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# Storied Classrooms: Narrative Pedagogy in American Sign Language–English Interpreter Education

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## Abstract

**Narrative pedagogy is an educational method that draws on the power of stories to cultivate learning. Narrative has been described as the fundamental way that individuals “make sense” of events by connecting new information to their own lived experiences. In this article, we argue that narratives are underutilized in American Sign Language–English interpreter education, perhaps due to concerns about confidentiality. This article describes an educational project that incorporated narratives from experienced medical interpreters into an interpreting course. The primary learning objective for students was to become familiar with specific competencies necessary for successful practice in medical settings. Drawing on the document “ASL–English Medical Interpreter Domains and Competencies,” students individually interviewed 17 experienced medical interpreters to gain perspectives on competencies needed to interpret in medical settings. The interviews and resulting narrative data were used in the classroom to develop content knowledge about the competencies and to cultivate critical thinking regarding issues that arise in medical interpreting. We provide two samples of narratives collected by students and discuss our instructional methods with the students. We suggest that narrative pedagogy can serve as an effective instructional method in ASL–English interpreter education.**

Keywords: narrative pedagogy, reflective practice, ASL–English, medical, domains, competencies

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## Narrative Pedagogy in Interpreter Education

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To be human is to tell stories.

W. R. Fisher (1984)

In the early years of American Sign Language (ASL)–English interpreter training, highly skilled community interpreters (who often had Deaf parents or other strong community ties) were recast as teachers and assigned to classrooms, frequently without training or textbooks to guide their work. But what these newly minted teachers did possess – in abundance – were their stories. After years of working in the community, these interpreter-teachers had become rich repositories of narratives about their professional experiences. Stories were a valuable commodity in the budding years of interpreter education in the U.S. Few teaching materials were available. Research on interpreter pedagogy had not yet begun. Further, distinct courses on topics such as ethics, decision making, and professional practice were rarely offered, so teachers sandwiched stories about these topics in between rounds of interpreting practice. Although the storytelling was well intended, it often occurred without consideration of how the stories would enhance student learning. The degree of storytelling in the classroom may also have been shaped by a growing concern about “breaking the RID Code of Ethics” or “stepping out of role.” Thus, the opportunity for developing a rich narrative tradition within interpreter education withered on the vine.

What is the nature of stories in our lives? According to White (1980), humans are fueled by a deep-seated “impulse to narrate” (p. 5). As a result, we live in a world that is saturated by narratives (Clark, 2010). It has been said that narratives provide the needed plots to “help us interpret our own and other people’s experiences” (Sarbin, 1993, p. 59). Given that stories help us to “make sense” of the world (Doyle & Carter, 2003), we propose that authentic narratives be incorporated into ASL–English interpreter education. We argue that narratives can be employed to convey the complexity and nuances of interpretation work to students and teachers alike. To be clear, we are not proposing a return to the days of interpreter training when stories may have been one-sided accounts without preplanned educational goals. Rather, we recommend the use of stories based on principles of an educational approach known as *narrative pedagogy*. Originally developed by Diekelmann (2001) as a pedagogical method for nursing education, narrative pedagogy is an intentional approach designed to place “teachers and students into converging conversations wherein new possibilities for practice and education can be envisioned” (Ironsides, 2006, p. 479). Fundamental to narrative pedagogy is the belief that stories are an innate and powerful device to guide students in questioning their assumptions and considering situations from multiple perspectives (Dahlberg, Ekebergh, & Ironsides, 2003; Ironsides, 2006; Napier, 2010).

We provide a brief overview of narrative and narrative pedagogy as an approach to teaching. We then describe how authentic narratives from medical interpreters were collected and framed within a graduate interpreting course. Finally, we close with a few thoughts about narrative in interpreter education. By sharing this information, we aim to reenvision the old method of using stories in interpreter training and renew it as a viable educational

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approach to prepare interpreting students for contemporary practice. We make no claim to be experts in narrative pedagogy; in fact, we are novices in this approach ourselves. Perhaps appropriate for this topic, we merely wish to share *our* story with you.

### Narrative and Narrative Pedagogy

To understand narrative pedagogy, we must first provide a definition of *narrative* or *story* – a task more complicated than it might first appear. Beginning in the 1970s and 1980s, definitions of narrative were developed by psychologists, feminists, authors, and linguists, such as Bell (1988), Bruner (1986), Dillard (1982), Labov (1972), and Linde (1993). Generally, narratives are understood as stories that include a temporal ordering of events and an effort to make sense of those events. People strive to make sense of their everyday experiences by narrating them; as a result, storytelling is an important way to bring cohesion to the seeming chaos of life’s events. Humm (1989) reflected that “Narratives tidy things up – things that in real life may (or even ought to) be left lying awkwardly around” (p. 52). To make sense, stories must render, or signify, the experiences of people in a personal and culturally coherent manner (Sandelowski, 1991). Thus, not only do stories frame the social context in which we are embedded, they also help individuals to construct an understanding of themselves within the larger world (Clark, 2010).

Narrative pedagogy is an educational philosophy that assumes that individuals learn from hearing stories, from telling stories, and from positioning themselves in the narrative (Clark, 2010). The process of narrating one’s evolving understanding of events to others is how people make learning clear to themselves. In narrative pedagogy, students and teachers engage in communal thinking and dialogue about their experiences with the aim of discovering new insights (Dahlberg et al., 2003). When students and teachers focus on hearing, telling, and positioning themselves in stories, they pool their wisdom, challenge their preconceptions, and envision new possibilities for providing services (Ironsides, 2006). In this way, narrative learning is reflective, from multiple perspectives, contextual, and experienced as a community.

Narratives have been collected and analyzed as data within a variety of research methodologies (e.g., phenomenology, grounded theory, ethnography), in a variety of ways (e.g., interviews, focus groups), and across a variety of contexts (e.g., medicine, education). According to Ironsides (2014), narratives hold a particularly critical role in medical settings. For example, in the diagnostic encounter, narrative provides a structure for patients to discuss their health, as well as to foster empathy and shared meanings between the medical provider and the patient. In treatment, narratives guide various therapeutic options between the provider and the patient. Anecdotes, or “illness scripts,” may serve as the underlying form in which individuals accumulate knowledge about their own healthcare (Greenhalgh & Hurwitz, 1999).

Studies of narrative in medical settings have examined patients’ and providers’ stories; but how do the narratives of healthcare interpreters fit into this schema? Interpreters working in medical settings have experiences that often affect them deeply, but their perspectives are typically suppressed due to the need for confidentiality. We consider here how interpreter educators can draw on the power of narratives to add authenticity to student learning, while still preserving the confidentiality of the individuals involved.

### Narrative Pedagogy and Reflective Practice in a Medical Interpreting Course

Signed language interpreters who regularly work in medical settings will inevitably witness highly intimate moments of life – times in which individuals and families experience great joy and relief and, at other times, are at their most vulnerable. In such settings, interpreters face critical decisions about how to effectively perform their professional role while maintaining their presence and voice (Nicodemus, Swabey, & Witter-Merithew, 2011). To develop insights about the intricacies of interpreting, students are exposed to a variety of learning methods, such as conferring with Deaf people, reading and discussing relevant articles and documents, reflecting on insights from observations, analyzing case studies, and engaging in supervision and mentorship. Each of these methods

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reflects the collective wisdom of other interpreters and guides the students' conceptualization of the competencies and decision making necessary for future work, especially in high-stakes situations such as medical interpreting.

Another means to develop effective skills in professional practice is to engage in guided reflection of narratives (Levett-Jones, 2007). In narrative reflection exercises, students are asked to give a brief account of or response to an actual episode that occurred during their work that resulted in new learning or understandings (Levett-Jones, 2007). When engaging in reflection, students have the opportunity to consider behaviors that may have otherwise gone unnoticed, as well as to develop an appreciation for the skills required in professional practice. Narrative reflection also provides a means for linking knowledge and practice through meaningful dialogue and interpretive analysis, all within a classroom in which the individuals whose narrative is being discussed can be assured of confidentiality.

In our project, 17 graduate students (16 hearing, one Deaf) were enrolled in a course on interpreting medical discourse. One of the target outcomes of the course was for students to become familiar with the "ASL–English Medical Interpreter Domains and Competencies" (CATIE Center & NCIEC 2008). In describing the competencies necessary in medical interpreting (Swabey & Craft Faber, 2012), the document identifies 13 general domains needed in medical interpreting, including:

- 1) Healthcare systems
- 2) Multiculturalism and diversity
- 3) Self-care
- 4) Boundaries
- 5) Preparation
- 6) Ethical and professional decision making
- 7) Language and interpreting
- 8) Technology
- 9) Research
- 10) Legislation
- 11) Leadership
- 12) Communication advocacy
- 13) Professional development

Under these 13 domains a total of 80 specific competencies are given as being critical to interpreting in medical settings.

The teachers in the course on interpreting medical discourse (Nicodemus and Cole) established several goals regarding student learning of the domains and competencies. The document contained important content for student learning, but the challenge was to engage students with it in a meaningful way. How could we make the document come alive for students? Our primary goal was for the students to demonstrate knowledge about the domains and competencies involved in medical interpreting, but we had several subgoals as well, including having students interact with experienced ASL–English interpreters who specialize in medical interpreting and to engage in a variety of research practices (e.g., gaining institutional review board (IRB) approval, using interview techniques, doing transcription).

To enact these teaching and learning goals, we created a small research project for the students that involved collecting and analyzing narrative data. We drew on Clark's (2010) proposal that narrative learning occurs in three ways: (a) hearing stories, (b) telling stories, and (c) positioning oneself within narratives. In addition, we built in activities for personal reflection, as proposed by Levett-Jones (2007). After obtaining IRB approval for the research project, each of the 17 students was paired with an ASL–English interpreter who was experienced working in medical settings. The interpreters were recruited through contacts provided by the CATIE Center as well as the teachers' personal networks. Students were instructed to interview their assigned interpreter about two preselected domains. Specifically, the assignment was to elicit stories from the medical interpreters about how the domains were present in their everyday work.

The interviews were conducted in either ASL or English, depending on the participants' preference. Each interview was conducted via telephone or videophone. All of the interviews were audio or video recorded. Upon completion of the interview, the students transcribed or summarized the interpreters' narratives into written English. Both the students and the teachers edited the narratives, and all identifying information was removed.

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The students then sent their drafts of the interview narratives to the healthcare interpreters for final review and revision. At the conclusion of the process, a total of 90 separate narratives had been collected from the students' interviews. Two examples are provided below.

### *Narrative example 1:*

I was interpreting for a deaf patient's OB/GYN appointment in a large, urban hospital. I was somewhat familiar with the patient, who is a refugee from Somalia, and knew that her language was underdeveloped. A Deaf community health worker (DCHW) was also in the room with the patient to help educate and advocate. The appointment was for a physical exam and a pap smear. During the appointment, it was explained that the patient had never had an intervaginal exam before, had not had vaginal sex, and was very nervous, especially about undressing. As the appointment progressed to the physical part of the exam, the female doctor tried to insert a speculum into the patient but was unable to insert it. Next, the doctor tried to insert two fingers but was also unsuccessful. The doctor then stated, "I wasn't informed of this, but the patient has had female circumcision." Even the doctor's tone indicated she was a bit taken aback. For me, the word in my head was *horror*. Then she said, "Because of the circumcision, I cannot do the exam today. Perhaps with anesthesia or if you were able to relax more, I would be able to complete the exam." She said, "It might be difficult for you to have intercourse," since the reason for the appointment was that the patient was getting married and wanting to have children. Then the doctor backtracked and said, "Well, I shouldn't say that. When you are with your husband and you are comfortable, things may be different." Before that, I didn't realize that female circumcision could impede you from having children. I had heard the stories of how awful female circumcision can be and the mutilation to the female genitalia that accompanies it. I have also heard stories from survivors of female circumcision, who have revealed the pain and suffering they had experienced. This appointment really hit me hard. The patient was Deaf; she was in another country without any language when she was subjected to this procedure; and now she is discovering that she may be unable to have children because of it. I was really jolted. I had to take some time to myself after that. I was also able to debrief with the DCHW about it because she was shocked as well, since we both come from Western, White culture where this does not happen.

### *Narrative example 2:*

One of the most challenging and emotional situations an interpreter may find herself in is a medical situation in which a Deaf client is on their deathbed. There will be Deaf family gathered around saying their goodbyes and waiting for death, and the plug is about to be pulled. I was forewarned of this type of interpreting situation but, oh my goodness! You have the griefstricken family gathered in the room that are wailing, along with Deaf community members, plus doctors coming in and out of the room. The doctors and nurses were explaining what the dying process looks like and how to mentally prepare for that but it was an emotional bundle to handle! Questions I continually asked myself included, How do I keep my head on straight? How do I keep my role as the interpreter without getting too emotionally involved? How do I not become a distraction for all of them? How do I look appropriately professional and sad but not too sad? How do I keep the affect that is needed? Any person who would walk into this room would instantly want to burst into tears along with everyone else in the room.

After they collected the transcribed stories, the teachers implemented the next phase of narrative learning. They selected approximately 15–20 narratives that they felt would be provocative for class discussion and learning, and presented them to the students in either of two ways (a) on a PowerPoint slide (to be read

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collectively), or (b) on paper (to be read and discussed in pairs). Following Clark's (2010) hypothesis that people learn from telling narratives, we asked students who had conducted the interviews to retell the story in ASL to the class, adding any contextual knowledge they gained during the interview. The other students were instructed to carefully listen to the narratives. Through reading, retelling, and listening, students had the opportunity to mentally position themselves within the narrative. After reflection, the teachers asked, "Which domains and competencies for medical interpreters are being reflected in this story?" Typically, students cited several domains and competencies that fit the scenario, which resulted in discussion about the overlapping skills of interpreters. The students also reviewed the "ASL-English Medical Interpreter Domains and Competencies" document, which served to reinforce their content knowledge.

After discussing the narrative in this way, we asked follow-up questions about the stories, for example, "What decisions would *you* have made in this situation?" The students and teachers both shared ideas and, as a group, considered factors that would shape their actions and decisions. This interpretative analysis was done together, with everyone in the class engaged in the discussion. Through this process of shared reflection, students were exposed to a variety of possible responses to the problems illustrated in the narratives.

Certainly many other options are available for including narratives in class, based on the goals of the course, the style of the teacher, and the types of narratives. We describe our own experience to demonstrate one way of incorporating authentic narratives framed with specific instructional goals. In doing so, we wish to emphasize the rich interaction between the teachers and the students that resulted from reflecting upon the narratives together.

## Conclusion

As interpreter education matures as a profession, teachers are calling attention to the constraints of conventional pedagogies in the preparation of interpreters. Narrative pedagogy provides a viable approach for interpreter educators to think anew about the classroom experience that they cocreate with students. When they enact narrative pedagogy, teachers work with students to interpret shared experiences and discuss the art of interpreting. Stories can reveal authentic challenges in interpretation and lead to possible solutions for problems that may have otherwise been left for individual interpreters to resolve on the job. The power of narratives is that they point to the ambiguous nature of truth and suggest that truth that can be analyzed in the historical and sociocultural constraints in which interpreters practice. Further, a narrative approach contextualizes knowledge and values and builds upon the other teaching methods. Narratives also afford opportunities for students to practice reflection, as well as to describe and critically analyze episodes of their own emerging practice. Just as important, the use of narrative pedagogy enriches our own teaching and interpreting practice as we experience stories with our students.

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