immediately as she walked in, touching the idol of Ganesh and pressing two fingers to her eyes — a pious gesture that came naturally to her.

Shoba and Raghav were left standing by the door with the rain lashing into the house, ashamed and shocked at their own hysterical reaction. It had been so easy to jump to all those conclusions. They watched, open-mouthed as Eswari hefted her bag from her shoulders and carried it by hand upstairs to her room.

The Broken Voice

SILVANA VITALE

It was a crisp, early spring morning when I got off the train. A glorious sun was shining high with not a cloud in sight, and every single soul I crossed paths with seemed dead friendly to me. Radiohead's 'In Rainbows' was playing on a loop in my ears. After a short bus ride I limped slowly to the Immigration Office, which was my work venue for the day. Suited and booted, and yet feeling painfully awkward: partly because of the sympathetic looks from strangers who must have thought I was disabled; partly because of my odd outfit (smart check tweed suit paired with noticeably worn-out 8-eyelet Dr Martens — Vivienne Westwood meets Sid Vicious punk-chic, I reassuringly told myself); but mainly and most importantly because my left foot was dreadfully sore. Until the day before I had been wearing an Aircast boot: an absolute lifesaver kindly provided by the NHS following a metatarsal fracture I suffered at a Ska gig (go on, feel free to laugh. Even the A&E radiologist and orthopaedist chuckled at that, especially when typing my date of birth). Despite being the most supportive flat boots in my shoe collection, my old, trusted Docs were not comfy enough. Deeply regretting not having stuck with the NHS Moonboot, and, indeed, regretting having accepted an out-of-town job, I kept cursing hard under my breath at every single step until, finally, I reached the venue.

The Immigration Office had just opened and I joined the queue. Standard security check, handbag inspected, I stepped through the metal detector and took a seat on the waiting-room bench marked 'Interpreters'. I remember being surprised at not being asked to surrender my phone. In other offices, mobiles would be seized at the entrance together with lighters, perfumes, or other flammable materials — allegedly to prevent people from setting themselves or the premises on fire, or so I was told once by a security officer at an Immigration Tribunal. It is a small office compared to others I have seen. Generally, interpreters are directed to a separate waiting-room until the start of the interview. For confidentiality reasons, no prior contact is allowed with the interviewee. In fact, I had not even been given the name of the applicant I was interpreting for. All I knew was her gender. But this time I was in the same waiting area as all the applicants, and I started scanning the room nosily, trying to second-guess whose voice I was going to be for that day. Would I be

interpreting for the dark-haired pregnant lady sat opposite me or perhaps, for the young girl with the funky, colourful, chunky hat? Or would I be lending my voice to the mother-of-three sitting on the right bench? As the waiting-room kept filling up with people from different countries, I started feeling increasingly self-conscious for sitting in a marked 'separate' area. I loathed the thought of looking 'different' or 'privileged' in any way, for I am a foreigner and an immigrant myself. Somehow I felt embarrassed, almost ashamed for being luckier than them: being from an EU country, I did not require a visa or permit to reside and work in the UK (well, at the time of writing I am literally a 'Without Official Papers' foreigner in a pre-Brexit limbo). Crucially, I was not running away from wars, famines, persecutions, poverty or anything remotely nasty. I had left Italy simply because I was lucky enough to be awarded a bursary for a postgraduate degree in the UK.

After 20 minutes of awkward waiting, I was called to Interview Room 3. The immigration officer was friendly and polite and, before letting me in, kindly briefed me on the asylum application interview and the applicant's extremely delicate circumstances. The officer warned me that the applicant was so distressed and traumatised that she had previously been unable to complete her application. The interpreter assisting during the first interview was from her own country, just like the people who hurt her, and therefore she had felt unsafe. Thus, especially an Italian interpreter was requested, Italian being the applicant's second language. 'Mamma mia!' — I shout in my head — this is a tough one, because the grounds for her asylum application were horrid circumstances which I had never had to translate before. However, having dealt with so many difficult cases in the past — ranging from mental health and terminal illness to rapes, culpable homicides, and Breaking Bad-style murders — I felt confident that I could maintain a professional composure and perform well. I am often asked how I cope, how I can carry around people's burdens, as if my own emotional baggage was not enough! Truth is, I genuinely love my job and helping people, be it a mother giving birth or a patient drawing their last breath, is a paradoxically selfish addiction of mine. Moreover, I have become rather good — or so I thought — at hiding or blocking out things: people, events, feelings, emotions. Over a decade as an interpreter has led me to develop such a thick, impenetrable skin that sometimes I think I may wake up like a pint-sized ninja turtle. Or maybe one day I will just blow up. Time will tell.

Long, deep breath ... and I limp speedily into Room 3. With the most positive, empathetic, and professional smile I can pull off, I introduce myself to the applicant and the social worker accompanying her. I exchange a few words with the applicant (providing a back-translation into English for the officer) to ensure that there are no language barriers or other issues that might hinder communication. She is in her early twenties, and incredibly stunning — that sort of enviably natural, make-up free beauty — and I can tell from her eyes and trembling body that she is so broken.

The interview starts. Albeit very hesitantly, laconically, with a wavering voice and shaky hands, avoiding all eye-contact, the applicant answers the first few questions, explaining how, when, and why she first arrived in the EU. She had moved to Italy to learn the language, work, and hopefully, one day, go to university there. Her spoken Italian is exceptional, she has even picked up a regional accent — I am utterly impressed. She is clearly an intelligent young lady, I think to myself whilst almost mechanically lending her my voice. She tells the officer how she met a male co-national at the local Sunday market, and how friendly he seemed at first. The heat pump in the room is very noisy, and I can hear people speaking loudly next door. The interview taking place there sounds extremely unpleasant. It all seems unreal. I start feeling uneasy. It feels like being an extra in the saddest Ken Loach movie. And all these noises are distracting me. I must stay focussed, I cannot miss a single word.

‘What happened then?’ asks the interviewing officer, through my voice. The applicant freezes, unable to speak, shaking like a leaf, keeping her head down. Her beautiful blue eyes are now cherry-red and swollen. She looks up, looks me straight in the eye as if to say something, but she is unable to utter a single syllable. The officer repeats the question, adds some more and then asks: ‘Did he hurt you?’ The applicant must have understood that question even before I translated it for her. She clearly has some English, I think to myself. Her entire body is shaking violently and uncontrollably now. Her breathing becomes heavier and heavier, louder and louder, and her eyes start filling with tears. At that point I, Silvana, want to jump to the other side of the table, I want to hold her hand, I want to hold her tight and tell her that she is safe now. But all I, the interpreter, can actually do is quickly reach for a packet of tissues in my handbag and offer it to her. The social worker affectionately puts her hand on her shoulder, reminding her about the breathing and relaxation technique she has taught her. The officer offers her some water, and suggests we take a break.

Sadly, when the interview resumes, things are no easier. After each question — which, no matter how diplomatically formulated by the officer and equally translated by me, must have felt like a sharp knife digging deeper and deeper into an open wound — shaking and crying, she looked at me like nobody else had ever done before. It felt as if she was looking for help, for courage — in me, as if she was begging me to give her the strength to speak, or to speak up for her. But I could not say a single word unless she did first. I could read in her eyes that she trusted me, she seemed to appreciate that I was there to help. And, eventually, after what felt like an interminable silence, she did speak up — with her broken voice, and through mine. She told the officer about the events leading to the first rape. She told how she was kidnapped, drugged, repeatedly raped, blackmailed, forced into prostitution, and moved from brothel to brothel in Italy and around Europe, travelling with forged Italian identity documents. She told how, after years of captivity and abuse, she had the chance — and found the strength — to escape from a brothel in the UK. The little English she has learned by speaking with local ‘customers’. British clients were ‘nicer’, ‘more polite’ and generous with tips. I cannot and would not want to repeat the grim, atrociously raw details discussed in that room.

It was a long application with, fortunately, a couple of breaks. Throughout the interview, despite all my usual efforts at ‘detachment’, all sort of reactions and emotions went through my mind: shock, outrage, grief, pain, anger, and impotence, to name just a few. I wanted to comfort her, I wanted to help her, I wanted to take her pain away. I wanted to scream, I wanted to cry. And I did have a cry, in the ladies’ toilet during the second break. But, whilst in Room 3, as much as I was struggling to block or at least hide my emotions, and, despite becoming increasingly aware that my watery eyes and my throat-tightened intonation were starting to betray my composed self, I had to force myself to be a professional, impartial machine, clear glass between the two interlocutors: the only way I could really help was to shut my feelings off and be nothing but a voice, her voice. And yet, at the same time, while faithfully relaying her excruciatingly and unbearably terrible story, I could not stop feeling her palpable pain, thinking: ‘How can people be so bloody inhuman?’, ‘Will she ever be okay?’, ‘Will she ever be able to experience a normal life after this torture?’

I will never know the outcome of her application, where or how she is. But my mind and heart want to imagine her settled and happy somewhere in the UK. I never thought a stranger’s life could touch mine so deeply, and

unexpectedly more than any other terrible tragedy I had come across before. No matter how much I had read and heard about human trafficking, nothing could have prepared me for meeting and lending my voice to an incredibly traumatised victim. A young woman literally broken by years of physical and psychological abuse.

After formal goodbyes at the end of the interview, I saw her again on my way out. She looked at me, smiling and thanking me with her sad, big beautiful eyes. Professional code of conduct out of the window, instinctively I went towards her and hugged her tight, without saying a word other than 'Ciao'. Anything else would have sounded stupid and out of place, and one more word and I would have burst into tears. Sunglasses on to shut off the windows to my soul, my heart a ton heavier, the darkness in me a few shades darker, I limped out of the building. My foot was swollen and sore, but I could not have cared less.

Did I Help?

ZOE ZALTASH

Every day I ask myself, 'Did I help? Was I needed?'

I work as a freelance interpreter, sometimes face-to-face and also via telephone.

Most days pass without me giving a thought to what I do and sometimes it even becomes a bit routine but, now and again, I come across a case or a telephone conversation and I say to myself, 'There, you do help.'

I remember the case of a minority school where the children did not understand what the term 'bullying' was and, as a result, the inspector was telling the headmaster that they had failed to safeguard the children by not teaching them how to recognise it. It was you who explained the cultural differences and that the term 'bullying' was not in their dictionary and how different cultures deal with difficult situations, and that not using the same label did not mean ignorance or failure!

Or the case where you turned up for an appointment at the hospital to interpret for an old patient and his very upset elderly son who asked you, before seeing the practitioner, not to mention the word 'cancer' as it would have a very bad emotional effect on his father. He then explained that the family were quite aware of the old man's illness but had kept the severity of it from him so as not to cause him more stress.

So what does one do in these situations? Thinking on the spot, you requested to see the practitioner for a briefing before the meeting and explained the issue. The practitioner agreed that she would respect the family's wishes and convey the seriousness of the illness to the patient with different words as long as the son agreed the full diagnoses was recorded and sent to the family via mail. The son was greatly relieved by yours and the practitioner's consideration for his father's emotional well-being.

This made me wonder about the practice in mainstream British culture in which everyone is predominantly concerned with keeping the patient informed about everything. The belief being that the patient has the right to know about everything concerning their health. But this is not the case

in many other cultures and it does not mean one culture is right or wrong. Staff can impose their cultural beliefs on individuals and families which can cause more distress — as our story illustrates.

Interpreting has so many dimensions. Working with the social workers and young asylum seekers requires a different role on many occasions.

One young boy complained that he did not like the food he was given by the family he was staying with, but he did not know how to cook for himself and had not had any proper food for months!

Having children of your own and trying to be of some help, you suggested to the social worker that perhaps you could teach the young boy how to cook a few simple meals from your country. That was a different type of interpreting and the rice and chicken dish, although very simple, made the young boy very happy and maybe he will remember you whenever he makes that dish!

And what about that telephone-interpreting session with the frustrated female doctor and the reluctant mature male patient. You get this call and, after the introduction, the GP says, 'I believed the gentleman spoke good English and had been told everything was totally normal from all the blood tests and other investigations we carried out but we're not sure why he keeps coming back? That's why, today, we have asked for an interpreter to help us clarify the issues.'

She then passes the phone to the client and I interpret what the doctor told me. The man's response was, 'Oh dear lady, I am so sorry and please do excuse me as this is a bit embarrassing for me and I was not able to explain politely in their language.

I have been coming here so many times now and they don't understand me. They keep putting needle in me and taking my blood and sending me for lots of silly test, when there is nothing wrong with me! All I said to them was if they could do a check-up for me and give me a prescription so it will help me to be close to my wife!'

When I interpret this for the doctor, I could hear the relief in her voice!

So I tell myself, there you go. Do you still doubt your work?

You do help at so many levels every day and without this service who would help these vulnerable people?

Bios



Oya Ataman is a multilingual, certified sign-language interpreter and scholar based in Berlin and New York, who has worked in conference and community settings for seventeen years. Her research on interpreting in refugee-settings, Coda identity and autobiography, and Third Culture Kids has appeared in *Hearing, Mother-Father Deaf*, eds. Michele Bishop and Sherry Hicks (Gallaudet UP, 2009) and the journal *Das Zeichen* and several other places.



Veena Bassi is Indian and was born and brought up in Nairobi, Kenya. A graduate in English Literature, she taught for a few years before changing to a career in finance. She has been interpreting for the Home Office, NHS, and City Councils for the past forty years, and is fluent in Hindi, Punjabi, Urdu, Gujarati, and, of course, English. Recently she completed an adult education course in 'Writing'.



Zoe Diderich has lived in Luxembourg, Bahrain, the UK and France. From a young age she learned a range of languages and was exposed to different cultures and customs. Zoe studied Theatre Design at the Royal Central School of Speech and Drama in London and worked as a theatre designer. After seven years, she retrained as a French interpreter and translator, and now teaches interpreting at the University of Westminster and adult education colleges across London.



Annemarie Fox is an interpreter and translator with an interest in human rights, social affairs and cultural issues. She has worked with francophone Africans at the Medical Foundation for the Care of Victims of Torture for sixteen years and was a member of the Children, Young People & Families team where she acted as a language consultant.



San Maya Gurung was born in Nepal and lived for a time in Singapore. She moved to the UK in 2006 and is a full-time support worker for people with learning disabilities. She is also a Nepali-English interpreter for Reading Borough Council and MotherTongue. She is currently studying for a bachelor's degree (honours) with the Open University.



Ania Heasley came to the UK soon after graduating from Łódź University, Poland with an MA in English and Linguistics. After a diverse range of jobs, she settled into a career in IT. A change came in 2002 when Ania opened her own recruitment company. She became a freelance court interpreter more than ten years ago. Ania also writes a blog based on her public services interpreting adventures 'Life in the Dock' <https://lifeinthedock.wordpress.com/>



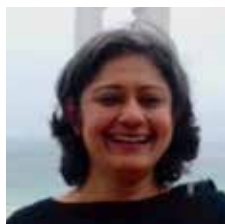
Sylvie Hoffmann, born in Alsace, France, came to the UK in the 1970s and worked in South Wales as a teacher of French, English, and Art. Around 2000 the Home Office began 'dispersing' asylum seekers to Swansea. Sylvie devoted enormous amounts of time and energy to helping francophone and other people as a voluntary interpreter and advocate. She created many incisive 'found poems' and stories out of conversations she took part in, highlighting comic and tragic miscommunication. She co-founded Hafan Books as a platform for refugee expression and solidarity. 'Are You Happy With That?' became the title of a Hafan anthology (2013). Sylvie is much loved but beyond writing now.



Simo Maatta is a University Lecturer in French at the University of Helsinki, Finland. His research focusses on the translation of socio-linguistic variations, language ideologies, and empathy in public-service interpreting. He is also a public-service interpreter and translator working in the greater Helsinki area.



Joanna Mungai graduated from the University of Warsaw with an MA in Clinical Psychology after which she worked in Poland — both in public and non-government institutions. After settling down in the UK, she started working as an interpreter specialising in mental health. She also works as a bilingual support worker in schools. Her first story was published in 2015 in *Mothertongue's* first anthology 'In Other Words'.



Maithreyi Nandakumar is a journalist working in print and sound. She has recently moved to London after living in Bristol for many years. Her short stories have been published in anthologies and online and broadcast on radio, and she has written her first novel. She has also worked extensively with Tamil refugees from Sri Lanka as an interpreter, in particular with clients suffering from PTSD in counselling sessions for Trauma Foundation Southwest.



Silvana Vitale is originally from Sardinia, Italy. She moved to Edinburgh to study for an MSc in Translation, and never left. A freelance linguist, she combines translation and interpreting activities. She also works as a public service interpreter in a wide variety of settings, from courts and tribunals to healthcare, social services, educational institutions and government agencies.
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Zoe Zaltash left Iran at a young age and planned to go back after finishing higher education. She is still living in England. After working in IT for over two decades, she accidentally stumbled into interpreting. For the last 12 years, she has been working as a freelance interpreter with various organisations, covering all aspects of interpreting.



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