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Dissertation Abstracts

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Dissertation Abstracts

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In-between: The social organization of American Sign Language-English interpreters in the medical context

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Abstract

Structural changes in the United States' social, political, and economic landscape have triggered changes in institutional practices in many sectors, and healthcare is no exception. The passage of health-related legislation, such as the Health Insurance Portability and Accountability Act (HIPAA, 1996), and the increased use of technology in hospitals and clinics over the following decades have impacted routine practice in the medical context. Some legislation, such as the Americans with Disabilities Act (ADA, 1990) and the Patient Protection and Affordable Care Act (ACA, 2010), include mandates that have changed the landscape specifically for speakers of languages other than English and for those who are deaf. These federal statutes require that providers attend to patients' linguistic needs as requisite to addressing their medical concerns, leading to an increased presence of both spoken and signed language interpreters in medical facilities. This in turn has provided academics with amplified opportunities to examine the interpreter experience. Most studies of interpreting focus on the work of actively interpreting, yet in the lived experience of the working interpreter, there is a significant amount of time spent not actually interpreting, but instead '*in-between*.'

The *in-between* provided an entry point for this institutional ethnographic project that uncovered the structures, constraints, and resulting activity that social, political, and economic institutions produce in an interpreting event. The project examined questions of how various social institutions intersect with the everyday work of American Sign Language-English interpreters and illustrated how the work of interpreters is socially organized, how the local moment is actually orchestrated by institutions of power and how interpreters' local actions perpetuate or resist the pull of various institutional forces.

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Institutional Ethnography is a deductive process with each set of data informing the direction of the project. To begin, two focus groups of five deaf persons who had experience as patients were conducted. The discussions in the focus groups led to interviews with four ASL-English interpreters who worked full or part-time in healthcare facilities. These interpreter interviews pointed to a need to then interview five interpreter service managers, some from within the healthcare system and some from external service agencies. Final interviews were then conducted with two policy experts on HIPAA, ADA and ACA. The analysis of the resulting data provided insight into the social institutions that are penetrating healthcare interpreters' work. Increased awareness among interpreters can lead to more critical thinking about work processes that may empower them, the patients, and medical professionals as they work together to create quality healthcare.

Keywords: medical interpreting, healthcare, institutional ethnography, decision-making

Developing assessment criteria for health translation: Pragmatic equivalence in English-Mandarin translated health texts

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Abstract

This study aimed to develop a set of assessment criteria applicable to translated texts, with a focus on the achievement of pragmatic equivalence in community translation (Taibi & Ozolins, 2016). The translation of healthcare texts, such as pamphlets, is of particular interest in this study, as these often perform the critical functions of both informing a target audience about a particular health issue and persuading them to take specific actions in managing their own health (Sin, 2003). The frameworks of functional translation theory, systemic functional linguistics and Vygotskian social constructivism were engaged to: explain the fundamental difference in purpose between religious/literary texts and healthcare texts; define the function of translation in healthcare; explain the significance of achieving pragmatic equivalence in these documents; and establish a set of initial translation assessment criteria based on the social construction of meaning.

Initial assessment criteria were developed for the evaluation of translated healthcare documents. Then fifteen English>Chinese translated healthcare texts currently in use in New Zealand were assessed using this initial criteria by fifteen professional translators and fifteen elderly Chinese immigrants in New Zealand. The assessment results revealed conflicting opinions regarding the quality of the translations. The translators had a higher tolerance for expressions that did not sound natural in Chinese, believing that these irregular expressions did not compromise the pragmatic equivalence. In contrast, the Chinese immigrants were more sensitive to atypical expressions, leading to them being neither informed nor persuaded by the content of the documents. In light of these findings, this study argues for the development of translation assessment criteria that contribute to student translators' awareness of the pragmatic functions of both original and translated texts. This study also highlights the importance of developing student translators' awareness that pragmatic equivalence is an achievement of both cross-cultural and cross-linguistic communication (House, 1981, 2001, 2006) and is an achievement of what Matthiessen (2001) terms "the maximum equivalence" on the level of context.

Key words: community translation; pragmatic equivalence; translation assessment

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Caring: the experience of clinicians and interpreters in serving refugees in New Zealand

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Abstract

This study explores the experience of interpreters and clinicians working with clients who are refugees. Using a hermeneutic phenomenological method informed by Heidegger (1889-1976) and Gadamer (1900-2002), this study offers insights into the experience of clinicians and interpreters working together to communicate with refugees and reveals how what the client 'says' is invited, received, understood, and converted from one language to another.

The twelve study participants included four registered interpreters, a registered mental health nurse, one health psychologist, two educational psychologists, two clinical psychologists, and two body therapists (neuromuscular therapy). Participants' narratives of their experiences of working with refugees were captured through interviews which were audio taped and transcribed. These stories uncovered the everyday realities facing clinicians and interpreters and provide an ontological understanding of their experience of working and communicating with refugees.

The findings of this study suggest a number of often unrecognized realities for interpreters. The interpreters 'care' [Sorge] for their refugee communities beyond the common understanding of professional service and will go beyond their call of duty to interpret. Ethnic communities are small and everybody knows each other, and as a result, there can be tensions for both client and interpreter in telling/knowing too much. Interpreters can be deeply impacted by the stories they hear, leading to the need for an opportunity to debrief.

The study also illuminates the experiences of clinicians in working with interpreters. Clinicians first need to build a relationship with the interpreter before they can effectively work together. Similarly, clients need to trust the interpreter before they will tell their story. Thus, the initial building of effective relationships is critical to clear communication later. Interpreters understand much more than the superficial meaning of words spoken; they grasp the cultural nuances which contain deeper levels of meaning. A wise clinician creates the opportunity to access this understanding.

While this study highlights the mutual experience of clinicians and interpreters in communicating and connecting with refugees, it also reveals that clinicians and interpreters bring different concerns and notions to the experience of interpreting and that these may be hidden from each other. This study argues that it is time for the larger system to provide greater recognition and support to the interpreters in their endless caring for, and about, the vulnerable client.

Key words: interpreting in refugee settings; hermeneutic phenomenology; clinical setting

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Numbers: From stumbling blocks to training tools. A proposal and empirical evaluation of a systematic training programme for the simultaneous interpretation of numbers

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Abstract

Numbers are one of the main stumbling blocks for interpreters. However, no pedagogical solution has yet been developed to address this vexing problem. The present study proposes a systematic training programme for the simultaneous interpretation (SI) of numbers. The study comprised three stages. The first stage included a literature review and the development of a model of the complex cognitive skills involved in the SI of numbers. The second stage involved the design of the training programme. The overall structure, as well as the individual instructional design (ID) strategies, was chosen considering the specific task requirements of interpreting numbers, the general principles of cognitive skill acquisition and the impact of the learner's metacognitive skills and motivation on the training outcome. The third stage used the methods of design-focused evaluation to evaluate the impact of the ID principles underpinning the training programme on the learning process. Two groups of interpreting trainees (10 students in total) were instructed by the author. The data sources comprised trainees' written feedback, the trainer's observations, and course documentation.

The analysis revealed the strengths and weaknesses of the training programme as perceived by the participants. The findings confirm that the challenge represented by numbers in interpreted speech may be overcome through systematic training. The analysis suggests that the training programme may have facilitated participants' acquisition not only of skills related to interpreting numbers but also of general interpreting skills and techniques. If confirmed by future studies, this observation would imply that addressing problem triggers, such as interpreting numbers, may serve to achieve broader educational objectives. On the whole, the results highlight the potential of instructional-design research to advance the current state of interpreting pedagogy through the identification of generalisable principles of effective instruction.

Key words: simultaneous interpreting, numbers, instructional design, research-based education, cognitive skill acquisition