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Abstract

The focus of this paper is to review the literature on socio-cognition issues for deaf graduate students and professionals working with interpreters in order to assess its usefulness in developing key conditions under which deaf graduate student/professional-interpreter working relationships might be implemented more effectively. Theories on cognitive dissonance and stereotyping will be examined in relation to their possible implications in the working relationship, and included in this review if they related to the development and maintenance of an ongoing working relationship between the deaf professional and the interpreter. The concept, cognitive dissonance, will be introduced in this discussion and examined for its relevance to the inconsistency between attitudes and behaviors that emerge in the deaf professional or the interpreter as they enter the working relationship. This paper may provide insights into the mechanisms of developing an ongoing working relationship which may guide development of advanced or specialized interpreter training programs.

Introduction

The rapid increase of deaf individuals holding academic and professional positions following the passage of the American Disabilities Act in 1990 has brought new challenges to the dynamic relationship between deaf professionals and interpreters (Forestal, 2001; Stewart et al.,1998). A consequence is that there is a greater need to provide specialized training and education for interpreters who are interested in working for deaf professionals (Frishberg, 1990). Literature on interpreters working with deaf consumers in a subordinate role typically addressed issues on facilitating communication through means of advocacy between the hearing party and the deaf consumer (Alcorn & Humphrey, 1994; Frishberg, 1990). The hearing members as discussed in these articles and books are often providers such as physicians or psychologists who are not entirely familiar with the ramification of working with deaf patients and clients. As Dean and Pollard (2001) explain, these interpreters undertake a major role in identifying communication breakdowns and attempt to intervene through appropriate problem solving techniques. Techniques include, but are not limited to, clarifying the interpreter's role, modifying the presentation of interpreting (e.g. translation vs. transliteration), and alerting the hearing provider of the communication breakdown.

When the provider is deaf and the recipient is hearing, the application of the aforementioned techniques lies in the purview of the

1

deaf professional. To reduce time spent on explaining parties' roles and increase efficiency for the client, a deaf provider in a busy office may enclose a leaflet explaining her background and clarifying communication needs (e.g. speaking face-to-face or using an interpreter) in the client's registration packet. This deaf provider may reserve time to meet with the interpreter beforehand to discuss logistics and preventive strategies. In this regard, deaf professionals are actively involved in the selection of qualified interpreters commensurate with varying expectations and needs. A deaf scientist may find the ability to quickly grasp concepts favorable when hiring an interpreter, whereas a deaf lecturer may place a greater emphasis on the interpreter's receptive and voicing skills. Interpreters who meet these requirements and accept the challenges of working with deaf professionals are often motivated to learn and perform to the best of their abilities. The selection process of an interpreter does not end here, but rather evolves into a series of actions leading to the development of an ongoing working relationship. As deaf professionals attempt to work with interpreters by indicating their interpreting style preferences prior to a team meeting or providing feedback on the interpretation process during a seminar, they may simultaneously access and affect interpreters' attitudes toward developing relationships.

Deaf professionals' interpreting preferences and requirements vary widely, and ongoing feedback with the interpreter would be expected to develop appropriate register match and maintain interaction at a comfortable level. As this feedback is shared, some interpreters may perceive it as appropriate, while this may be simultaneously perceived as offensive, unsupportive, and condescending by other interpreters. One possible explanation for the variation in interpreters' responses may be attributed to their underlying attitudes or beliefs that are consistent or in discord with their behaviors. This paper provides an overview of what is meant by inconsistency between beliefs and actions, attitudes, and stereotyping that occurs in the context of deaf graduate students/professionals interacting with interpreters in academic and/or clinical settings.

Cognitive Dissonance

A person has a multitude of thoughts and beliefs, which can be otherwise termed as cognitions. These may either be congruent or unrelated to one another. Cognitions such as "the grass is green" or "I like apples" do not relate to each other, yet both exist in the brain at the same time. Consonance occurs when cognition and associated behavior

are consistent with each other. However, when this existing relationship is challenged by a discrepancy of the new cognition with the previously existing one, psychological discomfort is aroused. This is termed as dissonance, which results from incongruous cognitions and behaviors. The psychological theory of cognitive dissonance provides some explanation for the strategies utilized by deaf professionals and interpreters in addressing this phenomenon.

Cognitive dissonance theory (Festinger, 1957) has been an important area of study in social psychology for over 45 years. There are two major aspects to Festinger's work: (a) that perspectives or beliefs of the most value to the individual will produce greater dissonance; and (b) the greater the magnitude of this dissonance, the greater is the pressure to reduce the dissonance (Harmon-Jones & Mills, 1999). According to this theory, doing something that is inconsistent with a perspective or value may be distressing to the self, and therefore motivates the individual to achieve consistency between the perspectives and actions through attitudinal or behavior changes. For example, an individual may believe that smoking is harmful to one's health although this person smokes. If the belief becomes strong enough, the individual will experience dissonance and attempt to change behaviors (e.g. quit smoking) to reduce that dissonance (Festinger, 1957). Another option of dealing with dissonance is to alter the relevant beliefs in order to maintain consistency, and thereby avoid experiencing cognitive dissonance.

Such sources of communication breakdowns as mismatched usage and misunderstanding the deaf professional's interpreting needs (Napier, 2002); discrepancy between interpreters' qualities and demands within the interpreting environment (Dean & Pollard, 2001), and interpreter attitudes and moods (Brunson & Lawrence, 2002) can produce risks for the deaf professional of reduced access and misunderstanding of scholarly information verbally exchanged by hearing colleagues. The deaf professional whose expectation of an active discourse with hearing colleagues has been disrupted by interpreting-related factors can understandably become very frustrated. At the same time, this deaf professional attempts to maintain composure while clarifying information that may have been altered during translation, such as asking the hearing party to rephrase the dialogue heard previously. However, this approach does not work in situations where the deaf professional is in the limelight, such as presenting at a conference. The pressure to maintain composure and social harmony becomes great as the frustrated deaf professional continues to work with a poorly or non-qualified interpreter. This professional may have

conflicting feelings. On the one hand, the deaf professional may show appreciation and applaud the organizer's painstaking effort in accommodating her needs. This approach may result in the organizer's misconception that the assigned interpreter was qualified to do the job, or did the job well. Yet, the deaf professional hesitates in sharing poor evaluation of the interpreter, which may result in appearing ungrateful or demanding. The inconsistency of the negative attitude toward the interpreter's qualification and the actual behavior (showing appreciation for that interpreter) creates a psychological state that is distressing. This unpleasant experience will motivate the deaf professional to come up with methods to restore consonance in the attitude and resulting behavior. For example, if the deaf professional is scheduled to present again the next day, she may arrange to meet with the interpreter beforehand to provide feedback and copies of preparation materials. If the interpreter is oblivious to the translation errors that occurred, she may continue to believe that she is competent at interpreting for the deaf professional and take pride in her work. A state of dissonance is conjured in this interpreter when the feedback on her performance is contrary to her belief that she did an excellent job. An element of the interpreter's self-concept may be violated, thereby motivating her to restore consistency between her belief and behavior by accepting feedback and adjusting interpreting behavior (Thibodeau & Aronson, 1992). This is a productive way of dealing with conflict, which promotes the development of competencies and insights that allow interpreters to reflect on their progress. However, if the interpreter reluctantly accepted the conference interpreting assignment and declined other requests to interpret in the community, she may reject the new cognition (feedback) by reducing the importance of dissonant cognitions, for example,"I am in high demand for other interpreting assignments, so it doesn't matter what this deaf professional thinks of my interpreting skills." This may successfully reduce the dissonance; however, an attitude change does not occur because the interpreter did not evaluate the new knowledge and adopt the new cognition while rejecting the old cognition.

A community freelance interpreter who is newly assigned to interpret for a deaf physician in a busy teaching hospital may be driven, by a state of dissonance, into forming new perspectives and understandings of the deaf physician's dynamic roles. The interpreter who interprets primarily for uneducated deaf consumers in a subordinate role may have biases that all deaf individuals have limited English knowledge and habitually "waters down" the translation by using simple signed vocabulary in place of medical terminology (Kelly, 2001). When the deaf physician reminds the interpreter to transliterate medical

terminology, the interpreter may be driven by an uncomfortable psychological state, that his behavior may have come across as patronizing, which is not consistent with his high regard (attitude) for the deaf physician. The interpreter may also feel overwhelmed as he realizes his skills are not adequate for the situation and experience conflict in his self-evaluation of competency based on prior experiences with deaf consumers and actual interpreting performance with deaf professionals. Such tension impels the interpreter to reconsider his attitude toward deaf people. Attempts to reduce dissonance can be done through construction of new views, reconsideration of current expectations, and application of relevant information in developing an effective working relationship.

Cognitive dissonance is maximized when one makes a behavioral commitment and has a desire to follow it through (see Harmon-Jones & Mills for a review). If an interpreter initially makes a commitment and actively alters interpreting behavior as requested by a deaf professional, the behavior may be a result of unconsciously adjusting the working relationship to avoid experiencing dissonance. In contrast, dissonance can be aroused if an interpreter makes an initial commitment to comply to a deaf professional's requests in changing behaviors, but does not follow through by working on specific plans of action. When dissonance occurs, the interpreter may feel conflicted mentally, between desiring an ongoing working relationship and agreeing with a deaf professional to help make the changes occur, and failing to act accordingly. This dissonance could be relieved by de-valuing the agreement on behavioral changes and moving on to other interpreting assignments (although the interpreter will presumably have helped to shape them), or by subsequently working harder to enact them. Interpreters are not given the freedom at times to contribute to the agreement on behavioral changes. It might be expected that without this freedom interpreters will not be substantially motivated to pursue an ongoing working relationship. These interpreters may feel less committed or responsible for outcomes, and consequently persist in retaining attitudes and behaviors that interfere with the deaf professional's progress in academic or clinical settings. Thus, the given opportunity to contribute to the changes plays an important factor in resolving cognitive dissonance, as well as ultimate attitudinal and behavioral change, by the interpreter.

Attitude and Stereotyping

The cognitive process is central to the concept of stereotyping (socially shared generalizations about people who are members of a

particular group or social category) deaf individuals and interpreters, and therefore deserves further discussion. Stereotyping stems from the tendency of people to view groups as "us" and "them." This cognitive function by grouping persons as being similar on some attribute or personality dimension is known as categorization (Allport, 1954). Categorizing allows one to structure and simplify the incoming social information from the interactive environment. This fosters a sense of understanding and predictability in one's expectation of the identified person's behavior that is in agreement with cognitive bias about that category. When one uses categories to process social information, there is a predisposition to attach values to categories which then become stereotypes. Categorizing an interpreter as "CODA" (child of deaf adults) makes the task of understanding perspectives easier, as we are able to draw upon our prior knowledge of "CODA." We might perceive a CODA interpreter to be a native signer of American Sign Language, and this expectation is disrupted when the CODA interpreter is not as fluent as originally perceived. The deaf professional may unconsciously behave differently toward the CODA interpreter. It has been established recently that behaviors affected by already existing cognitive biases and stereotypes can implicitly occur outside a perceiver's conscious awareness (Bargh et al., 1996; Chen & Bargh, 1997).

Interpreters' attitudes toward deaf individuals are shaped by their experiences and social learning. In other words, stereotypes are learned, developed, and acted on as part of the socialization process. When an interpreter is told that she has been assigned to interpret for a deaf student at an university, this interpreter forms certain expectations based on prior knowledge or stereotype of the group "deaf." If part of that stereotype is that deaf people are dependent and do not have good English skills, the interpreter may be surprised upon realization that the deaf student is a law student. In the context of forming an impression about another person, information that is unexpected will require an effort to reconsider and integrate this information into a unified impression (Asch, 1946). Consider another scenario: an interpreter coordinator in an educational institution receives an interpreter request from a new deaf graduate student who is a native signer of ASL. It might be reasonable to expect that an ASL native signer who is deaf will prefer an interpreter who is also fluent in ASL. The coordinator's stereotypical bias is naturally activated and she automatically assigns an ASL-fluent interpreter to work with the deaf graduate student. The misconception results in an ineffective communication match for the deaf graduate student, who actually prefers transliteration in an academic setting. This comes at a great cost to the deaf graduate student whose

only access to spoken information is through the interpreter. In this case, stereotypes have the potential to take away a person's individuality and deprive them from access to effective interpreting without regard for their individual characteristics.

Whether the conscious or unconscious process of stereotyping has an effect on the deaf professional's selection of interpreters, or vice versa, remains an empirical question. Deutsch and Gerard's theory (1955) of social influence expands upon Festinger's theories by proposing that social influence takes one of two forms: normative social influence and informational social influence. Normative social influence involves compliance with others' behavior or requests despite private disagreement based on the desire to please, gain acceptance from, or avoid being rejected by those others (Gerard & Deutsch, 1955). Normative social influence informs group members of appropriate behaviors and beliefs that are shared by other group members. People confirm to the expectations of others because they want to be good group members and they depend on the group for social acceptance. Thus, the deaf professional's working environment and its inherent implied expectations may directly influence deaf professional's bias toward interpreters who are categorized in a stereotypical group. For example, a deaf businessman who attends a conference meeting with conservative-minded colleagues is greeted by an openly gay interpreter who is well-respected among interpreters and deaf consumers for his exceptional interpreting skills. The deaf businessman may quietly proceed with the meeting, but make a mental note not to request this interpreter in the future. When the interpreter has traits that do not fit the stereotype of the deaf businessman's social group, the perceiver's evaluation of the interpreter will likely be more extreme in the direction of the stereotype violation. The deaf professional's unconscious bias may increase in the context of his conservative social environment. This bias can be overpowering and result in overlooking the interpreter's ability to do the job effectively. When the deaf businessman is faced with a choice to replace this interpreter with a less qualified interpreter whose traits blend in with the group, the deaf businessman may begin to question his own judgment. The uncertainty drives the deaf businessman to consult with other deaf professionals he identifies with. These deaf professionals point out that hiring a less qualified interpreter on the basis of characteristics can compromise access to information, which can have a negative impact on current job (Alcorn & Humphrey, 1996; Stewart et al., 1998). When the deaf businessman accepts positive evaluation from these trusted sources and hires the gay interpreter, informational social influence is achieved. Informational social influence is the motivation to

7

follow based on the information that others provide, which is viewed as objective reality (Gerard & Deutsch, 1955). Persons subject to informational social influence are motivated to achieve accurate perception. Thus, it seems likely that people generally obtain information from trustworthy sources with whom they identify and that people affiliate with others who are valued sources of knowledge and information.

Conclusion

An interpersonal relationship between two individuals may hold much potential for creating dissonance, as the quality of a relationship is typically important to most people. The act of establishing a relationship usually entails perspectives and behavioral commitment, both of which may increase the individuals' experience of dissonance and therefore their desire to alter their behavior to agree with their views (see Harmon-Jones & Mills, 1999, for a review). Thus, for the cognitive dissonance theory to apply, individuals must demonstrate commitment toward the undertaking and responsibility for their actions and choices. The motivation and attempts to reduce dissonance to achieve consistency in perspectives and actions can have positive learning repercussions for interpreters working with deaf individuals who hold professional positions. Empirical research is needed to focus on the potential impact of training not only on interpreters' awareness, attitudes and skills, but also on interpreting practice.

It is suggested that knowledge of the cognitive bias processes may assist in reducing stereotypes (Devine, 1989). A way to provide information to correct previously held stereotypes and biases may involve interpersonal approaches such as the formal teaching of Deaf culture and the community through interpreting training programs and continuing education training. Informally, interpreters will benefit from increased opportunity for interaction with deaf professionals through social settings as a means for reducing bias.

Contact information was not available at the time of publication.

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