

Sign language interpreters' ethical discourse and moral reasoning patterns

Robyn K. Dean

Submitted for the degree of Doctor of Philosophy

Heriot-Watt University

Department of Languages and Intercultural Studies

September 2015

The copyright in this thesis is owned by the author. Any quotation from the thesis or use of any of the information contained in it must acknowledge this thesis as the source of the quotation or information.

Abstract

This study investigates the ethical reasoning abilities of sign language interpreters in the US using two data sources, one that is qualitative and one that is quantitative. The twenty-five participants involved in this study were recruited after their completion of an online training session on interpreting ethics (unrelated to this study or the author). Their responses to six ethical scenarios (e.g., *what would you do and why*) were analysed through the lens of James Rest's three tacit moral schemas: personal interest schema, maintaining norms schema, and post-conventional schema. These data were then compared to the results of Rest's standardised instrument of moral reasoning, the Defining Issues Test, also based on these three schema preferences.

These data show that the interpreter participants have a preference for a *maintaining norms schema* on both qualitative and quantitative data sources. This moral reasoning pattern found in the interpreter cohort is more typical of adolescent reasoning – a much younger profile than the actual age and education level of the participant pool. Furthermore, this reasoning preference does not coincide with the justice claims often made in the profession (e.g. the ally model). Justice as defined by *collaboration* by both moral psychologists and translation scholars is only weakly evident in the ethical discourse of the interpreter participants.

These reasoning patterns that reveal an adolescent and non-collaborative approach are also evident in ethical documents and literature of the sign language interpreting profession. How the profession has come to conceive of and articulate ethics is explored as a potential limiting factor on the study participant's abilities to express more sophisticated reasoning. In addition to moral judgement patterns evident in the quantitative and qualitative data, the study cohort's qualitative data are examined for other psychological aspects of Rest's Four Component Model (FCM). Findings indicate that sign language interpreters make many assumptions about service users' needs, actions, and intentions. Further, they are more concerned for how decisions might impact them than the potential impact on service users. As a result, education interventions are indicated particularly for moral sensitivity and moral judgement.

For Jamieson Dean,

The most impressive and meaningful of my life's contributions

Acknowledgements

This thesis is about decisions – decisions that are made through ration, emotion, and those which are made without the awareness of their reasons. In keeping with this theme, there are people to whom I am grateful – grateful for their decisions.

Their decisions, regardless of the originating reasons, contributed to not only the completion of this thesis but to its inception.

- To my mother, Kathy: who consistently decided to do all that was within her power to get me where I wanted and needed to go (literally and theoretically)
- To Robert Pollard: who decided to listen to me and to lend his intellect and eloquence to my very early thoughts and ideas for advancing the profession.
- To Graham Turner who decided (along with the broader committee) to bring me to Edinburgh and to introduce me to its beauty.
- To Jean & Kathy who decided to (begrudgingly) let me go, unconditionally support me from afar, and to patiently await my return.
- To Marwa & Penny who decided to show up one rainy night to Bert’s Bar to spend time with the new American arrival. (Then decided, for three years on, to show up to every subsequent bar, pub, café, and flat).
- To Rachel & Yvonne who decided to share with me their clever minds, life stories, and most importantly teacakes and wine.

Additional gratitude goes to my team of thesis supervisors: Graham Turner, Svenja Wurm, and Jemina Napier. Amidst their busy and unrelenting schedules, they always decided to carve out the time to make valuable contributions to this work.

Most impressively, my heartfelt thanks to Bob – who decided to share his life with me... even when that came to mean living a *shared life* an ocean apart.

Robyn Dean
Rochester, New York
May 2015

ACADEMIC REGISTRY
Research Thesis Submission



Name:	ROBYN DEAN		
School/PGI:	Management and Languages		
Version: <i>(i.e. First, Resubmission, Final)</i>	Final	Degree Sought (Award and Subject area)	Doctor of Philosophy

Declaration

In accordance with the appropriate regulations I hereby submit my thesis and I declare that:

- 1) the thesis embodies the results of my own work and has been composed by myself
- 2) where appropriate, I have made acknowledgement of the work of others and have made reference to work carried out in collaboration with other persons
- 3) the thesis is the correct version of the thesis for submission and is the same version as any electronic versions submitted*.
- 4) my thesis for the award referred to, deposited in the Heriot-Watt University Library, should be made available for loan or photocopying and be available via the Institutional Repository, subject to such conditions as the Librarian may require
- 5) I understand that as a student of the University I am required to abide by the Regulations of the University and to conform to its discipline.

* *Please note that it is the responsibility of the candidate to ensure that the correct version of the thesis is submitted.*

Signature of Candidate:		Date:	
-------------------------	--	-------	--

Submission

Submitted By <i>(name in capitals)</i> :	ROBYN DEAN
Signature of Individual Submitting:	
Date Submitted:	

For Completion in the Student Service Centre (SSC)

Received in the SSC by <i>(name in capitals)</i> :			
<i>Method of Submission</i> <i>(Handed in to SSC; posted through internal/external mail):</i>			
<i>E-thesis Submitted (mandatory for final theses)</i>			
Signature:		Date:	

Table of Contents

Abstract.....	ii
Dedication.....	iii
Acknowledgements.....	iv
Declaration.....	v
Table of Contents.....	vi
List of abbreviations.....	xii
Chapter One.....	1
1.1 The nature of decision-making.....	1
1.1.1 The hierarchical nature of moral reasoning.....	2
1.1.2 ‘Other people are doing it’: The function of normative messages.....	2
1.2 Terminology.....	4
1.2.1 Terms from moral psychology and moral development.....	4
1.2.2 Terms from professional ethics.....	6
1.2.3 Terminology associated with interpreters and interpreting.....	7
1.3 Research objective and questions.....	9
1.4 Overview of chapters.....	10
1.5 Summary.....	13
Chapter Two: Literature Review.....	14
2.1 Normative and non-normative ethics.....	14
2.1.1 Normative and descriptive ethics in translation and interpreting studies.....	14
2.2 Normative ethics in SL and community interpreting.....	18
2.2.1 ASL-ENG Interpreters: The profession’s first code of ethics.....	19
2.2.2 Perceived prescription of SL interpreting’s normative ethics.....	23
2.2.3 Current ethical code for ASL-ENG interpreters.....	26
2.2.4 ASL-ENG interpreter education and normative ethics.....	31
2.2.5 Ethical scenarios and the function of normative <i>messages</i> in SL interpreting.....	36
Table 2.1: Comparison of EWR chapters and RID’s ethical tenets.....	39
2.3 Role metaphors in SL interpreting normative ethics.....	40
2.3.1 The endurance of the conduit metaphor in community interpreting.....	41

2.3.2	Allies and team members as normative.....	46
2.3.3	Team members: Cooperation as a normative ethical frame.....	48
2.3.4	Definition shifts and behavioural flexibility	50
2.4	Normative ethics in the helping professions	51
2.4.1	Justice and specified principlism.....	52
2.4.2	The four core principles of biomedical ethics.....	54
2.4.3	Justice reasoning and the hierarchy of moral thought.....	57
	Table 2.2 Main features of Rest’s Moral Schemas.....	58
	Table 2.3 Principled reasoning features defined.....	60
2.5	Non-normative ethics: Descriptive ethics	
	in community interpreting.....	62
2.5.1	Documented behaviours and reasoning in community interpreting.....	62
2.5.2	Differences in normative and descriptive ethics.....	65
2.5.3	Espoused-theories and problem setting.....	67
2.5.4	Cognitive-affective processes in decision-making.....	70
2.5.5	Fear of regret and blame.....	70
2.5.6	Developmental reasons for moral behaviour and reasoning.....	72
2.5.7	Measuring moral development and reasoning:	
	Defining Issues Test.....	75
2.6	Non-normative ethics:	
	Meta-ethics in community Interpreting.....	77
2.6.1	Conceptualising ethics in SL interpreting ethics.....	78
2.6.2	Ethical discourse and reasoning:	
	The interpreter’s metaphorical role.....	81
2.7	Pedagogy and professional development.....	89
2.7.1	Morality education and normative ethics.....	89
2.7.2	The Four component model.....	91
	Table 2.4 The four component model definitions.....	91
2.7.3	Ethics education in the professions.....	93
2.7.4	Interpreter education and professional development.....	95
2.8	Summary of literature review.....	96
2.8.1	Normative ethics of community interpreting.....	96
2.8.2	Descriptive ethics of community interpreting.....	98
2.8.3	Meta-ethics of community interpreting.....	99

Chapter Three: Methodology	102
3.1 Introduction	102
3.2 Participants	103
3.2.1 Process.....	104
3.3 Method	105
Diagram 3.1.....	107
3.3.1 Data Source #1a: Webinar chat log.....	108
3.3.2 Data Source #1b: Webinar homework.....	109
3.3.3 Qualitative data sources (chat log /homework responses.....	110
Table 3.1 Six scenarios for webinar used in the analysis.....	110
3.3.4 Data Source #2: Defining Issues Test.....	112
Table 3.2: Complimentary features of study’s data sources.....	113
3.4 Data analysis frame	114
3.4.1 Chat log analysis frame.....	116
3.4.2 Homework responses frame.....	117
Table 3.3 Participant parsed responses for coding.....	119
Table 3.4 Moral schemas definitions and coding scheme.....	121
Table 3.5 Representative statements with moral schema denotation for Case #3.....	125
Table 3.6 Examples of utterances coded for endorsing statements for Case #3.....	126
3.4.3 Defining Issues Test: Scores and Measures.....	129
Table 3.7 Descriptions of Type Indicators.....	131
3.5 Four Component Model (FCM) analysis	132
Table 3.8.1 Rest’s Moral Sensitivity.....	133
Table 3.8.2 Moral judgement.....	134
Table 3.8.3 Moral Motivation.....	134
3.6 Summary	135
 Chapter Four: Results of Moral Judgement	 137
4.1 Descriptive demographics of participants	137
4.1.1 Qualitative data: Chat log and homework responses.....	139
Table 4.1: Summary of moral schema preferences for six cases.....	139

4.1.2	Quantitative data: Defining Issues Test and dominant moral schemas.....	142
	Table 4.2: DIT data results for moral schemas.....	142
	Table 4.3: Interpreter cohort comparison with normed DIT data.....	143
4.2	Qualitative data	144
4.2.1:	Chat log responses: Agreement with the exemplary message.....	144
	Table 4.4: Participants' agreement and challenges to the six cases.....	145
4.2.2	Homework responses: Endorsing the normative message.....	148
	Table 4.5: Normative message agreement from participants.....	150
4.3	Homework responses and the three tacit moral schemas	151
	Table 4.6.1: Content analysis results for case 1.....	152
	Table 4.6.2: Content analysis results for case 2.....	154
	Table 4.6.3: Content analysis results for case 3.....	157
	Table 4.6.4: Content analysis results for case 4.....	158
	Table 4.6.5: Content analysis results for case 5.....	159
	Table 4.6.6: Content analysis results for case 6.....	161
4.4	Comparison of quantitative and qualitative data of moral judgement	162
	Table 4.7: Comparison of case totals.....	163
	Table 4.8: Comparison of schema totals from quantitative and qualitative data.....	163
4.4.1	DIT Scores: Further data explorations on moral judgement.....	164
	Table 4.9: Individual DIT profiles for PIS, MNS, PCS and N2.....	165
	Table 4.10: Average P scores of professionals and ranking of SL interpreters.....	166
4.5	Summary of respondents' moral judgement (qualitative/quantitative data)	166
4.6	Summary of moral judgement findings	170

Chapter Five: Expanded analysis of cohort data

	using Rest's Four Component Model	171
5.1	Moral sensitivity	171
5.1.1	The welfare of others.....	172
5.2	Influences on moral sensitivity	178
5.2.1	Ambiguity of people's needs, intentions and actions.....	178

5.2.2	People's needs.....	178
5.2.3	People's intentions.....	179
5.2.4	People's actions.....	180
5.2.5	Presuppositions and prior expectations.....	181
5.3	Moral Motivation.....	185
5.3.1	Factors activating non-moral motives: To educate / inform/ explain.....	185
5.3.2	Factors activating non-moral motives: Fear of criticism / blame.....	187
5.3.3	Factors influencing the likelihood of certain occurrences.....	192
5.3.4	Factors that influence subjective estimates of costs and benefits.....	194
5.3.5	Factors that affect one's self-esteem and willingness to take risks.....	198
5.4	Moral implementation.....	200
	Table 5.1: Type indicator descriptions.....	200
	Table 5.2: Individual score comparisons of the DIT's Type indicator and U score.....	201
5.5	Conclusion of results and analyses in chapters 4 and 5.....	203
 Chapter Six: Discussion.....		 207
6.1	An <i>overly</i> prescriptive force in community interpreting ethics.....	207
6.1.1	Blame the system not the people	208
6.1.2	The system and its context.....	211
6.1.3	Lack of articulated intermediate ethical concepts.....	213
6.2	A psychological force in community interpreting.....	216
6.2.1	The (dys)function of norms and normative messages.....	216
6.2.2	Nobler outcomes of staying in role.....	220
6.3	Natural extension fallacies in interpreting ethics.....	222
6.3.1	A case of <i>reductio ad absurdum</i> or the presence of generative metaphors?.....	222
6.3.2	The ally metaphor fallacy.....	225
6.3.3	The formula fallacy.....	227
6.3.4	The responsibility fallacy.....	228
6.3.5	The <i>it doesn't matter</i> fallacy	230
6.4	Moral schema patterns in qualitative and quantitative data.....	233

6.5	Advancing a collaborative approach	236
6.6	Collaborative ideals in existing ethical content material	240
6.7	Concluding points	243
	Chapter Seven: Conclusions and next steps	244
7.1	Research questions	244
7.2	Study protocol	245
7.3	Implications and contributions of study results	247
7.3.1	Normative ideals expressed at profession-level and practitioner-level	248
7.3.2	Ethical reasoning patterns and justice claims	249
7.3.3	Stuck in metaphor: returning to the constructs of normative ethics	252
7.4	Next steps	253
7.4.1	Intermediate ethical concepts in community interpreting	253
7.4.2	Re-defining justice claims	255
7.4.3	Moral education interventions	256
7.4.4	Improving moral sensitivity and moral motivation	257
7.5	Limitations of the study	259
7.6	Future research	260
7.7	Final thoughts	261
	References	263

List of Abbreviations

ASL-ENG	American Sign Language – English
CI	Community interpreting
CoE	Code of Ethics
CPC	Code of Professional Conduct
DIT	Defining Issues Test
EWR	Encounters with Reality: 1001 interpreting scenarios
FCM	Four Component Model
MNS	Maintaining norms schema
PCS	Post-conventional schema
PIS	Personal interest schema
RID	Registry of Interpreters for the Deaf
SL	Sign language
SPP	Standard Practice Paper
US	United States
T&I	Translation and interpreting

1. Introduction

Decision-makers choose first and think second. Choices are made on emotion and subsequently justified by rational thought. The Scottish philosopher and humanist, David Hume offered a similar view of humanity's capacity for rational thought. He said, "Reason is, and ought only to be the slave of the passions, and can never pretend to any other office than to serve and obey them."

1.1 The nature of decision-making

When given the luxury of time, most of us would like to imagine that we mobilise a system of thought that judiciously weighs the advantages and disadvantages of each choice leading us to take the most reasonable option. Research studies tell a different story. In recent years, bestselling books such as, *You're not so smart* (McRaney 2011), *Blink* (Gladwell 2005) and *Thinking fast and slow* (Kahneman 2011) provide evidence for how the average person actually makes decisions – based on cognitive processes (e.g., emotions) that are tacit, or functioning beyond our awareness.

It is one thing to make such decisions as a consumer, perhaps one that results in over-spending on a new car. It is an entirely different thing for tacitly-motivated decisions to impact the health and welfare of others – including people who have put their trust in the services offered by professional practitioners. As a result, critical thinking and decision-making skills are of great concern to the educators of professional practitioners. This is in part to ensure that those in professional practice have systems and processes in place that ensure quality of care. Professional training and education of these practitioners is the first step.

In this thesis, I am interested in how interpreters working in community settings *think about* the decisions they make. This interest lies beyond what interpreters do or do not do in a given situation. I am interested in all of the *moving parts*, as it were, that lead an interpreter to take action or to refrain from observable action. As such, I am interested in those factors that have come to constitute the *psychological moral landscape* of the typical community interpreter. Certainly some contributions to that landscape are derived from normal human processes – those at play within any decision-maker. I am

particularly interested in understanding those factors that emerge from and are maintained by the normative ideals evidenced in community interpreting ethical discourse.

1.1.1 The hierarchical nature of moral reasoning

This thesis is also an outgrowth of my own professional experience as a sign language interpreter. As a novice interpreter, one of my early, on-going jobs was to work with deaf professionals who were completing their professional degrees. They were placed in practicum and internship experiences in the university hospital where I worked. It was my primary job for over five years to be the designated interpreter for these deaf professionals.

A good portion of their time was devoted to group reflective practice sessions and engaging their colleagues in conversations about effective and ethical practice. I was privy to on-going ethical discourse focused on the quality of care of patients in healthcare and mental health settings. What struck me was how different the ethical dialogue was from what I had experienced as an interpreting student and practitioner. My teachers, mentors, supervisors and colleagues did not engage in ethical dialogue in the same manner as these other professionals. For a while this confusion was mitigated with the thought that community interpreting is just really different from other professions.

My gut reaction to the differing ethical dialogue between my interpreting colleagues and the professionals I was interpreting for has a theoretical base. The reasons offered for making a particular choice have qualities that strike us as less or more sophisticated. In other words, ethical reasoning is hierarchical. Parents often point out the unsophisticated nature of teenagers' decision to follow the crowd on the latest fashion (or more anti-social acts) by challenging them with, 'If all of your friends decided to jump off a bridge, would you do it too'? What parents are attempting to point out is the lack of sophistication in the reasoning pattern evident in, 'other people are doing it, so...'

1.1.2 "Other people are doing it": The function of normative messages

Human decision-makers (including the aforementioned parents) are highly influenced by norms that are set by others and society. This is not just applicable to the decisions made

in everyday life but the decisions made by those professionals who work in such service industries such as healthcare, law, and education.

Establishing the norms of a field of practice is a necessary step in the process of professionalisation (Stromberg 1992). Consequently, the norms of translation and interpreting have been explored. Norms aim to define quality service to which service-users can compare their experience with expected practice. Norms can also guide the decision-making efforts of practitioners – a way of emulating a research-based or time-honoured practice. While norms can serve to aid practitioners in ethical decisions, they can also serve to hinder ethical processes (Hill 2004; Schön 1983).

Professional practitioners can *overlearn* norms. Overlearning is a process through which professionals come to act in a rote manner and fail to see the unique circumstances of a particular case and particular individuals (Schön 1992). Norms and the field's normative messages can also impact the unconscious processes of professionals' decision-making. Deviating from what is normative or breaking from conformity causes a degree of emotional and psychological upset. Such upset results in practitioners being disinclined to deviate from what is normative. Even if a situation required a deviation from the norm, anticipating the experience of regret can lead individuals (and practitioners) to choose what is familiar (Anderson 2003).

The community interpreting field has contended with a particular set of normative behaviours that have governed the field since its inception. To pretend one is not there, to act like a machine, or to ignore and defer any attention or engagement to the interpreter are practices that have been established in 'received wisdom' as morally desirable (Clifford 2004). To engage in ways that do not reflect the invisibility ideal is to deviate from norms that were initiated in the sixteenth century (Angelelli 2004). Since that time however, professional literature and educational materials have provided practitioners with other possible norms – norms that are ethically justifiable. As will be evident in the literature reviewed in Chapter 2, no other ethical ideal has effectively *unseated* the invisibility norm. This study would be the first of its kind to address the potential ethical

disservice created by the conduit model from a psychological, developmental, and meta-ethical viewpoint.

1.2 Terminology

In addition to the literature from translation and interpreting studies, this study relies on the literature from moral psychology, moral development, and professional ethics. As such, it is important to consider the unique constructs and terminology that are typical of these fields and used in this study.

1.2.1 Terms from moral psychology and moral development

This study adopts the word *cogniser* from the field of moral psychology. A cogniser is simply an agent who is engaged in cognitive activity. The term cogniser aids this study because it accounts for the orchestrated nature of mental activity. Data- whether it is affective, psychological, or purely intellectual in nature - is processed and used by the cogniser as he or she interprets and responds to stimuli. Such processes can be conscious and accessible to the cogniser or they can be tacit and outside of the cogniser's awareness. It is these various data sources and aspects of cognition that lead me to propose the phrase *interpreter-as-cogniser*.

Lawrence Kohlberg (1976) proposed that morality was not necessarily a function of learnt moral philosophies and behaviours but a function of age and education. Kohlberg proposed that there are six stages of moral development from the most primal to the most altruistic. Researchers who followed on from and maintained some of the contributions of Kohlberg are referred to as *neo-Kohlbergian* researchers. The most prominent of those researchers is James Rest and the researchers who were involved (some continue to be) in the establishment of the Center for the Study of Ethical Development in the United States (US).

Rest (1984) proposed three moral schemas: personal interest, maintaining norms, and post-conventional. Rest's moral schemas overlap with Kohlberg's stages of moral development but function differently. Unlike Kohlberg's *stages* that an individual might progress through, Rest imagined *schemas* – mental constructs that all individuals will use when they are activated by a particular situation. While all individuals might have the

capacity for these three reasoning patterns, Rest proposed that individuals have preferences for certain schemas. Some of us rely on one or two more strongly and more frequently than we do others.

While Kohlberg only imagined children behaving in self-centered ways, Rest proposed that all individuals come to reason from a place of personal interest – concern for those things that directly impact them or their in-group. Kohlberg also imagined that adolescents and young adults would be the ones to express concerns for keeping within the conventions established by peer groups or society at large. Rest proposed that the desire to maintain norms can be activated at any age given the right stimulus. Post-conventional thinking – the recognition that not all conventions of behaviours will lead to a moral result – is the highest order of moral reasoning. The term *post-conventional* is intended to recognise the importance of rules and norms (i.e., conventions) that are *intended* to seek the greatest good for the majority of society (as in utilitarian justice). However the prefix ‘post-’ indicates a willingness to understand those conventions within a particular context and when necessary alter them to better reflect all interested parties (Rest et al. 1999b).

Rest’s schemas are intended to convey the possible ways in which an individual could conceive of social cooperation. Some imagine the best approach to cooperate within a social realm is for everyone to *look out for themselves* and their in-group (i.e. personal interest). This is an example of *reasoning via personal interests*. Others would propose that the best way for society to cooperate is for everyone to follow the rules and keep to one’s duties (i.e. maintaining norms). Reasoning via rules and laws is not necessarily an outgrowth of a conservative political affiliation – both the left and right wings of politics can adopt an exaggerated concern for social order to a degree that liberties and rights become threatened (Rest et al. 1999b).

Both Kohlberg and Rest proposed that the most sophisticated and desirable type of social cooperation is accomplished by *reasoning via principles*. That is, social cooperation is justified best through operable principles where the expression of those principles could result in different decisions for different circumstances. As a result, Rest’s uses *post-conventional schema* interchangeably with *principled-reasoning*. In this thesis I will also use the terms interchangeably.

Moral psychologists also consider the differences between the *macro-moral* and *micro-moral* levels. Macro-morality encompasses those issues that address society-wide structures – the laws, the rules and the institutions that govern and define what is moral. Micro-morality addresses how we define right action on a smaller scale, in the face-to-face interactions of daily life (Rest et al. 1999b: 292). In this thesis, I am considering ethical reasoning from both a macro-moral level and the specific community interpreting level of ethics, or the micro-moral.

1.2.2 Terms from professional ethics

While attention in Chapter 2 is given to many of the terms used in professional ethics, there are three terms that require particular emphasis since these terms frame the analysis of the literature. Those are: *normative ethics*, *descriptive ethics*, and *meta-ethics*. A profession can examine its normative ethics or what a professional ought to do. Professional literature can examine the descriptive ethics or what professionals actually do in practice. Finally, a profession can examine its meta-ethics or how it conceives of and articulates what is ethical.

In the field of community interpreting, there is literature that could be classified as materially normative, descriptive, or meta-ethical. These terms might not be used overtly to identify the type of publication (e.g. ‘this is a descriptive ethics study’), but the aims and methodologies used will signify it as normative, descriptive, or meta-ethical by design.

The community interpreting field has generated a significant body of normative ethical material. Training materials, standards of practice, and ethical codes are examples of such material. Often these normative ethical documents are divided amongst content areas: medical, mental health, educational, and legal interpreting to name a few. Historically, normative ethical material in community interpreting has been perceived as rigid or prescriptive. It is often based on the ethical ideal proposed above; that interpreting’s moral high ground rests on the invisibility of the interpreter (explored in section 2.3.1).

Many articles and edited volumes are of the descriptive ethics type – documenting the ways in which interpreters in community settings actually behave and their reasoning for those behaviours (section 2.5). Many of these articles are reactions against the notion that the invisible interpreter is the norm in practice. These publications also document ways in which effective and ethical practice is possible beyond the invisibility ideal.

There are very few articles that take a meta-ethics perspective. The field of interpreting, community and conference alike, was initially the interest of linguists. Later, the social turn of community interpreting invited sociologists and socio-linguistics to consider the new interactional nature that distinguished it from conference interpreting. Given this was the line of inquiry, normative and descriptive ethics constitute much of community interpreting's scholarship. This thesis and a few other articles (Dean 2014; Fritsch-Rudser 1986; Roy 1993) adopt a unique meta-ethical view.

1.2.3 Terminology associated with interpreters and interpreting

There are many terms to choose from when considering the branch of interpreting that occurs within settings such as doctors' surgeries, courtrooms, churches, and classrooms. Many of the terms proposed have emerged out of the need to distinguish this type of interpreting from conference interpreting. The face-to-face interaction of the communication event is the most significant distinguishing feature between conference interpreting and ad hoc, dialogue, liaison, or public service interpreting (Mason 2000: 216). The term most suited to this study, which is sometimes used interchangeably with these other terms is *community interpreting*.

Community interpreting is a term more readily used in reference to and by sign language interpreters. Sign language interpreting as a profession did not have the same forbearing influence of conference interpreting. One could argue that sign language was born and raised in the community setting (Napier 2011: 357) as friends and families of deaf people aided in communication in everyday public life.

While this term may be more familiar to sign language interpreters, it is also more pertinent to this study. Mason proposed that authors choose from the array of possible

descriptors (liaison, dialogue, etc.) based on the type of study they are undertaking (2000: 216). *Community interpreting* is a term that is most suitable here since the focus is on the decisions and reasoning patterns of interpreters working in these settings. All who work in community settings (lawyers, teachers, doctors) are aware of and expected to work to further those service-settings' ethical ideals. I would argue therefore that interpreters' decisions should be understood and critiqued in relation to those contextual ideals.

When using the term *community interpreting*, I am referring to both spoken and signed language interpreting. In some instances, I will use the term *sign language interpreter* to indicate those interpreters who work with deaf and hearing individuals (regardless of the country in which they work). In a few instances, I use the term *spoken language interpreters* to indicate those interpreters who work in community settings but do not use signed languages. In other instances, I use the term *community interpreting* or *community interpreters* to indicate both groups – spoken and signed language interpreters who work in community settings.

In sign language interpreting, it is common to refer to the deaf person and the hearing person in the interpreted interaction as *consumers*. In the field of conference interpreting, since analysts' focus was typically more on the linguistic contributions of participants, the preferred term was interlocutor. After community interpreting embraced the social turn and the participation framework offered by Goffman (Mason 2000; Metzger 1999; Wadensjö 1995 and 1998 as examples), the participants in the setting were often referred to as *primary participants*.

In this study, I will argue that community interpreting is not merely a sociological or linguistic phenomenon but a *professional service*. Interpreters are not merely co-participants who interact with the primary participants. They are providers of a service working within an existing service setting and as such, there is an additional layer of ethical material that should govern their service provision. In other words, interpreting practice and ethics should be held to similar practice standards and ethical norms as other service-based professions. In keeping with this stance, I prefer the term *service-user* when referring to the deaf and hearing individuals in the setting.

Additionally, some authors prefer to use the capitalised version of the word *deaf* (i.e. *Deaf*) to indicate a sub-population of individuals with hearing loss who use a visual language and identify with particular cultural norms of the Deaf community. Others prefer to use “d/Deaf” to indicate those with a hearing loss who both do and do not fall into that linguistic and cultural minority. While in other publications that I have authored, I have chosen to use “Deaf” and “d/Deaf”, in this thesis I will use *deaf* throughout when referring to a person and *Deaf* when referring to the culture and the community.

In part, this study is intended to challenge some of the *justice claims* (Pym 2001) of sign language interpreting. The choice to capitalise or not capitalise the term deaf by (hearing) interpreting scholars may well be a sincere sign of respect for the Deaf community. However, it is arguably a symbolic sign of respect. In keeping with the critical spirit of this thesis, which challenges some of the terms and symbols that are assumed to be justice-based, I will forego such symbolism.

1.3 Research objective and questions

This research draws on scholarly contributions that have questioned the prescriptive and inflexible interpretation of ethical codes (Cokely 2000; Fritsch-Rudser 1986; Leneham and Napier 2003), other scholarship that has addressed the origins of the conduit model of interpreting (Angelelli 2004; Metzger 1999) and still others who question, after all these years, why the conduit metaphor endures (Clifford 2004; Roy 1993). Further to the aim of this research, I examine the ethical discourse of community interpreters and more generally, how the profession has come to talk about ethics.

The aim of this study is to understand community interpreting’s ethics and ethical discourse patterns in a broader ethical context. A meta-ethical analysis of community interpreting’s moral ideals will reveal the ways in which the profession conceives of and talks about ethics. These ideals formulate the normative messages that community interpreters receive and rely on to guide their practice decisions. What is unknown is how these normative messages, the constructs used to convey these norms, and the

reasoning patterns that emerge as a result compare to other ethical ideals established by other professions to broader morality claims.

Understanding how an individual thinks and talks about ethical action is indeed distinct from the action that is taken *in situ*. However, enough studies have drawn correlations between ethical thought and ethical action to be of concern to those who educate service professionals (Rest and Narvaez 1994). Unless there is particular focus on ethics education, practitioners are left to formulate ethical decisions that are driven by tacit processes and unexamined psychological factors.

Any attempt to improve ethics education in the field of community interpreting must understand these psychological factors and address the basic function of these tacit processes. To further ethical standards and policies, the field must also consider the broader professional ethics of service-based professions and the hierarchy of moral reasoning discourse.

These are the potential outgrowths of my research questions, which are:

- 1) Given sign language interpreters' ethical discourse, what can be understood about their adherence to or disagreement with the profession's normative ethical ideals?
- 2) In light of that ethical discourse of sign language interpreters, what can be inferred about tacit moral schemas and other psychological components of decision-making?
- 3) Is there evidence that the profession's conceptualisation of ethics and the resulting ethical reasoning by practitioners can serve to interfere with justice reasoning and normal developments in moral thinking?

1.4 Overview of chapters

In Chapter 2, I review literature from the fields of sign language interpreting, community interpreting, translation studies, professional ethics and practice, and the field of moral psychology and development. I am interested in the normative messages that are evident in the profession's early conceptualisation of professional ethics and how these are

maintained or challenged in subsequent ethical material. Given the participants of my study, much of my focus of normative ethical material is from sign language interpreting and more specifically, sign language interpreters in the US. Literature from sign language interpreting outside of the US is also included, underlining the similarities between the US (represented by the study participants) and the sign language interpreting profession in other Western countries. These normative messages are then considered in light of moral hierarchies established by professional ethics and moral development research.

I am interested more broadly in how ethical ideals are expressed in the larger field of community interpreting. The literature review is therefore broadened beyond sign language interpreting to include materials and research from the spoken language interpreting field. The ethical constructs that emerge mostly from descriptive ethics are then analysed with respect to other professions and the constructs used to express their ethical norms. Attention is paid to the differences that emerge with regard to the normative messages of the field and the *de facto* practice of community interpreters.

Lastly, I review moral education and its function in professional education. Rest's (1984) Four Component Model (FCM) is highlighted because of its broad and holistic view of moral action. The FCM addresses the tacit processes that not only underpin ethical action but can interfere with an individual's understanding and interpretation of the moral information as well as their subsequent ability (or willingness) to follow through on moral action. A summary of the topic areas of normative, descriptive and meta-ethics within the field of community interpreting concludes this chapter.

In Chapter 3, I explain how I came to collect and analyse my data. Technically, the qualitative data for this thesis is *existing data* that I collected for an initial study. This original study examined the normative messages of a trainer of an online training session or a *webinar*. This study showed that the normative messages of SL interpreting have not evolved much over the decades since the profession began. In this current study, the cohort of participants is a subset of the participants from this online training session or webinar. In this chapter, I review two types of these participants' qualitative data from

the online training session. I explain the approach I have taken in analysing the qualitative data, which are based on two of Rest's contributions: his three moral schemas (personal interest, maintaining norms, and post-conventional) and his Four Component Model. Lastly, I review the quantitative data collected on the same participant pool using a standardised instrument, The Defining Issues Test.

Chapter 4 provides the initial analyses and interpretations of the study cohort's preferences in moral judgements. I analyse and compare both qualitative and quantitative data sets through the lens of the moral schemas. I argue that the moral judgement patterns from both data sources display compelling similarities.

In Chapter 5, I consider what conclusions from the data can be drawn on the other aspects of Rest's FCM. I pay particular attention to the area of moral sensitivity (the ability to accurately interpret the situation and the impact of decisions on others). This section includes concluding thoughts for both Chapters 4 and 5.

In Chapter 6, I attempt to situate the data with respect to the larger context of the literature. How it is that the interpreter cohort came to respond as they did can be found in the ethical material of community interpreting. This chapter concludes with an exploration of the opportunities that exist to advance collaborative ideals in community interpreting.

In the final chapter, I return to the three research questions outlined above (p. 14). I offer three major findings from the data source in light of these questions. I consider the steps forward both in possible research and moral education intervention. I conclude the chapter with the limitations of the study, ideas for further research, and final thoughts on the how to move forward in furthering community interpreters ethical reasoning skills in light of my thesis data.

1.5 Summary

My study draws on the ethical discourse and reasoning patterns of sign language interpreters in the United States. The stimulus materials used to elicit the ethical discourse and reasoning patterns are both of the macro- and micro- morality type. In other words, the materials used with the study cohort attend to wider societal concerns as well as interpreting-specific ethical issues. These reasoning patterns are examined through the lens of Rest's three tacit moral schemas (Rest et al. 1999b) and his Four Component Model (Rest 1984). The cohort's dominant moral reasoning pattern in both the quantitative and qualitative data is compared to the assumptions made about ethical ideals.

This thesis' original contribution is a meta-ethical analysis of the normative messages proposed in SL interpreting ethics. The expressed concerns that sign language interpreters have for justice for the Deaf community are considered and critiqued in light of collaboration ideals offered in moral philosophy.

In this chapter, I have identified the topic of study and its importance to the ethical advancement of community interpreters. I have highlighted the areas of study that contribute to an understanding of this topic, namely moral psychology, moral development, and professional ethics. Since there is no research that pertains directly to my topic, I have instead explained how those areas of ethical study will serve as an analytical frame for the existing research and literature.

In the next chapter, I review these analytical frames and some of the ethical standards set by other professions. These are used as comparisons to the moral thought proffered by community interpreting. How community interpreting's ethics fares in comparison to these other ideals and standards should set the foundation for the study proposed in Chapter 3.

2. Literature Review

There are several foundational concepts in the field of morality and ethics that will aid in the formulation of this study on community interpreting (CI). In addition to the literature on community interpreting, the literature of interest is the broader field of translation and interpreting studies (T&I), ethical norms from other related disciplines, moral and ethical development of individuals, and lastly professional ethics education. First, I provide a brief explanation of each concept that then provides a lens through which to examine community interpreting. The main subject headings are divided along the structure provided by normative ethics, descriptive ethics, and meta-ethics.

2.1 Normative and non-normative ethics

Ethics are conceived of as either *normative* or *non-normative*. Normative ethics refers to the generalisable moral obligations and expectations of individuals in a given situation (Beauchamp and Childress 2012: 1). Plainly stated, normative ethics is what one *ought to do*. Why an individual ought to behave in a given way is justified by moral theories proffered by virtue ethics, Kantian ethics, and social justice, to name a few.

Non-normative ethics can be further divided into two subtypes: *descriptive ethics* and *meta-ethics*. Descriptive ethics attempts to document the way people believe about ethics and how they actually behave. Meta-ethics examines the ways in which normative ethics are conceived of and verbally justified (Beauchamp and Childress 2012: 2). Normative ethics can be framed as rights, obligations, virtues, justifications, morality, and responsibilities (Beauchamp and Childress 2012: 2) but what underlies all of them is *ethical values* (Strong 2000: 337). These two concepts of normative and non-normative ethics (descriptive and meta-ethics) within the field of translation studies are explored in the next section.

2.1.1 Normative and descriptive ethics in translation and interpreting studies

The topic of normative versus non-normative ethics has been explored in translation studies (Chesterman 1993 as an example) and within interpreting studies with respect to community interpreting but to a much lesser degree (Kermit 2007; Merlini and Favaron 2009). Many scholars from translation studies have written on the topic of Descriptive Translation Studies (DTS). DTS was popularised by researchers who sought to move

away from the prescriptive expectations placed upon translators by the field of Applied Linguistics (Pym 2001: 129). DTS was aimed at understanding what translators were doing in light of the contextual and cultural considerations (Pym 2006: 2). As a result of these studies, several scholars in translation studies sought to identify the norms or the tendencies of translators (see Toury 1995, and 1998 as examples). Others derived a similar task for the field of simultaneous interpreting (Marzocchi 2005; Monacelli 2000; Schjoldager 2002; Schlesinger 1989 and 1999). Basically, both areas of study have determined that a norm (versus a rule or idiosyncrasy) in translation and interpreting are “characterised precisely by its variability” (Toury 1998: 12). Both fields of study have norms that are highly dependent on the social realities for defining and determining equivalence (Toury 1995).

Other contributions have taken a meta-ethical perspective, which is of particular interest to the focus of this study. In an introduction to a volume devoted to the topic of normative ethics in translation, Pym noted that translation studies deliberately turned away from the prescription of normative ethics and opted instead to embrace the inquiry and learning that comes from descriptive ethics (2001: 129). That is, instead of telling translators what they *should* do, allow them to do their work without judgement and let the observations of *regularities of behaviour* inform research (Mason 2000: 220). Though Pym also acknowledged the downside of this endeavour: “Translators, teachers, students, critics, policy-makers rightly expect our research to have something to say on the matter [of ethics]” (2000: 181).

Identifying and describing behaviour is only one step in the research and practice agenda of a profession. Similarly within the interpreting profession, Mason noted that interpreting research must inform training and accreditation processes, “to make recommendations for what constitutes appropriate interpreter behaviour” (2000: 220). These regularities of behaviour must be followed up by evaluation, compared to a set of standards, or substantiated with some ethical traction (Mason 2000: 220; Pym 2001: 134). Following the broader societal zeitgeist of the 1990s, it seemed imperative to return to the topic of ethics to ensure that translation studies was indeed *on the side of justice* (Pym 200: 129).

Chesterman (1993) noted the distinction between normative and descriptive ethics but argued that descriptive ethics are basically *a type of* normative ethics. Chesterman

proposed that effective translation theories should be able to answer both the *what* and the *why* of professional behaviour (1993: 16). Translation practice can offer the field “...an empirical account of actual translation behaviour” which Chesterman suggested could lead to “*general descriptive laws*” (1993: 2). General descriptive laws are “...empirical, spatio-temporally falsifiable, probabilistic, predictive and explanatory” (1993: 1) and could take the form of a type of *if / then* statement: Under conditions ABC, translators (tend to) or (refrain from doing) X (Chesterman 1993: 2). Like Pym, Chesterman (1993) then affirmed such laws need a normative element that has some “prescriptive force” (2000: 5; see also Marzocchi 2005).

In Chesterman’s (1993) view, what *ought to be* is a subset of *what is* and while this might be true theoretically, a meta-ethical inquiry into the literature requires that the two concepts be kept distinct. Descriptive ethics should be able to answer the question, *what did you do?* It is an explanatory device and the tools used are to help people understand. Normative ethics should be able to answer the question, *how do you know whether or not it was right?* This is the prescriptive force that Chesterman (1993) mentioned and what Pym (2000) proposed has been missing from translation studies. The answer to the latter question of, *how do you know it was right* must include elements that are reflective of *normative* ethics constructs and normative ethics language. According to scholars in the field of professional ethics, Beauchamp and Childress (2012) and Strong (2000), argued that these must be derived from an understanding and use of values.

Any effective theory of community interpreting should include elements of both descriptive *and* normative ethics (Chesterman 1993: 4) but to conflate what *ought to be* with *what is* can be problematic, particularly for a profession that consistently sees a gap between what is claimed to be true and what is observably true. Angelelli (2004) and Wadensjö (1998) conducted studies that captured the behaviours of community interpreters and found that interpreters do not always follow the expressed ethical ideals of the profession. Dean and Pollard (2005) further problematised this as an issue of *rhetoric versus de facto*, which is of particular concern to service-users. Certainly, an open dialogue between the *ought* and the *is* regarding interpreters’ and translators’ behaviours is needed. The actual behaviours of any professional in practice (the *is*, or descriptive ethics) can serve to inform the standards of practice (the *ought*, or normative ethics) to ensure the relevance of ethical ideals.

From studies of medical interpreting, Merlini and Favaron (2009) preferred the term *norms* to *rules*, since the term ‘rules’ conveys prescription. They contested that a distinction between rules and norms helped their medical interpreting trainees to understand the need for behavioural flexibility and the need to negotiate one’s ethical action with service users. They stated that, “Lying between absolute rules and subjective idiosyncrasies, norms occupy a large, undefined area, where shifts in binding force are frequently observable, especially in conjunction with changes in the values shared by the social group” (Merlini and Favaron 2009: 190).

Norms are socially constructed by a given community and can be validated by an authority or even by their existence (Chesterman 1993: 5 – 6). Deviation from normative behaviours established by a community results in some internal disapproval. In a profession, practitioners, educators, and even end-users implicitly serve as norms-authorities (Chesterman 1993: 9; see also Harris 1990). Merlini and Favaron imagined that the term *norms* is inline with a descriptive ethics approach and that *rules* is more prescriptive (or normative) (2009: 190).

Perhaps for some, defining norms in this way might invoke a less-prescriptive nature and ease concerns for *rule breaking*. Though, the use of the term norms or normative can still evoke a prescriptive tenor. Toury proposed that, “norms can gain so much validity that [...] they become as binding as rules...” (2004: 206). Hill concurred and suggested that norms are a “powerful, socialising force” (2004: 140) within a profession.

Other professions adopt the constructs of *principles* and *values* to convey the flexibility required for context driven decisions. Specified principlism, which is the process of applying a principle(s) to a given context (Beauchamp and Childress 2012), is a normative process and maintains normative weight. It also allows for flexibility and rejects the *one-size-fits-all* approach to ethics (Beauchamp and Childress 2012; Jonsen 1995; Strong 2000). This particular topic of normative ethics is addressed in more detail in 2.4.

Going forward, it will be important to keep a clear distinction between normative ethics and descriptive ethics and the language and constructs used to articulate both. This is particularly important as it pertains to the on-going, reflexive relationship between a profession’s normative and descriptive ethics. That is, community interpreters’ actual

behaviours are a valid source of data for the standardisation of practice. The *real world realities* of interpreting practice should implicate pedagogical practices and design (Mason 2000: 220). This dialogue between theory and practice will be instructive *if* the transfer of knowledge and experience is conveyed effectively (Argyris and Schön 1974: 3 – 20). Of particular concern to this study is *how* that transfer occurs – what discursive tools are used to convey the knowledge and experience of practitioners?

A meta-ethical view of the function of normative and descriptive ethics in community interpreting will serve to focus and structure this analysis. The terms norms, normative ethics, and normative messages are used with the assumption that regardless of the source of the norm (from an ethical document to a classroom teacher), the power of that message will vary. Arguably from a moral psychology standpoint, normative messages will always carry some amount of significance for the cogniser. Norms and normative messages might not change behaviour in the moment but it can leave an affective and psychological imprint on the *memory processes* associated with decision-making (Anderson 2003; Harris 1990).

In the review thus far, I have drawn a distinction between normative ethics and the non-normative nature of descriptive ethics. The broader T&I literature relies more heavily on description of behaviour than it does on prescription. As Pym noted, normative ethics had become a taboo topic in the T&I field (2001: 129). However, descriptive ethics cannot substitute for normative ethics and the ethical weight of underlying values. Descriptive ethics is a necessary *informant* of normative ethics. Identifying behaviours is the penultimate step in an ethical dialogue that must conclude with some form of evaluation based on a justified normative ideal (Mason 2000: 220). Additionally, it is imperative to challenge the assumption that *justice* is an underlying value of a field's normative ethics. In the next section, I consider the normative ethics that has come to define ethical action in SL interpreting and the broader field of community interpreting.

2.2 Normative ethics in SL and community interpreting

Most pertinent to the upcoming research study is the ethical content material of sign language (SL) interpreters in the US (a.k.a., ASL-ENG interpreters). As a result, this analysis starts with a review of existing ethical content material of ASL-ENG interpreters. It is also a fitting place to start since many authors in the field estimate that the professionalisation of SL interpreting in the US was one of the first shifts to

professionalism in the broader SL interpreting profession (Cokely 2000; Janzen and Korpinski 2005; Rodriguez and Guerrero 2002). Pöchhacker pointed out that, “It was this professional body that, much like the International Association of Conference Interpreters (AIIC), succeeded in establishing standards of professional practice and ethics...” (2004: 29). Additionally, it was the early code of ethics for SL interpreters in the U.S. that “...became a much emulated model...” (Pöchhacker 2004: 29) for both signed and spoken language interpreter organisations internationally for codifying professional standards (Cokely 2000: 25).

In the next section, I explore the development of ethical content of the profession along with the history and context of that development. This historical context and early ethical thought has had an enduring impact on current ethical conception. However, the history, the profession’s development, and even ethical thought is not unique to ASL-ENG interpreters as the literature will show. The findings throughout this review overlap with literature from other countries’ SL interpreters and community interpreters more broadly. So while the initial focus is on ASL-ENG interpreters there are sufficient reasons to consider these as generalisable to community interpreting at large.

2.2.1 ASL-ENG Interpreters: The profession’s first code of ethics

The founding of the first organised group of SL interpreters occurred in the US (Cokely 2000: 25). In 1964 one of the first acts of the newly formed Registry of Interpreters for the Deaf (RID) was to formulate a code of ethics in an attempt to distinguish itself as a profession (Cokely 2000: 29). RID has had three ethical codes since 1964 (Cokely 2000). One was adopted in 1965, another in 1979, and the current version which was adopted in 2005.

The 1979 version of the RID Code of Ethics (CoE) was the longest-standing ethical code for ASL-ENG interpreters. It was in existence for twenty-five years and therefore, was the ethical source for the majority of current working SL interpreters in the US. It also served as the earliest conceptualisations of ethics in CI and many of its basic ideals are still represented in the profession today (Cokely 2000; Dean 2014). In light of this, a greater examination of the ethical content is warranted.

The 1979 RID Code of Ethics had eight tenets:

1. Interpreter/Transliterator shall keep all interpreted and assignment related information strictly confidential.
2. Interpreter/Transliterator shall render the message faithfully, always conveying the content and spirit of the speaker using language most readily understood by the person(s) for whom they are interpreting.
3. Interpreter/Transliterator shall not counsel, advise, or interject personal opinions.
4. Interpreter/Transliterator shall accept assignments using discretion with regard to skills, setting, and the persons requesting the service.
5. Interpreter/Transliterator shall request compensation for services in a professional and judicious manner.
6. Interpreter/Transliterator shall function in a manner appropriate to the situation.
7. Interpreter/Transliterator shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues, and reading current literature in the field.
8. Interpreter/Transliterator, by virtue of membership in or certification by RID Inc., shall strive to maintain high professional standards in compliance with the code of ethics (as cited in Frishberg 1990)

As with any document or text, the circumstances that gave rise to its creation creates a more complete picture of the material and its pragmatics. Cokely contextualised the development of the new code by emphasising that at this point in history, interpreting for deaf people was almost exclusively a voluntary activity provided mostly by teachers, counsellors, and clergy outside of their traditional work schedule (2000: 34). Frishberg (1986) further noted that many of these *ad hoc* interpreters were family and friends of deaf people. It was suggested that it was these friends and family members who were compelled to help out in such settings as churches and doctor's offices for likely good-intentioned and personal reasons (1986: 10, see also Roy 1993: 139). As a result, these 'helpers' were free to, "offer advice...and make decisions for one or both sides" (Roy 1993: 139). Consequentially, deaf people were not able to function as purely autonomous agents, which called into question issues of oppression and civil rights (Cokely 2000: 39 - 57). It was against this backdrop of *interpreters as helpers*, that leaders in the field, and more officially the RID began to conceptualise and define ethical practice.

These newer conceptualisations of ethical practice were reactions against the voluntary, untrained, unregulated and perhaps overly involved family and friends of the Deaf community. In order to be perceived as professionals, interpreters needed to distinguish themselves from those who were merely acting charitably (and while potentially unintentional, perhaps even oppressively). As a result, a new view of professionalism supplanted the helper model, which is best known as the view of *interpreter as conduit* (Roy 1993: 140). While the ethical code itself did not include such terms, how an interpreter ought to behave was compared to the functions of machines, bridges, telephone lines, and ghosts (Roy 1993: 134). These metaphors were intentional in that they conveyed to both professionals and to service users that interpreters merely transfer language without personal involvement.

Interpreting for Deaf People was one of the earliest publications on SL interpreting. It was published in 1965 by Quigley and Youngs and resulted from the second workshop on interpreting for deaf people in the US; it was the first workshop one year earlier that led to the creation of the Registry of Interpreters for the Deaf (Quigley and Youngs 1965: vii). The contributors to this text were selected based on their experience as interpreters (Quigley and Youngs 1965: 5 – 6). There are five chapters to the text that mostly focus on what an interpreter might expect in interpreting in certain settings and how to deal with common issues in the field (e.g., working with deaf people who have limited language proficiency). The other focus of this book is on interpreter education. As might be reasonable for the early stages of the profession, the majority of the book focused on issues related to the technical skills and the knowledge base of the interpreter.

The shortest chapter in the book, only two pages in length, was devoted to ethics. The entire chapter is a re-print of the first-ever Code of Ethics (CoE) issued by the RID in 1965. There is a preamble and a list of twelve tenets (later reduced to eight in the 1979 version, as outlined earlier on page 20). There was no further information included in the text on how these tenets might be applied in practice. It should be noted here that there were other texts that followed this Quigley and Youngs (1965) text that *did* explore the meaning of the ethical tenets in practice. The books were presumably designed for interpreter education and therefore, are explored below in section 2.2.4.

RID revised this manual in 1980. In the introduction to this new edition, an interpreter was defined as, “a person who facilitates the conveying of messages from one person to

another” (Caccamise et al. 1980: 3). In essence, this is the same role definition for interpreters that is seen in other early publications (Solow 1980: 1). The second chapter on the topics of ethics was again the shortest chapter and again was only a reprint of the RID CoE. In this instance, however, it is the 1979 version.

There are several noteworthy distinctions between the original CoE and the one that replaced it in 1979. Interpreters in the first CoE were encouraged to be impartial as they are in the 1979 and current versions but in the original a caveat was added. An interpreter was discouraged from providing his opinions, “*unless he is asked to do so by a party involved*” (Quigley and Youngs 1965: 9). This concept was not carried through to newer versions. Other concepts that placed ‘responsibility’ or action in the hands of the interpreter (tenets 8 and 12) were also removed. Tenet 8 encouraged interpreters to let the court know if a particular deaf person struggled with literacy or needed interpretations that required *gross paraphrasing* and *restatement* (Quigley and Youngs 1965: 10). Tenet 12 stated that interpreters shall, “take the responsibility of educating the public regarding the deaf whenever possible...” (Quigley and Youngs 1965: 10).

The first tenet, while a different tenor altogether was also removed; it stated that the interpreter, “shall be a person of high moral character, honest, conscientious, trustworthy, and of emotional maturity” (Quigley and Youngs 1965: 9). Another line that did not make it into the newer versions is, the interpreter, “shall remember the limits of his particular function and not go beyond his responsibility” (Quigley and Youngs 1965: 10).

While the ethical tenets outlined in the second chapter of this RID manual were not further explained to the reader, there was still normative statements about the interpreter’s behaviours at the start of the text:

“It is important that the role of the interpreter as a facilitator of communication be maintained. An interpreter should not become the initiator or focus of communication, but rather should convey the messages (including attitudes) of the communicators as faithfully as possible” (Caccamise et al. 1980: 3).

This normative message, while not stated as such in the ethical code, is early evidence of other ethical content material (Hill 2004: 131) of the time. In addition to some of the ethical material identified in Quigley and Youngs (1965), the discussion of role and role

metaphors has evolved with the advancements in communication theory research (Shaffer 2014: 129; Roy 1993: 144). Additionally, it became the lens through which the profession documented its history (Janzen and Korpinski 2005; Shaffer 2014; Roy 1993). Most scholars at this time proposed four role metaphors within the field of SL interpreting: 1) interpreter as helpers; 2) interpreters as conduits; 3) interpreters as communication facilitators and 4) interpreters as bilingual/bicultural (bi-bi) mediators (Roy 1993).

At the time the 1979 CoE was in circulation so was the normative idea that interpreters should be imagined metaphorically as machines or telephone lines. In an early text, Solow stated:

The sign language interpreter acts as a communication link between people, serving only in that capacity. An analogy is in the use of the telephone – the telephone is a link between people that does not exert a personal influence on either (1980: ix).

This image and other such conduit-like metaphors were circulated and used in such close dissemination with RID's CoE (Cokely 2000: 35; Roy 1993: 140) that interpreters appeared to misattribute normative ideals based on *role conventions* that were never officially documented as such (Fritsch-Rudser 1986: 48).

The impact of how ethical ideals was and is conveyed through role metaphors is further examined through the lens of descriptive and meta-ethics in sections 2.5 and 2.6. Following on from this section on the field's early ethical thought, I explore how that ethical thought came to be understood and interpreted within the profession next.

2.2.2 Perceived prescription of SL interpreting's normative ethics

Not long after the CoE was published in 1979, it became an object of debate (Cokely, 2000: 38, Fritsch-Rudser 1986: 47). In response to early criticisms, Fritsch-Rudser (1986) contested that the problem was not with the document itself. All such legalistic documents are both brief and all encompassing by design and are therefore, intended to be *interpreted* and not taken at their literal level (Fritsch-Rudser 1986: 47 – 48; Pope and Vasquez 1998: xiii – xiv). Hoza suggested that the literal interpretation of the CoE emerged from the primary textbooks used in interpreter education at that time (1992:

102). While these texts referred to the Code of Ethics (RID, 1979) as a *guide*, they did not offer any processes for decision-making (Hoza 1992). Therefore, Hoza (1992) attributes the more literal view of the Code of Ethics *as law* (Hoza 1992) as emerging from the conceptualisation that interpreters are conduits who merely transmit messages between sender and receiver (see also Roy 1993: 144).

A research study conducted in 1990 reveals ways in which practitioners were interpreting the CoE (1979) and presumably, other related ethical content in the field. Forty-five working interpreters in Louisiana in the US were asked to respond to eight hypothetical ethical scenarios. The researchers were investigating the uniformity with which SL interpreters applied the CoE (Stewart and Lindsey 1990). Interpreters taking this survey were asked to consider their professional ethics and to answer whether or not they would “take action” when they were confronted with: 1) a murder confession; 2) suspicion of child pornography; 3) suspicion of child abuse; 4) knowledge of an illegal alien 5) information about a planned robbery; 6) information on a suspected missing child; 7) knowledge of the whereabouts of a possible suspect (Stewart and Lindsey 1990: 214). (The eighth scenario is an outlier and removed from this analysis; I explain this after a description of the data).

The table below lists the case example and the percentages of interpreter respondents who said they would *not take action* and those who said they could not decide.

Case posed to interpreters	No	Cannot Decide
Do something with a murder confession?	29%	20%
Do something with possible child porn?	27%	27%
Do something with possible child abuse?	18%	11%
Do something with knowledge of illegal alien?	72%	13%
Do something with knowledge of robbery?	22%	18%
Do something with information about missing child?	29%	13%
Do something with whereabouts of possible criminal?	16%	9%

While it appears counter to the researchers’ intentions, the CoE does not readily apply to seven of the eight ethical scenarios. While they did hypothetically occur during an interpreting job, they involved the knowledge of (and therefore, involvement in) criminal

activity. In these cases, civil duties or state and federal laws supersede professional codes (Humphrey 1999: 9; RID 2005; Stewart and Lindsey 1990: 217). While some of the respondents did point this out in a comment section, most answered as if professional ethics were called into question.

The one hypothetical scenario (the 8th one removed from the table) in their survey in which the CoE *was* applicable involved the tenet of confidentiality. In this eighth scenario, the interpreter was asked to divulge information about a meeting she interpreted to the director of the interpreting agency. Most said they would not divulge the information (84%) while some would (13%) and others could not decide (2%) (Stewart and Lindsey 1990: 216).

Fritsch-Rudser disagreed that this problem of *letter of the law* interpretation was the fault of the ethical code (1986: 47 – 48). He suggested that ethical codes are intended to be both compact and all encompassing and that essentially, codes of ethics act as guidelines (1986: 48). Ethical codes cannot extend to every situation faced by a practitioner and therefore need to be interpreted (see also Hale 2007: 134 – 135). Ethical codes are intended to protect service users and interpreters (Solow 1980: 49 - 50) and to draw a line between acceptable and unacceptable behaviour (Hill 2004: 135). Therefore, practitioners must understand the *spirit of the ethical tenet* (Tate and Turner 2001: 64) and the underlying values from which the tenet is derived (Dean and Pollard 2013: 89 – 90; Fritsch-Rudser 1986: 48) in order for it to be specified effectively to a given context.

The historical context and some of the resulting problems outlined above were not unique to the US (Janzen and Korpinski 2005: 168) and not limited to community interpreting. The development of the profession of SL interpreting in other parts of the world occurred in a manner similar to that explored in the US context (Rodriguez and Guerrero 2002: 40). Most developed countries have ratified an ethical code for the profession of SL interpreting (Leneham and Napier 2003: 79).

Rodriguez and Guerrero surveyed the ethical codes of twelve countries and found that impartiality or neutrality and confidentiality were the only two principles common to all twelve (2002: 54). Other high-ranking principles included: continued professional development, professional discretion in regard to skills, accuracy and fidelity, and the principle of “not taking custody, giving advice, or taking control” (2002: 55). Leneham

and Napier summarised international key principles in interpreting as: professionalism, confidentiality, competence, impartiality, accuracy, employment, professional development and professional solidarity (2003: 79). Kermit proposed a similar view in the context of CI more broadly. He suggested that ethical codes for interpreters include three basic principles: “discretion and confidentiality, neutrality and reluctance towards carrying out other tasks apart from interpreting, and all that is said should be translated accurately” (2007: 242).

Situated within the broader field of translation (of which CI is often considered a subset), McDonough Dolmaya (2011) analysed sixteen ethical codes from professional translator networks in fifteen countries. There are several areas of overlap with the articulated values of SL interpreting. These include: accuracy, fidelity, professionalism, competence, and broader issues of employment (e.g., rates and subcontracting). This overlap is particularly interesting given how broad the field of translation is and how highly specialised the branch of SL interpreting is.

There are more parallels. Leneham and Napier (2003) and McDonough Dolmaya (2011) concluded that the ethical codes examined in their studies do not provide adequate guidance for practitioners. McDonough Dolmaya proposed that the codes did not adequately address translators’ practice concerns. Instead, they basically offer the same ethical expectations as found in any service-based professions (e.g. accountants and engineers) (2011: 31). Leneham and Napier suggested that many of the guiding ethical tenets were insufficient in light of shifting requirements for interpreters in varying work contexts (2003: 95). Angelelli (2006) also expressed similar ethical guidance concerns for spoken language interpreters working in medical settings.

Given these concerns regarding ethical codes for interpreter, the field of SL interpreting did see changes to their codes. Those changes are explored in the next section.

2.2.3 Current ethical code for ASL-ENG interpreters

As a result of the literal interpretation and misunderstandings, several scholars noted a need for a revision to the CoE. Cokely (2000) defended the need for the profession to adopt a rights-based approach to an ethical code and offered a prototype example. Dean and Pollard (2001) noted that other professional organisations frequently revise their ethical codes as a matter of course and suggested RID take similar action.

It took almost 25 years but RID's Code of Ethics was eventually revised. In 2005, a new Code replaced the 1979 version and was a collaborative effort between RID and the National Association of the Deaf (NAD). This new code of ethics was renamed the NAD-RID Code of Professional Conduct (RID 2005). While all of the tenets listed earlier are in some form preserved in the current 2005 version, there are some differences between the two Codes. Most notably, the 1979 version is a one-page document and the 2005 version is a five-page document with one of those pages serving as a substantial preamble, which was not included in the 1979 version.

While there is no preamble of sorts in the 1979 CoE, there is an introduction which simply states to whom the ethical tenets apply (i.e. interpreters working between ASL and English) and that, "Underlying these principles is the desire to insure for all the right to communicate" (Frishberg 1990: 195 - 198). The CPC (2005) broadens this underlying principle in its preamble by stating, "The driving force behind the guiding principles is the notion that the interpreter will *do no harm*" (RID 2005: 1). Likely, this is a reference to the first ethical tenet of all medical practice noted in the Hippocratic Oath and widely-referenced in ethics (Dean and Pollard 2005: 270). Further, the preamble states that interpreters must, "exercise judgment, employ critical thinking, apply the benefits of practical experience, and reflect on past actions in the practice of their profession" (RID 2005: 1).

On the second page of the document is the list of seven tenets:

1. Interpreter adhere to standards of confidential communication.
2. Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
3. Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
4. Interpreters demonstrate respect for consumers.
5. Interpreters demonstrate respect for colleagues, interns, and students of the profession.
6. Interpreters maintain ethical business practices.
7. Interpreters engage in professional development.

Following these are how these tenets are applicable or not (e.g. federal and state laws could supersede the tenets), a series of definitions (e.g. colleagues are ‘other interpreters’), and then a listing on the following five pages of the ethical topic coinciding with the seven ethical tenets above (e.g. confidentiality for tenet 1). Each topic is then followed by the coinciding tenet, a description of the guiding principle and last, a series of listed illustrative behaviours.

As an example, the second tenet (Interpreters possess the professional skills and knowledge required for the specific interpreting situation) is conveyed thusly:

2.0 Professionalism

Tenet: Interpreters possess the professional skills and knowledge required for the specific interpreting situation.

Guiding principle: Interpreters are expected to stay abreast of evolving language use and trends in the profession of interpreting as well as the American Deaf community.

Illustrative behaviours:

2.1 Provide service delivery regardless of race, colour, natural origin, gender, religion, age, disability, sexual orientation, or any other factor.

2.2 Assess consumer needs and interpreting situation before and during the assignment and make adjustments as needed.

2.3 Render the message faithfully by conveying the content and spirit of what is being communicated, using language most readily understood by consumers, and correcting errors discreetly and expeditiously.

2.4 Request support (e.g., certified deaf interpreters, team members, language facilitators) when needed to fully convey the message or to address exceptional communication challenges (e.g., cognitive disabilities,

foreign sign language, emerging language ability, or lack of formal instruction or language).

2.5 Refrain from providing counsel, advice, or personal opinions.

2.6 Judiciously provide information or referral regarding available interpreting or community resources without infringing on consumers' rights.

As mentioned above, all of the tenets in the 1979 version are still present in the 2005 version; in some instances there have been some minor wording changes. Mainly what the authors have done is expand the original tenet to be stated as a broader ideal and then add further illustrations for each given tenet. For example, in the 1979 version the second tenet states that the interpreter, "...shall render the message faithfully, always conveying the content and spirit of the speaker using language most readily understood by the person(s) whom they serve." In the 2005 version, the tenet is stated as "Interpreters possess the professional skills and knowledge required for the specific interpreting situation." Professional skills and knowledge, later referred to as professionalism, has been broadened to include the concept of fidelity as stated in tenet 2. Under professionalism in the CPC, the third tenet of the CoE has also been subsumed. Tenets one, on maintaining confidentiality, and seven, on continuing professional development, remain the same in principle but are expanded upon in illustrative behaviours.

These changes with RID, and to SL interpreting ethical codes over the last several decades, have been called mere "refinements" (Llewelyn-Jones and Lee 2013: 55). Others have suggested that the changes have not taken hold in the practice of interpreters; they still act in a detached and uninvolved manner (Nicodemus et al. 2011: 73). Others have found these expansions, additions, and clarifications helpful saying the new CPC is, "a more holistic look at the guiding principles, application and decision making..." (Swabey and Mickelson 2008: 61). Though, it should be noted here that perhaps this assessment is not only due to the CPC as a document but also because of a change in the type of ethical testing for certification for ASL-ENG interpreters.

The introduction of the CPC coincided with a new certification test for ASL-ENG interpreters, the National Interpreter Certification (NIC), which consisted of performance

tests and an ethical interview; candidates must pass all sections of the NIC in order to become a certified member. RID published a grading rubric which in part required the participant to identify the consequences of their chosen solution to the scenario-based ethical dilemma (Dean and Pollard 2009). This consequentialist theme within the ethical portion of the new certification test is a departure from the deontological-framed document.

In addition to codes of ethics, professions' have other ethical content that outlines standards of practice (Hill 2004: 132). As such, RID offers a series of Standard Practice Papers (SPP). Setting-specific SPPs are posted online for educational settings (RID 2007a), medical settings (RID 2007b), mental health settings (RID 2007c), legal settings (RID 2007d), and religious settings (RID 2007e). More recently, SPPs have been written for topic areas such as mentoring, video-remote interpreting, and deaf interpreters. Arguably, these documents are written for the larger public and are not specifically intended to be solely for the use by interpreters as behavioural guidance. Though, some normative ethical material is included in these documents and important to this analysis.

Much of the normative ethical material in the setting-specific SPPs seek to operationalise the meaning of the CPC's ethical tenets as they apply to these settings (e.g. how might an interpreter understand 'discretion' or decide if she is appropriate for interpreting in a legal setting). Other normative material in these documents focus on actions an interpreter could take pre-assignment (e.g. the importance of preparation for the assignment, the importance of training and certification, educating participants on the role of the interpreter) and post-assignment (e.g. the importance of maintaining the confidentiality of the material, engaging in self-care activities, providing additional resources to participants). Very few offer more specific behavioural guidance for interpreters in these settings during the assignment.

In the SPP on mental health interpreting, there are some examples of *on the job* ethical guidance: interpreters are given explanations for the types of linguistic idiosyncrasies or anomalies that might be relevant to a diagnostic evaluation. Interpreters are encouraged to comment on these linguistic anomalies to the clinician and to be informative and transparent in their decision-making about linguistic choices. The SPP makes an even broader ethical aim for mental health interpreters by proposing their decision-making "should align with the goals and processes of the setting and the clinician" (RID 2007c:

2). In the SPP on interpreting in educational settings, interpreters are encouraged to “model social strategies to encourage interaction between participants” and to “foster independent student learning” (RID 2007a: 2). Both of these latter examples do not provide illustrative behaviours but do make general normative ideal statements.

Other than these examples of normative behaviours, these SPP documents all comment on other salient material for interpreters and service users in these settings. All provide information on: the possible iterations of a setting that interpreters may be called into (e.g. lawyers consult versus courtroom); some of the unique aspects of working in these settings (e.g. the social needs and expectations of child in primary school); the requisite and preferred qualifications for working in these settings (e.g. advanced training, specialized certifications); and helpful qualities of the interpreter for this setting (e.g. self-awareness or high tolerance for strong emotions).

As noted earlier, neither the Code of Ethics (1979) nor the Code of Professional Conduct (2005) overtly acknowledge or identify a specific role metaphor as ethical guidance for interpreters (such as conduit or communication facilitator). However, the SPPs cited above do. In all of these documents, interpreters in these settings are imagined to be (and by extension, encouraged to behave) *as if they were a member of the team*. The SPP document on religious settings is the only one that does not use this phrase per se but it suggests that working in religious settings requires *cooperation* (RID 2007e: 2).

This use of the team member metaphor as an ethical device for guiding behaviour will be addressed in section 2.6 on the topic of meta-ethics. The next section examines the ways in which interpreter education prepared professionals to attend to and apply the ethical ideals from the Codes.

2.2.4 ASL-ENG interpreter education and normative ethics

Several books published over the course of twenty years filled the gap left by the earliest RID manual, *Interpreting for Deaf People*. These texts addressed more directly how an interpreter is supposed to understand the ethical tenets in practice. One of the earliest textbooks used in interpreter education was, *Sign language interpreting: A basic resource book* by Solow in 1980. There are two chapters of note here: the most obvious is the one on ethics (Solow 1980: 49 – 62); then, a separate one on *interpreter role and behaviour* (Solow 1980: 1 – 12). This first chapter also adds ethical content material for ethical

guidance for interpreters. As an example, in chapter one, Solow described the function of the interpreter (note the early use of the synonym function for role) as attempting to, "... equalize a communication-related situation so that the deaf and hearing participants involved have access to much the same input and output or can take advantage of the same resources" (Solow 1980: 1). She described important qualities an interpreter should have (flexibility, objectivity, and self-discipline) and professional behaviour aspects (fluency, sensitivity, tact, punctuality and responsibility, self-awareness, and judgement).

In the chapter on ethics, Solow (1980) outlined the basic ethical principles of the RID CoE (1979): confidentiality, impartiality, discretion, professional distance, and ethical conduct. Under the topic of ethical conduct, Solow encouraged interpreters to introduce themselves, use tact and polite behaviour, make the situation 'equal' for both parties, interpret everything, and do not react to interpreted content or express opinions about it.

Another popular text in interpreting was first published by RID in 1986 by Nancy Frishberg, *Interpreting: An Introduction*. The book was re-published three times in total with the latest publication in 1990. It is still for purchase on the RID website and it is advertised as a book that, "sets the standards for texts in the interpreting field" (RID.org retrieved on 29 July 2014). Presumably, it is not considered out of date in providing current information in SL interpreting.

Chapter six is devoted to the topics of: *Role, ethics and etiquette of interpreting* (Frishberg 1990: 59 – 72). Both chapter sixes, in the first and most recent edition, are identical. As many do, Frishberg outlines the inherent problems with the popular conduit metaphor – namely that the interpreter is a human being (Frishberg 1990: 59). She noted that such images might be derived from conference interpreting but that these images do not, "give the full scope of the interpreter's responsibilities, nor can they show the boundaries and gray areas..." in CI (Frishberg 1990: 59).

In her second section in the chapter on the topic of ethics, Frishberg outlined the basic principles in the Code of Ethics (1979) and distills them to: discretion, confidentiality, accuracy, proficiency, impartiality, and requesting compensation. She explains how each of these might be applied in interpreting practice. As an example, under the topic of discretion, Frishberg in part explains this as, "maintaining a low profile on the job" (Frishberg 1990: 62) and to maintain, "the illusion that the consumers are talking directly

with each other” (Frishberg 1990: 61). She cited Fink (1982) as saying that interpreting works best when the interpreter is ignored by participants, emphasizing, “being ignored can be bliss” (as cited in Frishberg 1990: 62).

Following the sections on role and ethics, Frishberg (1990) included a section on etiquette where she appears to be proposing a type of best practices. Again, this would be considered more ethical content material for interpreters that contribute to normative messages. The subsections are: interpret everything, introductions, first or third person, maintaining a low profile, simultaneous speech and sign (a.k.a, SIM-COM). As examples, when an interpreter hears something, it should be interpreted (including conversations that do not involve the deaf person such as a phone conversation). When interpreters have access to a sign language utterance from the deaf person, the interpreter is encouraged to first decide if it is “part of the stream of dialogue” or not (Frishberg 1990: 69 – 70). In another example, if interpreters are addressed directly regarding information about sign language or deafness, they should not respond to this (Frishberg 1990: 70) but should defer to the deaf person.

A later text published in 1998, *Sign language interpreting: Exploring its art and science* provided further explanations of the meaning and application of the ethical tenets (Stewart et al. 1998). Like Solow (1980), the authors start by defining the function of the interpreter: “...to span the gulf between parties who do not share a common language...” (1998: 4). However, unlike Solow, they do not use function as a synonym for role. Role appears to be broader and to carry a social connotation. They rejected the metaphor of a bridge for the interpreter’s role, even though their definition of function conveys a bridge-like sense (i.e. spanning a gulf). Instead, they claimed, the interpreter (and her utterances) influence and are influenced by the participants and the participants’ utterances. Interpreting is a *human interaction* (Stewart et al. 1998: 4; see also Chesterman 1993: 1; Wadensjö 1998). In a later chapter on the models of interpreting, the authors claimed that the conduit view of interpreting as been mostly supplanted – it is mentioned in this text only for historical purposes (Stewart et al. 1998: 36). They instead offered an exploration of the bilingual-bicultural model (or, the bi-bi model) of interpreting citing both pros and cons to this approach (Stewart et al. 1998: 36 – 37).

Their chapter on ethics conveys that the application of ethical tenets is more of a science than an art. After describing the meaning of confidentiality in application, the authors

themselves agreed that it conveys a sense of absoluteness (Stewart et al. 1998: 146). Indeed, confidentiality is herein defined more as secrecy (an ideal sometimes set by some working in conference interpreting¹) suggesting that content cannot be revealed about an interpreting assignment between interpreting colleagues who share that job nor to an interpreter's supervisor (Stewart et al. 1998: 146 – 147). They claimed that sharing information between interpreting colleagues (even if they share an on-going job) was of the same ethical violation as sharing information with a person who is not a professional in the field (Stewart et al. 1998: 147). They do suggest that content of an interpreting job could be shared as a way of improving a newer interpreter's education. In this way, interpreters are allowed to share, "...worries and frustrations, linguistic issues, interpreting strategies and similar professional matters..." (Stewart et al. 1998: 147) about assignments. This description on the meaning of confidentiality is followed by a similar description of the other tenets: accuracy/completeness (Stewart et al. 1998: 149); impartiality (Stewart et al. 1998: 150); discretion (Stewart et al. 1998: 152); compensation (Stewart et al. 1998: 153); professional standards (Stewart et al. 1998: 154); professional obligations and continuing education (Stewart et al. 1998: 155).

The three tenets which appear to have the greatest ethical guidance for decisions made on the job are accuracy/completeness, impartiality, and professional standards. Granted, as the term discretion might convey, there might be ethical material for decisions made on the job. However, this term is only defined in the ethical codes and in this text as addressing awareness of the limits of one's skills and knowledge sets. That is, interpreters should show discretion when agreeing to accept an interpreting job – to make sure they have the requisite skill set. Some examples of the descriptions of these tenets follow:

Accuracy and completeness: interpreters "...have no choice but to convey whatever is spoken or signed, no matter how profane or how much in opposition to their own beliefs" (Stewart et al. 1998: 149)

Impartiality: "Being neutral, not offering opinions, refusing to add information or to comment – those are the rules interpreters must follow..." (Stewart et al. 1998: 150).

¹ such as The International Association of Conference Interpreters (AIIC)

The final tenet that could also address ethical behaviour during a job is *professional standards* (Solow's *ethical conduct*). The 1979 version of the CoE stated that interpreters shall, "strive to maintain high professional standards in compliance with the code of ethics" (Stewart et al. 1998: 144). The authors agreed that this could be considered a "catchall for such unmentioned items as personal and professional relations, and individual behaviors" (Stewart et al. 1998: 154). Given the vast potential application (proposed guidance on relationships and behaviours), it is unclear why the authors only operationalised this to one ethical ideal: interpreters should interpret everything (They stated: "Everything means everything!") which is already covered in the above section on accuracy and completeness.

The section ends with a heading called 'sound judgment' (Stewart et al. 1998: 156 – 157). The authors conclude their explication of the ethical code with:

Having reached the eighth and final principle in the RID Code of Ethics, we believe that there are, in fact, two levels of ethics that are used to guide an interpreter's behavior. One is a professional code of ethics, and the other is a person's sense of moral conduct (Stewart et al. 1998: 156)

which they proposed is a function of experience and common sense. They continue with a statement that is not further explained about a sense of moral conduct, common sense and experience. They say, "To avoid making a mistake, some of these [beginning] interpreters will tend to be vigilant on the side of ethics and, in a sense, adopt an interpreter-as-conduit model as guidance for their behavior" (Stewart et al. 1998: 156). Whether this is advisable as normative or not is not further explained. However, the term vigilant can convey a positive quality on the topic of ethical behaviours.

Some of the normative messages included in these three texts are indeed stated in the ethical code and some are interpretations or elaborations on such ethical ideals. However, some of the normative messages are a result of *role conventions* as described by Fritsh-Rudser (1986), which are not directly related to the code of ethics. Some might not be considered a function of ethics at all but mere social conventions or matters of course (Hoza 2003: 7). Regardless, as a whole, they have the ability to function collectively as a series of powerful normative messages (Hill 2004). In the next section, I

expand the topic of ethical norms evident in the field to normative *messages* within the field.

2.2.5 Ethical scenarios and the function of normative *messages* in SL interpreting

Ethical codes, manuals, and textbooks are some of the possible sources for norms that are established by a profession (Hill 2004). Normative *events*, such as one-off interactions of student/teacher or practitioner/service user, can happen at any point in one's education and practice career and can have a similar effect on the affective nature of decision-making. These latter types of normative experiences can continue to have cognitive weight at a subconscious and tacit level for the cogniser.

Not only is this information difficult to access as a researcher, it is also difficult for the individual as well. Some of the ethical content material in publication form can serve to illuminate some of this normative material. In this section, I examine some of the textbooks designed specifically to explore normative ethical ideals.

Other texts that helped students and practitioners apply the ethical tenets to interpreting practice using ethical scenarios emerged in the late 1990s. Using ethical scenarios or case-based dilemmas as a mechanism for teaching ethics is used widely in professional education (Bebeau 1993; Hill 2004). In the SL interpreting field, there are several texts that provide such scenarios: *Best practices in educational interpreting* by Seal (1998); *Encounters with Reality: 1,001 Interpreting Scenarios* By Cartwright (1999, 2010); *Decisions? Decisions!* by Humphrey (1999); and, *The Dimensions of Ethical Decision-Making* by Stewart and Witter-Merithew (2006) to name a few.

In a recent study (Dean 2014), I used both Cartwright (1999) and Humphrey (1999) to critically examine two aspects of SL interpreting's ethical content material (as described in Hill 2004): First, I attempted to explore what the SL interpreting profession conceived of as *ethically troubling*. That is, what type of moral content makes up the scenario and what does that convey to readers about concerns they should also have in practice? Second, I explored the normative messages given to students or practitioners via the exemplary responses to the ethical scenarios. The first question on ethical content addressed the ways in which the profession conceives of ethics and is therefore a topic to explore in section 2.6 on meta-ethics, while the second pertains directly to normative ethics and is addressed here.

Encounters with Reality: 1,001 Interpreter Scenarios (hereafter, EWR) contains 1,001 interpreting dilemmas submitted by working professionals across the US and which highlight some problematic aspect of interpreting practice. A cohort of 15 experienced interpreters and experienced deaf service users offered their suggestions for best practices (Cartwright 1999: 1). The types of ethical scenarios that are offered in *EWR* range from business practices as a subcontracting interpreter to how to manage personal relationships within the context of interpreting practice (e.g., conflict of interests). One hundred of the 1,001 scenarios include the exemplary responses offered by the 15 contributors.

On the topic of normative ethics, in the same study (Dean 2014), I then identified three themes that were derived from the exemplar responses from the 15 contributors. These exemplary responses convey what an interpreter *ought to do* in the given situation. I proposed the following as normative messages offered to interpreting students and practitioners:

1) *Interpreters should merely interpret.* Interpreters should not be overly concerned about the consequences of the impact of the message they deliver, poor practices in service settings, nor how deaf people may be impacted as a result.

2) *Anything that is not about the message transfer task (i.e., decode/encode) is not the job of the interpreter and the interpreter should follow the lead of the participants, and be especially aware of how the deaf person chooses to act or not act.* As a result, interpreters are permitted to explain their role to those who may expect more than this from an interpreter.

3) *Interpreters may take action if something is directly impacting their ability to do their job (unless the deaf person prefers them not to) and where possible, such action is preferable before the start of the assignment.* (Dean 2014: 65)

These normative messages align with normative message proposed by Roy: "...interpreters are to remain detached, unemotional, and uninvolved unless there is a

problem with understanding the language used” (1993: 142). They also coincide with many of the common texts explored in 2.2.2 and 2.2.4, which attempted to operationalise the CoE.

These normative messages are not unique to Cartwright’s book. Several of the texts described above convey similar messages. More importantly, it is these normative messages that interpreters have been communicated in various ways for over 45 years (since 1965). If these are the messages that interpreters are apprehending about normative ethics and have been continually since the 1960s, then it is possible to see how the respondents in the Stewart and Lindsey (1990) survey could have overgeneralised these restrictions and prescriptions even in response to criminal activity.

The potential influence that Cartwright’s book (1999) had on the ethical norms of interpreter students and practitioners bears some further consideration. *EWR* has been in use in interpreter education programmes in the US to a significant degree. The book was sold over a ten-year period – from its publication date to the publication date of its second edition. In that time, about 15,000 copies were sold. It is unknown how many copies were sold directly to interpreter education programs since the publishers did not keep those records for the entire ten-year period. However, in the few years that they did document those sales, it can be estimated that 80% of sales were to educational programs and purchased by students (E. Sow, personal communication, 11 October 2012). The current version of *EWR* (2010) is listed on the RID website as a “top seller” (www.rid.org, retrieved 31 July 2014).

According to the author, the book is intended to help the Code of Ethics “come alive” for the reader (Cartwright 1999: viii). Toward this aim, to *enliven* or to *operationalise* the ethical tenets, the first seven chapters of *EWR* directly map onto a corresponding ethical tenet. The final tenet is an overarching comment on the whole of the document and as a result does not map onto one specific chapter. The text also includes an additional eight chapters containing a variety of scenarios of professional practice:

Table 2.1: Comparison of EWR chapters and RID’s ethical tenets

RID’s Tenet (in order)	Section 2 Chapters and page numbers
1. Interpreter/Transliterator shall keep all interpreted and assignment related information strictly confidential.	Chapter 2: Don’t ask don’t tell (63 – 142)
2. Interpreter/Transliterator shall render the message faithfully, always conveying the content and spirit of the speaker using language most readily understood but the person(s) for whom they are interpreting.	Chapter 5: To sign or not to sign: Rendering the full message (318 – 352)
3. Interpreter/Transliterator shall not counsel, advise, or interject personal opinions.	Chapter 4: I’m just the interpreter: non-interference and staying in role (229 – 317)
4. Interpreter/Transliterator shall accept assignments using discretion with regard to skills, setting, and the persons requesting the service.	Chapter 3: Are you qualified: discretion in accepting assignments (143 – 228)
5. Interpreter/Transliterator shall request compensation for services in a professional and judicious manner.	Chapter 7: For the love or money: Discretion in receiving payment (370 – 401)
6. Interpreter/Transliterator shall function in a manner appropriate to the situation.	Chapter 1: Professionalism: Getting there on time and behaving like a pro (1 – 62)
7. Interpreter/Transliterator shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues, and reading current literature in the field.	Chapter 6: Paying your dues: Continuing your professional development (353 – 369)
8. Interpreter/Transliterator, by virtue of membership in or certification by RID Inc., shall strive to maintain high professional standards in compliance with the code of ethics.	[No chapter directly maps to this tenet]

The original eight tenets of the CoE (1979, as cited in Frishberg 1990) were accompanied by a set of guidelines which were intended to further explain the tenet by outlining some context-based, illustrative behaviours (Fritsch-Rudser 1986: 48). These guidelines were removed in 1995 (RID Motion C95.16, 1995) leaving only the eight tenets (M. O’Hara, personal communication, 16 October 2012). It is reasonable to assume that the guidelines

as *illustrative behaviours* were also designed to make the Code “come alive” (Cartwright 1999: viii). A text such as this serves to function as the guidelines originally did by providing more examples of illustrative ethical behaviours.

Presumably, a change in the ethical code would result in shifts to normative messages offered by the profession. The NAD-RID Code of Professional Conduct (2005) along with the consequentialist frame of the new testing system and certification should yield a similar shift in normative ethics. However, in my study (Dean 2014), I did not find significant changes to the normative messages. In 2012, an online webinar hosted by an agency in the US offered a training session on applying the ethical code to ethical scenarios. The trainer for this webinar and his exemplar responses to the ethical scenarios matched the three messages listed on page 37 (Dean 2014: 70).

In the review thus far, I have examined the normative ethics of ASL-ENG interpreters. There are several authoritative sources explored herein but certainly the ethical codes of the professional organisation (1979 and 2005) hold the most ethical weight. While there does not seem to be much change between the two ethical codes, the other sources of ethical material that surrounded these documents intimates some attempted shifts in the interpretation of the Code or in the application of the Code’s tenets in practice.

Most noteworthy is the tension between the detached and uninvolved interpreter (often proffered in early textbooks) and the interpreter who actively engages in cooperative acts in a given setting (as seen in the Standard Practice Papers). This tension theme is picked up in section 2.6.2 and is explored further. Even with these newer conceptualisations of normative ethics, the stronghold of the uninvolved and detached interpreter remains. *Why* it remains as a normative ethical ideal is considered further in the next section.

2.3 Role metaphors in SL interpreting normative ethics

As noted above, the CoE (1979) was not the only contributor to the ethical landscape of the SL interpreting profession. Fritsch-Rudser (1986) offered that the tenets of the CoE is only the first of three layers that contribute to one’s ethical frame. The second layer was the CoE’s guidelines that accompanied each tenet and offered practical and clarifying ideals about the tenets (as described earlier). The third layer, Fritsch-Rudser maintained, is “made up of things which people believe to be part of the Code of Ethics, but which are in reality either conventions of role or misconceptions” (Fritsch-Rudser 1986: 48).

The ethical codes of SL interpreters appear to have simultaneously existed alongside the ethical contributions of role metaphors. They were apparently an attempt to explain what interpreters do but eventually were co-opted to serve as ethical guidance for interpreters' behaviours on the job (Roy 1993: 135). Most scholars propose four role metaphors within the field of SL interpreting: 1) interpreter as helpers; 2) interpreters as conduits; 3) interpreters as communication facilitators and 4) interpreters as bilingual/bicultural (bi-bi) mediators (e.g., Napier, McKee and Goswell 2010). More recently, two newer metaphors have emerged, 5) interpreters as allies (Janzen and Korpinski 2005: 170 – 171) and interpreters as members of the team (Nicodemus et al. 2011: 75). These latter two metaphors are explored in the section, 2.3.2. Roy proposed that one reason the profession turned to metaphors to describe the interpreter's role was influenced by the historical focus on the cognitive and psycholinguistic processes of the interpreting task (1993: 134). Since interpreters were traditionally 'in the middle' between two interlocutors who did not share the same language, they were often compared to devices such as bridges and telephones (1993: 135).

Roy was concerned that these metaphors provided a double message – tacitly conveying behavioural guidance. In the case of the telephone or bridge metaphors, the interpreter is not to participate in an interactional or communicative way (1993: 135). This raises the question of whether the conduit metaphor, which was originally intended to explain the processing work of interpreters, was erroneously adopted or assumed to be a source of normative ethics and guidance of ethical behaviour, as discussed in the next section. Regardless of the intention, the conduit metaphor has been the ethical standard for decades. How and why this occurred is explored in the next section.

2.3.1 The endurance of the conduit metaphor in community interpreting

Fritsch-Rudser recounts an actual event depicting an interpreter who was working in a formal setting in front of an audience of both deaf and hearing people:

The hearing presenter (sic) had no experience working with interpreters or in interacting with deaf people. After introducing the key participants, the presenter (sic) wanted to introduce the interpreter, but had forgotten his name, she apologized to him and asked him to introduce himself. The interpreter relayed this request in sign and did not respond. The presenter

(sic), thinking that the interpreter had misunderstood, repeated her request. This continued for several minutes with mounting tension and embarrassment for all, until someone in the audience called out the interpreter's name. (1986: 48)

This interpreter thought his behaviour was in compliance with the Code of Ethics (at that time the 1979 version), that the only option available to him was to not respond (Fritsch-Rudser 1986: 49). However, Fritsch-Rudser maintained that there is nothing in the Code that outlines or encourages such behaviour. What is likely the cause of this overly conservative interpretation are conventions of role or misconceptions (Fritsch-Rudser 1986: 49).

The view expressed by the interpreter in Fritsch-Rudser's account is apparently not the result of out-dated material. In 2011, Nicodemus, Swabey, and Witter-Merithew cite a practising interpreter who similarly chose to not take action at a decision point, which she later regretted. In retrospect the interpreter hypothesised that she should have taken action given the likely negative impact to the deaf person. She claimed, "I've been beaten over the head that we don't get to say anything... do anything...that the boundaries are cement walls" (Nicodemus et al. 2011: 69). These *cement boundaries*, the most restrictive of the role metaphors, is that which conveys the interpreter is like a machine and not really human. Because the interpreter is in the middle, between two people (Roy 1993: 133), they are imagined to be a conduit through which messages are carried one to the other.

In general, metaphors serve a useful purpose. They help the cogniser to understand complex ideas (Roy 1993; Shaffer 2014). However, Shaffer warned us, "the metaphors we create influence how we understand the very thing we created the metaphor to describe" (2014: 129). The conduit metaphor was likely the role convention that governed the behaviour of the interpreter who did not respond to the speaker's question about this name. Arguably, this ethical ideal was also at play in the minds of the respondents of the Stewart and Lindsey (1990) study. That is, when responding to criminal activity, the majority of the respondents conveyed that they would *take no action*. Evidently, the conduit metaphor is used to dictate ethical action.

The conduit or invisibility ideal is also likely the underlying metaphor that interpreters have when they use the phrase, *stepping out of role* (Llewelyn-Jones and Lee 2013: 55; Nicodemus et al. 2011: 74; Tate and Turner 2001: 59 – 60). This phrase is used to connote any action where interpreters interact directly with individuals (Tate and Turner 2001: 59 – 60, Nicodemus et al. 2011: 74 – 75). Often times, they are still working toward the goal of effective communication but since they drop *first person* and do not maintain the illusion that people are speaking directly to each other (Wadensjö 1998: 49), interpreters are *out of role* and in some cases perceive anything but the strictest adherence as *breaking the rules* (Nicodemus et al. 2011: 74).

This prescriptive ideal is not unique to SL interpreting. Literature from spoken language interpreting in community settings reveals a similar concern. These concerns stem from the continued prevalence of the conduit model and the overall prescriptive nature or interpretations of the normative ethics of community interpreting. Several scholars from the broader field of CI have attempted to explain its origins and why it continues to be a mainstay of professional ethics.

The conduit role might have originated from community interpreting's shared history with conference interpreting's ideals and research (Angelelli 2006: 176; Metzger 1999: 8) and out of the functional necessities of the conference interpreter (Clifford 2004: 93). The traditional conference design places interpreters in booths, equipped with earphones and microphones to deal solely with the source and target languages (Mason 2000: 216).

Hsieh (2008) contended that the conduit or invisibility model of interpreting still permeates professional publications, policies and educational curricula. It has also been referred to as “normative” (Hale 2007: 45; Linell 1997; Mullamaa, 2009: 49; Tate and Turner 2001: 54) and elsewhere, as the *default role* for an interpreter (as cited in Hsieh 2006).

A static and inflexible view of the term ‘role’ is in part why Mason avoided the term and opted to discuss interpreters’ *positioning* (2009: 53). Mason included a defining statement for role: “...the margins... within which interpreters operate.” Consequently, he imagined that 'role' might be a more appropriate construct at the macro level but that any finely tuned analysis, which focuses on the *conversational moves* (Mason 2009: 53) or the *moment-to-moment decisions* of interpreters (Dean and Pollard 2011: 160), may be

better considered *conversational shifts* in footing (Wadenjö 1998: 88). Pöchhacker (2004) provided a similar definition but proposed the term *task* as a comparable term. Pöchhacker offers that role may be "...the nature and limits of the community interpreter's task ..." (2000: 49). Herein, there seems to be an attempt to keep role in its explanatory function and at the overarching level of macro-morality.

Many however find its influence at the micro-moral level – at the level of decision-making. Clifford (2004) questioned how the conduit model became the ethical standard, or what he suggested proponents imagine as *the moral high ground*, especially in light of research and theoretical advances of the field. His qualitative research study focused on spoken language interpreters and offers three possible sociological reasons for why the conduit model persists amongst community interpreters (Clifford 2004).

The first is the general lack of appreciation for the complexity of interpreting by all parties. It is assumed by many that all that is necessary is fluency in two languages. In this case then, any bilingual individual could pass messages between participants – a mere message encoder-decoder. This conceptualisation naturally leads one to imagine a machine or a conduit (Clifford 2004: 104). The second is the lack of access to training opportunities for those who do work as professional interpreters in some capacity. The money and time allowed for improving one's knowledge and expertise in a field that is most often undertaken in an *ad hoc* manner is unreasonable (Clifford 2004: 105). Lastly, most professionals for whom spoken language interpreters are working are often reluctant to engage their services. Acting in ways that are unobtrusive and uninvolved may go a long way toward advancing the mere provision of service to non-native speakers (Clifford 2004: 105).

In addition to these current sociological influences, Clifford (2004) examined several theoretical reasons contributing to the persistence of the conduit model. He noted that Metzger (1999) referred to CI's shared history with conference interpreting in valuing the conduit approach (see also Angelelli 2006). The traditional conference design places interpreters in booths, equipped with earphones and microphones to deal solely with the source and target languages (Mindess 1999: 191). He considered Dysart-Gale's (2005) study of earlier communication theories and their influence on the early development of the field.

Lastly, Clifford noted the work of linguist, Michael Reddy (1979). Initially, of course, it was Wadensjö's (1998) study that employed Reddy's metaphor analyses. Reddy examined the metaphors underlying human communication and posited that the underlying metaphor for how people talk about communication is the metaphor of a conduit. Reddy posited that this metaphor had become imbedded in the language. Discourse shows that English speakers conceive of communication as transporting some "identifiable entity" (Mason 2000: 218) from sender to receiver and involves a process of encoding, de-coding and re-encoding. That is, language serves as *transfer* device for one's thoughts and feelings. As examples, you might hear people say: *try to get your thoughts across better* or *you still haven't given me any idea what you mean*. (Reddy 1979: 286).

Conceiving interpreters as conduits is therefore an illustration of transitive logic or, if $A = B$ and $B = C$, then, logically $A = C$. That is, interpreting is the business of communication. Communication is understood as functionally a conduit between people. Therefore, interpreters *ipso facto* are conduits. Given that this is the frame for communication itself, then imagining a departure from a conduit mentality is likely difficult.

Angelelli's (2004) account delved back further in history to 1563 where the first evidence of ethical codes imagined that interpreters were merely conduits. Tate and Turner added that for the SL interpreting profession, the conduit model has been equated with the empowerment of the Deaf community (2001: 54). Therefore, behaving as a mere conduit during interpreting events was conceived of, as not just about professional ethics, but about an issue of social justice (Baker-Shenk 1991; Leeson et al. 2011: 5; Janzen and Korpinski 2005: 168 - 171). To behave in a mechanistic way (Stewart et al. 1998: 3; Tate and Turner 2001: 55) led to a power transfer to the hands of deaf people; some imagined this ideal to be misguided (Nicodemus et al. 2011: 73) and naïve (Baker-Shenk 1991: 123).

In hopes of creating a theoretical distance from the conduit mentality, other scholars have proposed new metaphors to describe the interpreter's role (Baker-Shenk 1991). These normative ideals that followed the conduit (communication facilitators and bilingual/bicultural mediators) did not effectively supplant the ideals proposed by the conduit metaphor (Roy 1993). Roy (1993) noted that while these terms were different,

they basically conveyed the same normative ideal evident in the conduit model. Two metaphors that came into currency in the field in recent years are the ally model and the team member ideal. Roy's meta-ethical review did not explore these; in the next section I consider their meaning and contribution to ethical thought.

2.3.2 Allies and team members as normative

The *ally* and the *member of the team* metaphors are comparatively newer metaphors. Though, theoretically, they appear to be conflicting notions of ethical ideals. *Ally intimates* a broadly adversarial nature to the basic interactions of deaf and hearing people while the interpreters is expected to join in solidarity with the deaf person. However, *member of the team* suggests a working together or a spirit of cooperation. Despite this dissonant tone, both metaphors serve as a type of normative ideal in both SL interpreting and community interpreting.

While the ally ideal is still a topic discussed today (Janzen and Korpinski 2005: 170 – 171), it was Baker-Shenk who wrote some of the earliest material on the ally role model. The term ally invokes the idea of conflict, even war, and Baker-Shenk proposed that interpreters *take the side* of the deaf person in interpreted interactions. She argued that with the machine (conduit) model, the interpreter does not take enough action; in the advocate model, the interpreter takes too much control (1991: 129). Baker-Shenk explained that deaf people are a part of a marginalised and oppressed community and have been “systematically deprived of power by hearing people...” (1991: 121) both wittingly and unwittingly. She continued on to suggest that, in many situations, interpreters “stand between the Deaf person and what they want” (1991: 122).

For Baker-Shenk interpreters are a part of the system (i.e. a part of the education system, a part of the medical system). These systems are inherently unjust and *hurt* deaf people (1991: 126). She concluded to interpreters, “There is no neutral ‘outside’ position. You are a part of the system. And you are either part of the problem or part of the solution” (Baker-Shenk 1991: 125). At her conclusion she contended further, “If you choose to opt out, not act, then you help perpetuate the injustice; you are part of the problem. By doing nothing, you do something” (1991: 140)

Baker-Shenk's article provided several examples of an ally approach within examples of interpreted interactions. In one situation, an interpreter calls attention to a problem with

communication (1991: 131). In another, an interpreter collaborated with the presenter and the deaf audience member to make audio and visual information occurring at the same time more accessible (Baker-Shenk 1991: 131 – 132). In another situation, an interpreter clarified typical protocol in a medical situation that eventually allowed a deaf mother to accompany her teenaged child into the pre-op area of a surgical procedure (1991: 132 – 133). There is no indication in any of the situations that the hearing people in these scenarios are intentionally attempting to disadvantage the deaf individual but pointing out the problem areas appears to be considered the function of an alliance.

The ally model is further operationalised into the following illustrative behaviours offered by the author:

Acknowledge the deaf person first

Ask logistic questions to the deaf person(s)

Stand/sit in body position that gives power to deaf person(s)

Use culturally appropriate turn-taking behaviours (e.g., ways to interrupt)

Share prior knowledge you have about how the system works (the context and expectations about what will happen) (Baker-Shenk 1991: 135 – 136)

In one part of her article, she stated that an interpreter is powerful and can (and should) serve to equalize power between hearing and deaf people (Baker-Shenk 1991: 125). Interpreters can also further disempower deaf people (Baker-Shenk 1991: 126) in part by the model they adopt in interpreting (i.e. machine model and advocate). Later, she warned that interpreters cannot liberate or empower deaf people (deaf people have to do this themselves) but interpreters can, “use our power to help open doors, help provide access to certain experiences” (Baker-Shenk 1991: 128).

The member of the team metaphor has been highlighted as a function of setting-specific Standard Practice Papers of the RID (see above, 2.2.3, pages 26 – 31). Further, this construct has been operationalised in newer contributions. Dean and Pollard proposed that interpreters should be working in service of the goal of the environment, and considering the values inherent in the setting (2009: 3 – 4, see also Dean and Pollard 2013: 54). Nicodemus et al. proposed that in a given context interpreters should be genuinely engaged, present, attentive, open and transparent in decision-making (2011: 70). Interpreters should perceive themselves *to be in collaboration* and should use their

“decision latitude as needed to facilitate the communication process towards the desired outcome” (Nicodemus et al. 2011: 75; see also Mason 2000: 217). In the broader field of translation, Pym offered that the translator’s goal should be to, “promote long-term cooperation between cultures” (2000: 181). This idea of cooperation as an ethical ideal has been proposed as an ethical norm, which is considered in the next section.

2.3.3 Team members: Cooperation as a normative ethical frame

In his chapter, *On Cooperation*, Pym (2000) defended the (normative) ethical ideal of *continued cooperation* between the source and target who are divided by language, culture, and context. The translator’s decision making should serve to advance cooperation or, at the very least, it should not seek to obstruct it. Pym admitted that such a statement is rather macro-moral in nature. How that principle of cooperation is specified to a given situation (Beauchamp and Childress 2012) for a translator, and by extension for community interpreters, can be aided by investigations of cooperation ideals (2000: 182).

Pym (2000) cited Grice’s (1975) principles for cooperation in conversation as a starting point: “Make your conversation contribution such as is required, at the stage at which it occurs, by the accepted purpose or direction of talk exchange in which you are engaged (as cited in Pym 2000: 182). For Pym, such a statement of a cooperative standard is both social and ethical (2000: 182). He noted that cooperation is also reflexively beneficial. In other words, if all participants are seeking cooperation (perhaps actively following Grice’s conversational parameters), then there is no *winner takes all*, but in fact, all parties win – shared aims and common goals are met (2000: 185). These goals may be more immediate (working toward a sale of a product or gossiping about some mutually interesting person) or they may be more long-term in that trust is developed which is likely to result in future cooperative outcomes between parties or cultures (Pym 2000: 186; also addressed in Nicodemus et al. 2011).

The contribution of cooperation made by Pym as a normative ethical ideal in T&I studies is summed up in two profound statements: “Translating is by nature a cooperative act” (2000: 182). In light of that, “defection [from the professional aim of cooperation] is definitely not a professionally correct move” (2000: 185). Arguably, the ideal of

cooperation is in the same theoretical *ballpark* as community interpreting's idea of interpreters being a member of the team.

Being a team member sounds theoretically counter to being an ally because it intimates that interpreters are a part of the system and should not work against it as differently proposed by Baker-Shenk (1991). However, like Pym, the member of the team metaphor would have to imagine that the system is not inherently unjust and interactions are not inherently adversarial. Pym would grant the argument that cross-cultural communication is likely more fraught with mutual mistrust of the communicating parties resulting in greater risk of non-cooperation (2000: 187). Further, he would agree that the responsibility of the translator is not directly reparative if interaction is indeed adversarial (Pym 2000: 188). That is, "The translator is there to facilitate the search for cooperation, not to negotiate on behalf of one or other of the parties" (Pym 2000: 188). Mindess (1999) also countering Baker-Shenk suggested something similar. Mindess proposed that some power imbalances stem from individual, situational, and societal factors and that such imbalances are not the ethical concern of interpreters (1999: 199 – 208).

Is the right action the result of being an ally and addressing power imbalances or does being ethical result from collaborating regardless of those imbalances and participating as a member of the team? These conflicting metaphors can lead to a confusing picture of normative ethics for SL interpreters and service users. However, what both seem to be suggesting is a departure from the prescriptive nature of the conduit metaphor and the need for behavioural flexibility in interpreted interactions.

Social cooperation between people as an ethical T&I practice would fall short of current pedagogy which is much narrower in scope (Pym 2000: 191). T&I studies would also have to broaden its scope to consider other avenues of investigation for long-term cooperation between cultures. This may implicate the advancement of other non-translational activities (2000: 191). Pym acknowledged that such an ethical frame for T&I studies would mean a shift in definition (2000: 191). It can no longer be an ethical discussion on the fidelity to texts but a broader ethics of contextualised human relations (2000: 190). Such explorations of definitions and the implications of these definitions have begun in interpreting studies. These are identified in the next section.

2.3.4 Definition shifts and behavioural flexibility

Pym concluded that devising sound normative ethics requires a new definition of the practice and study of translation (2000: 191). Chesterman (1993) proffered that translation is fundamentally a process of human behaviour. Pym proposed that in CI the social realities and the social implications of translation work should be an “overwhelming priority” (2006: 3 – 4). Wadensjö (1998) offered that in light of these distinctions, interpreting in community settings is fundamentally *interactional*. Nicodemus et al. referred to community interpreting as a *relational activity* (2011: 70).

Dean and Pollard proposed that CI is best conceived of as a *practice profession* (2005: 259). Such a paradigm shift would result in significant changes to the conception of ethics and in the educational approaches of the field (Dean and Pollard 2011: 171 – 174). Further, by proposing that CI is a practice profession, Dean and Pollard (2011) are in agreement that the nature of relationships is an important aspect of effective practice. However, they caution that it is more than just a relational activity. It is a professional service that relies on “vital human attributes” (Roy 1993: 135) in the delivery of effective service (Dean and Pollard 2005: 259).

A practice professional therefore must ground ethical action not only in the quality of the relationship, but in unique context, and in the values inherent in that context (e.g. the values of a medical setting) (Dean and Pollard 2011). Varying contexts require behavioural flexibility of the practitioner. Dean and Pollard proposed that all *practice professionals* (e.g. doctors, lawyers, teachers, etc.) conduct ethical action based on an action-based spectrum, ranging from liberal to conservative behaviours (2005: 270 – 271).

Mindess maintained the cache of metaphors developed over the years and proposed that interpreters’ should have the freedom to behave flexibly. She suggested that interpreters adopt all the various role metaphors, like the clothes one would find in a closet (1999: 198 – 199). Behavioural flexibility as a function of professional practice is not unique to interpreting (Dean and Pollard 2005), though this is often not conveyed through the use of role metaphors in other professions. Dean and Pollard contended that the term used to convey ethical ideals in other professions is *responsibility* – the word other professions often couple with role (2011: 160 – 161).

Most scholars in translation and interpreting studies recognise a continuum of behaviours between the uninvolved interpreter and the active or participant-interpreter (Angelelli, 2004; Wadensjö 1998). What appears to underlie this continuum of proposed, normative behaviours is the desire of interpreters in community settings *to do right by* the people they serve. In other words, what the various theories and approaches, including the metaphors of ally and member of the team are seeking is to be *on the side of justice*. Pym is careful to point out that being on the side of justice is an assumption erroneously made by many (2001: 129).

At this point in the review, I have merged the literature from SL interpreting and spoken language, or *community interpreting*. In effect, the tension that was identified in SL interpreting is not unique – the conduit metaphor is normative and the default approach to ethical practice. However, claim is laid to ethical conceptions for a more active interpreter or at least justifications for behavioural flexibility. Both in SL interpreting and in CI more broadly, the use of metaphors has been the technique adopted to imagine a different normative frame. In this next section, I examine some of the normative ethics in related fields to use as a comparison for the ethical discourse evident in community interpreting. It is important to note *how* these related professions conceive of ethics and express ethical ideals, which is the topic of the next section.

2.4 Normative ethics in the helping professions

The question of justice is foundational for many helping and service-based professions (Jonsen 1995: 248). Rawlsian ethics would further argue that social institutions were created out of the concern for justice (Mandle 2009: 35). Therefore, when community interpreters are working in these social institutions and with these service professions, the shared language that governs the conversations would be operationalising the principle of justice. If SL interpreters are indeed concerned about justice, then they should not see themselves at theoretical odds with the practitioners working in these social institutions. This theoretical transition would necessarily be at odds with those ideals proposed by the proponents of the ally model.

Earlier in 2.2, I noted that normative ethics did not need to be equated with rigidity. While normative ethics can also be deontological or rule-based, there are other normative ethics constructs and processes (such as a teleological or goal-based approach) that allow

for behavioural flexibility. In the next section, I explore some of those constructs proposed by ethicists and used in professional education.

2.4.1 Justice and specified principlism

To operationalise a principle within a given context is referred to in ethics as *specified principlism*. It is the process by which a person harmonises a broader principle to a given situation. It is a constant negotiation between what the principle aims for and how that comes to play out in the nuance of circumstance, seeking to maximise the positive outcome and mitigate the negative impact.

One of the most influential texts on this topic is Beauchamp and Childress's, *Principles of Biomedical Ethics*. The text was first published in the early 1980s and is currently in its 7th edition. While it was intended to set forth an ethical frame for the field of medicine, the ethical principles asserted in this text are relevant for any profession that provides service-based help to other individuals (Jonsen 1995: 248). The authors asserted that there are four core principles undergirding professional practice: *respect for autonomy, non-maleficence, beneficence, and justice*. It is from these theoretical ethical ideals that the authors specified their application to the field of medicine.

Specified principlism asserts that there exist *prima facie* principles that are universally moral and from those, moral individuals can deduce right action. This process is not straightforward since ethical deliberation occurs when two or more principles come into conflict with one another, referred to in ethics as *incommensurable values* (Hundert 1987: 427). Assigning one principle priority over the other is the deliberative task of moral individuals. Beauchamp and Childress define such ethical dilemmas as, "circumstances in which moral obligations demand or appear to demand that a person adopt each of two (or more) alternative but incompatible actions, such that the person cannot perform all the required actions ... the only way to comply with one obligation is to contravene another obligation" (2012: 11).

Resolving such ethical dilemmas involves balancing the two incompatible moral values (Beauchamp and Childress 2012: 20; Cottone 2001: 40; Hundert 1987: 427). The moral individual is then tasked with the activity of balancing competing moral principles. Strong offers this explanation:

Conflicts between principles are to be resolved by qualifying the principles, making them more specific, so that their modified forms continue to apply to the case (or issue) at hand but no longer conflict. The defense of a particular specification of principles is to be based on a coherence model of justification which derives from John Rawl's idea of reflective equilibrium (2000: 324).

Rawl's reflective equilibrium is both the technique proposed above by Strong in a value conflict situation – this weighing and balancing of the negative outcomes by modifying or revising the stated principle (i.e. specification) – and it is the cognitive process of coherence between what we believe to be just and our preferred actions (Mandle 2009: 41). Reflective equilibrium is a process that helps practitioners understand and operationalise moral principles in professional practice (Hundert 1987: 429).

An example of an ethical dilemma that is popularly used in the literature in moral psychology is the *Heinz dilemma*. In this scenario, Heinz's wife is dying from a disease. The druggist in town has invented a medicine that will save the wife but his price is too high. Heinz cannot raise the money. He is faced with the moral choice whether or not to steal the drug. The conflicting values conveyed through this often-cited scenario are obedience to the laws that protect and govern society and the expectation to care for the sick and needy.

It would not be accurate to conceptualise the conflict between obligations to society (obey the laws) or a moral good (take care of the needy) with those of personal interests. Interests that only serve the self or one's immediate circle might be *practical dilemmas* but not moral ones (Beauchamp and Childress 2012: 11 - 12). Beauchamp and Childress asserted, "We are proposing a model of moral judgment that focuses on how balancing and judgment occur through practical astuteness, discriminating intelligence, sympathetic responsiveness that are not reducible to the specification of norms" (2012: 22).

After considering the theoretical and practice techniques of specified principlism, I now define the four principles proposed above and explain these. How these service-based principles might already be evidenced in CI ethics is also explored.

2.4.2 The four core principles of biomedical ethics

Beauchamp and Childress (2012) begin to build their analytical framework for biomedical ethics on four broad, underlying principles identified above: respect for autonomy, non-maleficence, beneficence, and justice. In their text, these moral constructs are borrowed from the common morality and then applied and operationalised for medical ethics. In an effort to not stray too far from the intended application of this material, examples from interpreting will be provided with each definition of the four principles.

Respecting one's autonomy should not be confused with mere non-interference. Indeed, there may be a *negative obligation* in the principle of autonomy that requires freedom from constraining or controlling behaviours of *the other* (Beauchamp and Childress 2012: 107) but there is also *positive obligation*. Positive obligations are those actions that foster autonomous decision-making. Respect for autonomy is better portrayed as, "respectful action and not merely a respectful attitude" (Beauchamp and Childress 2012: 107). In the field of medical ethics, it is also understood that a person's capacity for autonomous action must be accounted for in decision-making. In other words, if a person lacks the capacity (through either a temporary or permanent reason) to make sound decisions autonomously, then intervention is required.

Arguably, in SL interpreting literature and in the normative messages of the profession, respecting the autonomy of the deaf individual is at the fore. Autonomy is not the word of choice; arguably this occurs through the prolific use of the conduit metaphor – which has been theoretically linked with the empowerment of deaf people (Tate and Turner 2001: 54 – 55; Nicodemus et al. 2011: 73). A *hands-off approach* is an important artifact from the profession's early days. Respecting the deaf individual's autonomy by offering no advice or no counsel was one aspect of the new professional interpreter's ethics. It was intended to be a distinguishing factor from the earlier ad hoc interpreters who were reported as being directly and overly influential in communication and decisions.

Positive obligation – doing what is necessary to yield an autonomous decision is less evident in the profession's ethical discourse. The *spirit* of positive obligation is likely undergirding the metaphors of ally or advocate. As an example, Hsieh (2008) cited a case from her study of positive obligation. When interpreter recognises a patient's need to self-advocate during a doctor-patient interaction, the interpreter opts to provide

education or suggest ideas to the patient at a time the physician is not there. Hsieh refers to this as *covert advocacy*. (2008: 1373 – 1374).

The principle of non-maleficence expects that an individual "ought not to inflict evil or harm" (Beauchamp and Childress 2012: 152) whereby harm is defined as the thwarting, defeating, or setting back of some party's interest" (Beauchamp and Childress 2012: 153). Sometimes causing harm is justified such in medical cases where a person is endangering another. Non-maleficence is not the same as beneficence (explained below) but many professional ethics combine both terms.

The NAD-RID Code of Professional Conduct includes the concept of non-maleficence in its preamble. It states, "The driving force behind the guiding principles is the notion that the interpreter will do no harm" (RID 2005: 1). This is operationalised in an example offered by Cartwright. In one scenario, a deaf child in school has passed out for unknown reasons, the ambulance arrives and the interpreter is asked to provide the student's medical information. The interpreter knows this information and the exemplary answers suggested that the interpreter provide that medical information to the medical staff. It should be noted that do no harm as a principle extends beyond only life or death situations, though those seem to be the way in which this is highlighted as acceptable in SL interpreting ethics.

Beneficence imagines some type of contribution to another's welfare (Beauchamp and Childress 2012: 202). Unlike non-maleficence, beneficence requires additional layers of obligatory expectation – the protection and removal of harm (not just the causing of it) and the promotion of good (Beauchamp and Childress 2012: 152). Beneficence is regarded in the following norms: protect and defend the rights of others, prevent harm from occurring to others, remove conditions that will cause harm to others, help person's with disabilities, and rescue persons in danger (Beauchamp and Childress 2012: 204).

The concept of beneficence is included in the ethical code proposed by, *The National Council on Interpreting in Health Care* (NCIHC 2004). Beneficence, along with other values such as *fidelity* and *respect for the importance of culture and cultural differences* are identified in the document as the core principles undergirding the Code's nine ethical tenets (NCIHC 2004: 8 – 9). It includes the following explanation of beneficence (which appears to also be combined with non-maleficence):

A central value of the health care interpreting profession is the health and well-being of the patient. This is a core value that is shared with other health care professions. It means that the members of these professions have as their essential obligation and duty to support the health and well-being of the patient and her/his family system of supports (e.g. family and community) and to do no harm (NCIHC 2004: 8).

The final core principle of service professions is justice. Concerns for inequalities in healthcare and medical research have brought the need for such a principle in bioethics to the fore (Beauchamp and Childress 2012: 249). The authors recognised four main types of distributive justice: utilitarian, libertarian, egalitarian and communitarian. Given the application of these principles to professions, the two main justice theories of utilitarian and egalitarian are highlighted for their direct applicability to community interpreting.

Utilitarian justice maintains that right action is determined by maximizing utility, which is often determined by the most good for the majority of people. Consequentialism maintains that just and right action is determined by the weighing of the positive and negative consequences of a decision (Beauchamp and Childress 2012: 354). The consequences of any decision are often weighed against the value of well-being, or pleasure, happiness, welfare, preference satisfaction, etc. (Beauchamp and Childress 2012: 354). Theories of egalitarian justice, the fundamental ideal of equal treatment for everyone are not only ideals within religious traditions but is arguably humanistic in nature.

These humanistic ideals evident in service-based or helping professions should not ring dissonant to those in the field of community interpreting. The ethics of *being in service* to another carries more “ethical weight” (Pym 2001: 134) in the field of CI given the fact that all are “mutually present” than in the case of the removed translator (Pym 2001: 134). Often, the ethics of being in service to the other conflicts with being in service to codes of ethics (Chesterman 2001: 141 – 142). This can occur when the translator determines it is ethical to make the client’s target his own target (Pym 2001: 132).

The ethic of being in service to another may be so basic an assumption that it *goes without saying* in discussions of ethics (Pym 2001: 132 – 133). However, as Pym argued,

these ideals must be documented as normative as a way to inform professional practice (Pym 2001: 134). The lack of mention of such ideals is what can set the professions of translation and interpreting apart from other service professions (Pym 2001: 134). Like Beauchamp and Childress (2012), Pym proposed that universal values can effectively underpin normative ethics in the field of translation (Pym 2001: 137).

As noted in 2.3.3, Pym (2000) proposed that the overall ethical aim of translation is cooperation between parties. Defining justice ideals through cooperative processes is explored further in the next section.

2.4.3 Justice reasoning and the hierarchy of moral thought

At the intersection of the field's ethical concern for justice and cooperation is the work of moral psychologist, James Rest (1984). He and his colleagues at the Center for the Study of Ethical Development (CSED) in Alabama (in the US) proposed a relationship between justice and cooperation. Following on from Kohlberg's stages of moral development, Rest et al. (1999a and 1999b) argued that the most sophisticated type of social ordering *expects* cooperation. This type of justice reasoning looks to find and collaborate along the *shareable ideals* between individuals or groups.

Not all individuals conceive of ethics in a cooperative way. Rest proposed that there are three ways an individual can conceive of social cooperation or how society is best ordered (Rest et al. 1999b: 304 – 309). They are personal interest, maintaining norms, and post-conventional (also called principled-reasoning). These three moral schemas typically correlate with increases in age and education.

While preferences for one schema or another cluster around age and education, it is not the only factor that determines which schema will drive reasoning and decision-making at a given point. Rest and his team of neo-Kohlbergian researchers are careful to point out that these moral schemas function tacitly (Narvaez and Bock 2002). While cognisers might express *preferences* for a particular schema, schemas and their resultant reasoning are activated for various reasons. Given the right situation, individuals can and will pull from any of these three.

The table below outlines the major features of each schema (Narvaez and Bock 2002: 307):

Table 2.2 Main features of Rest's Moral Schemas

<u>Schema</u>	<u>Features</u>
Personal Interest Schema	Arbitrary, compulsive, co-operation Self-focused Advantage to self is primary Survival orientation Negotiated co-operation Scope includes others who are known In-group reciprocity Responsibility orientation
Maintaining Norms Schema	Need for norms Society-wide view Uniform categorical application Partial society-wide reciprocity Duty orientation
Post-conventional Schema	Appeal to an ideal Shareable ideals Primacy of moral ideal Full reciprocity Rights orientation

These schemas represent different conceptual frameworks that an individual may show preferences for at different times in their life or in response to specific situations. Choosing one type of justification for moral behaviour over another reveals what the individual finds most compelling (Bebeau and Faber-Langendoen 2014: 118). Research shows that over time and through educational accomplishment, a person's preference for post-conventional thinking, or principled-reasoning increases. However, "we all use personal interest arguments some of the time and maintaining norms arguments much of the time. There is nothing wrong with doing so unless doing so disadvantages someone in a way that is fundamentally unfair. The challenge seems to be to figure out when reliance on personal interest argument or on maintaining norms does not meet the situation's needs" (Bebeau and Faber-Langendoen, 2014: 118).

There is no mistaking the proposed hierarchical nature of the developmental stages and schemas. Thinking and reasoning morally from a post-conventional or principled-reasoning stance is more advanced than reasoning based on laws and norms. Laws and norms, which express concern for broader societal needs are decidedly better than the limited concern afforded by personal interest (kin, tribal, in-group). This has been found to bear out in the empirical data for Rest's proposed schemas.

Rest cited several studies that support the claim that higher is better (1994: 16). One of those studies (McGeorge 1975) asked participants to take a test on moral development. This test, the Defining Issues Test (explained further in section 2.5.7) measures how a person endorses ideals consistent with principled-reasoning or what is called the P score (representing Rest's post-conventional thinking).

In this study, the participants were asked to take the Defining Issues Test (DIT) twice. The first time, they were not given any additional instructions beyond those on the test itself. Then, the group was divided into two condition groups: *fake high* and *fake low* groups and asked to take the DIT a second time. The fake high group was asked to try to "fill in the questionnaire so that it records the highest, most mature level of social and ethical judgement possible...as someone concerned only with the very highest principles of justice would fill in" (McGeorge, 1975: 17). The second group, the fake low group was asked to complete the DIT as one would who possesses the most immature level of ethical reasoning. The results showed that it was possible to fake low (get a lower score than the individual's baseline). However, study participants were not able to improve their results by attempting to fake higher answers. They did not have the capacity to imagine ethical reasoning beyond their baseline.

In another study, when respondents were shown written arguments representing moral reasoning argumentation that were lower than their determined developmental stage, they would dismiss them as simplistic and immature. Rest concludes, "who says higher stages is better? *Subjects do themselves...* Simply put, when subjects comprehend two stages, they prefer the higher stage and reject the lower [stage]..." (Rest 1994: 17).

Given the superior standing that post-conventional thinking or principled-reasoning has in justice reasoning, further exploration of this construct is important. Post-conventional

thinking as a taxonomical structure is not aligned with any particular moral philosophy. Though, the features of post-conventional thinking are in accord with modern moral thought (Rest et al. 1999b: 40). “Essential to post-conventional thinking is that moral obligations are to be based on shared ideals, which are reciprocal and are open to debate and tests of logical consistency, and on the experience of the community” (Rest et al. 1999b: 307). The four primary features of principled reasoning are: primacy of moral criteria, appeal to an ideal, sharable ideals, and full reciprocity (Rest et al. 1999b: 308).

Table 2.3 Principled reasoning features defined

Primacy of moral criteria: The post-conventional thinker recognises that moral criteria is the basis for understanding the laws and rules that govern societies (Thoma 2006: 71). Obeying the laws, rules and norms are of value but should not be followed blindly and without question. Laws and rules are a means to an end; the end is characterised by a society governed by moral ideals whether or not particular rules and traditions remain in tact.

Appeal to an ideal: The lack of societal structure is not the goal of the post-conventional thinker but the “system must convey some idealized view of how the community ought to be ordered” (Thoma 2006: 71). Moralists and philosophers have already identified such moral ideals to which people can appeal and hold as a governing standard. These include concepts like: fair treatment, the greatest good for all, preserving human life, furthering the common good.

Shareable ideals: A post-conventional thinker must find the ideals that are sharable and not impose their own idiosyncratic preferences. All claims of ideals are open to debate regardless of the claim of the authority by an individual or a time-honoured

tradition. Ideals must be justifiable to participants and potential participants.

Full reciprocity:

A post-conventional thinker recognises the likely fallibility of laws that are established for all people in all situations. Laws are biased and often favour one person over another, usually social class. PC thinking challenges those biases even though they may be determined to be lawful.

So far in the review, I have considered the normative ethics and ethical content of SL interpreters. I have shown how some of the concerns of early ethical thought paralleled similar concerns for those in community interpreting (e.g. conduit model). Then, I addressed how expressed concerns for justice seem to serve as a guiding ethical concern for CI as well as those in other service-based professions and in the broader philosophy in moral psychology. There are several key points from the review thus far to emphasise and maintain before shifting attention away from the concepts within normative ethics of professions.

First is Pym's (2001) challenge that the profession cannot *opt out* of the questions posed by normative ethics merely because the earlier approaches to normative ethics were overly prescriptive (or perceived to be). Second, the normative ethics evident in SL interpreting and CI reveal a decades-long struggle to advance beyond the stronghold of the earliest form of ethical thought, the uninvolved, mechanistic interpreter. Third, while not articulated as such, what appears to be *of concern* for practitioners and scholars is good and effective service. How that good and effective service might be manifested – either outside or inside the system – is the essence of the theoretical and ethical struggle.

Last, it should be noted that the concerns of CI are not unique. Other service-based or helping professions similarly grapple with how values are operationalised in the unique circumstances of a given situation. They acknowledge the reality of value conflict and the need to maximise the positive effect of a decision whilst minimising the negative effects. While other professions engage in these dialogues with the language of normative ethics (e.g. rights, obligations, virtues, justifications, morality, and

responsibilities), CI appears to be in search of the right metaphor to define the function of an interpreter.

2.5 Non-normative ethics: Descriptive ethics in community interpreting

Descriptive ethics are a type of non-normative ethics and are the, “factual investigation of moral beliefs and conduct... [using] scientific techniques to study how people reason and act” (Beauchamp and Childress 2012: 2). This section looks at the studies of community interpreters of both signed and spoken languages. These studies reveals how normative ethics are contradicted by the actual practice decisions of community interpreters and how those deviations could be explained and justified.

2.5.1 Documented behaviours and reasoning in community interpreting

Countering the normative messages often summarised by the conduit metaphor, several studies from both signed and spoken language literature have demonstrated that interpreters are *active participants* in interpreted encounters. These studies have found that unlike what interpreters are told to do or even what they say they do, interpreters take action by: a) coordinating turn taking (Wadensjö 1998); b) by educating and advising primary participants on cultural data and communication objectives (Kaufert and Koolage 1984); c) by structuring dialogue and communication flow (Roy 2000); d) by managing resources and the efficacy of services (Hsieh 2007, 2008); e) by eliminating or encouraging utterances (Davidson 2000; Hsieh 2006); f) by addressing the emotional needs of participants (Clifford 2004; Hsieh 2007, 2008) g) by reinforcing hierarchy by dismissing challenges (Davidson 2000; Hsieh 2007); and h) by empowering participants (Hsieh 2006, 2008).

Angelelli (2004) conducted one of the broadest studies on how interpreters’ behave in community practice. This two-year study of spoken language interpreters working in conference, medical, and courtroom settings collected data from interpreter interviews, interpreter surveys, and audio-recorded interpreted encounters. Angelelli found that interpreters engage in many of the behaviours already documented in the studies mentioned above. She also found that interpreters considered and cited the contextual factors of the setting that led them to either behave as a conduit or to deviate from conduit.

Other studies have found similar reasoning patterns amongst research participants: acknowledge the normative nature of the conduit approach, seek to problematise that approach, and then explain the deviations (Clifford 2004; Hsieh 2006, 2007; Tate and Turner 2001). In reasoning through their chosen behaviours, interpreters and scholars alike appear to adopt the conduit metaphor as the standard and then justify deviations from this standard by highlighting salient factors in the context as the antecedents to the decisions. Others justify their behaviours via a preferred role convention (Hsieh 2006, 2008). Mendoza (2012) would argue that this is likely the function of practice experience. Novice interpreters are more likely to cite rules as justifications for their decisions. Others justify their decisions based on “being a human” (Bergson and Sperlinger 2003: 8; Hsieh 2008: 723). The most striking of these is direct quote (and the title of the article by Hsieh 2008) from a study participant, “*I am not a robot!*”

Borrowing from an occupational health theory, Dean and Pollard suggested that these *antecedents of interpreting contexts* are best understood as *demands of the job*. For community interpreters, the mere term demand implies that these salient factors should matter to the interpreter. They should attend to demands and respond to them. Interpreting demands emerge from four overarching categories: environmental, interpersonal, paralinguistic, and intrapersonal (2001: 5, Dean and Pollard, 2005: 274). Interpreters do and should respond to these demands; they are the *responsibility* of community interpreters. In emphasising the importance of fully articulating the context, Dean and Pollard (2011) criticised the use of role as the underlying justification of behaviours (2011: 160). It is the term responsibility that conveys ethics, not the term role (Dean 2007: 307; Dean and Pollard, 2011: 160).

That interpreters respond to salient contextual factors within the setting and among participants is not new to interpreting scholarship (Angelelli 2004; Davidson 2001; Dean and Pollard 2001 and 2005; Hsieh, 2006 and 2007; Metzger and Bahan 2001; Napier 2004; Roy 2000; Turner 2005; Wadensjö 1998). Several interpreting scholars have come to identify specific aspects of these salient contextual factors. These include the content domain of the setting (e.g. medical, legal) the physical surroundings, institutional expectations, participants’ dynamics, participant’s fund of information, participants’ expectations, participants’ mind-sets, etc. (Corsellis 2008; Dean and Pollard 2001; Hale 2007). It is these multivariate factors that give rise to the need for behavioural flexibility between and within community contexts (Angelelli 2004 and 2006; Dean and Pollard

2005; Hsieh 2008; Turner 2005) which was a topic already explore in 2.3.4. As a result, a decision cannot be evaluated as ethical unless it is examined within its broader context (Dean and Pollard 2011; Mandelbaum 1955; Rest 1984).

The above scholarship has provided ethical constructs for justifying or reasoning through deviations from conduit behaviour but data collected from practitioners reveal that these justifications have not supplanted the *conduit-as-standard* mentality. This is likely the result of the norms that are dominant in interpreter education (Hsieh 2008) or those which advance the *valuation of invisibility* (Dean and Pollard 2011: 167). Hsieh (2008) would agree: “Interpreters are trained not to talk to other speakers directly, not to have personal opinions as they interpret, and not to be emotional in contexts that often involve issues of life and death” (2008: 1367). As a reasonable follow on to that, studies showed that interpreters characterised conduit-countering behaviours as a *transgression* (Hsieh 2007: 925) and a *violation* of their training (Hsieh 2006: 723); and the most frequently cited, (particularly from the field of SL interpreting) deviating from conduit-like behaviours is equated to *stepping out of role* (Dean and Pollard 2001; Tate and Turner 2001).

It has been reported that interpreters justify maintaining the types of behaviours conveyed in the conduit metaphor for a variety of imagined outcomes. These participants reasoned, it will a) keep people informed and empower people (Hsieh 2008: 1371); b) further the primary participants’ relationship (e.g. trust / rapport) (Hsieh 2008: 1371 – 1372); enable the disclosure of sensitive information (Hsieh 2006: 728), and respect the jurisdiction of the professional (Hsieh 2007: 928; Hsieh 2008: 1373). As a theoretical counter, interpreters are simultaneously instructed that maintaining such prescriptive behaviours can result in violating the healthcare provider’s trust and expectations (Hsieh 2006: 729) and can alienate participants (Llewelyn-Jones and Lee 2013: 59). Llewelyn-Jones and Lee suggested these behaviours serve to *inhibit, deskill* one or more of the participants and therefore, *denormalize* the interaction (2013: 56). Furthermore, conduit-like behaviours can lead participants to imagine the interpreter is disinterested, judgemental, or worry about the effectiveness of their interpreted utterances and overall communication (2013: 57).

Interpreters in these studies justified a more active role (e.g. institutional aid or advocate) in community settings as a means of a) preventing unfair service and empowering people (Hsieh 2008: 1372), b) furthering disease diagnosis and ensuring better healthcare

(Angelelli 2004; Hsieh 2007: 935; Hsieh 2008: 1372), and c) conserving limited resources (Davidson 2000; Hsieh 2007: 932; Hsieh 2008: 1376). The theoretical counter to a more active role is assuming the responsibilities of the service-provider, which can be detrimental (Davidson 2000; Hsieh 2007), serve as a source of oppression (Baker-Shenk 1991: 123) by making the person invisible (Hsieh 2008: 1373) and challenge the authority of the professional in the setting (Hsieh 2006 and 2007).

In this section, I have noted the research of descriptive ethics in community interpreting. While some of those behaviours have been documented as deviating from the normative expectations of conduit, these ideals still have ethical currency in the minds of practitioners and scholars. This is explored in greater detail in section 2.6 on meta-ethics. Before that, I explore in the next section the reasons that may be underlying such deviations.

2.5.2 Differences in normative and descriptive ethics

The differences between what an interpreter says she does, or what she is told to do, and *what they actually do* has been addressed by several scholars in the field. Dean and Pollard (2005) referred to this phenomenon as *rhetoric versus de facto practice*. Tate and Turner (2001) suggested that it results in a *conspiracy of silence* amongst practitioners. Wadensjö referred to this phenomenon as *paying lip service* to the invisibility ideal (1998: 286), which is confirmed by Angelelli's study (2004: 21). Angelelli further suggested that this mismatch occurs as a result of an insufficient theoretical frame – one that encompasses and represents the complexities of community interpreting (2004: 23). Dean and Pollard agreed that the deficiency lies within how the profession conceives of its practice (Dean and Pollard 2005 and 2011) and suggested:

An inadequate professional schema prompts well-meaning practitioners to behave in ways they judge to be more realistic and effective which run counter or outside their prevailing professional schema and therefore are not overtly endorsed or even discussed by the professional establishment or with consumers. This creates a gap between de facto (actual) practice and the prevailing rhetoric or belief system regarding how that profession conducts its work. (Dean and Pollard 2005: 264)

The understanding of a professional schema and therefore the conceptualisation of ethics both fall under the topic of meta-ethics and as a result, will be addressed further in section 2.6.

Clifford (2004) postulated another aspect of descriptive reasoning that contributes to the stronghold of the conduit-mentality. He suggested that the proponents of the conduit mentality begin their moral stance by posing the question, “What would happen if the participants spoke the same language.” This moral stance necessarily requires the interpreter to *theoretically remove herself* from the interaction and fanaticise a situation whereby all the events and dynamics occur without involvement or interference from the interpreter. This imagined removal of presence will allow the interpreter to arrive at *the right thing to do*.

Such theoretical ideology is not only confirmed by educators (Clifford 2004: 91), but by interpreters too. Interpreters in Hsieh’s studies offered: “Everything I hear, when I am there, is like the patient should hear whatever I hear” and “Because the idea is, I’m a voice...” and “We are not a person” (2006: 1371). Clifford referred to this mentality and other behaviours, which define conduit or invisibility as attempting to take *the moral high ground* (2004: 92) and proposed that the conduit mentality, “...makes claims about its exclusive relationship with moral correctness, when other approaches are also ethically viable” (2004: 110).

Many have proposed that during interaction and dialogue, the interpreter should aim to *create the illusion* that the service users are talking directly to each other (Frishberg 1990: 61; Llewelyn-Jones and Lee 2013: 58; Wadensjö 1998: 49). It appears to have created a problematic theoretical extension from this ideal in dialogue to all elements of the communication event. That is, when faced with an ethical concern, interpreters who are mindful of maintaining the illusion, are lead to ask themselves, “What would happen if I weren’t here?” Dean and Pollard suggested that this can result in, “a blatant disregard of professional responsibility” (2011: 167). Community interpreting is not unique in this experience of conflicting and confusing ethical concepts that can lead to unreliable practice outcomes. In the next section, I consider how the field of professional education and moral psychology might understand this phenomenon.

2.5.3 Espoused-theories and problem setting

The gap between normative and descriptive ethics is not unique to interpreting. Argyris and Schön (1974) identified a rhetoric / defacto gap in professional behaviour *across disciplines*. Of particular interest to Argyris and Schön was *why* this dichotomy exists. They suggested that part of the reasons were that professionals work from two different types of theories of action: *espoused theories* and *theories-in-use*.

It is important to note that neither Argyris and Schön (1974) nor scholars from interpreting (Angelelli 2004; Dean and Pollard 2005) are proposing that a professional's *theory-in-use* or *their de facto* practice is necessarily problematic even though it is a deviation. It is well known that many moral and effective decisions can be made using gut-instinct or intuition (Gladwell 2005; Haidt 2001; Kahneman 2011). Schön in particular highlights and honours the manner through which competent practitioners reveal their knowledge: Through their action or what he calls *knowing-in-action* (1983: 49). Certainly though, *working toward congruence* should be an important goal in professional practice (Argyris and Schön 1974: 22; Hundert 1987: 428 - 429) especially in those times when one's intuition is misinformed (Galdwell 2005).

“Integrating thought with action effectively has plagued philosophers, frustrated social scientists, and eluded professional practitioners for years” (Argyris and Schön 1974: 3). In part, this challenge can be blamed on the incompatible nature of espoused theories and theories-in-use. When asked what would you do, a person will provide an espoused theory. How a person then embodies that at the point of action is a theory-in-use. Awareness to these possible discrepancies varies (Argyris and Schön 1974: 6 – 7). Different situations invoke different espoused theories and theories in use (Argyris and Schön 1974: 9)

The mismatch between what a professional says he does and what he really does resulted from the learned professions' reliance on *technical rationality*. Technical rationality, as Schön (1983) explains is

...the view of professional knowledge which has most powerfully shaped both our thinking about the professions and the institutional relations of research, education, and practice. [Therefore], professional activity

consists in instrumental problem solving made rigorous by the application of scientific theory of technique (Schön 1983: 21).

Schön proposed that technical rationality is an extension of another social (and research) philosophy also popularised in the nineteenth century: positivism (1983: 30 – 31). Technical rationality and positivism, Schön argued, led the field of professional ethics down the same theoretical path. “The question, ‘How ought I to act?’ could become a scientific one, and the best means could be selected by the use of science-based technique” (Schön 1983: 34). Similarly, Rest argued that professions who are too focused on technical skills, or too *careerist*, often create practitioners who have limited moral reasoning skills (1994: 16).

Schön followed on to criticise professional educators for following the positivists’ valuation of technical rationality by designing curriculum that places theory, technique, and applied science at the early part of educational curricula. The ability to deal effectively with practice realities or the necessary skills for effective practice (e.g. problem solving) is saved for the latter part of the student’s development (1983: 27 – 28). These are treated as if learning and practising skills were different things (Argyris and Schön 1974: 12). The prime example of this is medical school education, which until recently has been historically divided into two parts, pre-clinical and clinical. Pre-clinical education is devoted to the acquisition of scientific knowledge (e.g. biology, pathology, physiology) and clinical education to the application of this knowledge in clinical practice with patients. Since the 1960s, this design has been turned upside down (as Schön would support) with the introduction of problem-based learning in medical school education (Frost 1996).

Technical rationality conceptualises professional practice as a process of mere *problem solving* (Schön 1983: 39). Rarely though are the most challenging aspects of professional practice of a technical nature. However, if a professional is taught to solve problems in a technical way then even those problems that are not technical by nature are framed as such. For Schön, these ‘problems’, “tend not to present themselves as problems at all but as messy indeterminate situations” (1987: 4). These *messy indeterminate situations* now framed as technical problems cannot be resolved effectively because the problem has been *set* inaccurately. In other words, the concern for professional education should be on problem setting not problem solving (Dean 2014; Schön 1983).

Determining right action is not an issue of *problem solving* alone. It must first address the concerns of *problem setting*. Schön defined it this way:

When we set the problem, we select what we will treat as the ‘things’ of the situation, we set the boundaries of our attention to it, and we impose upon it a coherence which allows us to say what is wrong and in what directions the situation needs to be changed. Problem setting is a process in which, interactively, we *name* the things to which we will attend and *frame* the context in which we will attend to them (1983: 40).

For Schön in order to address the realities of practice, professionals need to be willing to leave the comfort and promises of technical rationality (1983: 42). Practitioners need to engage their knowing-in-action through reflective practice – *reflection on action* and *reflection in action* (1983: 55). It is through this systematic process that a practitioners’ *knowing-in-action* becomes their *knowledge-in-action*. That is, the tacit and implicit processes that occur beyond their awareness begin to come to the fore. Only when it is at the fore, can it be apprehended, taught, and in some instances targeted for remediation (1983: 55: 59 – 60).

Schön (1983) pointed out that through repetition and routine, professionals can *overlearn* skills. When this happens, a professional is less likely to think about what they are doing and therefore less likely to see the unique circumstances which may call for new and different action. In this way, “...he may suffer from boredom or burn-out and afflict his clients with the consequences of his narrowness and rigidity” (Schön 1983: 61). Rest (1984) would suggest this is a failure of a professional’s moral sensitivity and that moral education should seek to prevent such failures.

If the *messy indeterminate situations* that arise in professional practice are viewed through a technical lens, then reflection and critical analysis seem unnecessary (Schön 1983: 69). Dean and Pollard similarly criticised interpreter education as producing *technicians of translation* (2005: 260). Without reflection, a practitioner is unlikely to consider how she has set the problem and the tacit normative processes that undergird decision-making (Schön 1983: 62).

2.5.4 Cognitive-affective processes in decision-making

The above summary of Schön's work (1983, 1987) explored some systemic reasons for this dichotomy – those imbedded in professional education and educational philosophy. Unless there is some specific intervention of awareness raising, practitioners fall subject to the same psychological influences as the average human. Understanding contributions from those in the areas of moral psychology bears review.

Why individuals behave differently from what they are told is morally right action or even what they themselves believe to be morally right is the remit of those in moral psychology and moral development. Within recent popular culture, thinking *about thinking* and more specifically, thinking about decision-making has been the topic of many books. Gladwell (2005) suggests that *rapid cognition* or thinking *without* thinking, is superior and more accurate than deliberative and analytical approaches. Kahneman (2011) says that this type of thinking is conducted by the mind's *System 1* and maintains that this necessary type of thinking is often guided by simplistic associations, substitutions, and heuristics. Gladwell (2005) might characterise it by suggesting our System 1 is often directed by *misinformed intuitions*. McRaney (2011) in his book, *You are not so smart*, took the warning a step further by proposing that human decision-makers are deluded into thinking that they are rational, logical, and realistic but that this delusion is necessary – it self-servingly maintains human beings' sanity. All of these authors, along with the contributors to the science of decision avoidance (Anderson 2003) challenge the interpreting profession to think more deeply about *how* we problem set and *what lies behind* our problem solving. These are the first steps in identifying some of the psychological factors that make up the landscape of the interpreter as cogniser.

2.5.5 Fear of regret and blame

It has been well researched that humans are compelled by any choice that reduces the negative emotions created by the mere act of *choosing* (Anderson 2003: 141; Lowenstein et al. 2001: 267). Researchers in both consumer economics and psychology have found that when faced with a decision, human decision-makers prefer decisions that either require no action or result in no change (Anderson 2003: 143; Lowenstein et al. 2001: 267). They prefer such choices because they are avoiding the negative emotions of regret and fear (Anderson 2003: 141). Choosing *not to choose*, or what is termed *decision avoidance* is the dominant attitude of human decision-makers and is defined by Anderson

as, "...a pattern of behavior in which individuals seek to avoid the responsibility of making a decision by delaying or choosing options they perceive to be nondecisions" (2003: 139). Decision avoidance is more likely to result in situations 1) where preferred behaviours are unstable, 2) when there is a high cost of diverging from the status quo, and 3) when regret or blame are anticipated outcomes of a decision (Anderson 2003: 148 – 150).

Regret is the second most commonly named emotion of verbal expressions in everyday conversation, second only to love (as cited in Zeelenberg et al. 2002: 314). Regret is an unpleasant feeling experienced in the face of an outcome that things could have been better if only the person had acted differently (Zeelenberg et al. 2002: 314). Not only does the power of regret have implications for the individual's emotional state but impacts the efficacy of their decision-making at a social level. It has been well documented that people more greatly associate the experience of regret with taking action than not taking action. This phenomenon is referred to as the *action effect* (Anderson 2003: 144; Zeelenberg et al. 2002: 315). Taking action is more visible and *informative* and therefore, open to the projected attitudes and beliefs by observers (Zeelenberg et al. 2002: 316). For example, research has shown that when action is taken resulting in a harmful outcome, the causal agent is judged to be more immoral and personally responsible than those who caused the same harmful outcome but did so by not acting (as cited in Zeelenberg, et al. 2002: 316).

The high cost of diverging from the status quo or what has been deemed *normative* also increases the likelihood that one will be decision avoidant. Normative behaviours, or how one is expected to act, are created through the vehicle of exemplars (Kahneman and Miller 1986: 136). Exemplars are models that the brain comes to represent not through an abstract summary of that concept as might be proffered in the classical view but through representation (Smith and Medin 1981). This is similar to the conceptual frame of prototype theory that proposed that the human brain holds together data elements for easy assimilation and retrieval in categories. Whether or not something belongs to that category (e.g. ethical behaviour) depends on how much it is like the prototype (e.g. conduit). Prototypes, not abstract definitions, are the most cognitively available and carry more cognitive weight (Hampton 1995: 686).

The implications of decision avoidance are widespread and significant (Anderson 2003). They also vary in degrees. Certainly, forgoing a good deal on the purchase of an automobile which results in additional expenditure at a later date is of one type of decision but forgoing a medical test to determine the presence of a disease which can result in harmful health consequences is of graver concern. Extrapolating the *action effect* phenomenon away from the day-to-day decisions of human beings and their immediate circle of influence to professionals amplifies the issues. Service professionals in their workaday practice impact the lives of those who seek their professional service. Practitioners who are unaware of how their decisions might be motivated by their own emotional management should be of concern to practitioners, professional educators, and service users alike.

With age and education, human decision-makers are more likely to make better (ethically justifiable) decisions. An individual's moral development is a contributing factor to their decision-making skills. Moral reasoning as a function of development is explored next.

2.5.6 Developmental reasons for moral behaviour and reasoning

Thus far in section 2.5, I have noted the rhetoric versus de facto gap in community interpreting. I have explored reasons for why this gap could exist based on similar problems in other professions. I have also expanded those explorations to include other psychological factors that might be functioning tacitly for any decision-maker. In these last two sections, I explore moral behaviour as a function of a person's developmental maturity.

Kohlberg, along with Piaget, were the first theorists to suggest that morality, or the ability to reason to right action comes as the result of age and education. Morality is developmental. In other words, as a person advances in age and presumably life experiences, their thinking about morality also advances. Rest (1984), one of the foremost contributors to neo-Kohlbergian research has already been included to some degree in this review, see section 2.4.3. Rest also agreed with the developmental nature of morality and along with Piaget and Kohlberg has sought to advance the field of moral psychology.

Kohlberg proposed that humans pass through stages in their lifetime resulting in shifts that affect their beliefs about morality and what they consider to be sound reasoning for

moral behaviour. Kohlberg offered the field of moral psychology the following developmental frame for morality:

- Stage 1: The morality of obedience: Do what you're told.
- Stage 2: The morality of instrumental egoism and simple exchange: Let's make a deal.
- Stage 3: The morality of interpersonal concordance: Be considerate, nice and kind: you'll make friends.
- Stage 4: The morality of law and duty to the social order: Everyone is obligated to and protected by the law
- Stage 5: The morality of consensus-building procedures: You are obligated by the arrangements that are agreed to by due process procedures.
- Stage 6: The morality of non-arbitrary social cooperation: Morality is defined by how impartial people would ideally organize cooperation. (Rest 1994: 5)

Kohlberg sought to empirically support what he proffered theoretically. He created the Moral Judgement Interview, comprised of a series of ethical scenarios that posed an ethical dilemma. These scenarios served as the starting point for his interviews; he would investigate what the individual thought was the moral action and why. Kohlberg would document the associated behavioural preference and justification to determine an individual's developmental stage. He interviewed children and adults and conducted longitudinal studies to confirm his theories (Rest et al. 1999a and 1999b).

Kohlberg argued that people move up through these six stages in the same way that people climb a staircase (Rest 1994). His stages were considered *hard* stages; people advance in the same order. There are no skipping stages and no reversals in Kohlberg's theory. Once a person had moved on from a stage, they would not return to earlier stages, regardless of the circumstances. One of the problems with Kohlberg's empirical evidence is that through his interview process, the Moral Judgement Interview, he found little evidence of the most advanced two stages in moral reasoning, stage 5 and 6. Researchers who would follow on and critique his work referred to this as his "fatal flaw" (Rest 1994: 22).

Rest et al. (1999b) attempted to fix this fatal flaw in Kohlberg's empirical approach. Instead of using Kohlberg's semi-structured interview which relied on the individual's insight and verbal abilities, Rest and his team created an instrument, the Defining Issues Test referred to earlier in 2.4.3. The DIT relies on the ability of the research participant to *recognise* and affirm compelling rationales for right action (Rest et al. 1999b: 296). Like Kohlberg, Rest used scenarios posing an ethical problem in the development of the DIT. Rest would query the participant's preference for moral action, and then would explore their rationale. However, it is in this last component of this newer instrument that participants were provided verbal assistance (Narvaez and Bock 2002: 98) changing Kohlberg's original task from one of self-production to a task of recognition. The DIT is explained in greater detail in the next section 2.5.7.

This task shift from production to recognition is only one distinction between Kohlberg and neo-Kohlbergian researchers. For neo-Kohlbergian researchers, advanced verbal articulation does not equate with advanced moral reasoning since judging moral behaviour is a tacit process. Therefore, people do not exist in categories, or "hard stages", but are governed by the tacit processes that perceive and determine moral behaviour in light of the scenario (Rest et al. 1999b: 298). That is, in one situation a person may sound or attest to moral reasoning that is reflective of stage 4 but in another situation sound or attest to more advanced thinking (such as stage 6). Rest preferred a *soft stage* approach (Rest et al. 1999b: 298) which accounts for the implicit and fluid nature of decision-making. If a person understood and had insight into their moral decisions they would apply uniformly their moral ideals; they would be in a hard stage such as Kohlberg asserted. However, if tacit processes impact moral behaviour then the cogniser is not likely to be guided by purely rational influences but by psychological and emotional machinations (Anderson 2003; Haidt 2001; Kahneman 2011).

Because of this, Rest preferred to use schema theory to understand moral behaviour and moral development. Schemas are often defined as "general knowledge structures residing in long term memory. Schemas are evoked (or activated) by current stimulus configurations that resemble previous stimuli... applying organized, prior knowledge to the understanding of new information...schemas facilitate information processing" (Rest et al. 1999b: 297). In short, these structures exist as information processing mechanisms that simplify and store new data based on its proximal resemblance to existing knowledge structures. Schemas are invoked or activated at an implicit level and the unaware human

decision-maker responds according to how existing structures are instantiated. Such responses could include how a person initiates, “obtaining further information, solving a problem, or reaching a goal” (Rest et al. 1999a: 136).

In this way, moral behaviour is an *individual human construction*. Kohlberg would agree and further proposed that not only is it constructed but it is also developed over time as the cogniser learns to “juggle more things in their mind in more complicated ways” (Rest et al. 1999b: 137). Agreeing in this instance with Kohlberg, Rest et al. asserted that an individual develops moral schemas, or moral judgement structures, moving from *conventional* thinking to *post-conventional thinking* as a result of their experiences and their interpretation or understanding of those experiences (1999b: 135). Then, when an individual is presented with a *stimulus configuration* – a new situation, a problem, or dilemma – how that person responds depends on “which schema is activated” and that the process of “imposing that schema... increases overall recall, especially recall of schema-relevant material (Rest et al. 1999b: 139). Rest’s schemas correlate with Kohlberg’s stages in this way:

<u>Rest’s Tacit Moral Schemas</u>	<u>Compared to Kohlberg’s stages</u>
Personal Interest Schema	Kohlberg’s stages 2 and 3
Maintaining Norms Schema	Kohlberg’s stage 4
Post-conventional thinking	Kohlberg’s stages 5 and 6

Rest used these three moral schemas to measure the nature of ethical reasoning within respondents. Rest’s Defining Issues Test and its use over the last forty years is described in the next section.

2.5.7 Measuring moral development and reasoning: Defining Issues Test

The Defining Issues Test (DIT) is a standardised instrument used to measure the ways in which a person considers moral action through the interpretive lens of three moral schemas: personal interest, maintaining norms, and post-conventional schemas. It was designed by James Rest (1984) as an alternative to Kohlberg’s Moral Judgement Interview (MJJ). The MJJ, like the DIT aims to measure an individual’s moral development stage but by Rest’s time, the MJJ was facing both theoretical and empirical

criticism (Thoma 2002: 227). The DIT is currently in its second iteration (DIT-2) and is available either as an online measure or a pencil and paper measure.

DIT research began with James Rest at the University of Minnesota in the US and, in the early days was referred to as the *Minnesota Approach* in the moral development field. The later created *Center for the Study of Ethical Development* (CSED) eventually became located at the University of Alabama in Tuscaloosa where it exists today and exclusively measures and scores the DIT-2.

Since the late 1970s, it has become the most widely used tool in assessing moral thinking (Thoma 2002: 225) and has resulted in hundreds of research studies and publications. The data sample they have amassed since the beginning of their work has resulted in a mega-sample of more than 45,000 respondents (Thoma 2002: 238).

The DIT-2 is comprised of five ethical scenarios in which the main characters are faced with a moral dilemma. The scenarios pose topics of wider social concern, such as, poverty, rights of dying patients, free speech, etc. Each scenario is then followed by a question and a closed-choice answer regarding the appropriate action that should be taken by the character in the story: a) Take the proposed action; b) do not take the action or; c) can't decide. Then, twelve aspects of the relevant moral arguments are listed for the respondent. The respondent must rate the importance of each of the twelve aspects on a four-point Likert scale from *great importance* to *no importance*. Respondents can rate more than one particular aspect for consideration with the same level of importance. The final question in each scenario requires the respondent to rank the top four most compelling moral arguments pertaining to moral action in the scenario. That is, those arguments the respondents' think are the most defensible in light of the preferred moral action. In this way, the respondent is given two distinct passes with the moral content (Thoma 2002: 233) – once for rating and once for ranking.

The DIT and its theoretical base of Rest's three moral schemas (explored in 2.4.3) factors in significantly in this research. As a tool for measuring moral development across age and education, the DIT provides a helpful normed set of comparisons. The DIT, its design and validity are picked up again and described in Chapter 3.

Thus far, I have examined aspects of CI's normative and descriptive ethics. Regardless of the dominance of the conduit as normative, there is evidence that both scholars and interpreters on the job are in opposition to this normative ideal. This opposition between this ethical norm and other viable ethical approaches has created a gap between what interpreters say they do and what they actually do. Such gaps are confusing to practitioners, can lead to poor decision-making, and can be the reason for unintentional but possibly untoward consequences for service users. This confusion is revealed in the different justifications proffered by both researcher and practitioner (e.g. the conduit approach respects the jurisdiction of the professional while others suggest it serves to deskill them, see page 64).

Schön (1983) offered many potential reasons for the mismatch between the rhetoric and the de facto in professional practice. Many of those reasons can be possible explanations for the phenomenon in community interpreting. Other important factors that may be contributing to the mismatch are the result of human psychology and human development. Given Schön's concern for problem setting and the effects of technical rationality, the next section examines the meta-ethics of community interpreting.

2.6 Non-normative ethics: Meta-ethics in community Interpreting

Meta-ethics looks at the conceptualisations of ethics, the ethical language used, and the methods of reasoning (Beauchamp and Childress 2012: 2). In this section, I review the ways in which SL interpreting conceives of ethical behaviour, how ethical behaviour is talked about, and the ways in which ethics is taught. There is not a lot of attention in the T&I literature on the topic of meta-ethics. Very few scholars posed the question of, "why does the profession talk about ethics in this way and what are the implications?"

Roy (1993) used a meta-ethical approach in an article, *The problem with definitions, descriptions, and the role metaphors of interpreters*. More recently, I followed on from Hill's (2004) examination of ethically troubling themes in counselling to examine how SL interpreting conceives of ethics (2014). In the next section, I explore these themes of ethically troubling material. In the section following (2.6.2), I select the profession's use of the word *role* and the use of metaphors to understand and propose ethical action. Finally, these *descriptive ethics tools* are problematised as they appear to be co-opted for normative ethical purposes.

2.6.1 Conceptualising ethics in SL interpreting ethics

Problematic situations or theoretical impasses within a profession (such as evidenced by rhetoric and de facto practice realities) require a closer examination of *how* people are conceiving of the problem itself (Schön 1979: 254). It is problem solving which is perceived as the perplexing task when in reality, the bigger barrier to resolution is *problem setting* (Schön 1979: 255). Schön (1979) also suggested that what underlies faulty problem setting are *generative metaphors*. Schön suggested that not only can metaphors be misleading in a given context, they can be *carried over* between contexts and domains of experience. Generative metaphors can be elusive, difficult to identify and serve as barriers to change (1979: 254). Schön (1983) followed on to suggest that generative metaphors inform how professionals conceive of or identify conflicts or problems.

While the use of ethical scenarios as a means for teaching ethics is common (Bebeau 1993), Hill (2004) warned of their limitations in professional ethics education. The over reliance on ethical dilemmas in ethics education creates students who perceive ethics as problems instead of ethics being the normal *business* of one's practice. Dean and Pollard agreed and suggested that *effective practice* should be the starting point of any ethics discussion (2005: 270 – 271). They proposed the importance of tracking the effectiveness and the ethics of the practitioner's moment-to-moment decisions and to not only highlight the problems (or dilemmas) that arise (Dean and Pollard 2011: 159 – 161). Hill (2004), and later I (Dean 2014) suggested that these designs to ethics education stunt the development of practitioner's *moral sensitivity* – the ability to identify and accurately interpret an event as ethically troubling (Rest 1984).

What the SL interpreting field deems as *ethically troubling* was the focus of a recent analysis (Dean 2014). Following on from Schön's (1979) idea of problem setting, I suggested that the ethically troubling material proposed to interpreting students and practitioners creates an interminable reasoning cycle. If the problems are set in the same way, the *solutions* to these problems will stay the same. This severely limits the reasoning skills of interpreters by limiting the access to deliberate, newer ethical material.

There are several primary texts in SL interpreting that propose scenarios and case studies (Stewart and Witter-Merithew 2006; Seal 1998 as examples). The texts for the purpose of my recent study were *Encounters with Reality: 1,001 Interpreting Scenarios* By

Cartwright (1999, 2010) and *Decisions? Decisions!* by Humphrey (1999). Out of almost 200 scenarios, 75 were chosen for analysis based on their relevance to practice (or, in-the-moment) decisions.

The analysis task for my study (Dean 2014) was to review this corpus to determine the ways in which problems were conceived. I proposed the following themes conveyed the common problems and troubling material for SL interpreters: 1) Participant's access to other's utterances or to information; 2) Barriers to effective work; 3) Interpreter 'agency' (attention to, requests of, offers from, etc.).

I found the final theme of *interpreter agency* to be the most popular in both texts, accounting for over 40% of the thematic data. Interpreter agency was described as:

the interpreter in some way becomes the focus of the interaction or the interpreter has some type of unique information that would impact the situation. Examples include: a deaf person telling the interpreter all his problems when his therapist leaves the room; the interpreter noticing erratic behaviour from a deaf patient in the emergency room when no other medical staff does (Dean 2014: 64).

All of these themes and the accompanied normative messages from my study (listed on page 37) seem to be most concerned with what the interpreter should consider as her domain of responsibility. That domain is narrowly defined as those things pertaining to the task of message transfer. According to the normative messages, it would be an ethical overstep to be concerned with those things outside of that task.

Wadensjö (1998) conceptualised CI as interaction between participants – making the interpreter a co-participant in that interaction. Yet, interpreter agency, the concern for an interpreter *being* a participant, accounted for more than 40% of the ethical scenarios identified as ethically troubling. Indeed, these disparate conceptions of ethics (*be a participant* and *refrain from engagement*) can lead to confusion. Schön proposed that multiple and disparate practice approaches create a *babble of voices* (1979: 17), which do very little to advance the practice skills of professionals. Furthermore, cutting off enquiries and challenges to these ethical constructs can serve to stunt professional's moral thinking (Rest and Narvaez 1994: 216).

Many have suggested that, in part, the ethics of an interpreter should be dictated by the illusion that service users are talking directly to one another (Frishberg 1990: 61; Llewelyn-Jones and Lee 2013: 58; Wadensjö 1998: 49). Llewelyn-Jones and Lee broaden that slightly to conceive of ethics as social accord. *Cooperating and converging* and avoiding *disruptive events* (2013: 57) such in a manner typical for normal social conventions (2013: 56). Others have suggested that interpreting literature has a special emphasis on the emancipatory nature of interpreting work (Leeson et al. 2011: 5). Interpreters are encouraged to stand outside the system (Baker-Shenk, 1991) and work on the side of the deaf person (Kent 2007: 202).

All of these divergent ideals can confuse practitioners. I have already noted the diverging conceptions of what is ethical in 2.3.2, on the topic of normative ethics (e.g. ally versus member of the team). That does not need to be readdressed here but the fact that these divergent views exist is material for a meta-ethical review. What is of particular note under the meta-ethical heading are the attempts to expand what interpreters should consider *their responsibility*.

The normative messages explored in 2.3 identified the realms of responsibility for interpreters as linguistic and based in message transfer alone. Descriptive ethics has been the major vehicle through which that realm has expanded to define cultural and social factors. These social factors in community settings have necessarily included the setting-specific ethical material (e.g. the goal of a doctor, the values undergirding a trial).

Wadensjö's research, along with a few of her contemporaries have been attributed with creating the *social turn* in translation studies (Pym 2006). Mason emphasised the importance of Wadensjö's study by suggesting that it (along with Berk-Seligson's study), "...lay the groundwork and set the standards for future research" (2000: 218). Yet, Pym warned the field and future researchers that it, "...should not pay undue allegiance to heroes imported from Sociology" (2006: 25).

In addition to the advancements of descriptive ethics and the recognition of the social realities in CI is also the need to return to (normative) ethics. Interpreting must also be viewed through a *socio-professional lens* (Tseng 1992 as cited in Pöchhacker 2004) not merely a social one. Indeed, all professionals must work within and navigate the social

realities of their practice. Yet, there is another layer that directs and grounds them – they have to maintain the normative values of their profession.

Fritsch-Rudser (1986) suggested that the ethical tenets of the code of ethics are expressions of the profession's values. Dean and Pollard (2013) proposed that values of the profession can also be found in the metaphors used to express professional practice. Dean and Pollard imagined that the values underlying the conduit model are autonomy, agency, and self-determinacy (2013: 91). Both of these examples are key attempts to move the profession from a descriptive ethics approach to a normative ethics approach (i.e. translating ethical material from a descriptive ethics format to normative ethics constructs, such as values). It is also important to note, that these ethical ideals in CI make sense as values. They are *transferrable* ideas to other professional disciplines with whom interpreters work. Arguably, using a values frame is more conducive to interdisciplinary conversations (Dean and Pollard 2013: 91 – 92) and more likely to yield collaboration between interpreter and service-provider.

Descriptive ethics leads the researcher to understand the norms of interpreters' (or translators') behaviours. As Pym (2000) suggested, this is the penultimate step. Just as the conference interpreter's 'text' needs to work within the context of the conference's broader macro-text (Pöchhacker 2006), community interpreters must understand that their ethical behaviours are occurring within a larger system. These systems, most frequently social institutions contain the values of that system's normative ethics (Marzocchi 2005: 100). Community interpreters must also expand their ethical responsibility to include those values inherent in the settings in which they work (Dean and Pollard 2013). In other words, CI needs to consider a *practice turn* in its return to normative ethics.

Unlike these early steps in identifying a values-based approach to ethics, the field has a long history with the term role and its usage in the domain of ethics. Along with role, the field has also paired ethical ideals to metaphors. This history and prevalence is described in the next section.

2.6.2 Ethical discourse and reasoning: The interpreter's metaphorical role

Stromberg (1992) proffered the important milestones in a profession's development. In addition to an ethical code or a set of defined values, Stromberg notes that a profession has a monopoly over the right to provide a service through certification or licensure

(1992: 61). Additionally, professions have a defined *scope of practice*. ASL-ENG in the US have had an ethical code since 1965, certification became a reality in 1972, and both have seen changes and revisions throughout the years (Frishberg 1990). However, the term *scope of practice* does not regularly appear in interpreting documents or in the literature. The term that does seem to dominate discussions of ethical significance is the term *role*.

Angelleli (2006) noted that *role* is “one of the most problematic issues” in the development of the interpreting profession (2006: 175). Fritsch-Rudser indicated something similar when he said to an approving audience, “Interpreters don’t have a problem with ethics, they have a problem with the *role*” (as cited in Roy 1993: 134). Valero-Garces and Martin in their introduction to an edited volume on CI stated, “...in most of the publications on community interpreting, there is one burning issue which appears constantly. It is that of the interpreter’s *role*” (2008: 2). In this same volume, Rudvin and Tomassini suggested: “The issue of ‘*role*’, perhaps one of the broadest and at the same time most complex aspects of community interpreting, has assumed a prominent place in the debate in this discipline” (2008: 245 – 246). Pöchhacker agreed that it has “...become one of the most prominent topics in interpreting studies” (2004: 147) and Shaffer added that the notion of interpreter *role*, “... has followed us through the decades” (2004: 129).

Angelleli added, “On the face of it... *role* should be simple to describe...” (2006: 175) and then describes what an interpreter does: “...faithfully conveys a message from one language to another while maintaining neutrality...” (2006: 175). By including the words *faithfully* and *neutrality* in her description, Angelelli has conflated *ethics* with *function*. According to the dictionary use of the term, it *is* the *role* of the interpreter to convey a message from an interlocutor of one language to another.

The third edition of the *New Oxford English Dictionary* defines the term *role* as: 1. “an actor’s part in a play, movie, etc.” and 2. “The function assumed or the part played by a person or thing in a particular situation” (Stevenson and Lindberg 2010: 1513). It is the second definition that should be the most applicable here. There is certainly overlap between constructs of *function* and constructs of *behaviour* and even appropriate *behaviour*. But overlap is not the same as equivalence. Angelelli stated, “The prescription of norms to guide the profession went hand in hand with the definition of the

interpreter's role..." (2006: 176). Earlier in this study, the same phenomenon in SL interpreting was noted. In particular, the simultaneous dissemination of the ethical code of RID and the theoretical ideals inherent in the conduit metaphor.

Again, the dictionary defines role as: 1. "An actor's part in a play, movie, etc." and 2. "The function assumed or the part played by a person or thing in a particular situation" (Stevenson and Lindberg 2010: 1513). Both definitions implicate a sense of prescription or scripted-ness. In interpreting literature and ethics, role is used to describe more than a function (e.g. the interpreter's role is to convey a message from one language to another). It has been adopted to implicate behavioural action and right or normative action.

Part of the reason for confusion and debate stems from the *semantic flexibility* the word appears to have in the minds of interpreting scholars. It is something interpreters can perceive and believe (Angelelli 2003; Swabey and Mickelson 2008), it is something to describe and characterise (Angelelli 2003; Hsieh 2006 and 2010), and it is something to enact, adopt or perform (Angelelli 2003; Hsieh 2006; Llewelyn-Jones and Lee 2013; Nicodemus et al. 2011, Swabey and Mickelson 2008). In other words, it is both something *that is* in an ontological sense and something *that is embodied*.

Arguably, the term role is being used as a synonym for role-taking and is not being used as it is in a professional connotation. As an example, *role-space* is a recent construct in SL interpreting scholarship (Llewelyn-Jones and Lee 2013). Llewelyn-Jones and Lee rejected the term role per se because it implicates a rules-based approach (2013: 56). Whereas role-space is defined as, "...making decisions and employing strategies to enable successful interactions" (2013: 56). It is intended to convey a sense of necessary behavioural flexibility of community interpreters.

Llewelyn-Jones and Lee said, "Role is erroneously seen as something one has, rather than something one does" (2013: 58). If the term *were* being used simply as the dictionary definition, in *the function of*, it would make sense to say that a function is what someone *has*. Further, they cited Ralph Turner (1956), a sociologist, who uses *role* and *role-taking* interchangeably. Turner stated that, "Role refers to behavior rather than position, so that one may *enact* a role but cannot *occupy* a role" (Turner R. 1956: 317). Turner suggested that role is a set of normative behaviours that are expected to be consistently performed by a given agent (1956: 317).

Relying on sociology and on sociological terms is not unique to role-space. Wadensjö (1998) based her study on Erving Goffman's (1959) work, a study of human interaction. This use of Goffman's work has had a cascading effect in that several scholars used (and still do) the sociological frame of Goffman (Kent 2007; Llewelyn-Jones and Lee 2013; Mason 2000; Meeuwesen et al. 2009; ten Thije 2009). Its impact on the field is summarized in a claim offered by Mason: "...no serious study of dialogue interpreting can afford to overlook the participation framework..." (2000: 219).

Goffman found stagecraft and stage management apt analogies in providing a "clear cut dimension for sociological analysis" (1959: 26). As in Shakespeare's famous line, "All the world's a stage", Goffman (1959) drew on aspects of the theatre to explain human behaviour in the social sphere. He used this dramaturgical analogy extensively: Interactions are performances, people have social roles, or parts, and people relay information about themselves in their words as well as movements, expressions, and actions. Performances can be conducted in teams and such performances can occur in front of audiences or backstage.

Of greater practical use to Goffman (1959) and sociologists like R. Turner (1956) is the term *role* in understanding human interaction and communication. Understanding human behaviour, or specifically interpreters' behaviours is the task of descriptive ethics. Determining whether that behaviour is good or helpful or broadly right action is the task of normative ethics, which comes with it a different set of words and constructs.

The sociological term and the generally used term of role (based on a dictionary definition) have some semantic overlap but indeed, they are discursively distinct. These distinctions are made clear in the exemplar responses of the 15 contributors to Cartwright's text, *Encounters with Reality: 1,001 Interpreting Scenarios*. The term *role* is used in the following ways: clarify your role (1999: 1), educate...on the role of an interpreter (1999: 5), inform... about the role of the interpreter (1999: 28), remain in the role (1999: 6), get back in role (1999: 22), stay in role (1999: 35), and step out of role. *Clarify, educate and inform* have one type of semantic sense while *remain, get back in, stay in, step out of* appear to intimate behaviour or positioning. The term *role*, therefore, takes on both an explanatory nature and is used as an ethical device. It is also worth

noting that these contributors to *EWR* cited the construct of role but never cited the ethical tenets which they are intending to operationalize vis-à-vis their responses.

The lines between explanatory (educate, inform, clarify) and ethical (remain, get back in, stay, step out of) have been blurred by the differing semantic usages of the term role used in these citations of *EWR*. Role is used to define the function of a professional for the benefit of the primary participants and for the interpreter. That is, 'role' is being used to educate all parties about the task or function of the interpreter. This is evident when role is coupled with words like educate, inform, and clarify. However, when role is coupled with words like remain, stay, step out of, get back in it is taking on an ethical valence; *it is dictating behaviours*.

Kent (2007) stated directly that the *logic of role* dictates the types of decisions a community interpreter would make. In this way, role has an ethical valence since she was not addressing the translatorial tasks of the interpreter but interactional behaviours. Kent said that this kind of role logic, "guides expectations about when, where, and how to negotiate the relationships" (2007: 195) within a given interaction. Further, Kent stated that what one ought to do or not ought to do is indicated by the *role of the interpreter* (2007: 201).

Similar conflation and confusion of the term role is found in an edited volume, *Crossing Borders in Community Interpreting: Definitions and Dilemmas* (Valero-Garces and Martin 2008). This text followed on after a European conference held on the topic of the interpreter's role in community interpreting. Given that the entire text is devoted to the topic of the role of the interpreter with contributions from several European countries, it serves as an illustrative series of examples of how this term of interest is being used.

There are twelve chapters authored by nineteen contributing scholars in the field of community interpreting. Different authors use the term role in different ways. A participant in Valero-Garces' study used the term role to describe the job they have: "[Introduce] myself and the interpreter's role" (2008: 175). Here it is used in its most basic form, the function of an interpreter. Angelelli used it as a *type of enactment* when she suggested ways in which healthcare interpreters "perform their role..." (2008: 148). In Herraes and Rubio's chapter, the term role is equated with the normative and rigid understanding of role as expressed in the conduit metaphor: "Interpreters seem to know

what their role is...” (2008: 143). It seems to be conveying that the term role equates with behaviours indicative of those in the conduit frame.

Another compelling feature evidenced in this volume is the contrast in the frequency in the term’s use. Role was used only three times in Herraéz and Rubio (2008: 123 – 146, twenty-three pages) and only four times in Valero-Garces (2008: 165 – 185, twenty pages). At the other end of the frequency spectrum, Angelelli (2008: 148 – 163, fifteen pages) used role thirty-four times. However, even with their limited use, Herraéz and Rubio still manage to outline and discuss the ways in which role is employed in other chapters: the different employment statuses of interpreters (freelance, staff, ad hoc, etc.) and the strategies they might employ (use of third person, explanations by the interpreter, modification of language register, etc.). Verrept also appears to be able to talk about the *tasks* performed, the *effects of the quality of care* and the *functioning* of the interpreter (2008: 190) without employing the term role or following on with a metaphor for description. That is, function and the behaviours of interpreters are merely described by these authors, they are not then broadened by or imagined within the frame of a metaphor.

The technique of coupling a metaphor with the term role is used frequently in articles and other manuscripts on ethics. The convention appears *to be a given* in the exploration of community interpreters’ normative and descriptive ethics: A behaviour of the interpreter is noted and described. This behaviour will necessarily deviate from a common or established role metaphor (e.g. conduit). The author must propose a different role metaphor instead. Wilcox and Shaffer noted a similar convention in reaction against the conduit metaphor or model. They proposed, “One driving force that seems to lead to the replacement of one model with another is a desire to rid our models of the interpreter’s function of all aspects of conduit thinking” (2005: 28).

The following articles on descriptive and normative ethics have added additional role metaphors to the ethics literature:

Davidson 2000 and 2001: Ambassadors; Co-diagnostician; Institutional gatekeeper; Informational gatekeeper; Filter; Judge; Intermediary; Co-clinician; Advocate/Ally

Hsieh 2006 and 2007:	Co-diagnostician; Team member; Confidant; Facilitator; Physician aide; Advocate; Coach
Leanza, 2005:	Communication facilitators; Cultural assimilators; Co-therapist; Welcomers; Family supporter; Active translator (engaged in clarifying acts); Healthcare (monolingual) professional; Healthcare Representative / Health system agent.
Angelelli 2004 and 2006:	Co-participant; Cultural experts; Friends; Counsellors; Assistants; Helpers
Hale 2007	Principal, Mediator, Helpmate, Guide, Cultural broker, Advocate, Conciliator
Dysart-Gale 2005	Cultural brokers, Patient advocates, Clarifiers

Sometimes these metaphors are used to describe the actions of interpreters; sometimes they serve as a critique of interpreters' problematic choices. The interpreter respondents invoked metaphors cited above as a means of rejecting or justifying an action. Reportedly, interpreters also used some of these metaphors as a mechanism for guiding their decision-making. Presumably, these role metaphors function as a type of heuristic or a *rule of thumb* (Kahneman 2011), allowing the interpreter practitioner to act quickly, to enact different roles, as a reaction to the changing dynamics of an interpreted interaction.

As noted earlier, Roy (1993) addressed the potential concern for the metaphor approach. Granted, metaphors can be useful in that they help people to conceive of and to communicate about the world and the human condition (Roy 1993; Shaffer 2014). However, as Schön (1979) and Ortony (1979) have suggested, they can also be problematic. Roy agreed and proposed that advancements to move away from the conduit model through the use of other, even participant-oriented metaphors, have failed. She concluded that perhaps metaphorical language has, "limited the profession's own ability to understand the interpreting event itself and the role of the interpreter within the

event” (1993: 127). Roy (1993) continued on to suggest that the profession needed to adopt a different paradigm.

Roy contended that even with advancements of participant-oriented metaphors (e.g. bilingual-bicultural mediator) the conceptualisation for how an interpreter should behave still only focus on that of language form and content (1993: 148). For Roy, this is not enough; she wondered instead about the “vital human attributes” that are necessary to providing a professional service – “are not most of them attributes in relation to our connections, our involvement with other human beings, our ways of communicating?” (1993: 135). What Roy does not question is how the term role might be similarly contributing to the same problem of advancing our paradigm of the community interpreter. Indeed, though the technique of using the term role (as an ethical device) coupled with metaphors dominates the literature, no one has addressed why or defended the validity of this approach.

This meta-ethical view of the literature of CI revealed a reliance on sociological terms. Attempting to *explain* individual and group behaviour is the theoretical domain of sociologists but justifications of behaviour remains with those in morality and moral psychology. Granted, sociologists serve to *inform* the moral theorists or ethicists to advance the utility and relevance of ethical codes and other ethical material. However, as was shown through a survey of ethical content from related fields (section 2.4), this was construed through value identification and decision processes (i.e. value conflict, consequences). While there is evidence that similar ethical concerns were raised and addressed in CI, the striking difference was in the discourse. Community interpreting uses the metaphor of conduit whereas other professions convey something similar in the values of autonomy and self-determinacy. Community interpreting uses the metaphor of ally or, from spoken language interpreting, advocate while other professions use the value of justice. Community interpreting adopts a metaphor that suggests they are members of the team. Other professions use the terms beneficence and non-maleficence to highlight the collaborative work necessary to serve the best interest of one’s client. While all these various metaphors (conduit, ally, member of the team) can be understood using the normative ethics lens of values, this is not how the profession generally discusses ethics.

If the field were to adopt normative ethics constructs as informed by descriptive ethic realities, then the rote learning of a deontological code will likely not suffice. Like other

educators in professional ethics, CI would have to consider the material and approaches explored in other professions. This is addressed in the next section.

2.7 Pedagogy and professional development

In this next section, I explore the advice from scholars in the field of ethics education and further consider these in light of professional development of community interpreters.

2.7.1 Morality education and normative ethics

Pym (2001) suggested that description is not enough and that in translation studies there must be a *return to ethics*. Bebeau (2002) from the field of moral development and moral education would agree. She proposed that, “Professional practice is predominantly a moral enterprise” (Bebeau 2002: 271). Therefore, it is not enough for the discipline of moral development to rely solely on moral psychology, it must enlist the collaborative potential of moral philosophy (Bebeau 2002: 271; see also Bebeau and Thoma 1999: 344). That is, it is not enough to merely understand how and why people behave as they do but how and why they *ought* to behave. For the larger population that may be an unwieldy task given the variance in cultural values and moral thought (e.g. in some instances framed by religious beliefs) but for professional practitioners who work within a discrete ethical frame, the task is realisable. Bebeau and Thoma found that it’s most realisable when profession educators collaborate to create interdisciplinary approaches to education and evaluation (1999: 344).

Bebeau and Thoma (1999) offered three levels of moral education in teaching professional ethics – from the broadest to the most concrete. First, professional ethics should be situated in a broader appreciation and understanding for the need for a moral system in society (such as with Kohlberg’s six stages). Second, would-be practitioners need to be introduced to profession-specific values, which can include decision-making models specific to a given profession. Finally, the codes of professional ethics are conceived of as the most concrete level of these moral education levels and different professions will vary on the degree to which they are addressed in the educational setting (1999: 349).

Bebeau and Thoma (1999) further proposed the need for a profession to develop and teach *intermediate ethical concepts*. Intermediate ethical concepts are situated between

the highest level of ethical abstraction, (i.e. universal morality) and the most concrete, ethical codes of a given profession. Consider the ethical value of non-maleficence or “do no harm.” It is an ethical construct proposed originally in medicine but has come to be used more broadly in principled thinking. How would do no harm be operationalised in a given interaction with a particular client/patient, in a particular situation, surrounded by particular constraints? Medical education has further defined such intermediate ethical concepts to constructs such as *informed consent*, *patient confidentiality*, and *patient autonomy* to name a few. These intermediate ethical concepts therefore allow for greater behavioural guidance in ways that concrete ethical codes or broader ethical mores of the field may not (Bebeau and Thoma 1999: 348).

There is significant overlap between the scholarship of Rest, Bebeau and others from the Center for the Study of Ethical Development (CSED) and Donald Schön (1983). Schön along with his co-author Christopher Argyris (Argyris and Schön 1974) were particularly interested in the effective marriage between theory and practice. In other words, there needs to be an effective dialogue that allows the practice of a profession to inform the theoretical conceptions of that profession.

These scholars equally expressed concerns and proposed techniques for advancing the moral development in professional education. In achieving that, they all agreed that the cognitive-affective processes used in determining action are often outside of the professional’s awareness. They attested that practitioners know more than they can articulate verbally (what Schön called, tacit knowledge or knowledge-in-action). Accessing this knowledge requires a type of *awareness raising* into existing cognitive-affective processes and techniques for remediation and development (e.g. moral education interventions). Of particular concern to all of these scholars is the gap between moral belief (rhetoric) and moral action (de facto) amongst professionals. Given the evidentiary link between moral thought and moral action, it is likely that how a person thinks will lead to how a person behaves.

However, there are other intervening variables that morality education should not ignore. The evidentiary link between moral thought and moral action while apparent is not particularly strong (Rest 1994: 21 – 22). It was in recognising this moderate link that led Rest to propose the *superstructure* of the Four Component Model, the FCM (Thoma 2002: 235). The FCM proposes that there is more than one operative process for the

cogniser at a decision-juncture. The *ability to reason morally* is therefore only one component for effectively implementing moral action.

2.7.2 The Four component model

Morality research has traditionally been divided among different research fields resulting in separate views of morality: those who research moral *behaviour*, those who study how *affect* or emotion impacts moral decisions, and still others who investigate moral thinking and behaviour from a *cognitive-developmental* perspective. These disparate views fail to show the interrelatedness of these discrete aspects of decision-making (Rest 1984: 25).

In light of the disparate theories on moral behaviour, Rest (1984) instead proposed a more comprehensive view of the discrete components of moral judgement and moral action. Rest's (1984) *Four Component Model* (FCM) identifies these components as, moral sensitivity, moral judgement, moral motivation, and moral implementation. Each are defined as:

Table 2.4 The four component model definitions

Moral sensitivity: Component 1 of Rest's Four Component Model (FCM). It is the ability of the decision-maker to interpret the situation and determine the impact of various courses of possible action on the welfare of others in that situation. Rest (1984) cites research from psychology that outlines the ways in which the effectiveness of moral sensitivity is dependent upon affective qualities of the cogniser, such as social cognition and empathy.

Moral judgement: Component 2 of the FCM (Rest 1984) is moral judgement. Moral judgement is the ability to determine, "what course of action would best fulfil a moral ideal, what *ought* to be done in the situation" (Rest 1984: 30). Rest cites research from both social norm theory and cognitive-development theory, such as Kohlberg, as relevant research on

how people come to determine and opine on moral behaviour. A person then *develops* in their moral judgement by being able to appreciate and identify an increasing number of effective social arrangements.

Moral motivation:

Component 3, moral motivation is defined by the ability of the cogniser to remain focused on what is the preferred moral action. Likely, there is more than one potentially moral action along with other motives that may be less moral or altogether non-moral: “it is not unusual for non-moral values to be so strong and attractive that a person chooses a course of action that pre-empts or compromises the moral ideal” (Rest 1984: 32). Rest cites several theories on what compels an individual to choose, or not, the determined moral option (1984: 32 – 33).

Moral implementation:

Rest’s component 4 was initially referred to as moral character but later publications appear to prefer the term moral implementation. This aspect is the ability of the individual to follow through logistically on their intended action, “working around impediments and unexpected difficulties, overcoming fatigue and frustration, resisting distractions and other allurements, and not losing sight of the eventual goal” (Rest 1984: 33)

Failure can happen at any point in these phases of reaching moral action. These collective processes evoke and engage both cognitive and affective processes and for most, these processes are not conscience. Therefore, the ‘morality’ or ethical nature of a given decision depends on effective facility at all four of these psychological aspects of decision-making (Rest 1984: 27).

These four components are highly interactive and do not occur for the decision-maker in a linear fashion (Thoma 2002: 236).

Specifically, the FCM suggests that interpretations of the real-life situations are formed through a process in which information from one component interacts and is conditioned by the information supplied by other processes. Given the mix of moral and non-moral factors that influence interpretations of this sort, real-life situations are presumed to be highly contextual, affective and subject to a variety of competing presses and needs (Thoma 2002: 238).

Concern for and attention to improving competence in professional ethics must address all of the capacities evident in the FCM (Thoma 2002: 237). It is not enough to only improve young practitioners' moral judgement or their ability to determine right action. Educational materials and techniques should be implemented which also considers developing moral sensitivity (the ability to interpret a situation accurately), moral motivation (the ability to deflect distractions that are non-moral) and moral implementation (the courage, perseverance, and focus which allows follow-through). Students should enter professional practice with an ability to effectively *put together* all of these components of professionalism (Bebeau 2008: 380).

2.7.3 Ethics education in the professions

For centuries, higher education and moral development have shared an ontological link (McNeel 1994: 27). While liberal arts education was originally designed to develop the moral individual, in more recent years proponents of moral education have had to defend the curricular attention amidst limitations imposed by institutes of higher learning (Bebeau 2002: 272). This is also the same within professional education; Self and Baldwin noted, "The unfortunate consequence of the overcrowded curriculum is that such material is usually taught in a structured lecture format... [it] must be carefully planned and taught at every level of medical education and training" (1994: 148).

Of late, the push to deliver moral education *across the curriculum* (McNeel 1994: 28) has enjoyed an empirical boost as moral education has been shown to correlate with the clinical performance of professional practitioners (Bebeau 1993: 314). Rest asserted that, "to function ethically in professional situations requires special education and preparation" (as cited in Duckett and Ryden 1994: 25). Aims of moral education in the

professions are focused on basic moral knowledge, self-awareness, perceptivity, critical thinking, and the identification on value-conflict (Duckett and Ryden 1994: 53 – 54).

In their edited volume, *Moral Education in the Professions*, Rest and Narvaez (1994) present moral education scholarship from professions such as nursing, dentistry, accounting, medicine, and teaching. These individual contributions include the description of various moral education interventions which address all four aspects of Rest's FCM. The effectiveness of these interventions are most frequently based on the pre and post scores of the DIT. Some of these studies show upward gains in the P score (frequency that a respondent is compelled by principle reasoning) while others do not. In part, Bebeau contends that the P score is not sensitive enough to detect possible changes in reasoning thinking and suggested use of other indices and scores (2002: 289). While several pedagogical techniques for teaching professional ethics are explored in this volume, the most popular of these is *dilemma dialogue* – in which case studies or ethical scenarios pose moral quandaries and elicit moral discussion (Thoma 2002: 234).

Using ethical dilemmas to discuss ethics has the potential for increasing moral development scores on the DIT but it is not a given. Hartwell (1995) suggested that some of the differences might be the result of the classroom design (teacher versus student-centred) and the degree to which the environment supported *moral discourse* (1995: 530). Bebeau suggested that it is the *exotic* content of the case scenarios chosen – those that are more interesting to educators but less relevant to students (1993: 323). Hill suggested that ethical scenarios could be problematic in that they predetermine for the student what is *ethically troubling* (2004: 133). They also tend to focus the ethical concern at the line between acceptable and unacceptable, naturally leaving out the necessary explorations for what effective practice, beyond the boundaries, might look like (Hill 2004: 135). Hill further suggested that this creates (counselling) practitioners who come to practice a type of *defensive medicine* (2004: 140)

Bebeau (2008) proffered further concern for the conflation of personal and professional values when asked too early in their development to defend a moral stance through moral dilemmas. Hartwell (1995) agreed that the use of case-based scenarios in the legal profession can naturally lead students to adopt an advocacy or persuasive approach – trying to persuade the other side. That is, listening to the other side is merely a technique used in order to *craft a reply*. Listening is not intended as a way of understanding the

other side. Instead of this traditional legal discourse, Hartwell developed pedagogical techniques, which he suggested leads to the creation of *moral discourse*. He stated:

In moral discourse, the method is self-revelation and the goal is self-knowledge: students cooperate together to mutually understand what each is saying with the goal of revealing to themselves and others their moral positioning and reasoning (1995: 530).

2.7.4 Interpreter education and professional development

Several authors from the field of SL interpreting have recognised the need for improved ethics education (Bentley-Sassman 2009; Dean 2014; Dean and Pollard 2009 and 2012; Hetherington 2011; Nicodemus et al. 2012; Pollard and Dean 2007; Winston 2005). As evidenced in early texts from interpreter education, ethics was a topic that was explored in one chapter. In some cases, there was little exploration at all – just a re-print of the ethical code. Leneham and Napier proposed that interpreter education must address the complexities associated with applying ethical codes (2003: 94). Tate and Turner agreed that the concerns about the ethical code (e.g. revisions) should be secondary to the more pressing concerns about *how* interpreters are educated about ethical processes (2001: 64).

Nicodemus et al. identified early conceptions of ethics education and the time constraints of interpreter education as part of the problem of (2011: 73 – 74). Dean and Pollard (2005) attributed the problem in part to the conceptualisation that interpreters are merely technicians of translation. Whether it is during an educational programme or as continuing professional development, Witter-Merithew and Stewart asserted that developing ethical judgement requires time. They contend that insufficient time and attention are paid to the ethical development of students (1998: 345).

Dean and Pollard (2001) further suggested that this time of developing judgement is often afforded to practitioners in their supervised practicum or internship. *Supervision* or clinical supervision as an educational technique for both students and practitioners has been proposed and explored by many in the interpreting field (Atwood 1986; Fritsch-Rudser 1986; Hetherington 2011; Turner G 2005). Supervision is a type of reflective practice that is a “supportive, confidential, interactive dialogue between two (or more) professionals regarding their work with consumers, the goal of which is to enhance

professional practice” (Dean and Pollard 2001: 171). As a result, Dean and Pollard (2001, 2009, and 2013) suggested that the interpreting profession adopt a similar approach to education and quality assurance as other professions: a requisite number of hours in supervision before being eligible to sit for a certification exam (Dean and Pollard 2009: 30). While most interpreter education programmes require a period of practical experience, there is no guarantee that students will be supervised or that a focus on ethics education is of particular importance.

In this section, I have reviewed material from ethics education with a particular focus on professional education. Of particular importance to this study are Bebeau and Thoma’s (1999) ideas about ethics education in the professions: linking profession-specific ethical constructs with broader ideals of societal ethics and the development of intermediate ethical concepts as they relate to the profession’s code of ethics. While these interventions seek to improve moral judgement, ethics education should attend to every aspect of the decision-making process as explained by the Four Component Model. All of these ethical education techniques need to be a source of awareness raising and reflection for practitioners.

I have also drawn parallels with similar the concerns expressed for ethics education in SL interpreting. Proposed solutions to current designs of interpreter education include supervised practice, more time and focus on processes required for ethical development and critical thinking of practitioners (e.g., practice and reflection), and the institution of professional level expectations for reflective practice.

2.8 Summary of literature review

In this review, I have drawn on literature from SL interpreting, community interpreting, translation studies, normative ethics in other professions, and moral psychology. In the next three sections, I summarise the ethical content material in CI from a normative and non-normative perspective.

2.8.1 Normative ethics of community interpreting

Normative ethics can be found in a profession’s formal ethical material such as ethical codes. Normative ethics can also be more informal; they can be derived from common texts in the field, the philosophies and ethical parlance adopted by educators, and the discursive norms and heuristics used by practitioners. In the field of SL interpreting

specifically and CI more broadly, there are several themes found to surround normative ethics.

The first is that ethical codes in CI are basically deontological documents, overly restrictive in the conveyance of behavioural norms, and fail to appreciate the complexities of the social realities of community interpreting. This perception is further critiqued to suggest that the tenets from ethical documents in the fields of T&I do not contain sufficient *uniqueness* or sufficient setting-specific guidance for practitioners.

Some have postulated that this conservative approach to ethics stemmed from a necessary reaction against the over-reaching behaviours of past “interpreters” – well meaning but ad hoc and untrained. Others have suggested that it resulted from the ethical guidance of CI’s professional forerunner, conference interpreting. Others proffered that such a perception is theoretically conflated with role metaphors and role conventions that circulated amidst the development and application of these documents.

Regardless of the reason for this perception (or misperception) of CI’s ethical codes, it is one that continues to linger in the field. It is prevalent today even in light of decades of research and advances in ethical thought and practice in CI that extend beyond the original ideals of the conduit model. Furthermore, these normative messages are *maintained* as the moral standards in CI because they have been theoretically partnered with the powerful moral ideals of the empowerment and justice of marginalised groups. Such rhetorical power is complimented by the equally impelling and psychologically pleasing result of taking no action at given decision junctures.

Though the field may claim the high ground in cases of moral ideals, investigations into these principles from other professions reveal complexities that do not coincide with the use of these terms or their applications in community interpreting. Respecting a person’s autonomy may involve a positive obligation and consideration of the levels of capacity of that person. Moreover, justice is less about *waving the banner* for the advancement of individual interests as Baker-Shenk (19991) thought necessary. It is characterised instead by the quieter negotiations of people seeking to collaborate on advancing shared values.

2.8.2 Descriptive ethics of community interpreting

The focus of descriptive ethics is on actual behaviours and reasoning. Descriptive ethics along with meta-ethics are a type of non-normative ethics. The majority of the descriptive ethics material in the literature is from the field of spoken language interpreting. In this section, I provide a summary of the literature reviewed in section 2.5.

Many of the studies offered by scholars in the broader field of CI have documented for decades the distinction between what the proposed norms and what practitioners actually do on the job. Most of these studies show that interpreters take into consideration the contextual factors. The factors stem from both the individuals, the nuances of the interaction, and setting-specific material. Several scholars have provided ethical constructs that substantiate this approach to decision-making.

While CI may well have a gap between the rhetoric and the de facto, that is not a particularly unique phenomenon. Many professions experience something similar at some point in their development or in regards to a particular topic (e.g. police brutality). Similar to this discrepancy are the discrepancies between what is taught in the classroom and the degree to which it is reflective of the real world. Regardless of how common these phenomena might be, they are also problematic. At the very least, it is a source of confusion for both service users and practitioners. At worst, it is the source of untoward service consequences.

Experts from the fields of education, psychology and the cognitive sciences have proposed some possible reasons that could explain these practice gaps. Often service-based or practice professions do not devote adequate curricular attention to developing the necessary skills associated with effective service delivery. Professional education has instead created in their curricula and instilled in practitioners a technical rationality. That is, the answers to effective service delivery questions lie in the technical know-how and skills of the field. These technical skills may be valued in a class setting or in the laboratory. However, they may not result in a *fitting* response to a given individual. This can lead to an over-generalised response to situations or a *one size fits all* approach to practice.

Moreover, even if a professional is impelled to deviate from a normative response because it is more nuanced and an ethical fit, their psychology may seek to prohibit this

deviation. Anticipatory regret and fear of criticism or blame undergirds many decisions that result in maintaining the status-quo. Similarly, a profession that stifles queries and challenges to the norm will not only see a stunting effect in the moral development of its practitioners (Rest and Narvaez 1994: 216) but a widening gap between proposed and actuated behaviours (Schön 1983).

2.8.3 Meta-ethics of community interpreting

There appears to be several *generative metaphors* underlying the ethics of the CI profession, both at the conceptual and the discursive levels. The first is the conduit metaphor. Educators, scholars, and practitioners alike use the conduit metaphor as an ethical starting place. Either it serves as the moral base for ideals, such as empowerment, justice, and respecting professionals' jurisdiction, or it is implicated as the source of service failures. It has also been portrayed as the theoretical antagonist to professional advancement. Whether it is the focus of praise or derision, it is still the focus.

The second generative metaphor apparent in the profession's ethics is the term role. The term role when defined merely as a professional's function would not be considered a metaphor. Indeed, many professional groups use role coupled with responsibility to explain and define their function and scope of practice. These two terms serve as the seeds for what is eventually manifested in ethical documents and practices. However, the seeds are not the harvest; they are merely the starting point.

There is evidence from the interpreting literature that the term role holds more semantic weight than the mere function of an interpreter (to convey utterances between parties who do not share the same language). Instead, the term role is used as a discursive shortcut to imply the behaviours of community interpreters (either theoretical or actual, described or prescribed) throughout professional literature. Arguably, for many in the field, it is used synonymously with *role taking*, a device from sociology used to describe behavioural interactions and behavioural expectations in a given social context. The CI profession has appropriated role from the field of sociology and conflated it with the same term used by the professions to describe the function (as in the function of a doctor or a teacher).

This conflation is most clearly seen in a recent theory proposed by Llewelyn-Jones and Lee (2013) in their concept of *role space*. They cite a sociologist writing in the 1950s who claimed, "Role refers to behaviour rather than position, so that one may *enact* a role

but cannot *occupy* a role” (Turner R 1956: 317). These authors (Llewelyn-Jones and Lee 2013; Turner R 1956) when using the term role or role space mean more than a professional position – they are implicating the *described* behaviours of whatever role is enacted (e.g. the eldest child in a family). When the conversation shifts to the behaviours of a professional in a work environment, these need to be governed by a standard or the normative ethics of the profession. Normative ethics is the lens and the language that should be adopted when the conversation shifts from *what was done* to *what should have been done*.

While a sociological perspective can serve to improve the ethics of a profession (e.g. to what degree professionals act in ways they attest to or, how might culture impact effective practice), the associated terms and devices of sociology (e.g. metaphor) are not effective substitutes for the terms and constructs associated with normative ethics. Metaphors can certainly serve a purpose in descriptive ethics but they are not the devices of normative ethics. As asserted above, values and principles and how those are specified for a given situation is one example of how normative ethics are expressed in other professions.

There has been little attention placed on the meta-ethics of community interpreting. How the profession conceives of, teaches, formulates, and enforces ethics through other normative standards (such as through the lens of other professions) is surprisingly limited in the literature. A few have taken on this critical task and have identified theoretical problems.

There also appears to be limited exploration in the field about how ethical thought and decision-making is taught in community interpreting. Behind what is directly articulated are underlying messages. What is normative for interpreters’ behaviours is one type of message. What is normative about the behaviours of the hearing and deaf people in the scenario can serve as another type of message (as described in Dean 2014). These and other normative messages may well impact the psychological aspects of the decision-making process proffered by Rest (1984) in the Four Component Model.

Through this study, I attempt to examine the ways in which SL interpreters conceive of right action and whether or not this aligns with the normative messages of the field. Additionally, I am interested in exploring what could be derived about their ethical *fitness*

and psychological capacity considering the decision-making elements proposed in the FCM: moral sensitivity, moral judgement, moral motivation, and moral implementation. Finally, in this study, I attempt to establish some measurable element that allows for ethical and moral comparisons between SL interpreting ethics and ethical ideals expressed by other professions. This final question is also meta-ethical in nature: can ethical discourse and the constructs used serve to further or inhibit ethical development?

These areas of investigation have been formulated into three research questions:

- 1) Given SL interpreters' ethical discourse, what can be understood about their adherence to or disagreement with the profession's normative ethical ideals?
- 2) In light of that ethical discourse of SL interpreters, what can be inferred about tacit moral schemas and other psychological components of decision-making?
- 3) Is there evidence that the profession's conceptualisation of ethics and the resulting ethical reasoning by practitioners can serve to interfere with justice reasoning and normal developments in moral thinking?

In the next chapter, I explain the approach and the methods chosen to explore these three questions.

3. Methodology

In this chapter, I explain how I approached my research, secured the participants, and analysed my data. First, I provide a brief summary of my concerns emerging from the literature review. Then, I summarise the three data sources. I explain the data analysis frame and review how that frame applies to each data source. Last, I provide a different theoretical approach to the qualitative data that provided an interpretation of the data through the lens of Rest's (1984) Four Component Model (results explored in Chapter 5).

3.1 Introduction

In the SL interpreting literature, there is evidence that normative messages vis-à-vis exemplars encourage SL interpreter practitioners to take no action at a decision juncture if it falls outside of the direct message transfer task (Dean 2014). It is also proposed that while interpreters might understand that normative message, they may not actually behave similarly on the job. Instead, they may just 'pay lip service' to some of the normative ideals (Angelelli 2004; Dean and Pollard 2005; Wadensjö 1998).

A disconnect between *what is said should be done* and *what is actually done* are addressed in the literature as if they are intentional or deliberate (e.g. avoiding criticism from others) but advances in psychology and cognitive science suggests that decision-making, like many cognitive processes, is outside of the cogniser's awareness. It is instead, intuitive, implicit and moreover, often beyond their verbal abilities (Anderson 2003; Gladwell 2005; Narvaez and Bock 2002). In other words, decision-makers do not often know why they make decisions and when they are asked to provide *spontaneous production data* (Thoma 2002: 227) – or, explain their moral reasoning for their actions, they often fail to articulate sufficient ethical constructs to explain their decision. As ethics in the community interpreting profession advance toward more sophisticated constructs – e.g. those evident and deliberated in other professions – this research signals possible cognitive barriers in how those shifts are implemented in practice.

The aim of this research is to document evidence of *tacit* cognitive processes that impact interpreter's decision-making (e.g. moral schemas) as they are revealed in their ethical discourse. As a reminder, my research questions are:

- 1) Given sign language interpreters' ethical discourse, what can be understood about their adherence to or disagreement with the profession's normative ethical ideals?
- 2) In light of that ethical discourse of sign language interpreters, what can be inferred about tacit moral schemas and other psychological components of decision-making?
- 3) Is there evidence that the profession's conceptualisation of ethics and the resulting ethical reasoning by practitioners can serve to interfere with justice reasoning and normal developments in moral thinking?

3.2 Participants

There are two participant cohorts in my study – a cohort of sixty-five and a subset cohort of twenty-five. The original sixty-five attendees² were registered for a webinar delivered in February 2012. This webinar was only one of several training courses offered by the hosting agency. This webinar's topic was on ethics, more specifically, the application of the NAD-RID (2005) Code of Professional Conduct (CPC) to interpreting practice. The training session was led by the agency's executive director. According to advertising material about the event, the trainer has over thirty years of interpreting experience and is certified at the national and state levels. At the conclusion of the webinar event, the original pool of sixty-five registrants was then eligible to participate in the follow up study. Twenty-five agreed to participate.

While no demographic data was available or pursued on these original sixty-five participants, it was evident from the commentary that most were working interpreters (i.e. they frequently cited their work experiences as examples). It is also reasonable to surmise that many of the participants were nationally certified interpreters in the US since certified interpreters are required to have a certain number of continuing education units (CEUs) within a four year certification-maintenance cycle. Additionally, successful completion of this webinar required that participants give up three hours on a Saturday and an additional three hours to complete the homework in advance. Most (n = 50)

² There were different numbers associated with the webinar participants. There were some who attended the webinar but were logged in as a group. Some people registered but did not attend. Estimates of registrants is 65. Out of those, about 50 submitted homework responses for credit. Of those 50, about 40 were active in the chat log during the six cases used in this study (see diagram 3.1, page 107). Twenty-five of the original 65 participated in the follow up study.

participants submitted homework for full CEU credit. While it is conceivable that an interpreter would commit this time and money (the cost to register was \$55) for the sole sake of advancing his/her knowledge, it is more likely that most participants would be compelled by additional advantages, such as attaining CEUs for credit. From the cities and states noted in the time stamps of the participants, most major areas of the United States were represented (i.e. northeast, southeast, southwest). Unlike data collected from a particular local area, webinars such as the one utilised in this study draw participants from across the country. Therefore, as a data source, these webinar participants typically offer a broader diversity of representative qualities of SL interpreters than data gathered from a local cohort.

3.2.1 Process

After ethics approval was granted from my university for the follow up study, the webinar hosting agency agreed to send out an email notification about the follow up study. In that email, attendees were asked for permission to allow their names and email addresses to be released to me for direct contact regarding this second study. It had been almost two years since the original webinar event and their original consent to use the webinar data (i.e. chat log and homework). All of those who assented to be contacted, by not replying and opting out to the agency email, were sent a description of the study and asked to reply if they chose not to participate.

The hosting agency sent me a file with all the names and email addresses after the two-week deadline. I followed up with this list of participants with an email containing a web link to a demographics survey along with a consent form for the study and an explanation of the Defining Issues Test (see 2.5.7). Participants were incentivised to participate with a draw and discount for a book co-authored by me, *The Demand Control Schema: Interpreting as a Practice Profession*. A total of six textbooks were on offer for a random draw after the completed data collection period. For those who wished, the book could also be purchased at a 50% discount.

Over the course of eight weeks and three reminder emails, twenty-five participants (out of a possible 65) agreed to participate. Participants were sent links through Survey Gizmo to complete a demographic survey and the Defining Issues Test. In lieu of their name, participants were asked to provide a unique identifier (the name of a pet, an important

date, etc.). This insured anonymity but still allowed for draws or, if necessary, to remove data for those who opted out in the course of the data collection.

3.3 Method

This study used a mixed-methods approach (Hale and Napier 2013) and compares ethical content from two data sources. Mixed methods approaches allow for more than one lens through which a researcher can examine data, which adds weight to claims of import and validity (Hale and Napier 2013: 211).

In this study, both data sources highlight aspects of interpreters' ethical reasoning. One is quantitative and addressed issues of macro-morality and the other is qualitative and addressed issues pertaining to micro-morality (interpreting-specific scenarios). While belonging to the same participant cohort, the data sets were collected at two separate times, approximately two years apart.

The first data set is *existing data* (Dean 2014) that was collected in 2012 during an earlier study that investigated the viability of a broader study. That research focused on the design and the didactics of the webinar. The webinar trainer's exemplary responses to ethical scenarios were compared with similar types of ethical content available in two textbooks: Cartwright's (1999) *Encounters with Reality* and Humphrey's (1999) *Decisions? Decisions!* (Dean 2014). This study was used as part of my Major Review (or upgrade report) for my PhD. Ethics approval for both my Major Review study and my doctoral study for were sought and granted from Heriot-Watt University.

While the first study (Dean 2014) focused on the exemplar level normative messages (from the trainer/and textbook authors), it did not address the data from the participants. In other words, what was left unknown by the study's limited scope was how the participants reacted to the trainer and the ethical scenarios. The qualitative data from the participants is in part the focus of this study.

The webinar participants were asked to submit homework in advance of the online session in which they responded to the same interpreting ethical dilemmas posed and answered in the webinar training course (listed in their complete form in 3.3.3). Another existing data source belonging to the webinar participants is the chat log script that displayed participants' comments in response to ethical content from the webinar trainer.

Both of these sets of qualitative data serve as data source #1 and address the first and second research questions: 1) Given sign language interpreters' ethical discourse, what can be understood about their adherence to or disagreement with the profession's normative ethical ideals? 2) In light of that ethical discourse of sign language interpreters, what can be inferred about tacit moral schemas and other psychological components of decision-making?

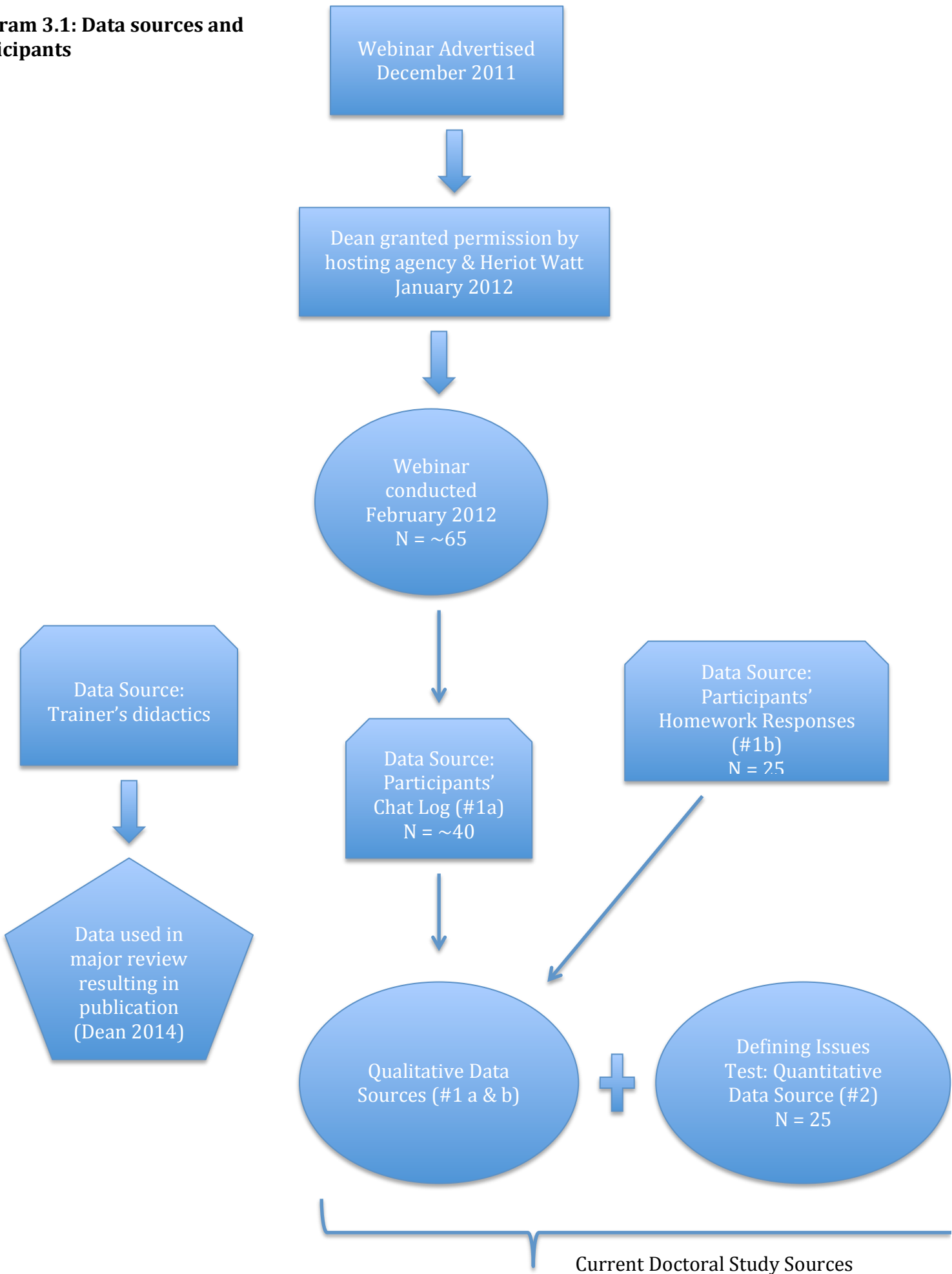
The second data source serves as a quantitative, macro-morality comparison to the qualitative micro-morality data from the webinar. These are the results of a standardised, scenario-based questionnaire, the Defining Issues Test (DIT); the results are noted below as data source #2. The DIT was administered approximately two years after the collection of the qualitative data. Therefore, separate ethics approval was sought and granted for the administration of the DIT.

The DIT is a quantitative, scenario-based instrument that measures an individual's *ethical development*. It has an extensive normative database (age, education, and professional education), which allows for comparisons between group norms. Further information about the instrument is provided in section 3.3.4. The results from the DIT address the third research question: Is there evidence that the profession's conceptualisation of ethics and the resulting ethical reasoning by practitioners can serve to interfere with justice reasoning and normal developments in moral thinking?

As a summary, there are three data sources. Two are qualitative and resulted from the online ethics webinar (hosted in February, 2012). The third is quantitative and a standardised measurement that assesses moral schema preferences. There are twenty-five participants for both the homework responses (data source #1b) and the DIT (data source #2). There are approximately forty participants who commented during the discussion of the six cases analysed for this study. The estimated number of participants during the webinar session was over 50. The following diagram is offered as a representation of chronology and data source collection:

[Space left blank intentionally]

Diagram 3.1: Data sources and participants



The webinar trainer's didactics were the main data source for my major review (completed in February 2013) and later published as a separate study (Dean 2014). The original data from the didactics are mentioned briefly in this study. They are used to help contextualise a few of the chat log comments.

3.3.1 Data Source #1a: Collection of webinar chat log data

During the webinar event in February 2012, participants logged on and were invited to respond to the trainer and each other in a separate window on the webcast screen, called the "chat room." The name they used when they signed in along with their city and state appeared each time a participant initiated a comment. Each comment also included a time stamp. Not all participants added a location and in some instances groups of interpreters were logged in collectively. At the conclusion of the webinar, the hosting agency provided me with a complete script of the chat log commentary, which was over 35 pages in length.

There were approximately 1100 comments made by over 50 participants in this ninety-minute period which is an average of one comment every five seconds. While some did not make any comments, overall it is fair to describe this group as active. Granted, not all participants were equally active. There were more than 450 comments made in response to the six case studies analysed herein. The range of total responses per participant was 1 to 72. The modal value, which is the value that accounts for the most frequent response, was 6. The median value was also 6. This shows that a handful of participants were the major contributors leaving the more frequent commentary to the minority.

The data was anonymised by using the *find* and *replace* features in Microsoft Word. Each participant was assigned a code. The first twenty-six were assigned a letter code (A, B, C) and beyond that a number (1, 2, 3) code. There was at least one error in coding the different data sets and it resulted in two participants identified as N. This mistake was caught early and did not have any impact, such as confusing one participant's data for the other. There are two N participants noted with subscript of 1 and 2.

Original documents still exist with the names used on the chat log and included on the homework answers but these were saved on password-protected computers and will be destroyed upon completion of the study. The consent included information about collection and storage of data for preserving anonymity.

Therefore, the data set for analysis includes the chat log comments from the six cases of the estimated forty participants, with the exception of one person who did not give consent for her data to be included in the study. Comments that addressed technology issues were excluded. Comments where meaning could not be ascertained through the text or the context were excluded from the analysis. This occurred when the comment was too brief or included the use of pronouns or other insufficient references to the topic.

The chat log data set was interpreted as a *collective dialogue*. In other words the chat log was constructed by the comments offered by the participants. Thus it was determined that the whole of the chat log would be included for analysis even though it created two separate cohorts (the 25 who agreed to complete the DIT being a subset of the 65). The comments whether made by participants in the current study or not are dependent on, or in response to, comments of the other attendees. To remove and analyse only the comments of the twenty-five participants in the second cohort would be to take them out of context and possibly distort the meaning of the comment.

3.3.2 Data Source #1b: Collection of webinar homework

After the completion of the webinar, the hosting agency provided me with approximately 50 completed homework assignments from the participants. As noted earlier, not everyone who participated in the webinar submitted the homework, which were responses to the interpreting-specific ethical scenarios. Completing the homework was not required for participation in the webinar but was required if a participant wanted credit (CEUs) toward their certification maintenance. Answers to the questions about the case scenario were to be completed individually and submitted in advance of the online session.

For part of their homework, participants were required to read thirteen case scenarios and respond to the implied ethical dilemma by answering the following questions: 1) What would you choose to do in this situation? 2) What is the potential impact of that choice or action? 3) What is the potential impact if you chose to do nothing at all? 4) What cultural information needs to be shared, with whom and how would you present it? The

six included used in the analysis, in addition to the inclusion/exclusion criteria are included in the next section.

3.3.3 Qualitative data sources (chat log and the homework responses)

For the purposes of this study, the original thirteen ethical scenarios from the webinar were reduced to six for analysis. Like the analyses of the textbooks ‘*EWR*’ and ‘*Decisions? Decisions!*’ as explained in Dean (2014), in-the-moment decisions are of particular note in this study. This study is interested in accessing the interpreter participants’ *cognitively available ethical material* at the moment a decision or response is expected by service users. Scenarios that did not involve in-the-moment decisions were excluded from this study. Furthermore, scenarios that appeared to be similar in nature, likely resulting in repetitive normative messages (see Dean 2014) were also excluded. Below are those six scenarios.

Table 3.1 Six scenarios for the webinar used in the analysis

Summary statement for case	Complete text of case
Case #1: A psychiatrist asks the interpreter her opinion about a patient he suspects might be depressed.	You interpret during a psychiatric assessment between a patient and a psychiatrist. At the end of the interview, after the Deaf client has left, the psychiatrist takes you aside and asks you, “I think this patient is mentally unstable and depressed. What do you think?”
Case #2: The family of a terminally ill patient asks the interpreter to use the sign ILLNESS instead of CANCER during a meeting with the medical team.	You are called to interpret for a terminally ill patient and his family members at a ‘family meeting’ comprising the team of medical and health professionals who are caring for the patient. Some family members pull you aside before entering the room and expressly ask you not to mention the word “cancer” in your interpretation, but to refer to it vaguely as “an illness.”
Case #3: A teacher requests that the interpreter contact deaf parents and visit them in her stead.	A teacher asks you to contact Deaf parents and encourage them to attend a parent teacher night. The teacher also asks you to take home to the parents their child’s school report and explain it to them.

<p>Case #4: An interpreter unknowingly makes a mistake while interpreting the results of an HIV test and the deaf person, who is found to be HIV positive, reveals to the interpreter at the end of the assignment the assumption that they do not have the virus.</p>	<p>You are to interpret between a medical doctor and Deaf patient. The doctor is reporting on the results of a test and is in an obvious hurry. He sits down and tells the Deaf person, “The results of your test came in this morning. The HIV test we performed came out positive. Do you have any questions?” The Deaf person looks relieved and says, “No. No questions. Thank you for telling me.” The doctor hands the patient several brochures related to HIV and local resources of counsellors and medical centres specializing in the treatment of patients with HIV/AIDS and leaves. The Deaf person looks at you and signs, “I was so worried. I thought I had AIDS. I’m glad the results were positive!”</p>
<p>Case #5: A psychologist assumes his deaf patient does not know the name of his father because he only knows the sign name.</p>	<p>You are interpreting in the mental health setting between a psychologist and Deaf client. The psychologist’s goal is to do an evaluation and report to the court system on the mental health of this client, to determine how the court may proceed. One of the first questions the psychologist asks is, “What is your father’s name?” The Deaf man nods and produces a name sign with a “D” on the forehead³. You ask the Deaf man to fingerspell the name, and he responds, “D ... I don’t know how to spell it.” You interpret. The psychologist begins writing and murmurs, “Humm, doesn’t know his father’s name. Very interesting!”</p>
<p>Case #6: The judge, at the request of the defence attorney, instructs the interpreter to follow a word-for-word translation.</p>	<p>You are interpreting for a trial. The victim of a felony crime is a young Deaf woman who is upset and nervous. The defence attorney begins to cross-examine her. He uses complicated grammatical constructs containing double negatives to intentionally confuse</p>

³ ‘Names signs’ in signed languages are ways of representing a person you know that is different from spelling out the name. Name signs can be representations of a person using letters of the name and placed on the body or some other ‘sign’ that is usually a reference to a visually notable aspect of a person or reference to some historical event. They could even be seen as terms of endearment.

	<p>her. You know how attorneys do sometimes; that's how they work. His goal is to have her contradict previous testimony and discredit herself in the eyes of the jury. You listen carefully to his utterances and extricate the meaning in order to interpret it in a way that is more intelligible to her. The lawyer can see that you are simplifying the way the questions are asked and request a meeting in the judge's chamber. As you are in the judge's office the lawyer asks the judge to instruct you to interpret verbatim. He explains that he is using techniques he learned in law school and by simplifying the language; you are obstructing his ability to perform his job. The judge looks at you and says, "I am instructing you to interpret word-for-word what the lawyer is saying without changing the language at all. Do you have a problem with that?"</p>
--	--

3.3.4 Data Source #2: Defining Issues Test

The DIT is an internationally used, standardised tool that determines an individual's ability to understand and interpret moral issues (Thoma 2006). This survey was developed by James Rest and was originally conceived of as an alternative to Kohlberg's (1976) Moral Judgement Interview (MJI), a semi-structured interview based on his six stages of moral development (Narvaez and Bock 2002: 297 – 298). The DIT is a type of projective test that is designed to activate cognitive and affective processes that according to Narvaez and Bock (2002) also activates day-to-day thinking.

The DIT is now in its second revision, DIT-2, and is distributed and scored by the Center for the Study of Ethical Development at the University of Alabama (formerly at the University of Minnesota). For a fee, the Center provides researchers with an online version or a pencil and paper version, and requires that survey responses be returned to them for scoring.

The survey contains five stories that pose a moral judgement for a character in the story. Participants are first asked to decide what this character should do and are offered a

closed selection of three choices: take action, do not take action, or can't decide. Participants are then provided a closed selection of twelve issues associated with the moral judgement and asked to rate each according to their perceived level of importance using a four-point Likert scale, ranging from great importance to no importance. Next participants are asked to rank the top four most important issues from their selection.

The DIT has been used in more than 40 countries and has been shown to effectively document developmental shifts in adolescence and young adulthood (Rest et al. 1999b). There does not appear to be a gender bias (Thoma 1994: 209). DIT scores are shown to measure distinctly from verbal abilities, personality type, and intelligence. The DIT is most strongly correlated with education (see Rest et al. 1999a). The DIT provides normative data on traditional educational groups (high/secondary school, university, graduate school) as well as norms from post-graduates enrolled in professional education courses (law, nursing, philosophy, etc.).

Use of the DIT along with the qualitative data of the webinar and homework and chat log create a series of complementary features that strengthen the validity of the findings. Table 3.2 lists those complimentary features:

Table 3.2: Complimentary features of study's data sources

<u>DIT</u>	<u>Webinar homework and chat log</u>
Quantitative	Qualitative
Recognition task	Production task
Macro-moral issues	Micro-moral (interpreting-specific) issues
Derived from universal ethics	Derived from ethics in ASL-ENG interpreting

The DIT-2 was administered online. The initial webpages contained a consent form, a request for a unique identifier, and the instructions provided by the Center. To aid in clarity of those instructions, a sample question is provided that allows the participant to

read a scenario and a chance to review the format (the rating and ranking of the argumentation statements' importance). From there, each page contained the scenario along with the three associated questions. There were no opportunities for participants to include (rate/rank) their own ideas for consideration. After the fifth and final scenario, participants were asked to complete a demographic survey, which is used by the Center but was originally, not intended to be included in my analysis (this was clarified for participants in the consent). However, the age of the participants did later emerge as helpful when making comparisons to normative data. An email was sent out requesting assent for this aggregate data to be used. None of the participants objected to the use of the age data though, three participants had not answered the age question online in the first instance.

3.4 Data analysis frame

The literature explored in this study provides several lenses through which to understand and frame the data on the cognitive-affective processes or the moral schemas of community interpreters use when making decisions. Pym suggests that research in T&I studies should not only seek to describe but also to explain (2006: 25), and in this study I aim to explain the possible reasons for community interpreters' behaviours. This explanation does not rely solely on a sociological or sociolinguistic frame, as is often the case with descriptive ethics (see for example Llewelyn-Jone and Lee 2013; Wadensjö 1995 and 1998). The frame here is that of the meta-ethical type: to explore how community interpreters' conception and expressions of ethical behaviour might impact their decision-making. Some of those *motivated behaviours* are intentional and result from ethical norms. Others are unintentional and are motivated by tacit, psychological processes.

While the contributions of the social layer evident in the interpreted interactions are valid (cultural influences, politeness expectations, power differences), they are viewed in this study as an underlying layer that must ultimately defer to the professional service goals of the service settings. All practice-based professions must attend to and navigate the social realities of their work. In many cases those realities determine their perceived effectiveness (e.g. a doctor's bedside manner). Yet, as established by professional values and norms, *effectiveness* is the ultimate determining standard. If Rawlsian ethics are correct and social institutions exist with an ontological charge and remit of justice

(Mandle 2009: 35) then, ideally, effective practice is defined by the manifestation of that justice.

The construct of *social cooperation* can serve as a helpful construct for community interpreters in that it combines the realities of the social world with the realities of the professional practice world. If community interpreters primarily work in social institutions that were devised as an expression of justice then understanding and cooperating within that framework can serve as ethical guidance. Such ethical guidance may lead the interpreter to either comply or counter the professional as those ideals are operationalised with each unique linguistic group or an individual's circumstances. Social cooperation as determined by Rest's most advanced ethical approach, post-conventional or principled reasoning, seeks to identify common ideals and then to work toward implementation.

The degree to which an interpreter could effectively identify and implement shared ideals would be informed by the four psychological components of decision-making: moral sensitivity, moral judgement, moral motivation, and moral implementation (Rest 1984). To be able to accurately identify those practice ideals or values would be one aspect of moral sensitivity. Another aspect would be the ability to predict how one's choices as an interpreter might advance or hinder the expression of those practice values. Moral judgement is defined by the ability to determine right action. Right action in this case is not necessarily the same as normative action and would depend heavily on one's understanding of the professional values. How effectively an interpreter can *cognitively maintain* and *logistically implement* the specification of that practice value is determined by moral motivation and moral implementation, respectively.

Within this summary on the salient material from the literature, I have identified three basic frames for my analysis. The first is to seek out expressions of practice norms that ultimately serve as a guide to behaviours. Granted this *guidance* might be functioning on either the explicit or implicit levels. As a hypothesis, those norms will coincide with what the literature has shown – interpreters will not take action unless the message transfer task (including those influenced by cultural factors) is impacted. The second is to investigate the ways this cohort of community interpreters understands social cooperation. Their ethical discourse would provide evidence for which schema for social cooperation is dominant: personal interest (what's in it for me and mine?), maintaining

norms (what is my duty or what are the rules?), or post-conventional thinking (how can I cooperate on the principles shared by both)? Lastly, the qualitative data will further uncover the potential for failures in acting ethically as determined by Rest's Four Component Model.

3.4.1 Chat log analysis frame

In an earlier study (Dean 2014), I found that the normative messages in response to ethical scenarios such as the six from the webinar had not changed from 1999 to 2012. The chat log and homework responses will determine the level of agreement with these normative messages by the interpreters registered for this online session. Therefore, the obvious themes for analysis would then be whether or not the participants agree with the exemplar answer offered by the trainer. Agreement or disagreement could be expressed in a variety of ways. With agreement, certainly direct response such as, "Good point" or even more explicitly, "I agree" are valid. Also, an example of how a participant might express a similar answer to the exemplar response would also count. These responses were prefaced often with "I would say it this way...". Last, an agreement comment could also be expressed as a justification for why the exemplar response would be a good answer (e.g. "doing that would give the deaf person a chance to respond for himself").

Disagreement could also be expressed in a variety of ways. It could be done directly through an utterance (e.g. "I wouldn't have done that...") or it could come in the form of a challenge. Challenges could also be understood along a continuum from something more direct to something indirect, such as a question on some contextual element that is not specified (e.g. "But what if the deaf person prefers another language mode to ASL?"). Both agreement and disagreement types were collected in separate documents using the participants' code name / letter and the comment's time stamp.

The main coding therefore was a collection of utterance codes for agreement and disagreement statements. However, other themes that also emerged from the chat log comments were collected to determine their significance. The data analysis frame proposed above served as a measurement for their significance.

3.4.2 Homework responses frame

As a result of the earlier study, the hosting agency had already sent all homework documents submitted by the participants (with their permission). With the start of the current study two years later, I returned to the homework responses and pulled the documents belonging to the twenty-five participants for analysis. Unfortunately, some of the documents sent by the hosting agency did not include the participant's name. Of the twenty-five who opted in for the follow up study, six homework documents could not be identified with the participant. Each of these six participants were contacted and asked to resubmit their homework answers where possible. Only one of the missing six could not be recovered for analysis leaving a total of twenty-four homework responses.

The homework responses were sent in scanned form as a PDF file. This electronic state did not allow for manipulation of the data as needed for analysis. Re-typing the answers to the four questions from six cases for each participant would take a considerable amount of time. Instead, I used the voice-recognition software, Dragon's Speaking Naturally. I read aloud the homework answers, collected them in electronic form keeping each participants' answers in separate documents, and then I compared them to the original homework documents making corrections to the re-produced text where necessary. Next, the text data of participants' answers needed to be parsed in some form that would aid analysis of ethical content.

I did not particularly follow the established shift of topics that was predetermined by the four questions. As a reminder, each scenario was followed by four questions:

- a) What would you choose to do in this situation?
- b) What is the potential impact of that choice or action?
- c) What is the potential impact if you chose to do nothing at all?
- d) What cultural information needs to be shared, with whom and how would you present it?

Following this shift of topics through each question proved problematic when analysing the data because sometimes a participant when answering question (*a*) would include a justification of why that option was preferable, which made more sense as an answer to (*b*). In another instance, when the answer to question (*a*) included cultural information, question (*d*) became redundant. Some participants did not label their answers at all so determining what they were responding to was basically guesswork. As an example,

consider the answers to case one where the psychiatrist asks the interpreter her opinion. Participant O offered: *“I would explain I am a communications specialist therefore only able to provide communication. I have no way of knowing the answer to your questions. However I can direct you to experts in the field of deafness.”* Presumably the whole answer is in response to question (a) or arguably, it could also be seen as a response to question (d). Question (b) and (c) do not appear to be answered.

Another factor that influenced the decision to not follow the structure imposed by the question stimulus was interpretation of question (c). Most participants imagined *choosing to do nothing at all* meant choosing any option that would have been different than the one they proposed in (a). Some participants interpreted it to mean if they just did not make that choice at all. Few actually interpreted it to mean standing still and saying nothing at all. As a result, it made more sense to distil and analyse the answers at face value regardless of what the stimulus was. Though, the utterance’s placement was maintained in the code utterance (i.e. whether it was an answer to a, b, c, or d). In this way, if the particular question stimulus was later determined important by the analysis, it could be retrieved in its original form as a response to a particular stimulus question.

As an example, the following is the answer to case one (the psychiatrist asking the interpreter her opinion) from Participant 2:

Question a: I would answer that I have no psychiatric training to assist in the diagnosis.

Question b: Declining to engage the doctor diagnosis would keep my uneducated biases from being disclosed on a part of the doctors process but it also means the doctor does not have access to facets of the doctor-patient communication here he typically has with his hearing patients. Though I do not know psychiatry, I do know possibly relevant socialistic (sic) information about the patient that the doctor may not have direct access to. However unless it appeared to be a significant issue, I probably would not offer up opinions.

Question c: Taking no action here would probably alienate interpreter from the doctor and thereby probably also alienate the patient.

Question d: I presume the psychiatric diagnosis used in part require linguistic and sociolinguistic interaction cues to assist with diagnosis and treatment those facets need to be shared directly between the doctor and the interpreter so the right ones are being interpreted correctly. The doctor and interpreter can dialogue on how to identify manage the flow of relevant information but it would need to be clear that the interpreter (or another source such as a deaf specialist) is providing supplemental information is not personalized information about the patient.

Here is how that data was parsed out based on shifts in ethical content:

Table 3.3 Participant parsed responses for coding

2-a1	I would answer that I have no psychiatric training to assist in the diagnosis.
2-b1	Declining to engage the doctor diagnosis would keep my uneducated biases from being disclosed on a part of the doctors process...
2-b2	...but it also means the doctor does not have access to facets of the doctor-patient communication here he typically has with his hearing patients. Though I do not know psychiatry, I do know possibly relevant socialistic (sic) information about the patient that the doctor may not have direct access to.
2-b3	However unless it appeared to be significant issue, I probably would not offer up opinions.
2-c1	Taking no action here would probably alienate interpreter from the doctor and thereby probably also alienate the patient.
2-d1	I presume the psychiatric diagnosis used in part require linguistic and sociolinguistic interaction cues to assist with diagnosis and treatment. Those facets need to be shared directly between the doctor and the interpreter so the right ones are being interpreted correctly. The doctor and interpreter can dialogue on how to identify manage the flow of relevant information...

2-d2	... but it would need to be clear that the interpreter (or another source such as a deaf specialist) is providing supplemental information is not personalized information about patient.
------	---

According to my parsing strategy, question (b) has three ethical content shifts. Both the ‘but’ at the start of 2-b2 and the ‘however’ of 2-b2 convey a type of linguistic deliberation – a weighing of consequences (e.g. concerns for her uneducated biases) or consideration of salient factors (e.g. he normally has access to this information with hearing patients).

All utterances were then parsed out according to these perceived shifts in ethical content – each participant answering each of the six cases. This resulted in six separate documents of all homework answers in table format (as above), two rows including the utterance code and the corresponding utterance. Altogether there were 759 separate utterances. Case 5 (the psychologist evaluating the deaf man for the court) accounted for the most utterances (n = 149) and case 1 (the psychiatrist asking the interpreter her opinion accounted for the least (n = 98). The remaining four cases averaged 128 comments.

While there was similarity in the number of utterances across cases, there was variation based on individual participants’ answers. Some participants offered more explanation while others provided basic answers. Consider the two examples above in response to the psychiatrist’s request. Participant O’s answer was 37 words while Participant 2’s answer was approximately 200 words, more than five times the amount offered by Participant O.

Another series of challenges emerged with coding data in relation to question (d). Question (d) posed, “What cultural information needs to be shared, with whom and how would you present it?” If the participant stuck with only cultural information about Deaf people, then it seemed like a statement with evidence of reasoning via principles because the participant was providing education. In other words, isn’t information sharing and gaining knowledge about clients likely to be a shareable value by professionals? In this way, (d) responses were skewing the data toward codes reflecting the highest level of moral thinking because it pulled for information sharing. However, information sharing was not spontaneously provided, it was prompted by the question stimulus. If this same

data appeared in another answer (A, B, or C) then it was accounted for and retained in the data set.

In some cases, participants used question (*d*) to provide education on other topics such as how interpreters should work (i.e. the norms of behaviour). These types of utterances would then deserve a code indicating reasoning through norms and rules. Again, If this same data appeared in another answer (A, B, or C) then it was retained. Given the potential biasing effect of the question stimulus (i.e. education is always a good thing), I decided to exclude question (*d*) utterances. This reduced the data set for analysis from 759 to 628, which is still sufficient data to determine dominant schemas.

Once all the cases and their corresponding answers of the twenty-four participants were parsed, I began to review the data. Rest et al.'s (1999b) proposition of three social cooperation schemas seemed particularly applicable. Each utterance could be seen as activating one of Rest's tacit moral schemas. Given the large amount of data, content analysis was a viable approach and Rest's tacit moral schemas allowed for a suitable framework. Content analysis is a type of data reduction tool that allows for large amounts of data to be reduced into manageable and usable forms (Luker 2008: 187 – 189). Content analysis can turn qualitative data into quantitative forms, which was advantageous for this data set since it allowed for numerical comparisons to the quantitative data of the DIT.

In the introduction and in Chapter 2, I have described the use of the terms associated with Rest's et al. (1999) three tacit moral schemas, their relationship to Kohlberg's six stages of moral development and the terminology I created to use interchangeably in this thesis. The table below explains these components' terminology and the acronyms used.

Table 3.4 Moral schemas definitions and coding scheme

Rest's moral schemas	Code	Defining questions	Preferred term used in thesis
Personal interest (Stages 2 and 3)	PIS	What's in it for me and mine?	Reasoning via personal interests
Maintaining norms (Stage 4)	MNS	What is my duty, what are the rules?	Reasoning via norms or rules
Post-conventional	PCS	How can I cooperate on the ideals	Reasoning via

(Stages 5 and6)		that are shared by all participants?	principled / values
-----------------	--	--------------------------------------	---------------------

Below is an example of the coding scheme. This example is from Case #2 where the family asks the interpreter not to sign ‘cancer’ but ‘illness’; Participant 93’s answers were coded accordingly:

93-a1	I would explain to the family member that I was hired to interpret everything that is said at the meeting to the patient.	MNS
93-b1	The deaf person will get the full story of the situation and will not be left out of this very critical meeting.	PIS / PCS
93-c1	I would be interpreting for the patient and the medical team would be in the dark as to what is happening within the family. If the family gets upset the patient would most likely get upset.	PCS
93-d1	Information to be shared as my role as an interpreter I have to interpret what is being said honestly and truthfully.	MNS
93-d2	I would suggest the family talks to the medical team about the request before the meeting.	MNS/ PCS

Some fit logically into a category. Response 93-a1 is a clear example of concern for the rules and the *duty* of the interpreter (coded as MNS). Similarly, in 93-c1 there is expressed concern for the violation of practice ideals (potentially acting outside of the purview of the medical team) and the emotional impact of a family and patient already in a vulnerable state if the interpreter does not comply with their preferences. This then would be labelled as evidence of PCS or post-conventional thinking and reasoning.

Wishing to involve the medical professionals in the decision-making is how 93-d2 could be understood as PCS thinking and reasoning. However, it is also common for interpreters to refer or defer to other people in the interaction. In that way, 93-d2 could be coded as an example of an MNS type statement.

Response 93-b1 and 93-d2 could be labelled differently based on whether the interpreter has accurately apprehended the situation. This participant makes assumptions about this scenario; to be fair, she is not alone in her interpretations. First, it is assumed that the family members are keeping information from the patient, which is never stated in the

scenario. If this were accurate then it sounds like a concern for access to medical information, which would certainly be of concern for both the medical team and the patient (i.e. shareable ideals). If this were true, then 93-b1 and 93-d2 would warrant a PCS code.

Arguably, 93-b1 could also be indicative of a personal interest mentality. The participant said: “The deaf person will get the full story of the situation and will not be left out of this very critical meeting.” Within the personal interest category, there is a type of *responsibility orientation* (Narvaez and Bock 2002: 307) – an overly direct and inflated perception of one’s actions on an outcome and / or on the welfare of others. That individuals elicit such power over, and have such responsibility to, the welfare of others (especially unknown others) is perceived as a product of naïve and idealistic thinking, often times expressed in youth (Narvaez and Bock 2002). As most people mature, they come to understand that one’s direct influence on people and situations is more complex and *overdetermined* than the simplicity implied in this mentality. This interpreter participant imagines that her choices will bring about some new, revelatory information (e.g. the participant imagines, “*If it weren’t for me...*”)

Another possible interpretation of the scenario is that the terminal patient already knows his cancer diagnosis but understands the concept of *cancer* as expressed in the sign *illness*. This is not an unreasonable reality for deaf people who may be limited in language expression or comprehension due to social or cognitive factors. If this were the case, then 93-b1 could not be labelled as a PCS comment – the deaf person already has the full story and is not being left out of the meeting in the first instance. Just as in this example, categorising strategies were mostly straightforward but many were left less defined. This approach proved insufficiently robust and resulted in a reformatting of the data.

Instead of looking at what type of schema is predominately evoked in the cohort sample on a case-by-case basis, I wondered if individuals themselves revealed their dominant schemas when their comments were analysed as a collective and with less emphasis on the case as the stimulus. As an example, a participant might reveal a heavy dependence on a maintaining norms (MNS) mentality when responding to cases. When data revealed a valid code for either MNS or say, personal interest schema (PIS), then it might be justifiably weighted to be an MNS coding because an individual participant had an

existing tendency or profile for maintaining norms schema (MNS). In this way, if some of the coding decisions could *go either way* guidance emerged from what appeared to be the *tendencies* of the participant.

After creating twenty-four different Word documents (one for each participant) with their homework answers, I attempted to determine their moral schema *profile*. The type indicator index from the DIT is similar in nature in that it determines primary and secondary preferences based on the aggregate quantitative data. A basic count of the utterances with straightforward coding provided a sense of the participant's tendency; from there, I could decide on those codes that were less definitive. This also did not inspire my confidence in this approach as I noted participants making increasingly more judgement calls given their apparent assumptions made about the case (e.g. the family is plotting to conceal information). However, ultimately it was a contributing step towards the content analysis approach I eventually took. What led to this discovery were both the parallels and differences between this approach I was using and how the DIT researchers came to create the *type indicator*.

Type indicators are profiles created from the quantitative data of the DIT – written statements are offered to the participant to rate and rank. These statements are the consistent stimulus. While certainly there is variation in how one might interpret a written statement, standard tools such as the DIT yield validity tests. The data for the homework answers is qualitative data, which makes the interpretation of the data less reliable. In some instances, it proved difficult to determine what people meant by what they were saying. According to Rest, this was the same problem with Kohlberg's semi-structured interview, the Moral Judgment Interview (MJI) that some researchers referred to as the fatal flaw of the MJI (Rest and Narvaez 1994: 22). The DIT instead offers participants verbal assistance by providing them with statements of reasoning and justification and seeing to what degree they endorsed those. The approach I eventually took with this data set was similar.

After reviewing the responses and their codings, I created a series of statements as an approximation of what the series of utterances conveyed. That is, each statement was constructed to be representative of the participants' utterances. These representative statements were also reflective of Rest's moral schemas (PIS, MNS, PCS); which coincided with my original approach of coding each utterance. Instead of the participants

producing their own reasoning statements, they could *endorse* them. Of course, this cannot happen in retrospect so the only way to determine if a particular statement would *appeal* to them would be to examine the content of their utterances. Given the content of their utterance, I imagined what would be the likelihood that such a statement would have been endorsed. To use the DIT design, I imagined the likelihood that they would have rated it on the higher end of the scale of importance or they would have ranked it in the top four. Therefore, each utterance was categorised using each cases' representative statements and then, coded as endorsements of these prototypical statements.

The statements needed to be representative of the data source and simultaneously prototypical of Rest's three moral schemas (PIS, MNS, PCS). This was an iterative process. Not all statements that were originally imagined as representative (and prototypical) worked effectively with the utterances. Many were augmented as a result. Some utterances did not fit into any of the representative statements initially created. Those that did not fit were either excluded from the analysis or if there were enough examples (often three or more), a new statement representing the cluster was created.

The following example comes from Case #3 where the interpreter is asked to visit the deaf parents. The case was: *A teacher asks you to contact Deaf parents and encourage them to attend a parent teacher night. The teacher also asks you to take home to the parents their child's school report and explain it to them.*

Table 3.5 Representative statements with moral schema denotation for Case #3:

Personal Interest Schema	Maintaining Norms Schema	Post-conventional Schema
1. Complying with this request may make the deaf parents angry or cause them to be confused as to what interpreters are supposed to do.	1. To do as the teacher's requested would violate an ethical tenet.	1. The interpreter should help the teacher who may be less accustomed to the technologies that allow deaf /hearing people communicate.
2. If she does not comply, she will upset the teacher and she might get another interpreter.	2. The interpreter should not do this and should explain her role to the teacher to avoid future requests.	2. The interpreter should consider ways that she can help the teacher in communicating with the parents to ensure the parents get the information.
	3. It is important for the	

	teacher to understand the role of the interpreter.	
	4. The teacher should do these tasks, not the interpreter (just like with hearing parents); the interpreter could offer to interpret.	

As shown above, there were a couple more examples of maintaining norms-type statements than the other categories of personal interest and post-conventional reasoning. This variation fluctuated based on the nature of the case, but what was stable was the amount of representative statements that each case produced, which was eight separate statements (only case 3, with the family members preferring the sign illness to cancer had 10 statements).

Table 3.6 Examples of utterances coded for endorsing statements for Case #3

PIS-1	If I go to the parents as requested, it could lead to the parents viewing me as the person to ask questions and gain clarification on issues pertaining to their child's education (8-c1)
MNS-1	Doing the tasks that were asked of me would clearly be a breach of ethics as an interpreter (21-c1)
PCS-1	I would inform the teacher about the relay service and provide her information on how to utilize it or offer to interpret a phone call to the parents from the teacher but declined contacting the patients myself (6-a1)
PIS-2	There is a possibility that my actions will alienate the teacher and will create a hostile work environment. In fact, the teacher may even request another interpreter to work with her student as she may feel I am not fulfilling my job responsibilities (N1-b1)
MNS-2	By taking the stand of putting the responsibility where responsibility lies, the teacher understands more clearly my role as an interpreter (78-b1)
PCS-2	If I did nothing the parents would not get the info in their language or would not know about the parent teacher night. (R-c1)
MNS-3	This would help the teacher to get a better understanding of the interpreter's role (S-b1)

MNS-4	I would remind the teacher that is their responsibility to contact the death parents to encourage them to attend the parent teacher conference and also to get the child's school report to them to explain it (78-a1)
-------	--

This content analysis approach accounted for 70% of the 628 comments. The remaining 30% were included in a separate document as un-coded and used as data for the analysis using Rest’s Four Component Model (results outlined in Chapter 5).

This coding design is based on the following logic: If the homework had been designed as a recognition task (instead of a production task) and each case were followed by a series of prototypical statements based on Rest’s moral schemas (as above), then hypothetically, these would have been endorsed by the participants. This final approach is viewed as probabilistic; it is based on the *likelihood* that the participants’ ethical discourse is a reliable predictor of how they might respond to these pro forma (ready-made) statements.

In order to check the reliability of the coding, an external confirmation of this logic and analysis design was warranted. One possible way to test this approach would have been to involve a second rater. However, the appointment of a second rater raised questions, such as: Should the rater be someone familiar with community interpreting or someone familiar with Rest’s work? What form should the data take when submitted to the second rater? Should the rater be supplied with the raw data or the parsed data? Should they be asked to rate the utterances based on the representative statements or should those statements be withheld? Certainly, in addition to these considerations resources, such as time and money, were a concern.

Eventually it was decided that someone familiar with the DIT and Rest’s work would be better because it would be easier and quicker to get an ethicist *up to speed* on interpreting ethics than to explain Rest’s work to an interpreting scholar. Additionally, it was appealing to bring an outside and more objective perspective to the discussion of interpreting ethics, as typically interpreting ethics is discussed by interpreters, but not ethicists.

As a result, I contacted the Centre for the Study of Ethical Development for recommendations of researchers who were experts in the Defining Issues Test and Rest’s

work in general. I was put in contact and arranged to engage an expert from this field to review my work. Instead of a re-rating of the entire data set (given time and money constraints), I asked the expert to review my work on the analyses of the qualitative data. Instead of a second rating, I asked for feedback on the degree to which my logic and my technique *made sense* from the perspective of a DIT scholar. Essentially, I was asking for three layers of confirmation: does the parallel process of Kohlberg's MJI and Rest's DIT (production versus recognition) with my design (creating representative statements from the data) lend credence to the viability of this approach (question 1)? If it is viable, then are the statements accurate prototypes of Rest's moral schemas (PIS, MNS, PCS) (question 2). Lastly, does the coding of the participants' utterances coincide with the corresponding prototypical statement (question 3)?

I communicated via email initially with the DIT expert and then via Skype in order to explain how I designed the process for analysis (question 1 and 2 above). However, I limited my explanations about interpreting ethics (question 3). I wanted to strike a balance between providing sufficient information on the influences of ethical thought in interpreting (e.g. the ethical standard evident in invisibility or 'not being there') and not biasing her with my justifications for why I chose to code an utterance one way over another. We agreed on a timeline for submitting the necessary documents and conducting the review. After organising the documents, I emailed her copies of: the six cases chosen from the webinar, coded utterances for each of the six cases (categorised with the representative / prototypical statements), the 30% of the material that was uncoded, and an article I authored that described the webinar and its normative messages (Dean 2014). A couple of weeks later, she contacted me to get access to the NAD-RID Code of Professional Conduct (2005) since she imagined it would help her understanding of the ethical expectations of SL interpreters in the US.

The DIT expert then sent her feedback approximately one month later. I then reviewed her responses and scheduled another phone session to discuss the results. Her feedback and my response to her feedback is included in the results chapter (see page 168 and page 256) but as a summary, the expert confirmed the basic assumptions I made about the approach and agreed with the general results of my coding scheme.

3.4.3 Defining Issues Test: Scores and Measures

As noted above, the Center for the Study of Ethical Development (CSED) allows researchers to administer the DIT-2 but the data must be submitted to CSED for analysis. I chose to create and administer my own online version. The CSED provided both a PDF and an online version of the DIT (the scenarios and the questions) as a template. A link to the draft online survey had to be submitted to them for approval before they would accept the data for analysis. They provided me with a small number of corrections before it was approved for use.

The DIT-2 was not piloted with an interpreting audience in advance given its wide use internationally within other professions (Rest and Narvaez 1994). Because of its standardisation, no changes to the study would be allowed, as per the rules of the Center for the Study of Ethical Development. I did, however send it out to friends and colleagues to be checked for typos and any technical glitches.

After all twenty-five participants had completed my online version of the DIT, I downloaded the data from Survey Gizmo platform into an Excel file. I had to reformat the data extensively based on the Excel template CSED sent me. After submitting the results on the Excel spread sheet to CSED, I received the results within a few days, along with a DIT-2 guide for understanding and interpreting the results. Below is a summary of the salient material for data interpretation.

The DIT-2 results in a series of scores. Most frequently cited in research articles is the *P score*, or the degree to which a person reveals *principled-reasoning* in their responses to the moral dilemmas. The P score is reported as a percentage – how often a participant endorses (rates and ranks) *post-conventional thinking*. Normative data (derived from mega samples) on *P scores* exists for secondary students, advanced education, and professional education. Not only does this allow for comparison between groups but the consistency of the data from mega samples lends credence and power to the validity and reliability measures of the instrument (see earlier discussion in 3.3.4).

Responses to the five moral dilemmas presented in the DIT-2 determine the frequency with which (percentage of time) a participant endorsed post-conventional reasoning. However, there are other types of thinking that participants reveal through the instrument.

Participants also revealed the degree to which they use personal interest and maintaining norms in their reasoning.

The P score, while the most frequently cited score in DIT literature (Bebeau and Thoma 2003: 7) is not as accurate as the N2 score which combines the P score with the PIS and MNS scores. In other words, increases in one's post-conventional thinking should also result in the rejection of simplistic or biased thinking, or decreases in personal interest and maintaining norms thinking (Bebeau and Thoma 2003: 19). The N2 score therefore accounts for both types of developmental *gains*. The N2 and the P score are highly correlated and indeed redundant (Bebeau and Thoma 2003: 7) but in terms of construct validity the N2 score outperforms the P score (Bebeau and Thoma 2003: 19). The P score is included in this analysis since the comparative norm data depends on the P score.

By the mid-1990s, the DIT had been used to such a degree that a mega-sample of over 45,000 participants had been collected and analysed by the CSED resulting in statistically robust normative data (Thoma 2002: 238). As a result, the team of researchers who had exclusive use of the instrument performed a series of statistical analyses on this mega-sample to see what emerged (Bebeau and Thoma 2003: 33). These patterns afforded researchers to derive fine-tuned profiles of participants' moral capacities. Some of these newer measures include the utiliser score or the U score, the N2 score (explained above) and the type indicator.

The *U score* measures the logical consistency between the action item chosen and the moral arguments endorsed (rated and ranked). If, for example, the participant chose "should take action" in response to the moral dilemma but then appeared to rate and rank arguments that would logically support a "should not take action" response, this person would receive a low U score. If however, there were consistency – the arguments rated and ranked highly also logically extended to the action-item chosen (taking or not taking action) – the participant would receive a high U score.

A third measure that also emerged over time is the *type indicator*. Instead of broader score of moral development such as the P or N2 score, the type indicator brings into focus a more refined understanding of participant's moral profile. It shows the strength of a given moral thinking preference as it is endorsed across scenarios. This profile of type is often described in a bar graph that highlights the degree to which a person prefers PIS,

MNS and PCS thinking across scenarios and the relationship of the PIS, MNS and PCS scores. With the type indicator measure, researchers can more readily detect shifts between the moral schemas as the result of moral education interventions (Bebeau and Thoma 2003: 20). That is, as one preference shifts to be activated less frequently, another increases in frequency.

To help conceptualise these shifts in *strength of preference across scenarios*, DIT researchers suggested that participants can show a preference for a moral schema in either in a phase of *consolidation* or a phase of *transition* (Bebeau and Thoma 2003: 20). As a result, there are seven possible type profiles:

Table 3.7 Descriptions of Type Indicators

Type 1	Predominant in personal interest schema and consolidated
Type 2	Predominant in personal interest schema but transitional
Type 3	Predominant in maintaining norms schema, but transitional; personal interests secondary schema;
Type 4	Predominant in maintaining norms schema and consolidated;
Type 5	Predominant in maintaining norms schema and transitional; post conventional secondary schema;
Type 6	Predominant in post conventional schema but transitional, and
Type 7	Predominant in post conventional schema and consolidated

The types are determined by calculating the most frequent endorsement of a particular schema (i.e. the number of times a prototypical schema statement is rated and ranked) in relation to the second most frequently endorsed schema. If there is no statistical significance between the first and second schemas, the person is determined to be in one of the transitional phases (Types 2, 3, 5, and 6). Conversely, if there is statistical significance, the phase is considered to be consolidated (Types 1, 4, and 7) (Thoma 2006: 81- 82). Therefore, it is proposed theoretically that individuals in transitional phases require longer processing time to determine a moral choice (Thoma 2006: 84 – 86). If there are more pathways of consideration and for decisions that need to be made *in real time*, it may not always be the more advanced schema that is chosen.

Another data point provided by DIT analyses is the number of *can't decides*, which is measured in a straightforward way. Given the DIT-2 has five scenarios, the participant receives a score from 0 to 5 – the number of times a participant chooses the option of can't decide for the action-item question which follows each scenario (Bebeau and Thoma 2003: 22). Similarly, it is assumed that a high number of *can't decides* also implicates a lack of decidedness and certainty which may also complicate and increase processing time (Thoma 2006: 83 – 84). These correlations were not included in this study.

There are other non-moral indices that DIT researchers attend to beyond the above scores. Demographic data are collected that include typical questions such as gender, age, ethnicity and education. Researchers also ask the participant to characterise themselves within socio-political terms: very liberal, somewhat liberal, neither conservative nor liberal, somewhat conservative and very conservative. As a result, researchers have been able to determine, through their normative data, correlations between DIT scores and a person's predilections for religious orthodoxy and for pro-social or humanitarian behaviours (Thoma 2006: 84 – 85).

3.5 Four Component Model (FCM) analysis

The analyses above provide data about the participants' moral judgement skills. However, Rest proffered three other psychological aspects that determine a person's effectiveness in making decisions outside of moral judgement. Those were moral sensitivity, moral motivation, and moral implementation. The DIT is designed to report on a person's moral judgement and does not offer information about the other aspects. However, analysis of the qualitative data from the homework and the chat log made it possible to highlight patterns or processes that could impact moral sensitivity and moral motivation. There are also other aspects of moral judgement that could be considered given the qualitative data. Those analyses compose Chapter 5.

Rest's (1984) final component, moral implementation is harder to explore with qualitative data given the use of hypothetical situations where the outcome is an unknown. Moral implementation would require a *retrospective stance* of the actual decision not a hypothetical projection of possible actions. However, there are some aspects of influence on moral implementation that could be informed by the DIT data. I briefly explore how the quantitative data might inform moral implementation in section 5.4.

For the analysis in Chapter 5, I considered the following information on Rest's (1984) moral sensitivity, moral judgement, and moral motivation (see Tables 3.1, 3.2, 3.3 and 3.4). As a reminder, moral sensitivity is the first component in Rest's Four Component Model. It is the ability of the decision-maker to interpret the situation and determine the impact of various courses of possible action on the welfare of others in that situation. Rest (1984) cited research from psychology that outlined the ways in which the effectiveness of moral sensitivity is dependent upon affective qualities of the cogniser, such as social cognition and empathy. Rest offers this elaboration on different viewpoints of moral sensitivity (1984: 27):

Table 3.8.1 Rest's Moral Sensitivity
<u>Major functions:</u> To interpret the situation in terms of how one's actions affect the welfare of others (1984: 27 and 35). This involves empathy, role-taking, and figuring out how the participants in a situation are each affected by various actions (1984: 24).
<u>Cognitive-affective interactions:</u> Drawing inferences about how the other will be affected and feeling empathy, disgust, and so on, for the other.
<u>Influenced by:</u> <ul style="list-style-type: none"> • Ambiguity of people's needs, intentions and actions • Familiarity with the situation or the people in it • Time allowed for interpretation • Susceptibility to pressure • Sheer number of elements in the situation • Presuppositions and prior expectations that blind a person to notice or think about certain aspects

Component 2 of the FCM (Rest 1984) is moral judgement. Moral judgement is the ability to determine, "what course of action would best fulfil a moral ideal, what *ought* to be done in the situation" (Rest 1984: 30). Rest cited research from both social norm theory and cognitive-development theory, such as Kohlberg, as relevant research on how people come to determine and opine on moral behaviour. Predictably, Rest sided with cognitive-development theories:

Table 3.8.2 Moral judgement
<u>Major functions</u> : To formulate what a moral course of action would be; to identify the moral ideal in a specific situation (1984: 27 and 35). This involves concepts of fairness and justice, moral judgement and application of social-moral norms (1984: 24).
<u>Cognitive-affective interactions</u> : Both abstract-logical and attitudinal-valuing aspects are involved in the construction of systems of moral meaning: moral ideals are composed of both cognitive and affective elements.
Influenced by: <ul style="list-style-type: none"> • Factors affecting the application of particular social norms or moral ideals, or their activation • Delegation of responsibility to someone else • Prior conditions, promises, contracts, or expectancies that affect role responsibilities, reciprocity, or deservingness • The particular combination of moral issues involved • Pre-empting of one’s sense of fairness by prior commitments to some ideology or code

Component 3, moral motivation is defined by the ability of the cogniser to remain focused on what is the preferred moral action. Likely, there is more than one potential moral action along with other motives that may be less moral or altogether non-moral: “it is not unusual for non-moral values to be so strong and attractive that a person chooses a course of action that pre-empts or compromises the moral ideal” (Rest 1984: 32). Rest cited several theories on what compels an individual to choose, or not, the determined moral option (1984: 32 – 33).

Table 3.8.3 Moral Motivation
<u>Major functions</u> : To select among competing value outcomes of ideals, the one to act on; deciding whether or not to try to fulfil one’s moral ideal (1984: 27 and 35). This involves decision-making processes, value integration models, defensive operations (1984: 24).
<u>Cognitive-affective interactions</u> : Calculation of relative utilities of various goals; mood influencing outlook; defensive distortion of perception; empathy impelling decisions; social understanding motivating the choice of goals.
Influenced by:

- Factors that activate different motives other than moral motives
- Mood states that influence decision-making
- Factors that influence subjective estimates of the probability of certain occurrences
- Factors that influence subjective estimates of costs and benefits
- Factors that affect one's self-esteem and willingness to risk oneself, defensively reinterpreting the situation by blaming the victim, denying need or deservingness

3.6 Summary

Both the qualitative and quantitative data sets serve to paint an enhanced picture of ethical thinking within community interpreting. The quantitative data from the DIT gives a snapshot of moral judgement with participants' moral schema scores. It activates and reveals reasoning at the macro-moral level.

The analysis of the homework answers uses a theoretically similar approach. This approach provides information about the degree to which the cohort's reasoning is maintained in micro-moral issues, or those specific to interpreting. The content analysis approach makes the qualitative data quantifiable and therefore comparable to the data from the DIT.

The homework answers also indicate whether interpreters have a similar understanding of the normative messages available within the profession and evidenced in the textbook *Encounters with Reality* and by the webinar trainer. This information from the homework is provided in private and in advance of the online session and trainer's answers. The chat log provides similar data from a larger group of participants as they respond to the normative messages of the trainer and to excerpts of their colleagues' homework answers. This information is publicly displayed and is likely more biased than the homework.

Both the homework and the chat log flesh out other aspects of the Four Component Model (Rest 1984). They provide information about the participants' moral sensitivity and moral motivation. In these ways, this research provides a more nuanced understanding of the cohort's capabilities and deficiencies in the decision-making process. This information could be used to create moral educational interventions that could better respond to the unique needs of community interpreters.

Now that the methodology and research methods have been described in detail, the following chapters present analyses of the data. Chapter 4 focuses on moral judgement and the tacit moral schemas evident in the DIT scores and in the ethical discourse of the cohort. Chapter 5 takes a broader view of ethical decision-making to include the other psychological components offered by Rest's (1984) Four Component Model (particularly, moral sensitivity and moral motivation). The cohort's ethical discourse data and some DIT data create a more holistic picture of the cohort's ethical schema profile.

4. Results: Moral Judgement

This study examines the meta-ethics of community interpreting or how the field conceives of and articulates moral behaviour. The cohort data provides a focused view into the *ethical reasoning* of community interpreters, which can be understood through both descriptive and meta-ethical lenses. Descriptive ethics addresses *how people reason* whereas meta-ethics is interested in *their methods of reasoning* (Beauchamp and Childress 2012: 2). The qualitative data (from the chat log and homework responses) is an example of descriptive ethics. That is, it reveals how the participants reasoned through their decisions on micro-moral issues specific to interpreting. The standardised, quantitative scores of the DIT are meta-ethics data, which examine the methods of reasoning on macro-moral issues. These processes operate outside of an individual's awareness and, according to Rest et al. (1999b) can be influenced by three moral schemas: personal interest, maintaining norms, or post-conventional, or principled reasoning.

For the initial sections below, I provide a snapshot of the participants, and the initial results for both the qualitative (webinar) and quantitative (DIT) data sources. Following this initial look at the data, I provide a deeper analysis of the chat log, the homework responses, and the DIT data. Next, I examine the homework data using Rest's three moral schemas and compare that with the data provided by the DIT. This will reveal the degree to which the micro-moral or interpreting-related ethical reasoning overlaps with their ethical reasoning with broader macro-moral issues.

4.1 Descriptive demographics of participants

All of the twenty-five participants in the cohort identified as being hearing. Fifty-six percent (n = 14) graduated from an interpreter training program (ITP), 8% (n = 2) attended but did not complete their program and 36% (n = 9) did not attend an ITP. Of those who attended ITPs, most of the ITPs were 2 years in length (66%, n = 10). Eleven participants noted that they had an undergraduate (Bachelor's) degree, Four participants had an Associate's degree (traditionally a two-year degree) and two had a Masters (MA) degree, and eight participants had no degree at all.

Seventeen are nationally certified in the US (RID/NAD/EIPA⁴), seven participants had state-based certification or licensure⁵ and only one participant had no certification or quality assessment at all. The average number of years of experience working as an interpreter was 14.3 years (max = 31 years and min = 3 years, median = 11 years). Sixty per cent of participants (n = 15) worked as a full-time interpreter and nearly thirty per cent as part-time (n = 8). Two participants were not currently working as interpreters. There was a relatively equal distribution in their primary work location (Video relay service [VRS], freelance, and primary and secondary educational settings). Most appeared to work either as freelance or VRS interpreters (n = 15). The remainder of participants who responded worked either as an educational interpreter (n = 4) or as a staff interpreter (n = 5) but not in an educational or VRS setting.

The DIT collected additional data for their database, including age, race/ethnicity, most education, political affiliations, etc. I told participants that I would not use these data but realised later the need for the aggregate age for comparison purposes with the DIT's normative data. The average age of participants (from those who answered the question) was 49 (n= 22). Follow up permission to use this data was sought and granted by assent. Participants were alerted to the data maintenance plan in the consent forms. They were informed that the data are stored on password-protected computers and a secured survey platform website (SurveyGizmo). Both online and downloaded versions of the data will be deleted upon completion of this thesis.

The average age of the participants was higher than expected. The range of years of experience is quite expansive. A higher number of participants were certified (nationally) or qualified (state-level) interpreters with only one of the twenty-five as having neither. With the exception of the higher than expected age of the group, there is nothing within the cohort that stands out as unique. I would argue that given the variety of entry to practice qualifications, there is nothing *atypical* about this group. Given the low participant number (n = 25) and without other data sources to compare, it would be hard to identify this group as representative. At the same time, they are descriptively not unique.

⁴ RID, the Registry of Interpreters for the Deaf, the national certifying body in the US. The NAD is the National Association of the Deaf and formerly offered certification for interpreters. The EIPA is the Educational Interpreter Performance Assessment, a level-based qualifying system used nationally.

⁵ Such as is offered in Texas and New Mexico

4.1.1 Qualitative data: Chat log and homework responses (Micro-morality)

In this section I provide a brief overview of the qualitative data in light of the research questions.

Table 4.1 below summarises the basic findings. Each webinar case is listed using a summary statement in the first column. The second column summarises the level of agreement with the webinar trainer’s answer to the cases (exemplars), which responds to my second research question (Given SL interpreters’ ethical discourse, what can be understood about their adherence to or disagreement with the profession’s normative ethical ideals?). The third column lists the rates with which the participants’ homework responses endorsed the moral schemas of personal interest, maintaining norms, or post-conventional (principled). These data begin to address the third research question (Is there evidence that the profession’s conceptualisation of ethics and the resulting ethical reasoning by practitioners can serve to interfere with justice reasoning and normal developments in moral thinking?).

As a reminder, homework responses were parsed into separate utterances that indicated a shift in reasoning (see section 3.4.2 starting on page 116). These utterances were rated according to the reasoning schemes of personal interest schema (PIS), maintaining norms schema (MNS) and post-conventional schema (PCS). The total number of utterances and their frequencies (in percentages) are noted for each schema in column three. All twenty-four participants were represented in each case. The highest rating schema is bolded with the total number of utterances.

Table 4.1: Summary of moral schema preferences for six homework cases (n = 24 participants)

Case (summary statement)	Exemplars (Chat log)	Moral schemas (Homework responses)
Case #1: A psychiatrist asks the interpreter her opinion about a patient he suspects might be depressed.	Agreement with 1 challenge	23% PIS (n = 17 utterances) 70% MNS (n = 52) 7% PCS (n = 5)
Case #2: The family of a terminally ill patient asks the interpreter to use the sign ILLNESS instead of CANCER during a	Agreement with 0 challenges	26% PIS (n = 23 utterances) 56% MNS (n = 50) 19% PCS (n = 17)

meeting with the medical team.		
Case #3: A teacher requests that the interpreter contact deaf parents and visit them in her stead.	Agreement with 3 challenges	22% PIS (n = 18 utterances) 63% MNS (n = 52) 16% PCS (n = 13)
Case #4: An interpreter unknowingly makes a mistake while interpreting the results of an HIV test and the deaf person, who is found to be HIV positive, reveals to the interpreter at the end of the assignment the assumption that they do not have the virus.	Agreement with 1 challenge	17% PIS (n = 13 utterances) 16% MNS (n = 12) 66% PCS (n = 48)
Case #5: A psychologist assumes his deaf patient does not know the name of his father because he only knows the sign name.	Agreement with 3 challenges	31% PIS (n = 22 utterances) 17% MNS (n = 12) 51% PCS (n = 36)
Case #6: The judge, at the request of the defence attorney, instructs the interpreter to follow a word-for-word translation.	Agreement with 2 challenges	22% PIS (n = 15 utterances) 34% MNS (n = 23) 44% PCS (n = 30)

Several interpretations can be drawn from this preliminary data. Based on the chat log data, the interpreter cohort expressed agreement with the normative messages of the webinar trainer across all six cases. There are a few challenges to the trainer (column 2). Again, there were no direct disagreements, leaving questions posed to the trainer about his answer coded as *challenges*. These are explored later in section 4.2.1.

For the first three cases, interpreters' reasoning shows a strong preference for maintaining norms (MNS). These three cases are similar in that the service users in the scenario directly involve the interpreter (make requests of and to the interpreter, or *interpreter agency*). Given the normative messages the interpreter is not supposed to take action in these types of cases (Dean 2014). In their homework answers, the participants most frequently justified their decision to not comply with these requests by referring to the rules and norms of the profession.

In the first three cases, there is a particular decision pattern. When interpreters do not take action (defer and refer), they will emphasise boundaries and note the rules. The decision logic then is:

Requests made of the interpreter → *Refer and defer* → *MNS language few consequences*

The second three cases directly impact the message transfer, which reveals a different decision pattern. The interpreter cohort agrees with the need to take action (agreement with the trainer's exemplar answer) and justifies this action by using principled or post-conventional reasoning (PCS). Below is a flow diagram of decision-making for these types of cases.

Message transfer is challenged → *Action is expected* → *PCS language, few rules*

In other words, when the normative message warrants action, interpreters justify their reasons with concerns for the negative consequences on either or both parties. Concerns for rules were less likely to emerge in reasoning discourse where action was justified. Equally, concern for consequences or the impact on parties was not pronounced when participants were expected to deflect involvement.

In Table 4.1, it can be seen that the preference for reasoning via norms and rules (MNS) with the first three cases is stronger than the reasoning via principles or values (PCS) in the second three cases. The 4th case shows the highest incidents of post-conventional language, although this may be due to the life-threatening nature of the case. It is reasonable to express concerns when the death of an individual is one of the possible consequences. The data also show that personal interest schema is the *second most frequent response category* in five out of the six cases. This result phenomenon is explored further through the lens of Rest's Four Component Model (Chapter 5) and followed up in the Discussion Chapter.

4.1.2 Quantitative data: Defining Issues Test and dominant moral schemas

In this section, I report on the cohort's moral schema scores from the DIT data.

The Center for the Study of Ethical Development (CSED) provided a complete analysis of the cohort's data, which included the breakdown of schema preferences (including the P score), the Type indicator index, the Utiliser score, and the number of can't decides. The CSED provided both individual and aggregate scores for all three types of analyses except the Type indicator index (this is a qualitative profile). Only one participant did not meet one of the validity checks of the DIT (all participants must attest that their first language is English). This participant's data was excluded leaving twenty-four participants for the DIT data.

Most comparable to the qualitative data summarised above are the schema preferences from the DIT (Table 4.1, column three). As in the homework responses, the rate of incident for each of the three moral schemas in the ethical discourse of the cohort was noted in column three. Table 4.2 depicts the rate of use of the same moral schemas of PIS, MNS, and PCS but now with the DIT's quantitative and macro-moral scenarios:

Table 4.2: DIT data results for moral schemas (n = 24 participants)

	PIS	MNS	PCS	N2
Mean	26.02	35.03	33.59	32.96
S.D.	12.95	13.50	12.92	15.51

Maintaining norms is the highest percentage followed by post-conventional thinking, or the *P score*. This shows overlap with the qualitative data. Their P score and their N2 score are similar as the CSED predicted (given their high correlation). The standard deviations are quite high but these standard deviations are comparable to the normative data provided by CSED.

These DIT scores are not very meaningful at face value. What is more compelling is how the cohort data compares with others of similar age and education level. The comparison can be seen in Table 4.3.

Table 4.3: Interpreter cohort compared with normed DIT data (n = 24 participants)

Education Level	PIS	MNS	PCS	N2 Score
Grade 7 – 9	35.21	41.69	15.78	12.84
SLI Cohort		35.03		
Grade 10 – 12	28.25	33.24	33.13	31.69
Freshman 1 st year undergrad.	28.53	33.57	32.32	31.05
SLI Cohort	26.02		33.59	32.96
Senior 4 th year undergrad	24.80	32.40	37.84	36.85
MS/ MA degree	21.69	32.64	41.06	40.56

The interpreter cohort was more consistently situated between first and fourth year undergraduate students (typically aged 18 to 21) in their personal interest and post-conventional thinking. In the maintaining norms schema, they appear even *younger* or less developed in their ethical reasoning. They respond more like adolescents just entering secondary school. Given the mean age of the participants and their educational level (mean age was 49), these scores reflect a possible barrier to expected advancements in ethical reasoning.

From both the qualitative and quantitative data, these interpreters seem to imagine social cooperation is best accomplished by maintaining norms. In other words, moral choice is best derived by following the rules or by fulfilling one’s expressed duty. In this view, negative consequences come from deviating from one’s norms and expectations. Negative consequences seem to not result from maintaining the rule.

In this view, decision-making processes are straightforward. This type of reasoning approach is summed up by one of the participant’s homework answers in response to case #4, the case about the patient who misunderstood the diagnosis of HIV. Participant F said, “*The quality of his life can go down rapidly, and he may not live very long. This would be worst outcome from not following the (NAD-RID) CPC of interpreting the meaning and intent plus correcting errors discreetly and expeditiously (CPC 2.3).*” This

response suggests the moral approach of, “if everyone just followed rules, everything would be okay.”

4.2 Qualitative data

4.2.1: Chat log responses: Agreement with the exemplary message

In this section, I examine more closely the agreements and disagreements (i.e. challenges) with the webinar trainer’s responses to each of the cases. These data were analysed using thematic coding. I used a conceptual approach where I looked for types of agreement and disagreement statements to the trainer’s exemplar responses. I also used a conceptual approach noting and reporting on participants’ use of normative constructs (e.g. expressions that might convey consequences or rules). The significant themes were: use of language that revealed criticism or certainty of response, appeals to rules, and the expressed concern for consequences of the interpreter’s decision. These latter themes will be explored further in section 5.3.2. For this section, I report on the agreements and disagreements (challenges) in the participant’s chat log

The category that accounted for the majority of comments was responses to the exemplar answers provided by the trainer. This category was divided into subcategories. There were agreement comments, examples of how participants would say or do something that *coincided* with the exemplar, and there were challenges to the exemplar. A challenge was defined broadly. Challenges could include direct disagreements, of which there were none; but mostly challenges were expressed by posing a direct question or by appealing to the trainer for further consideration of a particular issue.

With all the six cases analysed, agreement with the exemplar response was counted as the most frequent type of response. Sometimes participants would say that they directly agreed with the trainer’s answer: “Very true, [name of presenter]!” Sometimes they would express appreciation for how something was said / done by the trainer: “Clearly said, thank you!” or “I like suggesting to call the deaf person back for more questioning.” Sometimes they offered details of how they might operationalise the exemplar answer. In the case where the deaf person uses a name sign and the psychologist wrongly interprets it, someone suggested, “I would sign back to the deaf person so he could explain about name signs.” Again, agreements with the exemplar made up the majority of the comments from the chat log.

The methods with which exemplars were challenged were distinct from agreements. That is, there were no direct disagreements (e.g. “I disagree with...” or “no, I don’t think it should be done that way”) but were subtler than the agreements. In the case of the teacher asking the interpreter to go to the deaf parents’ house, the trainer suggested that the interpreter should not go but should offer to interpret for the teacher and the deaf parents. One participant challenged this suggestion with, “public school interpreters⁶ don’t have a choice.” In the case of the psychologist who asked the interpreter her opinion, one participant challenged the exemplar with, “But he needs some cultural information. I would give him some names of those who work with deaf clients.”

Table 4.4 below summarises these themes for each case and provides direct quotations as sample responses for each type. Effort was made to choose representation from as many webinar participants as possible. However, participants were not equally active (modal and median values were both 6 with a range of 1 to 72 comments within the six cases, see page 106 for explanation). As a result, 21 of the ~40 participants are represented in the table below.

Table 4.4: Participants’ agreement and challenges to the six cases from chat log

	Agreement: Direct	Agreement: Variation	Challenge (any)
CASE 1: The psychiatrist	<p>I like suggesting to call the deaf person back for more questioning: J</p> <p>Agreed; exactly: 6</p> <p>So true [trainer]: A</p> <p>Clearly said: F</p> <p>Thank you for that</p>	<p>In a friendly, professional manner, I would (smile) and explain that I'm not a mental professional.</p> <p>I'm an interpreter and then explain briefly about what my role is:</p> <p>I</p> <p>I would tell the clinician I am in no</p>	<p>But he needs some cultural information. I would give him some names of those who work with deaf clients:</p> <p>J</p>

⁶ Public schools in the US are those schools that are funded by the government with tax dollars; public schools are differentiated from private schools, which are funded by student fees.

	<p>approach: D</p>	<p>way qualified to give an opinion: B</p> <p>I would explain I am an Interpreter and it is not my role to give my opinion: V</p>	
<p>CASE 2: The Family</p>	<p>Good idea [trainer]: B</p> <p>I agree w/ [trainer]. That's how I would explain my role: 3</p> <p>I totally agree with: [trainer]: P</p>	<p>I would explain to them that I MUST interpret all information that is being shared: C</p> <p>Professionalism 2.3, to render the message faithfully. I would need to explain to the family that my job as a facilitator is to interpret what is said, no matter what it is: F</p> <p>I would have explained that I could only be as vague as the speaker/signer. You just can't pick and choose. Explain this, again, in a friendly way: I</p>	<p>[none found]</p>
<p>CASE 3: The Teacher</p>	<p>Great answer to introduce teacher to the VP technology: A</p>	<p>I would explain I am there to facilitate communication: 5</p>	<p>Interpreter/ many hats!!!!: G</p>

	<p>Great response: A</p> <p>Good job: 13</p>	<p>Little cultural info, here's how you can contact parents directly...: 18</p> <p>Once again, explain your interpreter role...offer to interpret a meeting between the parents and the instructor: I</p>	
<p>CASE 4: The Patient with HIV</p>	<p>I said something similar, I said I would get the doctor and let him know there was an interpreter error: R</p> <p>Definitely get the doctor back: S</p> <p>Amen [trainer]: R</p>	<p>I would definitely get the doctor back in and explain there was a misunderstanding: 5</p>	<p><i>"I am not sure if I would say that to the doctor without the deaf [sic] there???"</i></p> <p><i>Disrespectful to the deaf [sic]!"</i></p> <p>W</p>
<p>CASE 5: The Psychologist's Evaluation</p>	<p>So true [trainer]: A</p> <p>Thanks for the clarification [trainer]: R</p> <p>I agree with [trainer] as far as #2 response: D</p> <p>Thanks for empowering us</p>	<p>Explain, after the assignment and the Deaf person is gone, explain that culturally, names aren't important but name signs are important: I</p> <p>I would say the client is referring to his father in the familiar of his language: B</p>	<p>[Trainer], how do you get that information across? W</p> <p>Is it possible to sim-com? I would verbalize the explanation: D</p>

	[trainer]: A	I would sign back to the deaf person so he could explain about name signs: V	
CASE 6: The Judge's Orders	Good point [trainer], judge may be offended by that wording: Y	I would offer to meet w/attorney to develop ASL techniques that match what he is trying to accomplish: M	What if the deaf person requested SEE? U

As noted in the first summary in Table 4.1, there are very few instances of participants' challenges to the trainer's answers. There are however several versions of the types of agreements. There are direct agreements and agreements that are customised by the participants (i.e. "*I would say what you said but in this way...*"). This theme of agreement remained the same regardless of the type of case that is offered – either those cases directly involving message transfer (as in the latter three cases) or those which involved requests made to the interpreter (as in the first three cases).

4.2.2 Homework responses: Endorsing the normative message

In the above section, the collective chat log (n = ~50 participants) was analysed for themes of agreement or disagreement with the normative messages in interpreting (summarised below). In this section, I investigate whether or not the normative messages are carried through on the private task of the webinar homework (n = 24).

Webinar participants submitted their homework responses to the hosting agency in advance of the online session. Participants were expected to answer the following questions to each case: 1) What would you do in this situation? 2) What is the potential impact of that choice? 3) What is the potential impact if you choose to do nothing? 4) What cultural information needs to be shared? With whom? How would you present it?

Given that they were submitted without advance knowledge of the trainer's exemplary answers, the homework responses represent a different type of data. They are not merely agreements with the trainer's normative message as evidenced in the chat log; they represent self-produced *spontaneous* responses to the ethical scenarios offered by the interpreter participants themselves.

Without any knowledge of what would be proposed as exemplary answers to the six cases, these homework answers would determine if interpreter participants also agreed with the normative messages found in the textbook *Encounters with Reality*. As a reminder, the normative messages that I (Dean 2014) derived from the textbook *Encounters with Reality* in 1999 (and maintained as normative in the webinar in 2012) were:

- 1) *Interpreters should merely interpret.* Interpreters should not be overly concerned about the consequences of the impact of the message they deliver, poor practices in service settings, nor how deaf people may be impacted as a result.
- 2) *Anything that is not about the message transfer task (i.e., decode/encode) is not the job of the interpreter and the interpreter should follow the lead of the participants, and be especially aware of how the deaf person chooses to act or not act.* As a result, interpreters are permitted to explain their role to those who may expect more than this from an interpreter.
- 3) *Interpreters may take action if something is directly impacting their ability to do their job (unless the deaf person prefers them not to) and where possible, such action is preferable before the start of the assignment.*
(Dean 2014: 65)

Table 4.5 summarises the participants' homework responses in relation to the normative messages described above. A summary statement for each case (1 – 6) is noted in column one. In column two, the normative message that is expected is listed. In the third column, a sample response is quoted. All six responses came from different participants as indicated after the excerpt.

Table 4.5: Normative message agreement from participants

Case	Applicable norm	Participant sample response
Case #1: A psychiatrist asks the interpreter her opinion about a patient he suspects might be depressed.	Norm #2	“I would explain the psychiatrist that I'm there as an interpreter to facilitate communication between them and the client.” 78
Case #2: The family of a terminally ill patient asks the interpreter to use the sign ILLNESS instead of CANCER during a meeting with the medical team.	Norm #1	“I would explain that the [ethical code] will not allow me to do that. I would go into more detail [about] tenet 4.1 and make sure they clearly understood that I would be interpreting everything spoken during the meeting.” 89
Case #3: A teacher requests that the interpreter contact deaf parents and visit them in her stead.	Norm #2	“I would offer to go with the teacher to interpret if she wants to visit them, explaining that my role is that of interpreter and that visiting the home would be a conflict of interest as I would be advising the parents.” 8
Case #4: An interpreter unknowingly makes a mistake while interpreting the results of an HIV test and the deaf person, who is found to be HIV positive, reveals to the interpreter at the end of the assignment the assumption that they do not have the virus.	Norm #3	“I would have the client come with me to the nurses' station and repeat what they told me. I would then allow the nurse to decide what to do next.” R
Case #5: A psychologist assumes his deaf patient does not know the name of his father because he only knows the sign name.	Norm #3	First I would interpret the psychologist's comment and allow the client to respond. If needed, I would ask to step out of role for a moment and explain deaf culture of name signs and

		why a deaf client may not know how to spell their father's name. Y
Case #6: The judge, at the request of the defence attorney, instructs the interpreter to follow a word-for-word translation.	Norm #3	“I would respond, yes I do have a problem with that. Then I would make every effort to explain why.” M

The interpreter cohort maintained the normative message across all six cases. The normative messages in interpreting reach beyond the exemplars in the field. Yet, when examining these data in light of Table 4.1, their justifications were different between the first and the second three cases. When asked to justify their reasoning for their decisions, the first three cases revealed predominance for maintaining norms. The second three cases revealed predominance for post-conventional or principled-reasoning. Certainly, Table 4.5 represents an aggregate response and the individual homework answers were more nuanced. This nuance is explored in the following section.

4.3 Homework responses and the three tacit moral schemas

The homework responses were more extensive and allowed for a deeper exploration of discursive reasoning patterns amongst the cohort. In this section, I analyse the utterance-parsed data of the homework answers to distil those patterns from Rest’s three tacit moral schemas. Each utterance or reasoning statement that the participants’ provided in their homework answers could resemble that of the prototypical reasoning statements provided in the Defining Issues Test: personal interest, maintaining norms, and post-conventional schemas.

In other words, an utterance or reasoning phrase would either reflect concerns for / benefits to the interpreter participant (personal interest), concerns for / benefits of following the rules or norms (maintaining norms), and concerns for the importance of cooperating, finding shareable ideals, and for the welfare of the participants or clients in the situation. As a reminder, this process was justified in section 3.4.2 in the homework analysis frame as:

This coding design is based on the following logic: If the homework had been designed as a recognition task (instead of a production task) and each case were followed by a series of prototypical statements based on Rest's moral schemas (as above), then hypothetically, these would have been endorsed by the participants. This final approach is viewed as probabilistic; it is based on the *likelihood* that the participants' ethical discourse is a reliable predictor of how they might respond to these pro forma (ready-made) statements.

In Tables 4.6.1 – 4.6.6 the first row indicates the case and a descriptor. Column one is the representation and prototypical statement used. Column two indicates the type of prototypical statement (PIS, MNS, PCS) and the third column reports the number of responses that endorsed that statement.

Table 4.6.1: Content analysis results for case 1

CASE 1: The Psychiatrist's Question		
Representative / Prototypical Statement	Code	# of responses
1. The psychiatrist may get angry at the interpreter and may not hire her again.	PIS	9
2. If the interpreter provides any information, the deaf person would be wrongly diagnosed.	PIS	5
3. Interpreters always need to make sure they behave in ways that do not set negative precedence for future interpreters.	PIS	3
4. The code of ethics does not allow interpreters to provide personal opinions.	MNS	13
5. The psychiatrist needs to understand the function and role of the interpreter.	MNS	18
6. Interpreters are not qualified or trained to respond to such questions but can always offer to interpret.	MNS	21
7. The accurate evaluation of depression in psychiatry may require the interpreter to explain any important communicative qualities of the deaf patient.	PCS	5

Totals : **PIS = 17** **MNS = 52** **PCS = 5**

The first three PIS statements in Table 4.6 are representative of seventeen separate utterances. They are also prototypical statements of personal interest schema. The first statement (“The psychiatrist may get angry at the interpreter and may not hire her again.”) expresses concern for the interpreter — interpersonal discord with the psychiatrist and possible future work. The second two may be less obvious as personal interest. These were imagined as prototypical as personal interest due to the expressed concern for one’s in-group (as in statement 3) and for examples of responsibility orientation (in statements 2 and 3).

As described in the literature review and the methodology chapters, *responsibility orientation* as a type of personal interest schema refers to an overly direct and inflated perception of one’s actions on an outcome and / or on the welfare of others. The second and third statements *appear* to be of moral concern – for future colleagues and the patient – but the degree to which these concerns are realistic must be further considered. It is more the case that a psychiatrist would not consider all evidence made available to him in order to arrive at a diagnosis? What could the *average* interpreter offer that would be diagnostically significant that it could lead to a misdiagnosis? It may be *possible* to construe a series of *what ifs* to arrive at this hypothetical occurrence, critical thinking challenges the probabilistic nature of the assumption.

Statement 3 expresses concern for setting a negative precedent for interpreters but how is this negative precedent conceived? It appears to be stemming from a desire to protect future interpreters from similar questions and requests. However, this is a negative precedent as conceived of *by interpreters for interpreters* (as a result of not following the normative message to deflect requests). In this way, it is reflective of the personal interests of the in-group.

What might a psychiatrist or a psychiatric patient conceive of as a negative precedent set by this interpreter’s behaviour? Perhaps the interpreter who deflects the question or responds with an explanation about professional boundaries would set a precedent for future interpreters as uncooperative or a disinterested, non-invested service professional. Utterances that *sound* moral and out of concern for others but are the result of personal interest is a phenomenon that will be revisited in other examples in these case analyses.

The statements that reflect a maintaining norms frame are more straightforward than personal interest. These were for Case 1: The code of ethics does not allow interpreters to provide personal opinions; The psychiatrist needs to understand the function and role of the interpreter; Interpreters are not qualified or trained to respond to such questions but can always offer to interpret. The first is a direct reference to a list of rules for normative behaviours. The second is a reference to drawing professional boundary lines that are established *a priori* by a norm. That is, such a request is out of the hands of the interpreter. The final statement reflects a normative message already established – proposing another session to interpret as a consolation offering for not cooperating otherwise.

There is only one statement that could be considered post-conventional or evidence that interpreters want to be cooperative in furthering the psychiatrist’s goals and the mental health needs of the patient (i.e. principled reasoning’s full reciprocity). Another prototypical post-conventional statement that could have been offered as a possible response to this case is: *The sooner the deaf person is diagnosed the more quickly he will be able to access treatment for his mental illness.* However, while this statement is prototypical of Rest’s post-conventional reasoning, it is not representative of any of the homework answers. In other words, none of the participants expressed concern for the diagnostic and treatment outcomes for the deaf patient.

Table 4.6.2 shows the results of the data analysis for Case 2.

Table 4.6.2: Content analysis results for case 2

CASE 2: The Family’s Request		
Representative / Prototypical Statement	Code	# of responses
1. The interpreter could be liable and maybe sued if she alters the message.	PIS	4
2. The family is likely to be angry with the interpreter if she denies their request.	PIS	12
3. The interpreter would be giving this deaf patient access to their true diagnosis.	PIS	7
4. The family and medical team need to understand the role/ ethics of the interpreter.	MNS	7

5. The ethical code of the profession requires interpreters to always render the message faithfully.	MNS	14
6. The medical team should be addressing this request; the interpreter is not the right person to talk to.	MNS	10
7. Interpreters always interpret everything as it is spoken/signed.	MNS	19
8. Deaf people have a right to access information that impacts their health.	PCS	10
9. The impact of this choice on the family and the medical team and their ability to care for the patient should be considered.	PCS	1
10. The family's reason for this should be considered and included in the decision.	PCS	6

Totals :

PIS = 23

MNS = 50

PCS = 17

The first and second statements in Table 4.7 are examples of concern for personal interests – being sued and interpersonal discord. The third is prototypical for the responsibility orientation. While it may be possible to construe such a scenario, upon further critical analysis, it is not probabilistically high. That is, the likelihood that a family would collectively conspire to withhold information from another family member who is dying is overly sinister. Another reason more within the realm of possibility is if the family comes from a culture whereby withholding such information from a dying family member is not sinister but considered an act of respect and kindness.

Additionally, it is less likely in this case that someone from that medical team or another clinician has not had the chance to converse with the patient outside of the purview of the family members. Note that the scenario implies the end stages of this person's disease (e.g. the person is *in the hospital* and a family meeting is being called, etc.) and as a result, this is likely not the first interaction between the patient and this or another medical team. The back-story is likely more complex than what a statement, "The interpreter would be giving this deaf patient access to their true diagnosis" conveys. It conveys an overinflated sense of importance in the life events of an unknown individual or the personal interest of responsibility orientation.

In this case, there are four prototypical and representative statements from the maintaining norms category. They are: The family and medical team need to understand the role / ethics of the interpreter; The ethical code of the profession requires interpreters to always render the message faithfully; The medical team should be addressing this request; the interpreter is not the right person to talk to; Interpreters always interpret everything as it is spoken / signed. References to the expected boundaries that limit behaviours (such as the recurrence of the term *role of the interpreter*) are reflective of normative messages particularly in cases where requests are made of the interpreter. In the third MNS statement, the interpreter is addressed by the family as a *point person* for the communication. Interpreters are expected to deflect this position and attention. References to ethical codes and their tenets about interpreters' normative behaviour (e.g. words like *always* and *never* as in statements 5 and 7) are also considered maintaining norms.

The most frequent PCS-type statement is, "Deaf people have a right to access information that impacts their health." These concerns were expressed by some of the participants mostly in light of the imagined sinister plot of the family. Whether that is happening or not, it is reference to a shareable ideal within medical settings and it should be counted as such. If a participant suggested in their homework a connection between "referring the family to the medical team regarding the request" and the value within medical settings of informed consent (as is expressed in this statement) then this was coded as a PCS statement. This shows that the interpreter imagines a *potential* conflict between what the family wants and what the medical team might want. This is not the same when the interpreter opts to defer the request to the medical team and justifies it with, "That is someone else's job (i.e. uttering the word cancer versus illness) and my job is to interpret that utterance regardless."

Some participants wondered about the request and wondered about the impact of their decision to comply with the request or not. Mostly these were represented by, "The family's reason for this should be considered and included in the decision." One participant was able to expand the impact on a larger scale and how this would impact all parties.

Table 4.6.3 shows the results of the data analysis for Case 3.

Table 4.6.3: Content analysis results for case 3

CASE 3: The Teacher's Request		
Representative / Prototypical Statement	Code	# of responses
1. If she does not comply, she will upset the teacher and she might get another interpreter.	PIS	10
2. Complying with this request may make the deaf parents angry or cause them to be confused as to what interpreters are supposed to do.	PIS	7
3. If the interpreter complies with this, the teacher will likely keep making these type of requests of the interpreter.	PIS	1
4. To do as the teacher's requested would violate an ethical tenet.	MNS	4
5. The interpreter should not do this and should explain her role to the teacher to avoid future requests.	MNS	4
6. It is important for the teacher to understand the role of the interpreter.	MNS	12
7. These tasks should be done by the teacher not the interpreter (just like with hearing parents); the interpreter could offer to interpret.	MNS	32
8. The interpreter should help the teacher who may be less accustomed to the technologies that allow deaf /hearing people to communicate.	PCS	8
9. The interpreter should consider ways that she can help the teacher in communicating with the parents to ensure the parents get the information.	PCS	5

Totals :

PIS = 18

MNS = 52

PCS = 13

A similar pattern is evident here in Table 4.6.3 with personal interest statements: Two concerns for interpersonal discord and future work. Another example of responsibility orientation is in statement 3, whereby the interpreter justifies her decision via the future protection of other interpreters who might get the same request or perhaps seen in a

negative light if the future interpreter does not comply (an example of in-group reciprocity).

The MNS statements follow a similar pattern already explored in the cases above. There is a concern for boundaries between *your job* and *my job*. There are references to ethical tenets. Lastly, there is an expressed concern for what the teacher knows or doesn't about the interpreting profession and its normative function.

The two PCS statements express concern for helping the teacher accomplish what she is attempting to do for the sake of the deaf parents (and indirectly their child, the student). One focuses on educating the teacher on the technologies that are available for her to use, allowing for direct contact between the teacher and the parents. Some, but fewer, expressed concern for the end result – would the parents be able to get the information they would need / want and how might that best occur?

Table 4.6.4 shows the results of the data analysis for Case 4.

Table 4.6.4: Content analysis results for case 4

CASE 4: The Patient 's Misinformation		
Representative / Prototypical Statement	Code	# of responses
The doctor is likely to get angry at the interpreter for her mistake since he was already in a hurry.	PIS	5
The interpreter can be in trouble / legally liable if the mistake isn't corrected.	PIS	5
The doctor and patient may no longer trust this interpreter's abilities (or other interpreters) for future appointments.	PIS	3
The interpreter could have avoided this situation if she left when the doctor did.	MNS	1
The interpreter should make sure that she does not clarify the meaning for the patient since this is the doctor's job.	MNS	8
The interpreter or someone should clarify the information and can interpret for follow up dialogue.	MNS	3
Access to health information and the care of the patient	PCS	29

should be the primary aim of all involved in this situation.		
Since this deaf patient's and other potential partners are at risk, the interpreter needs to prioritise correcting this mistake.	PCS	19

Totals : **PIS = 13** **MNS = 12** **PCS = 48**

It is often agreed that extremes do not make good examples. Likewise, in this case in Table 4.6.4 about life and death the distribution of the prototypical statements is heavily skewed toward post-conventional thinking. There are some expressed concerns for legal liability and future work (due to violated trust of the interpreter's performance). There are some concerns expressed for who should do the clarifying of the information (not the interpreter) though the interpreter is encouraged to be available for interpreting. More predictably this case evokes concerns for the health of the patient and any other persons who may be affected as a result of their HIV status. Interpreter participants in this case seem to share the same values of the medical team for access to (accurate) healthcare information and care.

Table 4.6.5 shows the results of the data analysis for Case 5.

Table 4.6.5: Content analysis results for case 5

CASE 5: The Psychologist's Evaluation		
Representative / Prototypical Statement	Code	# of responses
1. If the interpreter does not correct this mistake the deaf person would be seen as cognitively impaired or wrongly diagnosed.	PIS	7
2. The psychologist may think the interpreter's explanation about Deaf culture is inappropriate and think she is doing his job.	PIS	1
3. The psychologist needs to understand more about deaf culture and working with deaf people.	PIS	14
4. The interpreter should just interpret what the psychologist said and let the deaf person explain about name signs.	MNS	9
5. The interpreter's duty is to make sure that she mediates cultural information at all times.	MNS	3
6. The information about name signs may impact the evaluation	PCS	35

or misrepresent the deaf person's abilities and should therefore be brought out.		
7. Whether it is the interpreter or the psychologist, an important follow up question that may help in the evaluation would be to ask why he doesn't know how to spell it.	PCS	1

Totals :

PIS = 22

MNS = 12

PCS = 36

The first two PIS statements in Table 4.6.5 are the types already explored in other cases (interpersonal discord and responsibility orientation). The third requires some elaboration. Upon first examination, it appears to be an expression of concern for the patient and certainly a worthwhile goal of any psychologist working with deaf people. However, it is overreaching beyond the immediate issue (the function of name signs within a deaf culture context). Post-conventional (PCS) statement six more accurately conveys these concerns.

Advancing the interests of one's in-group may be of great import to the in-group. The in-group may even claim broader benefits in these advancements beyond their particular self-interests. Greater education about a subpopulation cannot be a bad thing but what is not obvious is the degree to which this statement reveals a concern for cooperating along common ideals in this situation. While it would be of concern to the psychologist that the report may not be reflective of the deaf person's abilities (as revealed in statement six), it may not be required to know anything more beyond that factor to be able to do her job well. Alternatively, why the deaf person does not know the name of his father is assumed to be due to linguistic or sociocultural reasons (i.e. the use of name signs) but it could also be a cognitive change, an existing cognitive deficit, or social reasons (e.g. the father was not a major part of the deaf person's life). The assumption that the deaf man's inability to answer the question is a function solely of lexical, linguistic function or a cultural issue could be an example of something that is over-learned and is now being generalised without sufficient thought to other potential reasons for the behaviour.

The first maintaining norms (MNS) statement in Table 4.6.5 reinstates the concern for interpreting all utterances (normative message 1) and by doing that, presumably, the deaf person would take note of the misunderstanding and be able to explain to the psychologist about name signs (though, this assumes this deaf person has full capacity). The second maintaining norms statement also brings in concerns for duty and the rules.

Post-conventional (PCS) statement six reveals the concern that the psychologist may have misunderstood and it may negatively impact the client. It shows less *certainty* than is expressed in the PIS statement one. The final post-conventional statement (with only one endorsement) does not express the same certainty as others that this is a function of name signs and is otherwise meaningless. The final statement indicates a concern for returning to the why behind the unknowing.

Table 4.6.6 shows the results of the data analysis for Case 6.

Table 4.6.6: Content analysis results for case 6

CASE 6: The Judge's Orders		
Representative / Prototypical Statement	Code	# of responses
If the interpreter counters, she may be seen as challenging the court and be held in contempt.	PIS	3
If the interpreter does not correct the mistake, it could mean a miscarriage of justice.	PIS	3
If the interpreter counters, the judge could be upset / angry and she could be replaced.	PIS	9
The duty of the interpreter to render the message faithfully regardless.	MNS	12
The interpreter should explain the differences between the two languages and the problems with verbatim interpretations.	MNS	11
The interpreter could try to compromise on attorney's goal and also meeting the communication needs of the deaf person.	PCS	6
The judge and the attorney should have all the necessary information so they can make a fair decision about communication needs.	PCS	13
How this will impact the deaf witness and what she is there to accomplish should be prioritised.	PCS	11

Totals :

PIS = 15

MNS = 23

PCS = 30

The final case in Table 4.6.6 continues many of the themes identified in the cases above and does not require elaboration beyond what the numbers reveal. There are PIS concerns expressed for loss of work, interpersonal discord, personal threats (contempt of court), and responsibility orientation (direct action between her decision and a miscarriage of justice without appreciations for intervening variables). The two MNS statements are similar types of reasoning that have been employed before – citing ethical tenets and following other normative messages. The final three statements for PCS coded utterances express concern for collaboration and impact on the individuals present.

4.4 Comparison of quantitative and qualitative data of moral judgement

At this point, I have taken the self-produced, micro-moral, qualitative data of the homework answers and quantified them. These data can serve as a comparison set for the DIT, which is a task that is macro-moral, quantitative, and based on recognition.

The qualitative and quantitative data sources analysed for this study share a basic design in common: an ethical scenario is proposed, participants are expected to respond with a preferred moral action (e.g. “*what would you do?*”), and then, participants are expected to justify their action choice. This justification process happens either through spontaneous production (i.e. free form in the qualitative data) or through recognising and selecting compelling reasoning offered to the participant as in the DIT.

The DIT results rated and ranked prototypical statements of ethical reasoning (either PIS, MNS, or PCS) based on five ethical scenarios of macro-moral concerns. The homework responses broken into utterances allowed for a similar type of analysis. These utterances were in response to six ethical cases of micro-moral concerns (interpreting ethics). The major difference between these two data sets is the DIT is designed as a recognition task. The webinar cases were in response to specific questions about the case and were spontaneous and self-produced.

With those considerations and distinctions in mind, it is theoretically possible to compare the rate of frequency for each reasoning type in the homework responses and compare it with DIT aggregate. First Table 4.7 gives the totals from each of the above cases:

Table 4.7: Comparison of case totals from homework responses

	Personal Interest	Maintaining Norms	Post-conventional
Case 1 totals	PIS = 17	MNS = 52	PCS = 5
Case 2 totals	PIS = 23	MNS = 50	PCS = 17
Case 3 totals	PIS = 18	MNS = 52	PCS = 13
Case 4 totals	PIS = 13	MNS = 12	PCS = 48
Case 5 totals	PIS = 22	MNS = 12	PCS = 36
Case 6 totals	PIS = 15	MNS = 23	PCS = 30

This is out of a total of 458 utterances in this data set. Resulting in the following totals and frequencies:

Total: PIS = 108/458 (24%) MNS = 201/458 (44%) PCS = 149/458 (33%)

Note the following comparisons with the DIT results in Table 4.7:

Table 4.8: Comparison of schema totals from quantitative and qualitative data

DIT Schema Results	Homework Schema Results
Personal Interest = 26%	Personal Interest = 24%
Maintaining norms = 35%	Maintaining norms = 44%
Post-conventional = 33%	Post-conventional = 33%

While these quantitative and qualitative data sets are different enough to interpret this comparison with caution, these data do suggest that there are *ethical reasoning patterns* notable amongst this cohort. They appear to be reasoning similarly whether they are faced with issues of macro-moral or micro-moral concern. Similarly, the results of the recognition task (in the DIT) compared to the production task of the homework did not show much of a difference (except a higher amount of maintaining norms statements). It would have been reasonable to predict an increase in (principled) post-conventional

thinking when faced with a recognition task than with a production task. In essence, this was the distinction between Kohlberg's instrument and Rest's. When relying on self-production data of interviewees, there were few examples of advanced moral thinking (Kohlberg's stages five and six). Rest found that when you changed the task to be a recognition task, there was greater evidence of principled-reasoning. This does not appear to be the case with these data sets.

This correlation raises several questions: Is their professional ethical frame informing or interfering with issues of broader ethical concern? Or, might the inverse be true – the way the cohort naturally imagines moral action is influencing their work? Are they habituated enough in how they are reasoning that the changes between macro and micro moral issues do not affect a notable shift? If these interpreters are merely following normative behaviours and normative messages from community interpreting, then what might that mean for the profession's moral development as a whole? Is interpreting 'adolescent' in its moral development? Lastly, how effective would educational interventions be in advancing their ethical reasoning within interpreting if it countered how they also viewed issues of macro-moral concerns? This pattern and the questions it raises will be explored further in the Discussion Chapter.

4.4.1 DIT Scores: Further data explorations on moral judgement

In this section, I provide the last quantitative data from the DIT on the topic of moral judgement. The remainder of the DIT scores (Type indicator and the U score) are provided in section 4.5. Following this section, I summarise the material on moral judgement.

The statistics that are provided by the Center for the Study of Ethical Development (CSED) include both individual and aggregate responses. Table 4.9 below shows the scores for each moral schema (PIS, MNS, and PCS and includes the N2 score) for individual responses of the SLI cohort. The scores in each column are written as percentages.

Table 4.9: Individual DIT profiles for PIS, MNS, PCS and N2

Participant	PIS	MNS	PCS (P score)	N2
1	24.00	34.00	42.00	39.36
2	14.00	28.00	56.00	51.87
3	52.00	24.00	24.00	8.47
4	6.52	58.70	28.26	37.11
5	28.00	28.00	36.00	30.48
6	54.00	20.00	20.00	3.59
8	34.00	48.00	16.00	20.33
9	36.00	42.00	22.00	14.85
10	30.00	24.00	42.00	37.21
11	12.00	64.00	24.00	27.92
12	20.00	32.00	40.00	36.51
13	28.00	28.00	30.00	25.98
14	20.00	32.00	48.00	48.26
15	22.00	52.00	14.00	20.44
16	12.00	30.00	52.00	55.86
17	16.00	40.00	36.00	45.08
18	26.00	22.00	44.00	41.96
19	20.00	20.00	60.00	61.13
20	4.00	62.00	30.00	41.44
21	28.00	30.00	34.00	31.75
22	38.00	36.00	22.00	26.00
23	38.00	38.00	14.00	3.51
24	20.00	34.00	34.00	41.48
25	42.00	14.00	38.00	40.34

Most striking about the individual numbers are the outliers. The highest PIS score was 54% (participant 6) and the lowest was 4% (participant 20). The average was 26%. The highest MNS score was 64% (participant 11) and the lowest was 14% (participant 25). The average MNS score was 35%. The highest PCS score was 60% (participant 19) and the lowest was 14% (participants 15 and 23). The average PCS score was 33%. The N2 score, a combination of the P (or PCS) score and the two other scores, shows greater variability. The highest is 61% (participant 19 again) and the lowest is 3.5% (participant 23 again). The average N2 score was also 33%.

Earlier the interpreting cohort's aggregate data from the DIT was compared with norms based on education and age. The participants fell in the early to latter years of adolescence or early adulthood (aged 14 through 21). The DIT researchers have also offered P score comparisons based on professional groups and level of professional education. Table 4.10 lists the average P scores (left side column) for various professional groups (students and practising)

Table 4.10: Average P scores of professionals and ranking of SL interpreters

<u>P score</u>	<u>Group</u>
65.2	Moral philosophy and political science graduate students
52.2	Law students
50.2	Medical students
49.2	Practicing physicians
46.3	Staff nurses
42.3	College students in general
40.0	Adults in general
33.6	SLI Interpreter cohort
31.8	Senior high school students

Note that the SL interpreter cohort is below *any* professional group and arguably does not even make it on the scale of professional groups and professional education. The scale adds two anchoring groups: *adults in general* and *senior high school students* (final years in secondary school). The SL interpreter cohort is behind the average adult and is actually closer to seniors in high school (final year in secondary school, aged ~ 17). As a reminder, the average age of the SLI cohort was approximately 49 years of age and the majority had an undergraduate or graduate degree.

4.5 Summary of participants' moral judgement (qualitative and quantitative data)

Rest defines moral judgement: "To formulate what a moral course of action would be; to identify the moral ideal in a specific situation" (1984: 27). The data thus far is presented to determine what the cohort imagined to be *the moral ideals* or the *moral courses of action* in both issues of macro and micro-morality. The data show that they have a strong preference for maintaining norms. The capacity for principled-reasoning is evident but is activated on the micro-moral level when issues pertaining to language and culture, or message transfer are directly signalled. There is not much evidence for exploration of shareable ideals amongst parties (in particular, hearing participants). As a result, their concerns are expressed through the lens of personal interests. There is much attention to

advancing the interests of their *in-group* (i.e. SL interpreters and deaf people), which they appear to carry with a strong sense of responsibility (e.g. “*If it weren’t for me...*”).

What might be creating this profile of moral judgement amongst interpreters? Rest (1984) noted the influences on moral judgement as:

1. Factors affecting the application of particular social norms or moral ideals, or their activation
2. Delegation of responsibility to someone else
3. Prior conditions, promises, contracts, or expectancies that affect role responsibilities, reciprocity, or deservingness (Rest 1984: 27).

Social norms, moral ideals, expectations of role responsibilities are all similar themes in the data results and therefore will be addressed collectively.

Social norms or in this case, professional norms are a powerfully socialising force (Hill 2004: 140). These norms do not only come from official documents but also emerge from the collective understanding of norms and the language used to convey them. These normative messages impact the cogniser on conscious and subconscious levels. Using a meta-ethical approach, there are a few instances of the powerful socialising force of norms and normative language in the qualitative data.

One notable item of interest is the lack of challenges to the normative message in the chat log. The group was relatively agreeable. Convening a group of forty or so people addressing several ethical issues over the course of 90 minutes basically agreeing may not be evidence of actual agreement but an indicator of other influences. In section 5.3 on the topic of moral motivation, I further explore some of the reasons *why* a participant might not speak out against the norm. However, given the DIT scores and the results of the moral schemas in the homework answers, it should equally be noted on the topic of moral judgement’s influences *that* there was little disagreement. When there were deviations and deliberations, they appeared in the private task of the homework and significantly less in the public nature of the chat log.

The reasoning pattern or logic behind maintaining norms is thus: The normative messages *contain* the moral ideal and maintaining them will *yield* a moral result. Arguably, this is

how the cohort, as a collective, conceived of social cooperation – it is best when everyone attends to his or her own duties and keeps with their expectations. This could be framed as a commitment to professionalism. This then becomes difficult to challenge which may be one of the factors that led to the overall agreement amongst participants in the chat log.

When the DIT expert hired to evaluate my coding disagreed with me on my coded items, it had to do with this aspect of the cohort's justifications for their decisions. She was compelled by the participants' desires to both uphold the ethical tenets they cited and *to stay within their role*. Granted, both of these ethical constructs are *designed* to be protections for clients / patients in the scenario (in all cases the deaf person).

No one would argue that ethical tenets *intend* to contain the moral ideal. This is why they are codified in professional ethics. It is arguable though that *uniform categorical application* (Rest et al. 1999: 306) yields the moral ideal in every case. Stating the importance of the rule or claiming adherence to role expectations is not evidence of principled-reasoning merely because those ethical constructs are based on ethical principles. Principled-reasoning requires more than that; it requires the ability to articulate how the rule will lead to moral ideal given the circumstances of the case.

One of the reasons for the high marks in maintaining norms schema particularly in the first three webinar cases was the cohort's expressed concern for their need to *stay in their role*. An investigation into the frequency of the usage of the term 'role' in the first three and the second three cases yielded the following results:

Cases 1, 2, and 3 combined = **87** uses of the term *role* out of 12,887 words

Cases 4, 5, and 6 combined = **15** uses of the term *role* out of 12, 086 words

All *six* cases show that interpreters maintained the normative message. That is, action should not be taken at decision junctures (refer and defer) unless elements that are directly associated with the message transfer task (i.e. language and culture) are signalled.

Yet, when asked to justify their reasoning for their decisions, the first three cases revealed a predominant response of maintaining norms (for example, participants would explain

that it was not their role, that their ethical code would not allow such behaviour). The second three cases revealed a predominant response of post-conventional or principled-reasoning (for example, participants would express concern for the outcome of the case and the consequences impacting some of the parties involved). The role expectancies were activated when interpreters were directly addressed by other participants in the case scenario (Cases 1, 2, and 3). The participants used the concept of keeping ‘within their role’ to defend their decisions to refer or defer the request.

However, the use of the term role was not used with great frequency in Cases 4, 5, and 6 and in seven times of the fifteen times it occurred, it was used to say, “I would step out of role...” and then take some action. This indicates a strong cognitive connection between the use of the term role and not taking action. In other words, maintaining one’s normative role (based in moral ideals) is equated with inaction.

One reason for the moral judgement scores from the cohort’s qualitative data is the strong socialising normative message in the public sphere. Few participants spoke out against the norms in the company of their colleagues. Another reason is an apparent belief amongst the cohort that maintaining the norms yields the moral ideal. Therefore, the group consensus is to maintain norms for the purposes of being moral. Third, role expectancies of interpreters require noncompliance with requests, non-involvement, and taking no action, which, arguably, is antithetical to seeking shareable ideals. Therefore, taking action would be to deviate from moral ideals. Taking action, or *stepping out of role*, is deemed moral in some instances where there is an *obvious* impact on the message transfer task.

Yet, what about the times when interpreters miss the impact on their work due to *social* factors that may not be overtly linguistic or cultural in nature? What about the times when interpreters misinterpret what is happening and overgeneralise the normative response? Lastly, what about the opportunities to seek shareable ideals, to be collaborative, to seek full reciprocity that go unnoticed because of the implied moral ideal conveyed by what is and what is not one’s role. These are questions not for moral judgement but moral sensitivity and moral motivation, which are explored in the next chapter.

4.6 Summary of moral judgement findings

In the concluding section in Chapter 5, I offer a more detailed conclusion for the data explored in both chapters 4 and 5. In this section, I offer a summary of the moral judgement findings in Chapter 4. The data found on moral judgement directly responds to research question 1: Given sign language interpreters' ethical discourse, what can be understood about their adherence to or disagreement with the profession's normative ethical ideals? In part, the qualitative and quantitative moral judgement data also provide some answers to the third research question: Is there evidence that the profession's conceptualisation of ethics and the resulting ethical reasoning by practitioners can serve to interfere with justice reasoning and normal developments in moral thinking?

The normative messages found in the SL interpreting literature are similarly evident amongst practising interpreters. These normative messages when expressed through scenarios and when viewed through a lens of Rest's moral schemas reveal a preference for maintaining norms. That is, when interpreters imagine right action as professionals, following the rules, their expressed duty, and keeping within the norms is the optimal approach. Sometimes the moral ideal is the result of maintaining the norms. Though, as explored herein, not in every case.

The cohort shows *capacity* for principled-reasoning but this appears limited in micro-moral issues. It is only activated when the message transfer task is overtly implicated. Advancing their own personal interests or those of their in-group also appears to have a strong footing in their moral cognitions. These ideals might be shared among the in-group but little attention is given to how they might be shareable by others in the interaction.

5. Expanded analysis of the cohort data using Rest's Four Component Model

The data reported on thus far are data on the moral judgement skills of the participant cohort. However, Rest (1984) suggested that moral judgment is only one component of decision-making and offered that decision-making includes four distinct psychological aspects: moral sensitivity, moral judgement, moral motivation, and moral implementation. Since this study is interested in the psychological and cognitive factors that impact community interpreters in decision-making, the Four Component Model offers a frame for interpreting the qualitative data in terms of these other psychological aspects.

In this section, I explore how the qualitative and quantitative data also inform the content and the quality of the cohort's moral sensitivity, moral motivation, and moral implementation – the three remaining aspects of the Four Component Model (FCM). In his first article on the FCM, Rest (1984) defined the component and then posed the types of influences on that component. The definition and the influences create the lens through which the homework, chat log, and the remaining DIT scores are analysed.

5.1 Moral sensitivity

Rest defined moral sensitivity as the ability to interpret the situation in terms of *how one's actions affect the welfare of others* (1984: 27).

In this section, I draw on comments collectively from the chat log and the homework responses. However, I give more attention to homework answers since these are more complete and therefore, semantically more reliable. In the chat log, because of the real time nature of the chat during the webinar, there are many examples of partial statements, leaving the meaning unclear and open to interpretation. In some instances, the interpretation is certainly plausible even with partial statements but mostly, chat log comments must be complete or the stimulus obvious in order to be interpreted with any confidence or reliability.

Scenarios 1, 2, and 3 and scenarios 4, 5, and 6 (see pages 110 - 112) have been described as fundamentally different. The first three scenarios are effectively answered by normative messages #1 and #2 (offered again below) identified in *EWR* and then confirmed by the webinar trainer (Dean 2014). In the first three scenarios, since the

message transfer task is not directly compromised, interpreters are encouraged to *defer or refer*. The second three scenarios are effectively answered by normative message #3. Because the message transfer task is compromised in some manner, taking action, doing something, providing information, etc. is preferred.

As a reference, the normative messages are:

- 1) Interpreters should merely interpret. Interpreters should not be overly concerned about the consequences of the impact of the message they deliver, poor practices in service settings, nor how deaf people may be impacted as a result.
- 2) Anything that is not about the message transfer task (i.e., decode/encode) is not the job of the interpreter and the interpreter should follow the lead of the participants, and be especially aware of how the deaf person chooses to act or not act. As a result, interpreters are permitted to explain their role to those who may expect more than this from an interpreter.
- 3) Interpreters may take action if something is directly impacting their ability to do their job (unless the deaf person prefers them not to) and where possible, such action is preferable before the start of the assignment. (Dean 2014: 65).

5.1.1 The welfare of others

Rest defined moral sensitivity as the ability to interpret the situation in terms of *how one's actions affect the welfare of others* (1984: 27).

When the participants expressed *concern for the welfare of others*, it is mostly with the second three scenarios when taking action is encouraged. Participants seemed readily able to appreciate the consequences of their would-be decisions when adhering to or deviating from the norm (normative message #3). It appears, however, to be more of a challenge to identify the impact on the welfare of others when inaction (defer and refer) is the preferred ethical answer. That is, if interpreters were to deviate from the normative messages #1 and #2 and not merely defer and refer, fewer explorations are evidenced in the participants' ethical discourse. For example, if the interpreter offered an opinion to

the psychiatrist, what good might have come from that? Or similarly, what might be the welfare to the family and patient if the interpreter used the sign illness instead of cancer, or finally, if the interpreter went to the deaf parents home and invited them to the parent-teacher event? These type of ethical explorations did not happen. In the minds of the participants, the first three scenarios evoke a *maintaining norms* response, which does not readily yield an exploration of how their decisions impact others. I offered the reasoning pattern in 4.1.2:

Requests made of the interpreter → *Refer and defer* → *MNS language, few consequences*

What was a frequent topic of discussion noted in the homework, and evident in every scenario, were explorations on how *their own welfare would be impacted* by their decisions. This was seen in the high PIS scores of all the scenarios; PIS scores were the second dominant schema in 5 out of the 6 cases. Specifically, with the first three scenarios when interpreters are expected to defer and refer, there is an expectation that participants will *get upset* for not abiding their request and therefore, *something would result* impacting the welfare of the interpreter. Several samples from the homework illustrate this point:

Case scenario 1: A psychiatrist asks the interpreter her opinion about a patient's diagnosis:

The impact of this would be that the psychiatrist may become frustrated with me and not hire me again. Participant Q (b1)

In doing so, I might offend the psychiatrist and he might request another interpreter in the future. Participant 79 (b1)

It's possible the psychiatrist could get upset and not understand why I wouldn't share my opinion, also may not want me to interpret again.
Participant F (b1)

Case scenario 2: The family asks the interpreter not to sign cancer during a meeting with the medical team.

No doubt the family members would be unhappy with my decision but would have the option of asking for different interpreter for future assignments. Participant J (b1)

The family members could become angry or upset. They could request I leave... Participant Y (b1)

If I could choose to abide by their wishes I could possibly get into trouble later. If the terminally ill patient could later find that he has cancer and is upset that this was not interpreted, I could be reported. Hospitals usually record the interpreters name and this could have legal consequences. It is better to deal with an upset family than to deal with legal issues. Participant F (c1)

Case scenario 3: A teacher requests that the interpreter contact deaf parents and visit them in her stead.

There is a possibility that my actions will alienate the teacher and will create a hostile work environment. In fact, the teacher may even request another interpreter to work with her student as she may feel I am not fulfilling my job responsibilities. Participant N1 (b1)

The teacher could be perturbed with me for not carrying out the tasks she wants done. Perhaps I would be at risk for the teacher asking that I be replaced with a different interpreter. Participant 21 (b1)

[The teacher] most likely would get upset and maybe report me when I decline. Participant F (b2)

In the second set of scenarios where action *is* expected, there are only a few examples where interpreters noted the impact on their welfare:

The doctor is no doubt mad at me since he was in a hurry. Participant 89 (b1).

[The psychologist] might get the impression that I'm trying to do his job.

Participant I (b2):

The court could perceive me as challenging its authority or refusing to follow the direction of the judge Participant 2: (b1).

It should also be noted that many of these utterances were in response to the second homework question: What is the potential impact of that choice? (note the coding ‘b1 and b2’). That is, when asked about the impact of their choice, service users responding negatively to their decisions frequently were the first things mentioned. Arguably, the first thought after making a decision is: *how this might impact me?*

In addition to these personal concerns, others personal concerns were noted:

I would look like I'm incompetent. Participant I (b2)

It would be a completely embarrassing situation for me. Participant F (b6)

Both parties may no longer have confidence in my abilities to interpret...

Participant S (b3)

The worst thing that could happen would be getting thrown in jail for being in contempt of court. Participant Q (b1)

Participants did acknowledge the impact of their decisions on the welfare of others too, though not as consistently as the immediate impact to themselves or their future colleagues (i.e. in-group reciprocity). The 2nd and 3rd question of the homework assignment was to specifically explore the impact of one decision over another to which the participants duly noted in their homework answers. However, in the webinar itself, the trainer did not address consequences. Subsequently, in the chat log, there were only a few examples of spontaneous mentions of the impact on the welfare of others.

During the chat log, when the impact of the decision was identified, it was usually framed positively – that is, a justification for agreeing with the exemplar answer. For example, in the case where the teacher asks the interpreter to visit deaf parents in her stead, one

participant offered the suggestion that declining the request and encouraging direct communication via the interpreter (the exemplar answer) would lead to, “*a new parent / teacher relationship*” (Participant A). Not following the exemplar response, or agreeing to the teacher’s request, garnered some mention of the negative impact on the welfare of others: the deaf parents begin to view the interpreter, “*as the person to approach with questions regarding their child’s education*” (Participant 8) and that it would set, “*the wrong precedent for future interpreters*” (Participant M).

Due to the life and death nature of it, the case about the patient with HIV yielded many concerns for not following the exemplar:

“*...life and death for the client and others, you cannot do nothing in this situation*”: Participant P

“*...they could go out and infect others THAT NIGHT*”: Participant A

“*If I were to allow the patient to go home believing they don’t have AIDS, this can be very detrimental to the patient’s life*”: Participant F

Mentioning the positive impact of the choice and the negative impact of deviating from that choice is the same reasoning pathway – it just uses a different semantic approach. In other words, stating the positive for adhering to and stating the negative for deviating are just two different sides of the same ethical coin.

In the chat log, there were no examples of the *positive* impact on the welfare of others if indeed the interpreter deviated from the exemplar. Consequences, which acted as challenges to the exemplar (i.e. negative or undesirable outcomes) could not be found. For example, no one in the chat log specifically mentioned that the psychiatrist, who needed more information before diagnosing the deaf patient, would not be able to *complete his assessment*. Even, if the interpreter’s decision to not provide an opinion is desirable, it still has a negative or unwanted outcome. No one in the chat log mentioned that a delayed assessment would result in delayed treatment for the deaf patient if he were indeed depressed. This is particularly notable in that in the homework assignment, participants were required to note the “potential impact” of their choice. As a result, a few of these ethical explorations *were* noted in the homework. These are explored further in section 6.5.

Being able to identify the impact of a decision requires the cogniser to appreciate certain salient contextual factors. Previous studies have explored the importance of recognising unique contextual factors in interpreting situations (Clifford 2004; Cokely 2000; Dean and Pollard 2005 and 2011; Witter-Merithew and Stewart 1998). However, the only mention of salient factors by the webinar trainer (outside of those identified in the scenario already) was in one instance when the trainer responded to a question (coded as a challenge) by one of the participants. In the case in which the family members in a medical situation ask the interpreter not to sign cancer, one participant wondered if it would matter if the deaf person in the case had been a child. The trainer replied, “That doesn’t change your role...your responsibility, what you are primarily responsible to do there.” In essence, the webinar trainer asserted that this salient factor *does not matter* to the decision-making process of the interpreter.

Webinar participants highlighted salient factors most commonly by posing a caveat of “what if...?” For example, in the case where the judge asked the interpreter to use a word-for-word translation, a participant wondered, “What if the deaf person requested Signed Exact English?”⁷ Such a factor would be important to consider before addressing the judge and educating him on issues of translation (as was the trainer’s exemplar answer). The trainer did not address this question; though, he rarely addressed the material from the chat log since he could not observe it happening in real time.

Another example of a participant trying to consider other salient factors occurred in the case where the family members asked the interpreter not to sign cancer but to use the term illness instead. This participant wondered if perhaps this was a sign that had been established with the patient and the gravity of the situation was understood but understood vis-à-vis the sign “illness.” Neither the other participants nor the trainer addressed this question even though the participant re-posted the same comment three separate times during the discussion.

⁷ Signed Exact English is a system that borrows the lexical elements of ASL but follows English grammatical forms. In some cases, lexical items are crafted to represent English words.

5.2 Influences on moral sensitivity

In the above section, I explored moral sensitivity in the cohort's qualitative data using the definition. In this section, I use what Rest (1984) noted as influences on moral sensitivity. I consider the data for a few of the influences listed below. Rest identified:

1. Ambiguity of people's needs, intentions and actions
2. Familiarity with the situation or people in it
3. Time allowed for interpretation
4. Susceptibility to pressure
5. Sheer number of elements in the situation
6. Presuppositions and prior expectations that blind a person to notice or think about certain aspects (1984: 27).

5.2.1 Ambiguity of people's needs, intentions and actions

It was determined above that there were few challenges (e.g. *what if* questions) or ethical *deliberations* in the chat log. While the homework offered more time and space for these, there was not a lot of evidence for these explorations either. Data from both the chat log and the homework responses reveal assumptions that were made about people's needs, intentions, and actions of the characters in the scenario. There were very few instances where a webinar participant noted a lack of clarity, or missing details in the case scenarios, or overtly acknowledged the assumptions they were making. In these next few sections, I review the themes of needs, intentions, and actions.

5.2.2 People's needs

Most notably was the case of the terminally ill patient. In this case, the person who is deaf in the scenario is not mentioned. The first sentence of the case says: *You are called to interpret for a terminally ill patient and his family members at a 'family meeting' comprising the team of medical and health professionals who are caring for the patient.* Note that the word *deaf* does not appear in this scenario. It noted who are the service users or the participants but the person who is deaf must be assumed to be the terminally ill patient. It is also reasonable to imagine that one of the family members is deaf. Even in the continuation of the scenario the detail of who is deaf is not made clear: *Some family members pull you aside before entering the room and expressly ask you not to mention the word "cancer" in your interpretation, but to refer to it vaguely as "an*

illness.” Considering comments from both the chat log attendees (n = ~40) and with homework participants (n = 24), it was determined, without question, that the terminally ill patient was the one who is deaf. This was likely the intention of the webinar trainer.

It is also *assumed* that the (deaf) patient is an adult who possesses full cognitive capacities. It is possible that the patient could be a child or have cognitive limitations. It is also more possible to derive from the scenario that a patient who has terminal cancer, who is currently on an inpatient unit would be medicated. Also likely is that one or more of those medications are narcotics for pain. In this case, simplicity of the sign ‘illness’ may be more readily understood than a word that may take time to fingerspell for a person whose attention and cognition are compromised (also, in ASL, there are no agreed upon / regularly used signs for *cancer*). Given all these potential interpretations of the scenario, it is striking how few participants noted these possibilities. As noted earlier, one participant did ask, “What if the patient is a minor and the parents are making the request? Do they have the right to ask this?” (Participant K). This was not carried through in dialogue in the chat log by other attendees however, the webinar trainer did take notice of this question and responded with, “*This does not change your role.*”

5.2.3 People’s intentions

Also assumed is the intention of the family members. It was assumed by almost all of the webinar participants that the intention of the family members is to hide from the (deaf) patient their true diagnosis – to deceive them. One participant offered, “Do they think this patient is not going to know what’s going on...?” (Participant B). Another recalled that this is possible because, “I have seen this happen” (Participant A). One participant offered, “Let the deaf person know so they have the same opportunity to say their final goodbyes” (Participant N). One participant *did* attempt to counter these assumptions by wondering, “...*is this a matter of a sign system already set up or an attempt to thwart the matter?*” (Participant A). She repeated this same comment three separate times as the chat log advanced quickly through lines of text but in none of the instances did anyone carry her thought forward in dialogue.

As a result of these assumptions, many interpreters imagined that they were, for the first time, providing access to the deaf patient. Several participants collectively articulated this: “*When the doctor uses the word, it gets interpreted*” (Participant B) and as a result, “*the patient may learn for the first time of the gravity of his illness*” (Participant J).

Some justified this decision to, “*interpret what is said, no matter what it is*” (Participant F) with: “*the patient may be able to adequately prepare for his final days with accurate information*” (Participant N) and that this is “*supporting the deaf person's right to equal communication*” (Participant S). Others noted the natural consequences of the patient realizing the family “*has been keeping information from him*” (Participant J). Participant N2 imagined the family, “*will now have to deal with the fallout from their ill deaf family member now knowing she is dying of cancer*” while Participant R added that the family would learn that, “*...the role of an interpreter is to help smooth communication not to make it easier for them to not have to deal with situations.*”

If in the attendees’ minds the family members’ plan were to keep the patient’s diagnosis from him, then whether or not the medical team were also in on the secret would have to be addressed. Most seemed to imagine the family’s intentions were to make this decision outside of the purview of the medical team since, as outlined above in moral judgement, most of the homework responses referred the family to the medical team. Some also imagined that if they complied with the family’s request, they would be complicit in this rouse against the medical team. One person offered: *If I chose to honor the families request, the medical team would walk away believing the patient understood clearly that he had cancer and would be under the impression that message was fully conveyed the way they had presented it.* 96-c1

5.2.4 People’s actions

In the second scenario in which the psychiatrist asks the interpreter, “What do you think?” the webinar attendees interpreted this to mean that the psychiatrist is asking their opinion about a possible diagnosis. Participant B asked, “*I am not a trained psychiatrist...why would one ask me that?*” Others wanted to offer direction to the psychiatrist, “*I would encourage the psychiatrist to discuss the patient with other psychiatrists*” (Participant Q) and “*I would give him some names of those who work with deaf clients*” (Subject J). Another homework participant said that she would, “*...tell the psychiatrist the client needs to be informed of her diagnosis*” (Subject U).

While it was not mentioned at all in the webinar and chat log comments, several participants in their homework answers noted the value of providing *communication* data

to the psychiatrist in order to respond to his request or possibly even to advance his diagnosis. Participants suggested:

I would inform the professional of any linguistic things that are outside of the norm that would help the professional complete his or her assessment.

Participant 96 (a2)

Though I do not know psychiatry, I do know possibly relevant socialistic information about the patient that the doctor may not have direct access to.

Participant 2 (b2)

Conversely, others imagined that the “*stupidity of offering an opinion*” (Participant 7) would result in “*untrained*” (Participant 93) and “*uneducated biases*” (Participant 2) having a “*very negative impact*” (Participant S) that could “*jeopardize the patient’s well-being*” (Participant 93) and “*impact future treatment*” (Participant Y).

5.2.5 Presuppositions and prior expectations

When referring to presuppositions and prior expectations, in this context I suggest that the presuppositions and prior expectations of the participants blind them to notice or think about certain aspects of the case. As an example, in the scenario where the psychologist notes that it is “very interesting” that the patient does not know the name of his father (after the patient only expresses a name sign, “D” on the forehead), most participants in their homework answers assumed that this is due only to a cultural reason (the frequent use of name signs within Deaf culture and the social impact of being a deaf person within a hearing family). As noted above in moral judgement, most participants would make sure at some point this information is provided to the psychologist, either through the deaf patient or the interpreter. However, it appears that the participants assume a) the patient to be of normal cognitive function, b) the patient is a user of ASL, and c) not knowing his father’s name is normal for this patient and therefore not of significance to what the psychologist might be evaluating. It is assumed that all that is required is to “*bridge the cultural gap*” (Participant S) and “*culturally mediate*” this “*misunderstanding*” (Participant N2). Many participants were definitive, revealing their presuppositions (emphases mine):

I would explain about name signs to the psychologist so he would realize that not being able to spell the name does not reflect a lack of intelligence or mental health issue. Participant 21 (a1)

If the client does not say anything, I would say, “given the visual nature of sign language he just showed the ASL named his father. He does not know the English equivalent.” Participant 8 (a3)

I would very quickly educate the psychologist on what name signs are, and that often the only person in all hearing family will not have ever known the full name of family members. I will elaborate on the side and let him know how only that he has a letter for his father but no English name correlation. Participant 89 (a1)

Also I can clarify, if need be, that using name signs to refer to people often deaf people do not pay attention to the exact spelling of names. This does not reflect their intelligence; it is part of their culture for the simplifying of the name and where they place the name sign etc. Participant 78 (a2)

Others appeared to make broader statements about this cultural norm without drawing specific conclusions about the deaf patient specifically:

During the assessment I would voice what the deaf man said about not knowing how to spell it and simply add it is common for deaf individuals to not know how to spell names since they use name signs. Participant N1 (a2)

I would take the opportunity to explain about the cultural relevance of name signs and how culturally names are not as significant for commonly used in-deaf culture as in hearing culture. 96-a1

Others offered other possible reasons for the inability to spell the father's name:

...the educational limits that consumers face. 79 (a3)

...deaf people have difficulty with literacy in English due to lack of exposure to native signers at an early age. J (b2)

[it] isn't uncommon for a deaf individual to refer to their parents, siblings and other family members with solely their sign names. 23 (a2)

These socio-cultural realities may not be incorrect but in only one instance in the chat log was there expressed concern for how this might impact what the psychologist is wanting or concerned about: “*What is the intent...spelling ability or cognitive awareness? ... [It is] important that the psychologist get the information he is trying to find*” (Participant M). The concern instead seems to be in making sure the psychologist is educated about Deaf culture in general or about sign names specifically.

The terminally ill patient and the patient who is being evaluated via the court (above) were both imagined as being fully cognitively aware and culturally deaf. However, the cases do not specify one way or the other. Another presupposition made by the participants was that the deaf witness in the court case uses / prefers ASL. Again, this was not noted in the case specifically. Yet in almost all of the responses to this case, the explanation to the judge included such certainty:

...it is the preferred mode of the communication of the client. Participant U

...to interpret verbatim would be impossible and make no sense to the client Participant 7

...would advocate for the patient stating that her first language is ASL not English. Participant 6

I would choose to inform the judge that the client's native language is not English. Participant 23

When a few participants wondered about the deaf witness's communication preferences, their comments were further biased toward only on one side of the communication spectrum. In other words, instead of considering the deaf witness might prefer an English-based signing system, they only wondered about the purely visual or manual end

of the spectrum. Participant 93 offered, “Now if the client does not understand the ASL a CDI [Certified Deaf Interpreter] should be called into the court.” Similarly, Participant 21 thought, “I might even suggest that a deaf interpreter would be an appropriate addition to the team.”

In the chat log and in couple of homework answers, participants recognized that this was an assumption being made. Participant J qualified her answer to the homework question with, “If it has been determined that the deaf client preferred method of communication is ASL...”.

What is most striking about the above data is the *certainty* with which participants interacted with the moral information within the scenarios. In this instance, certainty is not regarding their choice of moral action but a certainty in their interpretations – in *knowing* what people needed or what they intended by their actions. Indeed, for those professions who have consistency within their clientele base, patterns in behaviour leads to reliable interpretations. However, this is particularly problematic for professionals who often work with people and circumstances that are new or unfamiliar to them (as evidenced by the cohort’s demographics). Arguably this is of concern; in regards to the above influence noted by Rest (1984) of, “*familiarity with the situation or people in it*” considering many of the study participants noted in the demographics that they work in ever-changing situations (i.e. VRS and freelance). Additionally, consider Rest’s “*time allowed for interpretation*” for those in VRS settings where in the US interpreters are not permitted to ask questions about the call or the individuals (Alley 2012; Brunson 2011).

For interpreters who work in VRS settings, either as freelancers or as staff (i.e. as salaried employees), these assumptions made about people and their needs and intentions are arguably, *readily available* without much evidence of questioning or deliberations. These assumptions can be projected onto unfamiliar or unknown individuals. This combination yields a high risk of misinterpretations and misunderstandings. Further, if interpreters only tend to speak up when the message transfer task is compromised, they are not likely to ask the necessary questions that might result in a more accurate understanding of the people and the situation. Interpreters will likely rely on their assumptions and given the data, these assumptions are made and are accompanied by a sense of certainty.

5.3 Moral Motivation

In this section, I investigate some of the influences on moral motivation and how the qualitative data might provide information on the cohort's ability to follow through on moral action. Moral motivation is defined by Rest: "To select among competing moral outcomes of ideals, the one to act on; deciding whether or not to try to fulfill one's moral ideal" (1984: 27). The influences on moral motivation are stated as:

1. Factors that activate different motives other than moral motives
2. Mood states that influence decision-making
3. Factors that influence subjective estimates of the probability of certain occurrences
4. Factors that influence subjective estimates of costs and benefits
5. Factors that affect one's self-esteem and willingness to risk oneself, defensively reinterpreting the situation by blaming the victim, denying need or deservingness (Rest 1984: 27)

5.3.1 Factors activating non-moral motives: To educate / inform/ explain

Webinar participants and homework participants alike appeared compelled by the desire to educate, inform, and explain. Usually they were explaining ethical norms of interpreters and / or linguistic and cultural information to the hearing participants in the interaction. In the first three scenarios, where they defer and refer, they often explain their role and their professional ethics. In the second three scenarios, they are usually explaining about socio-cultural elements of deaf people and / or the nature of communication via a signed language.

Providing information to others should not be interpreted as a non-moral motive but given its high rate of frequency across the six scenarios, at the very least, it can be considered *cognitive competition*, perhaps supplanting other moral motives. It also does not readily consider the ideals and aims of the hearing participant (an example of in-group reciprocity). The exemplar answers provided by the webinar trainer also noted the importance of explanation and education to the hearing person in the interaction (Dean 2014).

The homework answers also agreed with the importance of advancing the education of the hearing participant. In the first three scenarios, the initial utterances in response to

what would you do, 75% of the responses started with or centred on explaining, informing and educating. The others stated their actions more directly and avoided interaction at all, *“I would not call the parents for the teacher nor would I deliver the papers to them”* (Participant 93). Others suggested offering to do something else, *“I would offer to interpret the meeting between the teacher and the parents”* (Participant 96).

Predominately, this approach was also taken in cases one and two as well. In the case with the terminally ill patient, there were two notable *exceptions* to the desire to educate. Both expressed a desire to be cooperative. Participant Q offered in response to what would you do in this situation, *“I would kindly ask the family members that are recommending this terminology why. I would do the best I could to accommodate the family members while still expressing the information the doctors are sharing. If the word cancer cannot be avoided, I would use it.”* Another offered, *“I would mention to the medical team the family’s request not to mention cancer and seek their advice. I could also be involved in a pre-meeting with the family and medical team to come up with an acceptably agreed-upon term/sign”* (Participant 96).

In the second three scenarios, education was also cited as important but in most instances some other action was necessary first (stop the psychologist, ask the deaf person permission to explain, go get the doctor, tell the deaf person there has been a misunderstanding). Still, more than half (59%) of the utterances focused on explaining something to the hearing participant as a response to what would you do. Other comments expressed an even more conservative approach, *“First, I would interpret to the deaf client what the psychologist said to give the deaf client the opportunity to say that he does actually know his father’s name”* (Participant 23). Some chose to be more obvious in their educational approach, *“I would ‘hold’ the interpretation and inform both parties that I was stepping out of my role as the interpreter...”* (Participant 6). A few mentioned that this would have never happened if the interpreter started the session differently (e.g. with an introduction to deaf culture). This would allow the interpreter to discretely add, *“it is common for deaf individuals to not know how to spell names since they use name signs”* (Participant N).

5.3.2 Factors activating non-moral motives: Fear of criticism / blame

In this section, I explore the language people used to talk to each other or about each other. Many of the examples come from the chat log since this is the only example of interaction. As a result, some of the background information about what the webinar trainer did or said during the webinar is necessary for understanding what happened amongst the participants. Granted, the didactics and comments from the webinar trainer are not the primary data source for this study. However, for the purposes of understanding the commentary in its context, I will need to include some of the didactics of the webinar trainer.

For human decision-makers, deviating from what is considered normative has been shown to lead to the experience of regret. As a result, people are more likely to maintain norms as a result of anticipatory regret, the expectation of experiencing this unpleasant emotion (Anderson 2003). Fear of criticism and / or *perceived blame* are shown to have a similar effect. Webinar attendees would have picked up on the emphasis and the reiteration of the normative message in the webinar's exemplar answers (Dean 2014) but other data that came from their peers could also be a contributing factor – the degree to which criticism from peers was evidenced.

The webinar trainer followed a convention when addressing each case: Read aloud the scenario, read a few quotes from the homework responses, respond to these, and then offer his answer (Dean 2014). Many comments from the chat log were in reaction to what the trainer chose as sample answers. In a few instances, these comments were positive or empathetic – commenting on why a participant might have chosen that answer (usually one that was counter to the normative message); but more often, the comments were critical. This could have been a pedagogical strategy of the trainer: show iterative applications of the norm as the right answer and also, express concerns or criticise those deviations.

First, an example from the scenarios where action is encouraged:

In case #6 where the interpreter is directed by the judge to interpret word-for-word, the webinar trainer chose three sample homework answers:

I would respond by saying in the oath I swore to interpret accurately and impartially and interpreting verbatim or word for word or literal interpretations is not appropriate when it distorts the meaning of the source language. Due to the syntax, grammar and structure of ASL translating word for word would render the message unintelligible. The intent of the question would be lost and would not make sense to the client.

I would explain that I have a problem with that and that their instruction violates the Deaf person's rights to receive interpreted message they can understand.

I would do as the judge asked me to do and interpret word-for-word what the attorney was asking. It would not be my place to 'control' the situation...

In reaction to this the webinar trainer provided for the attendees his own evaluation of these answer excerpts. He said:

First of all, I really like the first response and I can really respect the fact that you wish to educate the court and the other interpreters as to what is exactly happening here with your interpreting in that process. On the second response, I would caution anyone going up before a judge and trying to educate them about what violates someone's rights... As far as the third response, I have to say quite honestly that this is irresponsible. Um, I think it goes against what you are supposed to be doing as the interpreter.

The webinar participants simultaneously responded to these sample answers. One participant also liked the first of the three sample answers and stated, “Great response #1” (Participant Z), another compared the first and the third samples provided, “I disagree with 3 response, first response was best” (Participant E), and two others expressed their thoughts about the third sample answer as, “#3, what the heck?” (Participant 13) and “third response...very concerned!”

However, in at least one of the homework answers (from the cohort of 24) the third response was proposed as a possible option. Participant J suggested: *The other option is to obey the judge and sign 'verbatim'.* She explains that this would then, *“let the deaf client express confusion or respond as she sees fit. She might also stop to say that she does not understand signing being used and request that ASL be reinstated.”* However, during the chat log, this explanation was not offered.

A similar dynamic occurred in a case from the first set of scenarios where the normative answer was to defer and refer. This sample interaction occurred in scenario one where the psychiatrist asks the interpreter her opinion about the deaf patient. The sample answers chosen by the webinar trainer were:

...I would explain my role as an interpreter and emphasize that I don't personally know every client I interpret for, therefore I am unfamiliar with this client's moods and personality. I would suggest that the doctor call the client back and question him more in depth.

I would explain that I'm not a qualified psychiatrist...

The webinar trainer responded with:

I just wanna say that when I first read that response was... you made a point to say that you don't personally know every client you interpret for, therefore you are unfamiliar with this client's moods and personality. So, does that mean that if you did know them, that you were familiar with them, familiar with their moods and personality that you would comment to the doctor's question. Uh, if that is not your intention then I understand but I wanna make sure that I point out here that it really doesn't matter whether you know the person or not.

After the trainer read the answer aloud, attendees made comments to show their agreement with this concern: *“That was my reaction too”* (Participant 1) and *“Good point, I was thinking the same thing when I read it”* (Participant W). One participant thought it was a *“poor answer”* (Participant 6). Another offered a different explanation: *“I think they were trying to be gentle”* (Participant A).

The trainer continued:

And the second response, which I was kind of uh, surprised at, "I would explain that I'm not a qualified psychiatrist...". Kinda the same idea...if you were a qualified psychiatrist would you respond to the psychiatrist's question? ... you could be a licensed psychiatrist, you could be a licensed counselor, you could be qualified to make diagnosis decisions. But in this situation, you are there as the interpreter ... you function only as the interpreter.

This idea was further substantiated by a participant who actually was a licensed counsellor: *"I am a mental health professional practicing for 19 years, but when interpreting, I cannot give a clinical opinion."* (Participant N)

In this example, these answers are not even a deviation from the normative message and yet, because of the imprecise or indirect nature of the language posed, the trainer used this opportunity to take the example to a further extreme (*"you could be a licensed psychiatrist"*) and suggested even then, it would not be your job to offer your opinion (normative message #1).

Unlike the court scenario where there was only one homework example that expressed a deviation from the normative message (but did not emerge in the chat log), in case #1, there were several suggestions for moral action that deviated from the exemplar. Most suggestions centred on the importance of passing along to the psychiatrist information about communication. Examples include:

...but it also means the doctor does not have access to facets of the doctor-patient communication here she typically has his hearing patients. Though I do not know psychiatry, I do know possibly relevant socialistic information about the patient that the doctor may not have direct access to. Participant 2 (b2)

I would inform professional of any linguistic things that are outside of the norm that would help the professional compete his or her assessment.

Participant 96 (a2)

I would offer any information related to cultural behaviors that might be of assistance. This would depend on the patient and what was observed throughout behavior took place during the course of the assessment. It's not my job assessment patient but it is my job to advocate for the patient if their actions were possibly cultural related then it is my responsibility to communicate that the psychiatrist. Participant M (a2)

... as well as provide any ASL linguistic consulting for the psychiatrist deemed necessary on behalf of the client. Participant 23 (a1)

Again, these homework responses did not make it into the chat log commentary.

There are several other examples of critical language but they were often in response to homework excerpts that seemed implausible. For example, in scenario four where the deaf patient thinks he does not have HIV, one sample answer chosen was:

I would do nothing, get my things and leave just as the doctor did, knowing that my interpretation of the meeting was clear and the intent of the message was conveyed.

The reaction from the webinar trainer and the attendees was highly critical (which is understandable given the life or death scenario that is posed). The webinar trainer said: *“Um, obviously I have a lot of problems with this particular response because... what you... the intent of the message was not clearly conveyed. It was misinterpreted. You obviously did not clearly interpret for the deaf patient what was meant by positive.”*

Some of the reactions from the attendees were not as measured:

WHAT!!!!!!!!!! (Participant W)

Are you kidding me!!! (Participant I)

That answer scares me (Participant S)

I am astounded at that response (Participant Z)

DO YOUR JOB!!! (Participant A)

In these two examples, agreement and disagreement with adherence to the normative message yielded criticism by the trainer and other attendees. While it may well be that the reactions and comments were understandable in light of the selected homework excerpts, there is a subtle and broader message: proposed ideas of moral action are subject to suspicion, evaluation, and criticism. Considering the psychological component of moral motivation, fear of possible criticism for a chosen moral action may thwart follow through on initial decisions.

5.3.3 Factors influencing the likelihood of certain occurrences

As noted above in section 5.1 on moral sensitivity (page 171), there is a subjective expectation that interpreters, while adhering to the moral action of normative behaviour, can cause people to be angry or upset. As a result, in the first set of three scenarios (normative messages #1 and #2, refer/defer), being kind and using polite language was often proposed as an important strategy. Politeness appeared to be important to the homework participants in particular when they were not willing to heed the request of the hearing participant (the psychiatrist, the family, the teacher, the judge). Several comments from each scenario from both the homework and the chat log suggested that while denying people their requests, you should still be polite:

I would politely inform the psychiatrist... Participant 23

I would just politely say, "I'm not qualified to make that diagnosis. Participant 10

I would politely explain that as an interpreter... Participant F

I would politely explain to the family...Participant N1

I would politely explain that if the medical professionals... Participant Y

I would politely discuss with the teacher... Participant N1

I would politely tell the teacher... Participant 21

Even with this polite language and empathetic demeanour, the homework responses of five of the six scenarios still estimate that the hearing participants would not respond kindly to having their request denied. Given that *every* scenario expressed interpersonal discord as a likely outcome, this turn of events is a high probability in the minds of the participants. Note also in the excerpts below that these responses are coded as 'b1' which means that it was the first thing on their minds when asked what the impact of their decision (to defer and refer) would be:

I could offend the psychiatrist or simply make them feel uncomfortable for asking. Participant 8-b1

The psychiatrist maybe offended and not wish to hire me in the near future. Participant Y (b1)

By making this decision I run the risk of jeopardizing my future working relationship with that psychiatrist. Participant N1 (b1)

The potential impact is that the family may become hostile towards me...
Participant I (b1)

I risk alienating those in the group asking for my discretion. Participant 2 (b1)

I risk the family being unhappy that I won't change the message of the doctor. Perhaps they will choose not to use me as the interpreter.
Participant 21 (b1)

She may not like me much, however. Participant 89 (b1)

This may make teacher angry or cause some distrust between us.

Participant O (b1)

While these answers may intimate a *matter of fact* response to the reaction of interpersonal discord, fear of conflict as a motivator of behaviour is not uncommon. Being the target of anger is an unpleasant experience for most individuals. Responses seem to suggest that this upset and retribution (e.g. loss of future work) would be a natural outcome of taking moral action. Many also imagined that they would not be hired again, asked to leave, or reported to an authority. Facing emotional upset and possible retribution may be a natural consequence in the abstract, but when it comes to the face-to-face interactions, interpersonal concordance, and the need to maintain employment will likely serve as distractors in following through on moral action.

5.3.4 Factors that influence subjective estimates of costs and benefits

While the cost of keeping with moral action may result in unhappy customers (assuming adherence to normative messages #1, 2, and 3) many participants identified the greater benefits of such interpersonal discord. Positive and negative consequences for adhering to or deviating from the norm are outlined in this section. These analyses could have also been included above in what decision-makers imagine the outcome of their decisions as it impacts the welfare of others (in moral sensitivity).

Many participants imagined that because of their interventions in all of the case examples, that greater learning would be the ultimate result. This learning outcome would come to impact not only this particular interaction but would improve the experience for interpreters and deaf people of the future. The importance of this learning is also stated in the reverse in the examples below. That is, what would happen if you did not educate, inform and explain:

Case 1:

The potential impact of this decision is that the psychiatrist would learn a bit about interpreters and their professional behavior and would pass this information onto their colleagues. If this kind of teaching/learning experience happens often enough with a lot of different interpreters word

will get out that, gee, interpreters really are professionals and not family members friends etc. Participant I (b1)

[The psychiatrist] may also be left with the impression that it's okay to ask interpreters these kinds of questions in addition I would be missing the opportunity to teach another professional a little bit about interpreters. Participant I (c1)

The impact if I do nothing is that I would miss the opportunity to explain the role of the interpreter so false expectations could be avoided. Participant N2 (c1)

The potential impact of this transaction would hopefully be a positive one in that the psychiatrist will have learned how to better use the services of a sign language interpreter. Participant 23-b1

Case 2:

The family member may understand the interpreter's role better. Participant 6 (b1)

... the family will be a bit more informed about my role as an interpreter. Participant I (b2)

It may negatively affect the doctors (and nurses and anyone they share the story with) perception of interpreters and the interpreting process. Participant 8 (b1)

Case 3:

Another impact of this situation would be that the teacher would learn about what responsibilities are not appropriate to give an interpreter and how to utilize the services of an interpreter effectively for communication purposes. Participant I (b1)

No one would understand the role of the interpreter. Participant 93 (c1)

If I were to accept this and do what the teacher had asked this would continue to perpetuate the misconception of what an interpreter's role is.

Participant F (c1)

Case 5:

If I explain, or the deaf person explains, then they will have learned something about deaf culture and hopefully not jump to conclusions as a result of hearing mindset. Participant 78 (b1)

This would give the psychologist some cultural information regarding the names and ASL, which will hopefully help them have a better understanding of the world of their clients. Participant 23 (b1/b2)

Case 6:

The judge and lawyer could become to a better understanding of ASL, interpreters, and deafness. The deaf person could realize that the selection of an interpreter is a serious decision. Participant 93 (b1)

Case scenario four where the deaf patient misunderstands his HIV diagnosis is slightly different. The use of the sign positive by the interpreter initially is assumed to have caused the misunderstanding. It is not a function per se of the interpreter's ethics or the result of cultural or linguistic issues so educating hearing people is not in the foreground. Additionally, the most overwhelming cognitive draw for webinar attendees and homework participants is the correction of the health information. However, there was some concern expressed for the doctor's existing knowledge, about what he should already have known. A webinar attendee noted, "*I know many people, including hearing [people who] confuse positive results as meaning good*" (Participant F). Participant 93 noted in her homework responses that, "*The doctor should realize that extra care is necessary when communicating through an interpreter.*"

Another common theme was concern for future interpreters. Decisions that deviate from the norm may impact future interpreters positively (with new learning) and if they do not follow through with educating, it will impact future interpreters negatively:

the family would feel betrayed which, in turn, may leave a bitter taste in their mouth for all interpreters. Participant I (c1)

The medical teams trust of interpreters in general could be lessened (if it comes out that the some interpreters have been avoiding the use of the term cancer.) Participant 8 (c1)

If the patient or any other professionals involved found out there would be a loss of confidence and trust towards the interpreter profession.
Participant S (c2)

It could also affect both parties' expectations on future interpreters.
Participant 8 (b3)

Interpreters also imagined other benefits to adhering to the normative behaviour. In the case of the terminally ill patient, they were educating the family on the rights of the patient: *"I would share this information with the family members so they can understand the role of the interpreter, and the right of the client"* (Participant 78). Maintaining one's role (and therefore, ethics) was also of value to other professionals. The psychiatrist, *"will realize that I am keeping in my role as interpreter while reminding him of his role"* (Participant R) and Participant 23 would help prevent the psychiatrist from violating, *"confidentiality of patient information."*

Participants not only imagined benefits for the professionals in the scenarios but also the deaf people. In the case of the terminally ill patient, Participant S noted that staying, *"within my role as an interpreter"* that would have, *"...respected the deaf client's rights."* Participant 78 construed her decision to ask for more information from the psychologist (versus the interpreter following up after the evaluation) as yielding some type of independence: *"By allowing the deaf client to take responsibility for more explanation they will leave the appointment knowing exactly what the doctor meant. The deaf (hearing) people should not be dependent on the interpreter."* Participant 8 had

concerns for the dependence of deaf people too noting that an interpreter explaining the cultural significance of name signs to the psychologist and not allowing the deaf person to do it, “...could lead to the deaf client’s dependence on the interpreter to explain cultural issues.” In the case of the teacher requesting the interpreter go on a home visit, Participant J envisaged denying this request as something that would empower the deaf parents: “It also empowers the parents to decide if they need to have the report card explained to them.” Lastly, in the case of where the interpreter explains to the judge about the differences between ASL and English, Participant 89 imagined that, “The questions will be answered correctly and there can be some justice for the crime.”

If interpreters ‘do the right thing’ the benefits are noted. If interpreters deviate from that norm, the costs are of equal concern. Similar to the welfare of others in moral sensitivity, this ethical consideration is virtually the same. Though, it fails to recognise the other half of the consequences equation. Namely, what costs are to be had in face of doing the right thing and what are the possible benefits? Additionally, the participants recognise a rather direct line between their behaviour and the positive outcome. They also do the same with the costs – if they do not follow the norm – there is a strong causal relationship with a negative outcome.

5.3.5 Factors that affect one’s self-esteem and willingness to take risks

As mentioned earlier, human decision-makers are not likely to risk the experience of regret. As a result, people avoid taking action or deviating from the status quo or the established norm. Fear of blame or criticism also function psychologically to inhibit variations in behavioural choice (Anderson 2003).

Part of what helps to form and maintain normative messages are heuristics (Kahneman 2011). Kahneman defines heuristics, or rules of thumb as, “simple procedures that helps find adequate, though often imperfect, answers to difficult questions” (2011: 98). In the chat log data, heuristics were counted as short pithy statements that appeared to provide cognitive input for behavioural guidance. Here are some examples of the chat log heuristics:

‘I am in no way qualified to give my opinion, nor would I because it is not my role’ Participant B

‘We are not to comment if we know or not’ Participant F

'Keep it to yourself if you have an opinion' Participant B

'Interpret what is being said. That's it.' Participant 13

"I MUST interpret all the information shared..." Participant C and J and 5

'I interpret YOUR words not mine' Participant A

'Do not talk to the doctor without the deaf person there' Participant W

The certainty expressed in these statements (capitalisation theirs) implicates more than just the message they denote. They indicate a sense of rightness that leaves little room for extenuating circumstances or a discussion of consequences. Dogmatic approaches to ethics such as expressed here seek to suppress ethical inquiry which ultimately inhibit growth in moral judgement (Rest and Narvaez 1994: 216).

Many of these heuristics appear to express a containing and limiting effect on action. In the demographic data, participants were asked to pick the top two heuristics they, "...use the most when making decisions in [their] interpreting work." The top two were "Empower the deaf person" at 63% (n = 15) and "Participate as a member of the team" at 58% (n = 14). The third most frequently chosen response was, "stay in role as the interpreter" which had 21% (n = 5).

Arguably, the top two choices can be seen as paired opposites. Empower the deaf person is often an interpretation of deferring to the deaf person (or negative obligation of the autonomy value). Participate as a member of the team implies an action-oriented approach. That is, behave in ways that are similar to the other professionals, or at least in collective alignment with the goals of the professionals of the setting. Only five people rated stay in role as the interpreter as their heuristic even though this statement appeared with great frequency in the qualitative data.

This implies two possible characteristics of this cohort. One is that there is a lack of awareness between what the cohort claims when directly asked and what emerges discursively. Second, these choices of *empower the deaf person* and *participate as a member of the team* convey a sense of theoretical and cognitive dissonance which may serve to inhibit decisiveness. Further evidence of these characteristics were also found in the quantitative data of the DIT and explored next in moral implementation.

5.4 Moral implementation

In the methodology chapter, I noted the potential problems with deriving material from the qualitative data on the topic of moral implementation. I noted that moral implementation would be less applicable with hypothetical decisions – without knowledge of the actual decision. However, there are other indices offered by the DIT that would indicate the potential problems for moral implementation.

Rest defined moral implementation as: “To execute and implement what one intends to do...” (Rest 1984: 20). He noted the following influences on moral implementation:

1. Factors that physically prevent one from carrying out a moral plan of action
2. Factors that distract, fatigue, or disgust a person
3. Cognitive transformation of the goal
4. Timing difficulties in managing more than one plan at a time

Factors that distract and timing difficulties in managing more than one plan at a time may be informed by data from the DIT, in particular the type indicator index and the U score. As a reminder, the U score examines the logical consistency between the action items chosen (e.g. take action) by the participant and the statements of argumentation they endorsed. High scores indicate consistency and low scores indicate poor consistency. The type indicator is a profile that is more finely tuned than the P score in that it shows the relationship of the P score to that of PIS and MNS. If that relationship is close between two of the schemas, then the individual is deemed to be in a transitional phase. If the distinction between schemas clearly indicates a dominant one, then it is determined to be a consolidated score. These profiles are listed below in Table 5.1:

Table 5.1: Type Indicator Descriptions (Bebeau and Thoma 2003)

Type 1:	predominant in personal interest schema and consolidated
Type 2:	predominant in personal interest schema but transitional
Type 3:	predominant in maintaining norms schema, but transitional; personal interests secondary schema
Type 4:	predominant in maintaining norms schema and consolidated

- Type 5: predominant in maintaining norms schema and transitional;
post-conventional secondary schema
- Type 6: predominant in post-conventional schema but transitional
- Type 7: predominant in post-conventional schema and consolidated

Table 5.2 below lists the individual profiles for each participant and the corresponding utiliser score. The highest U score in the table is .57 and the lowest is .00.

Table 5.2: Individual score comparisons of the DIT's type indicator and U score

<u>Type indicator:</u>	<u>U Score</u>	<u>High/low scores</u> (from Table 4.8)
1 = 7.00*	.00	
2 = 6.00*	.30	
3 = 2.00	.44	
4 = 4.00	.57	
5 = 6.00*	.13	
6 = 1.00	.00	PIS high score = 54%
8 = 3.00	.21	
9 = 3.00	.22	
10 = 6.00*	.11	
11 = 4.00	.30	MNS high score = 64%
12 = 6.00*	.13	
13 = 6.00*	.08	
14 = 7.00*	.16	
15 = 3.00	.18	PCS low score = 14%
16 = 7.00*	.17	
17 = 4.00	.27	
18 = 6.00*	.19	
19 = 7.00*	.11	PCS high score = 60%
20 = 4.00	.36	PIS low score = 4%
21 = 6.00*	.33	
22 = 2.00	.45	
23 = 3.00	.31	PCS low score = 14%

24 =	7.00*	.35	
25 =	2.00	.38	MNS low score = 14%
Mean U score =		.24	

Hypothetically, anything above five on the type indicator index would be considered desirable. In this cohort the P score aggregate reported on in Table 4.1 appears more dismal than the type indicator index would suggest here. There are twelve, exactly half of the cohort rating either in the type 6 or type 7 rankings. No one received a ranking in the 5th type indicator leaving just over half of the participants in type 1 through type 4. This indicates a basic split in the cohort between those in the lower stages of moral reasoning and those in the higher stages.

It should also be noted that 14 out of the 24 participants are in transitional stages. This is a marker of “developmental disequilibrium” (Bebeau and Thoma 2003: 20) and may create indecision. A person in a transitional phase may have the *capacity* to consider the various angles of an argument but they also have a higher cognitive load as they consider additional moral options. As Schön suggested, when there are multiple approaches available to professionals, they can become caught up in the “babble of voices” (1983: 17) and can be delayed in a response, unsure of their response, or perhaps waiver in their response.

In addition to the potential disequilibrium indicated by the type indicator is the frequency of low U scores. For the encouraging data of half the cohort in the type 6 and 7 profiles is the less encouraging news that most of them did not show strong consistency between the action item response and their endorsement of reasoning statements. Nine of the twelve have relatively low U scores (.00 to .19) while the other three have better (though not high) U scores (.30 to .35). The transitional phase along with inconsistencies in thinking indicate that the cohort has the capacity but appear to be unsure of themselves.

Another measure that points to the potential for indecision is the number of times the cohort opted for the *can't decide* option on the judgement question. In this case, the mean response for the cohort was .92, which is a relatively low score. The cohort did not opt for that answer very frequently. One interpretation could be that they are decisive and certain when asked directly but on the tacit level there are inconsistencies and competing

moral ideals. This indicates that the cohort may be less aware of their own cognitive struggles. They appear strong in moral judgement (deciding what to do) but weaker in processing all the moral information (Bebeau and Thoma 2003: 22). If they had more can't decides this would be commensurate with the data from the type indicator and the utiliser score.

This evidence of tacit indecision or cognitive struggle with macro-moral issues is different than what appears in the qualitative data. Like the number of can't decides indicate, there is a greater sense of certainty with issues pertaining to interpreting (explored above in section 4.6). On interpreting issues, their answers mirror the normative messages. Presumably, being inline with the norms creates a valence of *legitimacy*. A sense of certainty in their expression and word choice makes sense. On the other hand, the DIT provides them an option to make a choice of what to do, which they appear to do with certainty. Yet, following on the DIT offers different moral factors for consideration, perhaps ones they had not immediately considered. This may be leading to the high transitional valence in their profile and inconsistencies in their responses. This suggests that the cohort may be more malleable in micro-moral issues than what their language suggests if they are provided with similar verbal assistance in consideration of other contextual factors. It could also mean that after considering these other factors, they may return to reconsider the certainty and the results of their decision.

5.5 Conclusion of results and analyses in chapters 4 and 5

The cohort's moral judgement (as described in chapter 4) appears to be so strongly *activated* (either MNS or PCS) that it compromises their moral sensitivities. They appear to have little awareness that assumptions are made about people and circumstances that could be reasonably challenged. They used language that reveals a sense of certainty, often in their moral judgement but more notably in how they perceive people and events (moral sensitivity).

Their certainty in language also reveals criticism for those who do not fall in line with the norms. This *closes off* inquiry and questioning by others who might wonder about extenuating circumstances or even directly disagree. Not only might that inhibit the development of ethical reasoning, it serves to create a distance between the normative message and actual behaviours. That is, interpreters might not be willing to discuss their work decisions that resulted in a deviation from a norm. This inhibits collective

consideration amongst those who may wish to imagine viable, ethical reasons for their decisions. This distance on a professional level does not allow for a give-and-take between the normative ethics and the descriptive ethics. Such a dialogue could optimally lead to a change in either the normative ethical material or in individual's behaviours. Both are positive advancements in ethical development.

The critical nature of the language used when addressing deviations from the norm may also lead interpreters to behave differently on the job. They might imagine a moral course of action but due to fear of future criticism (anticipatory regret), they could change that action. Moral motivation would similarly be challenged if interpreters were co-working and decided to override their moral action with what is expected within a maintaining norms mentality.

While, they may show less concern for their language use within their in-group, they were very concerned for politeness and kindness in their interactions with service users (especially when they are expressing a non-compliance answer to a request). This may carry a *concern for others* valence but being polite only yields a potential for interpersonal concordance. It does not have much value to participants beyond the superficial nature – the interpreter might be polite whilst still denying the request.

When asked to reason through macro-moral issues, the reasoning pattern was the same. The DIT scores, which revealed their dominant schema(s) were similar to those with interpreting-related or micro-moral issues. They showed a strong preference for maintaining norms. Their scores, including their P score, indicated that they think similarly to adolescents and those in young adulthood (aged 14 to 21), which is well beneath the average age and education level of the participants (~ 49).

One interpretation is that their moral development as indicated by the DIT score is limited. Arguably, this has a limiting effect on their reasoning skills within professional settings. Another interpretation is that their professional ethics has come to impact their decision-making processes outside of their work situations. In either case, there is likely a legitimising, circular effect of consistency. They are also further legitimised by the normative messages in the field.

The P score of the cohort did not even reach the level of professional education. Table 4.10 shows that the cohort's scores were significantly below the average adult let alone those in professional practice. Indeed, the cohort was closer to those who are graduating secondary school. The profession of SL interpreting and community interpreting in general interacts with many of the professionals or would-be professionals on that scale. This would serve as a barrier when interpreters are engaged by these professionals. That is, they are thinking on different moral levels. Further, interpreters are not likely to advance their professional status if ethical deliberations with these professionals reveal limitations in thinking. It is one thing to decline to cooperate with another professional saying, "Sorry, that's not my role" versus saying, "Sorry, in this decision I need to prioritise the autonomy of the patient."

The use of descriptive ethics as a way of expressing norms is one problem highlighted by this data. In particular is how the cohort used the term role to implicate inaction or to deny requests. The use of the term role implies an end to the conversation or the ethical deliberation. Once a rule, a heuristic, or the boundaries of role are cited, ethical deliberations cease. This dominant ethical approach naturally cannot extend to principled-reasoning since principled-reasoning seeks to collaborate. Drawing boundaries between professionals and participants is antithetical to collaboration; this is further corroborated by their moral schema scores.

Principled-reasoning is prevalent when activated. The scope of ethical concerns is limited in perception to message transfer task. Theoretically, the psychiatrist's question and the family's request are indeed issues of message transfer, but principled-reasoning was not activated.

These tendencies toward principled-reasoning were also revealed in the DIT data. There were some significant differences in the individual scores as compared to the aggregate. Half of the participants were shown to be transitional or consolidated in post-conventional or principled reasoning. Further focus on the type indicator index and U score showed that even with these high scores, there is potential for indecision and inconsistency.

A derivative logic of this data is the moral developmental level of the profession itself. That is, the cohort is merely expressing the normative response of the profession and that

norm is lacking when compared to the standards of principled-reasoning. As a result, the burden is not solely resting on practising interpreters but at the ethical policy level within the field.

Moral education interventions would be the natural next step in light of these data. These interventions would have to address the practising interpreter and broader professional ethics. It would not be successful in the long term to advance the ethical thinking of the individual interpreter. Follow through on moral decisions would suffer if the collective did not also adopt these ethical processes as normative.

Educational interventions could not just address moral judgement. The data suggest that there are deficits in moral sensitivity. Seeking to understand people, their needs, and their intentions would be a necessary component. Similarly, interpreters would have to perceive their decisions with enough confidence that follow through is more likely as is with moral motivation and moral implementation.

These data and the options for moral education interventions are explored further in the discussion chapter, Chapter 6.

Chapter 6: Discussion

6.1 An *overly* prescriptive force in community interpreting ethics

In the field of translation studies, Chesterman (1993) expressed concern that the move away from prescription and toward descriptive translation studies would result in insufficient adherence to translation standards. Pym (2001) agreed and called for the field to make a *return to ethics*. Presumably, their concerns were reactions against deviations in translation behaviours that might be considered substandard. The danger of inviting and permitting behavioural flexibility is that it can lead to the problematic trap of ethical relativism or the *anything goes* approach to professional practice.

While descriptive ethics has been a part of CI ethics for decades, my data do not indicate the evidence of ethical relativism as expressed in Chesterman's and Pym's chapters. Flexibility in behaviour does not appear to be the dominant ethical thinking. Instead, my data shows a prescriptive force running through much of the participants' reasoning. Arguably though, this is not the desirable form that sets standards and provides behavioural guidance as imagined by Chesterman (1993), Pym (2001), and Mason (2000). In other words, the presence of a prescriptive force does not have to be construed negatively. Standards of practice provide ethical guidance for practitioners and quality assurances for service users. Yet, prescriptive forces can function negatively and can compromise principled reasoning. Prescriptive force is particularly unhelpful if it blinds the cogniser to the circumstances of the situation and leads one to *uniform categorical application* (Rest et al. 1999b). I would suggest that the participants in my study showed evidence of this phenomenon.

In both the quantitative and qualitative data, the participants showed a strong preference for maintaining norms schema (see Table 4.8, page 163). They appear to think that following the rule will yield a moral result – that the rule *contains* the moral ideal. I have argued in Chapters 4 and 5 that there is a detectable prescriptive force undergirding their responses to ethical questions. This prescriptive force is evidenced in the quantitative data, which is of macro-moral concern and in the qualitative data, which is micro-moral and specific to the field of interpreting. The next few sections explore the possible explanations for such a high score in the maintaining norms arena especially in light of the cohort's average age and education level.

6.1.1 Blame the system not the people

The political ideal of *blame the system not the people* may be an apt phrase in understanding the participants' reasoning skills. There is evidence that the study participants are echoing much of the same ethical ideals and ethical approaches evidenced in the broader field of community interpreting. Therefore, what follows from here should be understood as less of a concern for the reasoning skills of the study participants and more of a critique of the ethical development of the broader profession.

Firstly, there is evidence that conservative interpretations in the ethical ideals of SL interpreting may have been directly or indirectly influenced by early contributions to the field. On page 21 in Chapter 2, I noted that an early text *Interpreting for Deaf People* (1965) used a re-print of the first Code of Ethics (1965) as their version of a chapter devoted to the topic. This was also true for the revised version of the book published in 1980 – the chapter on ethics is a mere reprint of the revised ethical code (1979) with no other expansions, explanations, or illustrative applications (Caccamise et al. 1980).

Regardless of the potential value of the content of these ethical codes, the indirect message of the ethics chapters in these two texts is that ethics are rather straightforward and need no additional explanation. In other words, *being ethical* is equated with knowing and following the rules. My data appeared to corroborate this given the participants' frequent use of rule-based language and direct references to CPC tenets to substantiate their responses to ethical action.

It could be argued that newer texts and newer ethical concepts counter these more conservative ideals. I did not find the impact of these advancements in an earlier study on exemplary ethical teaching (Dean 2014). I would further argue that even with such advancements, the idea that interpreting ethics is a *straightforward process* and does not require greater complexity has a degree of currency in the field today. On pages 31 – 36 in Chapter 2, I cite some of the texts used in interpreter education. Unlike earlier texts, the chapters devoted to ethics in later textbooks did explain, expand, and apply ethical tenets but may not have advanced the inherent complexity of ethical deliberation.

In the second edition of a textbook used in interpreter education, there were proposed normative messages (Stewart et al. 2004). In describing accuracy and completeness, the authors state that interpreters “...*have no choice* but to convey whatever is spoken or

signed... (Stewart et al. 2004: 149). In describing impartiality, the authors state, “Being neutral, not offering opinions, *refusing* to add information or to comment – those are the rules interpreters *must follow...*” (Stewart et al. 2004: 150). In describing an aspect of professionalism, the authors proposed the importance of interpreting everything and they reiterate, “*Everything means everything!*” (Stewart et al. 2004: 154) (emphases mine).

One year after the publication of Stewart, et al.’s (2004) second edition, the NAD-RID (2005) published its new Code of Professional Conduct (CPC). In the preamble, it stated that interpreters must, “exercise judgment, employ critical thinking, [and] apply the benefits of practical experience...” (RID 2005: 1). If the rigid ethical claims of the above textbook are juxtaposed with these qualifying directives outlined in the CPC preamble, two very different ethical pictures emerge. The text by Stewart et al. (2004) echoes the straightforward nature and *ethics-as-adherence-to-rules* as conveyed by earlier conceptualisations while the CPC at least recognises the need for consideration and deliberation.

Another ethical tenet highlighted in Stewart et al.’s book is the tenet of confidentiality. They suggest that confidentiality should be understood similar to how AIIC conceives of it, which is “the strictest secrecy” (as cited by Stewart et al. 2004: 145). Dean and Pollard (2009) proposed a different view of confidentiality. They suggest that in interpreting there is a

...common misunderstanding about the nature of *confidentiality*. The ASL signs for confidentiality (e.g. HOLD on the lips or PRIVATE) convey how most interpreters understand the confidentiality concept, whereas other practice professions base their understanding on the root of this word – to confide – meaning to *tell someone something in confidence* (Dean and Pollard 2009: 29).

Dean and Pollard go on to suggest interpreters need to discuss their work to gain advice and to seek guidance on their decisions; talking about work with colleagues is an ethical mandate (2009: 28).

Compare this definition to an illustration in Stewart, et al.’s text (2004) on keeping confidentiality:

Is confidentiality violated when interpreters exchange information about a participant among themselves? Yes, allowing interpreters flexibility to talk about situations they have encountered violates confidentiality as much as if the person the interpreter tells is not a professional (Stewart et al. 2004: 145).

This ethical mandate is opposite to what is offered by Dean and Pollard (2009). Interpreters should not confide even if that person is a confidential source. The authors claimed that it is of the *same ethical gravity* as sharing information with a person who is not a professional in the field (Stewart et al. 2004: 147).

This seems counterintuitive. Ethically, how could those be the same things? One person, the non-professional, has no business with the information shared. The other, another interpreter, may have a good reason to know the information (perhaps they will be the next interpreter on the job). Even if not for continuity purposes, the fellow interpreter can identify with the (likely) common experience and share their thoughts, advice, guidance or support. It would be the same thing as if a physician chose to ask a colleague about a perplexing case (albeit by providing non-identifying information). If you were that patient, you would more than likely prefer to have your case shared – the benefit is ultimately yours. If that physician instead talked with his friend or his wife about your case, this would ultimately not be of great benefit to you, the patient. What feedback might the wife or the friend offer at the professional level? Talking to a fellow physician versus a family member are *materially* different things. Arguably, the same should be true for interpreters.

Examples of counterintuitive ethical logic, simplistic ethical formulas (i.e. obey the rules), and rigidity of language does little to advance ethical reasoning. Furthermore, the lack of practice with articulating, explaining, and deliberating with colleagues (because it is against the rules) can result in insufficient deliberation within oneself. If active challenge and deliberation do not happen over the course of a person's life or in this case, an interpreter's career, likely their ethical thinking will not advance. Perhaps this is what is evidenced in the comparatively low principled reasoning scores of the DIT in comparisons to others of the same age and educational group.

The Stewart et al. book is not the only source explored in Chapter 2 that conveys these prescriptive norms and ideals. It is a noteworthy text though in that its title contains the

phrase, *the art and science*. These terms are often used to convey a contrast between those things about a profession that are technical or reliable constants (the science) with those that are, practical and fluid (the art). The *art of interpreting* intimates an appreciation for complexity and nuance. It expresses a transcendence that science does not adequately capture. Therefore, an artist is a person who can work with the tools provided or the medium available and create something that is unique to that individual and a given circumstance. The review of the text's chapter on ethics explored herein (2004: 44 – 47) does not convey this – there is little room for art in the science of interpreting ethics.

Perhaps part of the explanation for this scientific approach to ethics is offered by the authors themselves: being *ethically vigilant* means to behave in ways that are conservative or normative. They said that beginning interpreters, "...adopt an interpreter-as-conduit model as guidance for their behavior" (Stewart et al. 2004: 156). Mendoza (2012) and Tate and Turner (2001) found similar assumptions in newer professionals in their studies.

Is the pedagogical design then to prescribe the conservative view of interpreting by interpreter education and presume that interpreters will mature and *grow out of* this mentality and eventually learn the *art of ethics* as they advance in their career? If so, then this occurs outside of a supportive, learning environment, which leaves the development of judgement skills up to chance (Dean and Pollard 2001: 9). Indeed, if the participants in my study are any indication, this approach is not working. They expressed a concern for following the rules and a confidence in the resultant morality of that choice.

Early ethical thought was the result of a different context. Understanding the circumstances of that context is the aim of the next section.

6.1.2 The system and its context

Considering how the ethical content material came to be conceived and developed in CI, it is certainly not surprising that it is as restrictive as it appears. It might be easy at this vantage point to criticise how those in the field fifty years ago imagined moral action. The constraints that were placed on early pioneers are not the same for those in the profession now. Fifty years ago, amongst other things, they did not have the luxury of

language access awareness and legislation. In other words, the ideals that came to form early ethical thought were the direct product of that early context.

It is easy to imagine that a *make no waves* approach to CI ethics took priority. Inserting the interpreter into intimate and private conversations between doctor and patient, lawyer and defendant, teacher and student, and in some cases, parent and child would have immediately made the most sense. If the highest value or the profession's most basic survival requirement fifty years ago was the mere ability to make it through the door to provide such access, then restricting the behaviours to the point of inaction (that akin to invisibility) was likely the result of sound reasoning. This could be referred to as the profession's *threshold ethics*.

It could also be the result of sound reasoning that interpreters in the early days found the use of metaphors simple, efficient, and effective enough for the uninitiated service user. It is easy to imagine that in the early days, interpreters often found themselves having to explain who they were, what they were doing, and what business it was of theirs to be privy to the information they were. The quick and efficient use of metaphors provided enough data and likely allowed people to move on to the business at hand.

The use of metaphor coincided with the theoretical frames of some of the earliest researchers in the field – both the technical explanations (wire, bridge) and the social expectations (mediator, advocate). The social phenomenon and implications of a *non-participant participant* was understandably a fascinating area to explore. The theoretical approaches of sociologists and sociolinguists used the idea of role-taking and metaphor – they became the technique for exploring the interpreter in community settings. It simultaneously provided the profession with a necessary shift away from the purely technical emphasis of the message transfer task and towards a theoretical frame that included the social realities of community interpreting.

It is exactly this level of understanding – where the profession has been and why it followed that route – that simultaneously provides the focus for viable next steps. Recognition of the problematic nature of CI ethics and the ethical preparedness of interpreters has been on the table for discussion and deliberation starting a decade or so after the process of professionalisation began.

Fifty years ago, the ethical ideals of CI were dictated by the understanding of language and culture and the degree to which service users were familiar with the concept of an interpreter and by interpreting service provision. In many parts of the world, the context is very different today. First, we certainly do understand that language and culture, as constructs cannot be set aside from the circumstances and the individuals and the related social realities. There is great overlap between the scope of practice of the interpreter and the scope of practice of the professional. As has been argued in the literature, it is no longer a viable option for there to be a “*you do your job and I’ll do mine*” approach to effective and ethical practice.

Now that more is known about the impact of interpreting and translation on the source / target message and about the interpreters’ effect on the individuals and the interactions, defining moral action should accommodate this understanding. Similarly, in those areas where interpreters are *known entities* in community settings, there is less need for an overly conservative interactional bias or the *make no waves* approach. Certainly there is ethical precedence in being conservative in action out of the respect for autonomy or the jurisdiction of another’s authority. That should be understood as ethically different from choosing to be conservative in action out of fear of interpersonal discord.

The new contexts and developments in CI call for an ethical ideal that reflects these. To fully appreciate the multi-layered complexities of interpreting in CI, one must also be intolerant of overly simplistic ideals of right action. In the next several sections, I explore how the profession might ethically *catch up* to the developments already evidenced in the research on community interpreting. This exploration first calls for acknowledgement and remediation of problematic norms, comes to include shifts and additions to pedagogy and research, and finally requires the addition of a normative ethics layer to ethical content material from broader principles to individual codes.

6.1.3 Lack of articulated intermediate ethical concepts

On pages 28 – 29 in Chapter 2, I used the tenet of professionalism as an illustration for the design of the most recent version of the CPC (RID 2005). In the CPC, professionalism is explained: “Interpreters possess the professional skills and knowledge required for the specific interpreting situation.” While professionalism tends to appear in many ethical codes, conceiving of what is *professional* in a given context relies on many variables (Rudvin 2007).

On page 35 in Chapter 2, I cited Stewart, et al.'s statement about the problematic nature of the term professionalism and its function in the Code: It appears to be a "catchall for such unmentioned items as personal and professional relations, and individual behaviors" (2004: 154). Even when they attempted to give an illustrative example in their textbook of professionalism, they returned to the need for practitioners to interpret everything, which was already stated under the tenet of accuracy and completeness. Under the topic of professionalism, they offer no new material for decisions made during interpreting assignments.

Frishberg also referred to the *grey areas of community interpreting* (1990: 59). Interpreting scholars have submitted that the, *it depends* response to questions of ethics also conveys this grey area (Dean and Pollard 2005, 2011; Winston 2005). In the preamble to the CPC, it is noted that there are areas and illustrations left uncovered: "The illustrative behaviors [listed in the CPC] are not exhaustive, but are indicative of the conduct that may either conform to or violate a specific tenet or the code as a whole." While I agree that ethical codes cannot cover everything, there appears to be many areas of ethical practice unaddressed and left up to the practising interpreter to *figure out on his own*.

Bebeau and Thoma (1999) suggested that professions need to specify broader ethical values to applied practice, or to develop the profession's *intermediate ethical concepts*. As an example, she portrayed the ethical ideal of informed consent in the medical profession as a specified form of non-maleficence. Arguably, the SL interpreting profession and more broadly CI have attempted to do that, though not with the particular nomenclature of intermediate ethical concepts or the same ethical language as other professions.

The changing role metaphors of community interpreters could be seen as an attempt to create intermediate ethical concepts within the profession. SL interpreting has offered several: conduit, communication facilitator, bi-bi, member of the team, and ally (further explained on in section 2.3.2, pages 46 – 49). These metaphors have evolved over the years and have given interpreters a different understanding of *their role* and as a result, ethical ideals. As an example, if an interpreter were to adopt a conduit role and were unable to understand fully the source message during a job, this interpreter would be

disinclined to interrupt. The reasoning stems from: I am merely a conduit. If that same interpreter adopted a communication facilitator role and experienced the lack of understanding, she would be inclined to interrupt and ask for the necessary information. This interpreter understands that effective *communication* is within her remit and therefore, clarifications are acceptable.

Literature from the broader field of CI has offered similar metaphorical explanations for interpreter behaviour. If an interpreter adopted a co-diagnostician role (Davidson 2000) and found herself in the exam room with the patient alone, this interpreter might engage in conversation with the patient about their symptoms or the reason for the appointment. If this same interpreter adopted the role of a coach (Hsieh 2008) or gatekeeper role (Davidson 2001), she may determine it permissible to further advise the patient on what information should or should not be reported to the physician when the interview starts. Metaphors are implying behaviour.

While from an ethics perspective I would argue the efficacy of this *metaphor-as-operationalising-ethics* approach, I would agree that researchers and the profession are trying to do something constructive through the proffering of various metaphors. They appear to be investigating ethical ideals evidenced by interpreters' practices. As Schön (1983) indicated, when interpreters *act* they are revealing their knowledge-in-action. In these acts therefore, there is something of value to be further considered. These behaviours could serve to inform ethical practices, both acceptable and unacceptable, which could further serve as the starting point for establishing intermediate-level ethical ideals.

While I am agreeing there is evidence of CI's exploration of intermediate ethical concepts, they are expressed in terms that are unrecognisable to those developed in other professions' ethics. The ethical valence assigned to the term role, the variable meanings and uses of the term, and the adoption of metaphors to explain and guide behaviour is unique to interpreting. If broader extrapolations from my data are valid, these versions of intermediate ethical concepts are not yielding a desirable outcome.

The SPPs may have moved theoretically closer to what other profession's have (e.g. from non-maleficence to informed consent) but the ethical material in the SPPs vary greatly (as explained on page 30). Even if SPPs were a *step in the right direction* for conveying

these intermediate ethical concepts, it is questionable whether practitioners are even aware that these SPPs exist or whether practitioners are familiar with their content (as is seen in my data). It is not enough for these examples of intermediate ethical concepts to exist, there must be a process that allows professionals to effectively integrate them in application to professional practice.

Setting priorities at the profession or policy-level such as the development of intermediate ethical concepts is one approach to respond to advancing moral reasoning. In the next section, I explore the need at the practitioner-level for awareness raising in regards to the psychological influences at play in decision-making.

6.2 A psychological force in community interpreting

All professional education needs to account for the naturalistic, human actualities of decision-making (e.g. decision avoidance) as explored in section 2.5.6. Unless there are direct interventions of consciousness, to raise awareness about human tendencies toward decision-making (e.g. anticipatory regret), professionals as well as laypersons will experience these cognitive patterns. However, in CI there appears to be some rather unique normative messages further reinforcing the potential for psychological tenacity and yielding behavioural sway.

6.2.1 The (dys)function of norms and normative messages

The participants in my study expressed the same normative messages proffered since the profession's start (Dean 2014) with a sense of conviction and cognitive integration. They didn't just agree with them in the homework and in the chat log, they often times offered customised versions of the normative theme (i.e. "I would have said it this way..."). This level of facility with normative messages reveals a deeper level of integration and not just a superficial or passive agreement.

Below I explore some of those normative messages, constructs, and phrases that appear in interpreting ethics. These normative ideals serve a cognitive function in that they provide guidelines and lines of logic for decision-makers. However, they also *impose* psychologically on the practitioner at decision-junctures, which can serve to inhibit effective reasoning and action.

First are the phrases of peculiar use in interpreting ethics: *staying in* or *stepping out of role*. In Chapter 4 on page 168, I reported on the frequency with which the term role was used in the six cases from the webinar. In cases 1, 2, and 3, the term role was used as a justification for not complying with requests, collaborating with service users, or taking action at a decision juncture. In cases 4, 5, and 6, it was not used as a justification for ethical action. It was however used to *excuse* or qualify a breach of taking the necessary action (i.e. “to take this action, I would have to *step out of role*”). As I offered earlier, to *stay in one’s role* is cognitively linked with not taking action (i.e. deferring and referring).

Not taking action is coincidentally *the same motivating force* behind human decision-making. That is, it is a psychologically pleasant experience and by contrast a psychologically distressful experience to take action or to deviate from norms. Interpreting practitioners are therefore, *doubly pleased* to not take action.

First, it is their role to not take action and second, it does not disturb one’s emotional homeostasis that can result from observable or deviant action (i.e. experiencing regret). For the interpreting profession, *staying in role* happens to be that which is both psychologically easier and professionally defensible (maintaining one’s role is arguably an expression of professionalism).

There is further reinforcement to not take action or to deviate from interpreting norms. On pages 191 – 192 in Chapter 5, I gave examples of some of the responses from the chat log when participant’s disagreed with how another participant answered the webinar’s ethical scenarios. The responses were notably strong (e.g. *WHAT!, Are you kidding me?*). Now, imagine an additional layer of fear of possible criticism, one that accuses someone of being oppressive (i.e. disempowering the deaf person) because he decided to take action? Perhaps this is why interpreters prefer to *pay lip service* (Angelelli 2004; Wadensjö1998) to the rhetoric or engage in *conspiracies of silence* (Tate and Turner 2001) in regards to their actual practice decisions.

Research into CI continually highlights the fact that interpreters *do* take action and *do* deviate from norms. My study shows that interpreters’ discourse runs counter to these behaviours. Presuming that the cohort in my study shares typical qualities with other study participants and that their actions also deviate from ethical thought, then this would

result in a mismatch between what is discursively evident and what is practically evident. Studies from CI show that interpreters who are either witnessed deviating from the norms or during interviews admit to and acknowledge the deviation. There must be some contingent of community interpreters for whom ethical discourse and ethical action are separate cognitive realities.

The term *pays lip service* used by Angelelli (2004) and Wadensjö (1998) connotes intention – as if interpreters are intending to be deceptive about the inconsistencies between word and deed. I do not imagine that this is a *conscious* deception. Argyris and Schön (1974) argued in a similar vein when proposing professionals find ways to compartmentalise their espoused theories and their theories-in-use. When asked, practitioners will claim congruency, though there may be evidence to the contrary.

I would propose that the limited ethical tools afforded to interpreters and the lack of formal reflective practices allow for these cognitive compartments to remain separate. There is evidence of many conflicting ideals and definitions in the literature. Earlier I compared the different definitions of confidentiality. I proposed in Chapter 2 a similar concern for the conflicting nature of the ally metaphor with the member of the team metaphor (2.3.2, page 46). I also suggested there are some dissonant problems with the heuristics endorsed by the participants: The top two choices were “Empower the deaf person” and “Participate as a member of the team”. Disparate information does not need to create cognitive dissonance. It can also be understood as dialectic (e.g. yin and yang), as an attempt to create balance. Arguably, the potential for confusion does raise the question regarding how effectively the study participants are cognitively juggling this ethical material.

If we can presume some generalisable material from my study cohort, then the utiliser score speaks to this dissonance as a possible source of confusion. As a reminder the utiliser score measures the degree to which the chosen action item (i.e. should the character in this scenario take action) was reflected and congruent with the rated and ranked argument statements. In other words, the low U score of the participant cohort showed inconsistencies between what they claimed to be moral action and how they then justified that action. To some concerning degree, participants argued against their own choices of moral action. Even though they determined what was moral, they were compelled by arguments against that action. Further, the type indicator scores revealed

that fourteen of the twenty-four participants were in transitional phases, which is an indicator of developmental disequilibrium. Without interventions in place, how does this disequilibrium come to equalise? Without some intervention, transitional phases can turn into either a forward or a backward step.

It should be noted that it is not unique to interpreting that there is a discrepancy between what interpreters say they do (or more accurately to this study, what they would do in a hypothetical example) and what they actually do in practice. Argyris and Schön (1974) have already situated this experience more broadly within professional practice. Similarly, Kahneman (2011) would remind us that the human brain is relatively lazy. It does not allocate cognitive resources easily. As a result, humans avoid information that directly challenges their self-perception (e.g. I am an ethical person). Humans also avoid information and processes that require work. This could also explain the reasoning patterns that I found in the participants' reasoning data:

Requests made of the interpreter → *Refer and defer* → *MNS language, few consequences*

Message transfer is challenged → *Action is expected* → *PCS language, few rules*

To change this pattern at some point in the reasoning sequence would be *work* and the human brain is not naturally impelled in this way (Kahneman 2011). Like any skill it can be learnt when there is a deliberate intervention. If there were a change in the normative message (either *refer and defer* as in the first pattern above or in the second pattern above, *take action*), what ethical material might be explored? Similarly, what if consequences were explored at both sequences? Expecting and directing these deliberations would be an initial step in advancing the ethical development of the profession. Leaving this to the natural development of a practitioner's *art*, relegating it to an *other* category (like *professionalism*) or deeming it a *grey area* does not serve the greater ethical purpose of the profession. Deliberate ethical intervention would be needed to create reconsideration of these reasoning patterns.

6.2.2 Nobler outcomes of staying in role

Staying in role or not taking action may have another layer of cognitive significance for interpreters. If an interpreter refrains from responding at a decision point (e.g. the interpreter is asked a question by the hearing person) then it is imagined that this allows the opportunity for the deaf person to respond. Conversely, if the interpreter takes action then it must be similarly imagined as *prohibiting* the deaf person from taking action. In SL interpreting, not taking action at such points and allowing the deaf person to respond has been referred to as “empowering the deaf person.”

Both the webinar trainer and the participants used the phrase empower the deaf person to imply *awaiting a response* from the deaf person. Empower the deaf person was endorsed as one of the two most popular *rules of thumb* or heuristics that this interpreter cohort aimed for in their interpreting work (see page 199).

In the related study of the webinar trainer’s didactics and resulting normative messages, I cite the webinar trainer’s exemplary response to Case #5, The Psychologist’s Evaluation:

In the webinar, after reporting on a participant answer outlining this same approach, the trainer adds, “...I liked the idea of **empowering** the deaf person to explain about name signs. That probably should be the first thing that should be done, then, if the deaf person does not explain...it is recommended that cultural information about name signs be provided to the hearing consumer (Dean 2014: 70)

Here, empowering is used to describe *giving the opportunity to explain*. As I suggested before, this is more accurately captured by the word defer. While it makes sense for an interpreter to first interpret the utterances of the hearing person and defer the initial response-opportunity to the deaf person, it is misleading to call it empowerment. Giving someone the *right of first refusal* to speak up is defensibly a kind act, a sign of respect, or even a corrective act in light of the historical oppression of deaf people. To elevate it to a higher, nobler effect of empowerment assumes much and creates a cognitive link that may not be accurate and in some instances problematic.

Deferring to someone by allowing him or her to respond first (even if the initial utterance is intended to another party, as in the case of an interpreter) could be ethically veiled if it

were framed as respecting autonomy. Beauchamp and Childress (2012) have provided the interpreting profession with ample challenges to realising the principle of autonomy. One must consider the negative obligation (not taking initial action) *and* the positive obligation (i.e. providing an individual with sufficient information or other resources to make the independent decision). To afford and respect autonomy, issues of capacity must also be considered. Therefore, the straightforward nature of take no action as leading to empowerment is challenged in light of these more complex ethical propositions.

While this liberative phenomenon of empowerment is notably stronger in SL interpreting ethics, it has some currency in the broader field of CI. Clifford (2004) found that proponents of a conduit mentality claimed having the *moral high ground*, whether or not such action is morally defensible. Clifford noted that not taking action when interpreters are witness to a problematic dynamic or even misstep is justifiable because if the participants shared a common language, the interpreter would have not been there and therefore, would not be a witness to it. Accordingly, this is how interpreters are supposed to deduce moral action (i.e., what would happen if the interpreter were not there?). The *what would happen if the interpreter were not there* approach to ethics is problematic. How could someone justify doing nothing at a decision-juncture based on an illusion – wouldn't it would be nice if all people everywhere could communicate directly? It is a *natural extension* fallacy that results from the normative messages that interpreters should create the illusion that service users are talking directly to each other. Other ethical fallacies that result from the natural extensions of ideals are explored in section 6.3.

This cognitive link between no action and empowerment (or other noble ideals as explained by Clifford 2004) is a double-edged psychological sword. Interpreters are likely *compelled toward* inaction in expectation of yielding empowerment. Similarly, interpreters would be *inhibited from* taking action for fear of disempowering another individual. Further, in both of these pleasing psychological realities there are ethical constructs present in interpreting to justify them. Are interpreters making decisions based on these psychological factors or are they using sound ethical judgement?

All of these examples of powerful psychological drives can similarly be justified by compelling ethical claims. I am suggesting that some of those psychological factors are like factory-installed software – they come with the human brain. Others appear to be installed through the normative messages evident in interpreting. They are veiled in

ethical language but upon deeper consideration may be originating from psychological processes and thwarting moral development.

6.3 Natural extension fallacies in interpreting ethics

In section 6.1.2, I acknowledged the *reasonableness* behind the conception and development of early ethical thought in community interpreting. Many of these early constructs were the result of ‘threshold ethics’ (resulting from the context of early professionalisation). In order to make the necessary shift to an ethical frame, it is important for the recognition and acknowledgement that discursive realities exist and have a problematic quality to them. In this section, I consider how that early ethical thought morphed into failures and fallacies that now require some remediation.

6.3.1 A case of *reductio ad absurdum* or the presence of generative metaphors?

Schön (1979) proposed that metaphors that underlie professionals’ thinking can function *generatively*. That is, they can *mislead* and *overreach* beyond their intended purpose (2.6.1, page 78). There appears to be several *generative metaphors* underlying the ethics of the CI profession, both at the conceptual and the discursive levels. The first is the conduit metaphor. Educators, scholars, and practitioners alike use the conduit metaphor as an ethical starting place. Either it serves as the moral base for ideals such as empowerment, justice, and respecting professionals’ jurisdiction or it is implicated as the source of service failures along with its portrayal as the theoretical antagonist to professional advancement. Whether it is the focus of praise or criticism, it is still the focus.

It was not likely the intention of early constructors of ethical material to have their proposed values (e.g. respect the jurisdiction and autonomy of the service users) via the chosen metaphor to be taken to extremes. It could be argued that extending metaphors beyond their obvious value is an example of *reductio ad absurdum*, or *reduction to the absurd*. However, like the example offered by Fritsch-Rudser (1986) in section 2.3.1 where the interpreter refused to acknowledge the presenter’s question directed at him, there is evidence that some ethical ideals are pushed beyond their value. In Chapter 2, there were several examples where early ethical ideals have been used to justify being complicit through awareness of criminal activity. Not all of these examples were extreme ones. In some cases, these ethical ideals were used as justifications for ignoring salient

factors that could implicate the effectiveness of service delivery (e.g. the doctor doesn't know that his Spanish-speaking patient might be taking herbal remedies but the interpreter knows based on common cultural experiences).

Similarly, it could be argued that metaphors have come to be misused as behavioural guidance tools. Originally used to help the uninitiated (service users and practitioners) to understand both the process of interpreting as well as the involvement of the interpreter, the technique of using metaphors broadened to encompass more than mere explanation. The metaphors of bridge, ghost or conduit, which were in part *intended* to address the potential concerns of interpreters' limitations in content knowledge and expertise, became the ethical *touchstone* against which all other ethical propositions would be measured. These early metaphors both set the ethical *ideal* as well as the ethical *technique*. This has continued for over fifty years virtually unchallenged. Very few scholars have taken a meta-ethical view and asked, *why do we do ethics in this way?*

The second potential generative metaphor apparent in the profession's ethics is the term role. The term role when defined merely as a professional's function would not be considered a metaphor. Indeed, many professional groups use role coupled with responsibility to explain and define their function and scope of practice. These two terms serve as the seeds for what is eventually manifested within ethical documents and practices. Indeed, seeds are not the harvest; they are merely the starting point.

However, there is evidence from the interpreting literature that the term role holds more semantic weight than the mere function of an interpreter (to convey utterances between parties who do not share the same language). The term role as a discursive shortcut to imply the behaviours of community interpreters (either theoretical or actual, described or prescribed) maintains a pervasive presence in the professional literature. Arguably, for many in the field, it is used synonymously with *role taking*, a device from sociology used to describe behavioural interactions and behavioural expectations in a given social context. The CI profession has appropriated role from the field of sociology and conflated it with the same term used by the professions to describe the function (as in the function of a doctor or a teacher).

This conflation is most clearly seen in a recent theory proposed by Llewelyn-Jones and Lee in their concept of role space. They cite a sociologist writing in the 1950s who

claimed, “Role refers to behavior rather than position, so that one may *enact* a role but cannot *occupy* a role” (Turner 1956: 317). These authors (Llewelyn-Jones and Lee 2013; Turner 1956) when using the term role or role space meant more than a professional position – they are implicating the *described* behaviours of whatever role is enacted (e.g. the eldest child in a family).

When the conversation shifts to the behaviours of a professional in a work environment, these need to be governed by a standard or the normative ethics of the profession. Normative ethics is the lens and the language that should be adopted when the conversation shifts from *what was done* to *what should have been done*. While a sociological perspective can serve to improve the ethics of a profession (e.g. to what degree professionals act in ways they attest to or, how might culture impact effective practice), the associated terms and devices of sociology (e.g. metaphor) are not effective substitutes for the terms and constructs associated with normative ethics.

While these early framers of ethical thought and technique might not have intended such extremes or the appropriation of metaphor as ethical guidance (Roy 1993), this is what has basically come to pass. Both the ethical ideal of conduit and the technique of metaphor remain as the major devices in the literature on ethics today. In their research on ethical action, researchers often follow the convention of first, countering the conduit metaphor as not always evidenced in practice and then, proposing a new metaphor that coincides with the ethical action that was identified in practice. In this case, metaphors almost legitimise behaviour. That is, because it is identified and described, it has normative weight. Another way to say it, if there is a metaphor that can explain and encompass the behaviours evidenced in practice then it is an ethically viable option.

Further investigation into some of the ethical claims of the profession reveals ethical fallacies. Some of these fallacies result from following the ethical claim to its natural conclusion. The first to address is the claim that interpreting is on the side of justice (Pym 2001). While there is evidence of justice claims in the profession and liberative expectations placed on interpreters (e.g. empower the deaf person), the construct that has gained the most traction in what has been deemed, the ally model. This is explored in the next section.

6.3.2 The ally metaphor fallacy

There is evidence in both the SL interpreting and in the CI field that interpreting has an *emancipatory nature* (Leeson et al. 2011: 5; Baker-Shenk 1991). Justice is arguably the compelling principle behind expressed concerns for empowerment of deaf people. Justice has also been linked to the introduction and advancement of the ally metaphor. In this section, I pay particular attention to the function of the ally metaphor because it is most closely associated with the justice claims that have been considered in this thesis.

I have already addressed the use of metaphor as a unique quality of interpreting ethics. For now, I am focusing on the concept of ally as a metaphor in purposing ethical action. I would argue that the particular claim that interpreters are or should be allies of deaf people can serve as a barrier toward the collaborative moral aims proposed by the moral hierarchies of Rest et al. (1999a and 1999b) and Kohlberg (1976). By natural extension, another way of expressing the ally approach to ethics is to consider the metaphor as generative. Arguably, it is the *ally-adversary* model.

The ally ethical approach imagines systems and social institutions as inherently oppressive (Baker-Shenk 1991) which is not how these institutions would likely imagine themselves given their own justice foundation claim (Mandle 2009: 35). Second, ally implies there is a conflict and in this conflict someone has to be the adversary (in SL interpreting these would necessarily be hearing people). Third, it assumes that the allies are working for good and by extension, the adversary or the hearing people in the system must not be. Granted, this is not always intentional; hearing people appear to do much out of ignorance.

My data highlights the degree to which interpreters needed to address that ignorance. With great frequency (explored in section 5.3.1) participants proposed that ethical action would require education and explanation. For the study participants, the questions and requests that came from the hearing individuals were perceived to be out of ignorance about the role of the interpreter. Why else would educating them about the role of the interpreter be the answer to the ethical dilemma? If the hearing person understands the role of the interpreter then the logic would follow that there would be no further engagement or need for direct interaction.

In an earlier study (Dean), I suggested that *interpreter agency* was one of the ethically troubling themes in interpreting (2014: 63 – 64). One aspect of interpreter agency was questions asked or requests made of the interpreter. If these come from the hearing person then they are additionally troubling because they are coming from the adversary, the one against whom the interpreter and deaf person are allied.

How might this thinking process unfold in decision-making processes in light of Rest's Four Component Model? In section 5.1, 5.2 and 5.3, I already explored evidence of problems with moral sensitivity and moral motivation. One aspect not explored by that data analysis but worthy of mention in light of the ally-adversary metaphor is how interpreters *deny the needs or deservingness* (Rest 1984: 27) of the hearing person. Giving consideration to the deaf person that is not also afforded to the hearing person in the interaction was noted in the normative messages of interpreting (Dean 2014). Frishberg noted in her chapter on ethics that when an interpreter hears something, it should be interpreted (including conversations that do not involve the deaf person such as a phone conversation). When interpreters have access to SL utterances from the deaf person, the interpreter is encouraged to first decide if it is “part of the stream of dialogue” or not (1990: 69 – 70).

Further evidence to the adversarial nature of interactions with hearing people was how often the study cohort expressed the likely outcome of interpersonal discord. With notable frequency, the participants imagined the hearing person's reaction *to the interpreter's ethical behaviour* as anger and as potential retribution (i.e. seeking to fire them). In order to do what is right, the interpreters appeared willing to accept the negative reaction from hearing people and even the loss of future work. While on the surface this appears noble, it consistently garnered a personal interest schema score, which is the least sophisticated in justice reasoning schemes because of its self-focus.

The good guy / bad guy theme is also evident in this reasoning pattern. That is, when interpreters act morally, or in ways they deemed to be moral, it is assumed that it will be met with resistance (anger, etc.). Wouldn't the logic follow that that which is against what is moral is arguably immoral, even if unintentional? Again, to what degree might an interpreter accurately apprehend the actions and intentions of hearing people if they perceive them as adversaries and working against what is moral?

Hearing people are not the only ones who emerge as two-dimensional characters in the participants' conceptions of what is going on in the ethical scenarios (i.e. their moral sensitivity). While the deaf people are the proposed good guys in these hypothetical explorations of the data, they are also rather simplistic in nature. On page 181 in section 5.2.5, I noted that presumptions are made about the deaf people in the ethical scenarios. They are assumed to be of normal cognitive function, users of or preferring ASL as a communication mode, and at their emotional and psychological baseline. Yet, the scenario presents the deaf people not just as deaf but as people in the circumstances of life – they are depressed, terminally ill, parents of school children, diagnosed with a serious disease, and so on. There is little attention by the participants as to the emotional and psychological states of these hypothetical individuals. The fact that they are deaf seems to obfuscate other aspects of *being human* in that there was little discursive attention given to such human experiences. What does it mean to be clinically depressed or facing death? What does it mean to be a parent of a school-aged child or being on the stand as a witness to a crime?

This simplistic and formulaic consideration of participants can also lead to formulaic thinking; this is addressed in the next section.

6.3.3 The formula fallacy

Not exploring possible salient circumstances of the deaf and hearing people in the cases *naturally extends* to a lack of consideration for the impact of decisions. If an interpreter acknowledged the factors of the case (i.e. *If a, b, and c are true*) then they would be lead to address how their decisions impact these factors (i.e. *Then x, y and z could result*). This could explain why the *welfare of others* (in 5.1.1, page 172 – 177) was not strongly evident in the participants' qualitative data.

It could also explain why there was such a strong *self-focus* when participants imagined the impact of their decisions. With consistency, the participants noted how their decisions would impact *them* and potential future interpreters. This would stand to reason. If the only person in the scenario who is perceived to be three-dimensional is *you* (as phenomenologists would suggest we all do), then you would be drawn to explore the ramifications of the (or your) decisions *on you*.

One interesting dynamic that occurred on a few occasions during the webinar was the lack of up-take of participants' contributions about possible extenuating circumstances in the cases. One participant wondered *if it would matter* if the terminally ill patient had been a child. The webinar trainer responded that categorically it would not (page 177). Another participant suggested three separate times in the chat log that the intent of the participants *would make a difference* (page 177). Another offered that what the interpreter's decision *would depend on* what the psychologist was looking for in her evaluation (pages 160 – 161). The emphases placed on these phrases are intended to imply the salient factors. Yet the message both directly and indirectly from the chat log dynamic was that these things *do not matter*.

Two-dimensional characters in straightforward situations lead to formulaic considerations. Formulaic considerations and answers are also likely contributors to the maintaining norms code in the scoring. While this could be the fault of the medium (using ethical scenarios as a stimulus for ethical thought as I explored in Dean 2014), there is still a possible cognitive impact. These *narratives* can be the frames interpreters then use in their interpretations of actual situations in which they work. Formulaic thinking could be serving to limit the appreciation for situations as complex, people as three dimensional, and outcomes resulting from multiple and varying influences.

Another theme that was the result of simplistic thinking was the linkage made between one's actions and the outcomes. This fallacy of responsibility as defined by Narvaez and Bock (2002) is explored next.

6.3.4 The responsibility fallacy

The lack of appreciation for the variables that converge on a particular outcome is an aspect of what was deemed *responsibility orientation*. Imagining that one's behaviour will *ipso facto* lead to some desirable or undesirable outcome is further indication of limited ethical sophistication. Just like the participants expressed assumptions of interpersonal discord with the hearing people in the interaction, they similarly imagined positive outcomes with their allies, deaf people. Participants imagined that their decisions would cause negative things (e.g. an overreliance on future interpreters) prevent negative things (e.g. misdiagnosis) and further positive things (e.g. access to healthcare information, serve as a moral model to the other professionals). Again, while on the surface these claims seem ethically charged, they are instead overdetermined. The

participants fail to express an appreciation for the multiple streams of influence that serve to determine or yield an outcome. In other words, they seem like the hero in many of the narratives they construct from the ethical scenarios.

Interpreting literature appears to propose and encourage responsibility orientation. On pages 62 – 65 in 2.5.1, I summarise all the ways in which interpreters behaviours are directly linked to outcomes. According to CI literature, as a result of their behaviours, interpreters can:

- Further the primary participants relationship (e.g. trust / rapport)
- Enable the disclosure of sensitive information
- Respect or challenge the jurisdiction of the professional
- Violate the healthcare provider's trust and expectations
- Alienate participants
- Serve as a source of oppression
- Inhibit and deskill one or more of the participants
- De-normalise participant's interaction
- Prevent unfair service
- Empower people
- Further disease diagnosis and ensure better care
- Conserve limited resources

The profession appears to imbue interpreters with great power. While several have attested to the influence of interpreters in interpreted interactions (Angelelli 2004 Dean and Pollard 2005; Llewelyn-Jones and Lee 2013; Wadensjö 1998), these *action and effect* linkages asserted above are strongly direct. Perhaps these assertions have evolved out of the need to counter the misconception that interpreters are invisible and merely pass messages between sender and receiver. That is, in order to dispel the longstanding assumptions that emerge from the conduit model of interpreting, counter claims must rise to a level of exaggeration to get equal attention. Regardless, what's more concerning is the impact such assumptions between action and effect have on interpreter cognition and decision-making.

Advancing the interests of oneself or one's in-group is the most distinguishing hallmark of personal interest schema. Advancing the interests of one's in-group is a direct

implication of the ally model. It appears from the data that one of the overarching cognitive aims of the study participants is hearing people leaving the interpreted interaction with more knowledge about deaf people, their culture, sign language, and interpreters. Rest noted that while this may be an appeal to an ideal, in order for it to be considered an aspect of principled-reasoning, the ideal must be shareable. The question is whether or not the interpreters could hone in on what aspect of language, culture, and the task of the interpreting would be of interest or concern to the hearing person. As explored in 5.1 and 5.2 there was not significant evidence of this.

Implicating the interpreter as directly responsible for the good and bad outcomes of a communication event is one kind of ethical fallacy, which has resulted in poor critical thinking and deliberation. Another is the message that interpreters need not worry about the circumstances or the outcomes of the people and the situation (except when message transfer is implicated). This leads interpreters to imagine that certain things do and do not matter. This is addressed in the next section.

6.3.5 The *it doesn't matter* fallacy

I have noted several examples of interpreters saying to themselves and to each other that their concerns for a given circumstance or a given outcome doesn't matter (see page 177 as an example). This or that should not matter (to you) the interpreter was also a type of normative message found both in Cartwright and in the didactics of the webinar trainer (Dean 2014). How can contextual factors that stem either from the interpreter (e.g. having worked as a trained clinician for nineteen years) or the situation (e.g. the deaf person is not cognitively oriented) *not matter* in an ethical discussion? Furthermore, how can the same cohort who endorsed a member of the team heuristic also suggest actualities of the situation *do not matter*? It would seem logical that if you are working as a team member then aspects about your fellow team members and the situation *should* matter.

I have identified some similarities in the design of the six webinar cases chosen for this study. Cases 1, 2, and 3 were effectively responded to with a *take no action* response. Cases 3, 4, and 5 were the cases where action was encouraged. These cases are also divided along another distinguishing feature: those things that should not matter to the interpreter (Cases 1, 2 and 3) and those things that should matter to the interpreter (Cases 4, 5 and 6).

According to the data, participants responded to the *does* and *doesn't matter* cases differently: It should matter that the deaf person misunderstood his HIV diagnosis. It should matter that the deaf person is understood accurately by his use of the name sign. It should matter that the deaf woman has linguistic access to the attorney's question. Do those things only matter because they are about access and language? Or is there more going on in the minds of the participants?

In regards to the case of the patient who has HIV, is the interpreter only concerned because a mistake was made or is she concerned because the deaf patient's health is at risk? The participants in my study expressed both concerns. Similar to this is the case of the individual who doesn't know how to spell his father's name. Is the interpreter only concerned because this highlights unique cultural information that is presumably unknown to the psychologist and yet important for the evaluation report? Again, participants in my study expressed both concerns. Last, how might their concerns be expressed in light of the deaf witness on the stand and the mandate to only sign word for word? Is the interpreter only concerned because this does not meet the communication needs of the deaf woman or because the aim of the court is hearing the facts of the case and that end may not be realised? The participants expressed both concerns.

When posed with the *this matters* cases participants explored the impact of their decision as it both related to their work and the broader aims of the interaction and the setting. This is evidence of sharable ideals. It is also how participants garnered the higher principled-reasoning scores. However, these considerations change in the *it doesn't matter* cases: The deaf man is awaiting diagnosis of depression for possible treatment; the deaf man who is dying is being joined by his family and medical team to discuss treatment planning or prognostic news; the deaf parents are expected to attend to the information provided by the school about their child.

Does the outcome of these scenarios not matter to the interpreter because they may not directly implicate language or culture? Why are there concerns for the deaf patient with HIV but not the deaf patient with depression when depression can lead to illness and death? Why is there expressed concern for the deaf witness but not an equal amount of concern for the deaf parents when it comes to access to information? Why is there more concern for the impact of the psychologist's evaluation than for the results of the medical team meeting with the terminally ill patient and his family? While these examples reveal

varying degrees of consequence (at the worst end is death/injustice), it does seem to suggest that only extreme cases or the life and death circumstances warrant greater consideration and action on the interpreter's part. This is indeed a slippery slope – are there not other consequences that impact the welfare of others that interpreters should be concerned about? Should interpreters only take action when there is an immediate connection linguistically or in life or death situations?

The profession has proposed that what is linguistic and cultural should matter to interpreters – it is within the domain. Anything that falls outside of that domain should not matter. In Cases 4, 5, and 6 the participants provide discursive overlap between what is linguistic/cultural and what are the broader goals and values of the setting. Does that mean that in Cases 1, 2, and 3 there is no overlap between the task of the interpreter and the task of the other characters in the scenario? Or, did the participants fail to recognise it because they have been told it doesn't matter? I have already explored in Chapters 4 and 5 and again here the ways in which the aspects of these first three cases could matter to an interpreter. Those were not particularly explored in the data.

As Pym (2006) suggested, drawing a line between that which is cultural and social is rather futile. As such, I would suggest that if it is a social factor it should be categorised as *it matters*. However, saying something *matters* does not necessarily implicate taking action. It may well be that an ethically sound decision would be to consider the salient aspect but in the end not take action or deviate from a norm. That process is not the same thing as stating something *doesn't matter*.

Getting and giving the message that some social aspect of the interpreting assignment doesn't matter creates a different cognition task than if told that it does matter. If an interpreter is told some aspect doesn't matter, then logically, it does not warrant consideration. Such a reasoning pattern limits the cognition allotted to the task and does not result in the investment necessary in seeking shareable ideals. Insufficient concern for the circumstances of a situation is unlikely to yield a positive score in principled reasoning.

All of these fallacies or problems with the logic stemming from the field's ethical ideals can serve as barriers to principled-reasoning. Principled-reasoning cannot separate the individuals in the interaction into allies and adversaries – people are not often compelled

to collaborate with one's enemy. Formulaic thinking does not allow for the moral sensitivity necessary for understanding another individual or what is unique about them and their circumstance. It also does not serve a developed appreciation for the likelihood of outcomes or the impact of decisions (as seen in responsibility orientation). Further, these unique aspects about an individual and situation needs to be understood as something that matters to the interpreter – by the very fact that it matters to the service users. Again, having these aspects matter (even if that does not require a direct response) allows collaborators to find common ideals.

Finding common ideals for the interpreter cohort was most readily accomplished when message transfer task was directly implicated even though it was not often reasoned through with that language. The language used and not used in ethical discourse revealed patterns of thought that could be considered barriers to advancement. This is explored next.

6.4 Moral schema patterns in qualitative and quantitative data

In the above sections, I have examined the potential reasons for the participants' reasoning patterns in light of the literature. There is evidence for maintaining norms and post-conventional reasoning patterns in the qualitative data, though they were not of equal strength. Maintaining norms was consistently stronger than post-conventional reasoning.

Whether the participant responded in a way that reflected either a maintaining norms or post-conventional reasoning pattern depended on the type of ethical proposition. If the scenario drew a direct connection to the message transfer task of the interpreter, participants were able to express ethical concerns that revealed shareable ideals. If the scenario did not make a direct connection to language and cultural knowledge, participants expressed ethical concerns for following the rules. Regardless of the type of ethical scenario posed, personal interest schema was always in second place.

There were several notable features of personal interest schema that were consistent in the data. The first was identifying how the individual interpreter would be personally impacted by the decision (being the target of anger and losing future work). The second was the expression of imagined responsibility for outcomes – an overly direct connection between the proposed action and effect. The final one was the degree to which the

participants wished to further the knowledge of hearing people. It appears from the data that one of the overarching cognitive aims of the study participants is hearing people leaving the interpreted interaction with more knowledge about deaf people, their culture, sign language, and interpreters.

Advancing the interests of oneself or one's in-group is a distinguishing hallmark of personal interest schema. It may also be the result of the prevalent ally metaphor in interpreting. While providing more education about a minority group could be considered *appealing to an ideal*, it might still fall short of post-conventional reasoning. In order for it to be considered an aspect of post conventional reasoning, the ideal must be shareable. The question is whether or not the interpreters were able to hone in and identify how aspects of language, culture, or the task of interpreting would be of interest or concern to the hearing person. If they were able to, this would yield a post-conventional score. If not, it would yield a personal interest score.

While there is detectable evidence in the literature and data for the reasoning patterns that emerged in the qualitative data, it is less clear why a similar pattern emerged in the quantitative DIT scores. Applying normative messages *of* interpreting ethics *to* interpreting ethical scenarios is arguably not a large cognitive leap and while not necessarily positive, it is understandable. However, for the same pattern to emerge in ethical scenarios that are macro-moral, not pertaining to interpreting bears further consideration.

On pages 163 – 164 in Chapter 4, I posed several questions raised by this comparison data:

- Is the professional ethical frame of the participants informing or interfering with issues of broader ethical concern? Or, might the inverse be true – the way the cohort naturally imagines moral action is influencing their work?
- Are the participants habituated enough in how they are reasoning that the changes between macro and micro moral issues do not effect a notable shift?

- If these interpreters are merely following normative behaviours and normative messages from community interpreting, then what might that mean for the profession's moral development as a whole? Is interpreting adolescent in its moral development?
- Lastly, how effective would educational interventions be in advancing ethical reasoning in interpreting if it countered how interpreters also viewed issues of macro-moral concerns?

According to the normative data offered by the DIT, the interpreter cohort is *behind* those of a similar age and education level. I proposed above that the flow of influence between macro and micro could go *either way* – macro-moral influencing micro-moral or micro-moral influencing macro-moral. At this point, there is only available evidence to this study that the flow of influence moves from the micro-moral to the macro-moral. In some capacity, interpreting ethical discourse has had a limiting effect on the ethical reasoning skills of the cohort. If there were other distinguishing factors of the group beyond 'sign language interpreters' (such as members of a political or religious group), then the same consideration could be given to the inverse – macro-moral to micro-moral. That data was outside the scope of this analysis.

Arguably though, both would be ethically problematic. In other words, if the ethical sway moved from macro to micro, then, why are these individuals not developmentally similar to their age/education group? Second, why wouldn't interpreting ethics offer some notable change or difference to this pattern if indeed interpreting ethics have some unique quality? Shouldn't the micro-moral reasoning pattern of interpreting show some distinction given the unique qualities of a profession like interpreting? If it is not making a mark, then interpreting ethics education and integration would need remediation.

If the ethical sway moved from micro to macro, then there should be concerns that the ethical ideals of interpreting are sufficiently lacking or even prohibiting normal development. In such an instance, interpreting ethics education and integration would also be in need of remediation. The only way it would *not* be of concern is if the comparable patterns in the qualitative and quantitative data were merely coincidental.

Since in both instances ethics education and integration is implicated, I will address the type of remediation that would be required if the proposed flow of influence moves from micro-moral to macro-moral – or if interpreting ethics were influencing broader social ethics. I will also address remediation in light of the aim of collaboration as proposed in the moral hierarchy schemes of Rest and Kohlberg. Remediation efforts could also be guided by other professional groups – their ethical content material and their ethics education approaches. These other professional groups scored higher in principled-reasoning, and therefore, it would be logical to consider the techniques and tools used there.

6.5 Advancing a collaborative approach

There is evidence of principled-reasoning skills in the study participants. This evidence can provide *footholds* for the next steps in ethics education intervention in the broader field. The most direct evidence was the use of principled-reasoning in the cases where interpreters are compelled to act in some way. When they imagined that what was happening mattered, they provided a more principled response. They considered the ethical implications of their decisions from several angles.

This success with moral judgement also highlights a challenge with moral sensitivity. In both the qualitative and quantitative data showed that moral information from the scenarios was not fully explored or considered. The study participants and interpreters like them would need to be challenged in their sense of certainty of what is going on in a given situation and for the individuals in that setting. Participants projected a lot of ethical material into the scenario that was not accounted for in the text.

I have already proposed concerns for the frequent use of ethical dilemmas in interpreter education (Dean 2014) and would further emphasise the need to use ethical stimulus materials that creates a fuller picture of the people and the events. It is reasonable to imagine that moral sensitivity would have been more advanced if the ethical content material was not a written scenario with limited moral information.

Another apparent foothold is found in the data provided by the type indicator score of the DIT. While their P scores were comparatively low, the type indicator showed a promising picture in that half of the participants ranked at type 6 or 7. As a reminder, these two latter types are identified as (all types listed on page 131):

- Type 6: predominant in post-conventional schema but transitional
Type 7: predominant in post-conventional schema and consolidated

Furthermore, the majority of the participants (14/24) were in transitional phases. While it can create a propensity for indecision, it also signals an opportunity for growth and advancement.

One of the early interventions in moving the cohort toward better principled-reasoning would be a redefinition of the concept of justice. What has been made available through normative messages and extensions of the ally metaphor may serve as a barrier to collaboration (e.g. seeing hearing people and the system as inherently adversarial). First, it would be important to address with the participants the ways in which they expressed collaborative tendencies (as in Cases 4, 5, and 6). As examples, the participants have already expressed concern for the health of the patient with HIV. They already recognised concerns for decisions made outside of the purview of the medical team (as in the family's request of Case #2). Second, it would be helpful to identify ethical material in the SL interpreting field that supports these ideals. It might even strengthen the argument to identify scholars from related professions that have proffered the same conceptual and ethical ideals (e.g. Beauchamp and Childress 2012; Pym 2000).

Another foothold to cultivate would be some of the collaborative material already a part of the ethical discourse in interpreting. In particular, proposing that interpreters are members of the [healthcare, legal, educational] team. This ideal has already been expressed within the broader field. Such expressions of collaboration are included in the profession's Standard Practice Papers (RID 2007a, b, c, d, e), which could provide the participants with a source of legitimacy and validation.

The participants already expressed the potential that the hearing professionals in all the cases could become angry with them. Perhaps it is not as helpful expressed in this form, but it is constructive that they recognised that their refusals to participate in some collaborative way would not yield positive responses. In these instances, the participants interpreted the anger reaction as a *natural consequence of their moral action*. If it were instead portrayed as a reasonable reaction to an uncooperative professional, it might shift their blame of hearing professionals away from '*they just don't understand*'. Instead,

what these hearing professionals perhaps *do* understand is the need for interdisciplinary cooperation.

Again, it would be important to highlight that this desire to be collaborative is already evidenced in some of their responses. Both in the cases where action is encouraged and where inaction is encouraged, there are examples of participants attempting to be helpful. Even in the cases where defer and refer were expected responses, some participants expressed concern for the task of the psychiatrist (e.g. offering cultural data, suggesting names of other experts in the field, introducing the teacher to the technology to communicate via phone to deaf parents). Again, identifying for participants where this is already happening and cognitively *available* to them can help them in imagining a *consistency* in their reasoning and in their moral actions.

The point of the term post-conventional reasoning is to convey both an appreciation for the move to a society-wide view and the need for such social conventions (as in maintaining norms). However, the prefix of *post* means that more reasoning work is required. When participants were able to express how a particular rule was ethically defensible (because it advanced a shared ideal), they were awarded principled-reasoning scores. Identifying the rule could be framed as the first step in creating principled-reasoning decisions. Rules are undergirded by principles. The challenge is identifying how that principle is *realised* in a given situation with particular circumstances.

The utiliser score in the DIT highlights another foothold that could be further developed toward principled-reasoning. The utiliser score measures the logical consistency between the action item chosen and the moral arguments endorsed (rated and ranked). While the qualitative data showed a sense of certainty in the morality of their decisions, the participants did not appear to have such a sense of certainty with macro-moral data. As a reminder, the utiliser score measures the consistency between the moral action chosen and the argument statements that are rated and ranked in the follow up questions. The data showed inconsistencies with the cohort's judgement and their reasoning. The design of the DIT presents participants with arguments that they might not have considered if left to the task without prompts, as with the webinar homework. This could mean that when offered other ethical considerations, participants are willing to consider their value. That is, it may be the case that when presented with countering arguments specific to the interpreting ethics, the participants would have expressed less certainty. I offered several

different interpretations of the cases as examples. Presumably, if the participants had access to those possibilities they would have expressed more uncertainty, deliberated more, and perhaps responded differently.

Moreover, it is important to note that even if limited, principled-reasoning was evident amongst some of the participants. While the chat log did not afford for greater sharing and in-depth dialogue amongst participants, there are other opportunities that could allow for that dialogue. If participants are malleable, then sharing perspectives of other group members within the moral hierarchies as proposed by Rest and Kohlberg could serve to advance the moral reasoning skills of the participants.

Implicated in all of these potential advancements are the ethical constructs and language that is currently used in the field. To use the footholds proposed would require a meta-ethical shift. The meta-ethical shift in redefining justice reasoning has been addressed above. Such a shift would result in another – a change from the language of descriptive ethics to language of normative ethics. Principled-reasoning requires the identification of the principles (or values) of a profession. I have given examples of how other profession might express a particular value. As examples, I noted that phrases like *not my role* might be understood as concerns for competency – a form of client protection. Also, the features often associated with the conduit metaphor could be better conveyed as concerns for an individual's autonomy and self-determinacy.

I would agree that while interpreters intend to convey something that is understandable and reasonable from an ethical perspective, it is not likely understood in those ways by other professionals. How might the example of using the phrase *stepping out of role* be imagined by an outsider? In reality, if an interpreter states that she is stepping out of role during an interpreting job, it is likely in reference to a) pausing the direct communication and her message transfer tasks, b) signalling a change to the 1st person / 2nd person convention, or c) signalling a contribution she is making to the conversation. In the interpreting profession, it might be an understandable phrase indicating these typical interaction shifts. The interpreter may use this phrase in advance of taking ethical and legitimate action.

Yet, what meaning might an outsider derive from the phrase *stepping out of role*? Upon hearing this from an interpreter, wouldn't it raise ethical concerns? In other words, why

would an interpreter cease to provide the service she was hired to do and provide a different service or contribute personal thoughts? Such signalling (i.e. this is *in role* and this is *out of role*) could lead the other professional to imagine that information that comes after, “I am stepping out of role” to be of less significance, irrelevant, or an inappropriate contribution. In reality the interpreter’s comments could be important commentary intended to further the aims of the interaction (e.g. the deaf patient may not understand that the physician is wanting to know about all medications, including over the counter and supplements). This peculiar use of the phrase and the term role would not be helpful in interdisciplinary dialogue which is required if the profession were to aim for collaborative action.

The foothold is an apt analogy. It is meant to convey that amidst a limited area of traction and development, moments of opportunity unfold on which one can grasp, repose, and ascend. As noted above, there were encouraging moments within the ethical discourse and reasoning of the participants. Next, I consider the footholds already attained and the future *ascension opportunities* afforded by interpreting scholarship.

6.6 Collaborative ideals in existing ethical content material

In my review of Angelelli’s book, *Revisiting the Role of the Interpreter*, I affirmed Angelelli’s concerns for an insufficient framework of CI and her desires to advance an integrative theory that appreciated the complexities of CI (Dean 2007: 305 – 306). I further suggested however, that her attempts to advance such an integrative theory were limited by the very theoretical foundations she was criticising:

Angelelli should be applauded for countering the profession’s current rhetoric. However, while she attempts to move counter to that current, she too gets caught in the constraints of an insufficient conceptualization of interpreting work. This leads her to simultaneously implicate the interpreting field’s incomplete theoretical foundation while constructing an argument on that very foundation (Dean 2007: 306).

The main concern I expressed in the book review and the same one I have echoed here is the appropriation of explanatory terms in lieu of ethical constructs. To put it in meta-ethical terms, the *function* of descriptive ethics is mistaken for the *function* of normative ethics.

The language of sociology has been adopted instead of the language of ethics. That is understandable since very few in the field come to study *right action* in community interpreting with a background or an expertise in professional ethics. Most address the topic with a sociological or sociolinguistic frame, which is what limited the work of Angelelli (Dean 2007). Even still, the literature can be mined for ethical material (including Angelelli's) that, when cobbled together, makes advances towards effective principled-reasoning.

Most have expressed concern for the ideals inherent in the conduit model from an ethical perspective (Clifford 2004; Dean and Pollard 2001, 2005, and 2011; Hsieh 2008, 2010; Tate and Turner 2001 as examples). The natural extension that is reached with this metaphor would lead someone to imagine that doing nothing or pretending one is not there will always result in the right action. Many have identified behaviours that are outside of the norms proffered by the field and yet, ethically justified (Angelelli 2004; Clifford 2004; Dean and Pollard 2005 as examples). Often, these justifications are made in reference to the salient contextual factors of the community settings into which interpreters are called.

Several have expressed concerns that the ethical codes in CI are insufficient. They are often designed in a deontological or rule-based and therefore, portray a rather simplistic form of decision-making (Cokely 2000; Dean and Pollard 2011; Tate and Turner 2001). A few scholars in the field have noted that ethical documents are not intended to address all of the complexities of professional practice. It has been suggested instead that the spirit of the document or the values underlying the ethical tenets be used as a guide in ethical practice.

Still others have highlighted the pedagogical challenges in developing the ethical decision-making and judgement skills of interpreters. It cannot be confined to one course (Witter-Merithew and Stewart 1998), it must be understood as something that develops over one's early career and *along with* interpreting practice (Dean and Pollard 2001, 2009, and 2013), and it must be understood as the application of broader ethical values to context-specific situations (Dean and Pollard 2009 and 2013; Nicodemus et al. 2011).

These advancements in ethical thought as well as the ethical content material found in newer ethical codes (examples in 7.4.1) indicate helpful shifts in the normative ethics of professional practice. However, they have reached the limit of their possible benefits that the fields of sociology and sociolinguistics can offer. The social turn in CI should be the penultimate turn. What awaits next is a *practice turn* – one that combines the social realities of the work with effective and ethical practice.

All professions must navigate social and cultural complexities of their work. Ultimately, this navigation must lead to *doing good work*. It is not enough that patient's cultural realities are understood and respected by her physician in a given interaction. Eventually, the pathway of decisions, interventions, and the *effectiveness* of the medical care is the ultimate determinant. That is, how is the patient doing now?

For interpreters working in community settings the questions of effective and ethical practice must be arrived at through similar ideals and processes. These should not be determined by the most progressive role metaphor adopted or the ability to cast on and off different roles as circumstances change. Instead, the profession needs articulated ethical principles that guide practitioners to *effective practice*. Scholars in both the fields of translation and interpreting studies, ethics, and in moral development have offered the ultimate guiding principle to determine effectiveness – determining and collaborating on shareable ideals.

Determining what those shareable ideals are and how those values are operationalised or specified to a given situation is the function of normative ethics. Descriptive ethics – what is actually done – knows no bounds. It is *not the role of descriptive ethics* to determine those boundaries or to determine the *ought-ness* of decisions. That is instead the role of normative ethics, which when investigated within professional practice offer many helpful constructs that would afford CI a paradigm for its justice claims. Such constructs explored in Chapter 2 include: values-based approach to ethics (reasoning via principles), the four core principles of service based professions (autonomy, non-maleficence, beneficence, and justice), specified principlism, value conflict, and reflective equilibrium.

6.7 Concluding points

There are strong psychological forces evidenced through the ethical discourse of the interpreter cohort. As I said before, some of these are factory-installed – the result of being a human decision-maker. Some of these have been *downloaded* through the exposure to normative messages. Those normative messages are both overt and evident in publications. However, others are understood by what is not said or by what is implied. Both of these normative messages are beyond the awareness of the practitioner and likely functioning tacitly. In some instances those two types of psychological forces (factory-installed and downloaded) feed one another, creating a seemingly synergistic and legitimising cycle. As I proposed in 2.5.4 and 2.5.5, it is both psychologically pleasing and ethically justifiable to do nothing at a decision juncture. It would be hard to determine if this is undergirded by sound judgement, lazy thinking, or emotional regulation (e.g. regret).

Therefore, making a shift in ethical advancement (i.e. cooperative norms) by adding a new layer of normative messages to this existing landscape will not necessarily have the desired effect. Many of these normative messages have dissolved into ethical fallacies and failures that call for remediation efforts. This could be accomplished by starting out with what the ethical thinker is doing correctly (i.e. concern about consequences in the message transfer task) and asking that those thinking and reasoning patterns be extended, regardless of what is more compelling in a given scenario. Similarly, when offered different ethical perspectives, ethical patterns are challenged and deliberation efforts improved. Using these ethical processes along with normative ethical constructs to structure ethical discussion and education might serve to advance ethical thought.

I have begun here to consider some of the ways that interventions at the profession-level and practitioner-level might initiate this shift. In the next chapter I return to the research questions, explore the major findings, and propose a series of next steps as a result of this research.

7. Conclusions and next steps

7.1 Research questions

In Chapter 2, I examined literature from the fields of SL interpreting, community interpreting, translation studies, professional ethics and practice, and the field of moral psychology. I took a meta-ethical approach and reviewed some of the ethical discourse material of SL interpreting for both content and underlying paradigms. This analysis was then broadened to include ethical content material from the broader field of CI, revealing overlap between the two fields. The disciplines of professional ethics and moral psychology further provided a series of constructs and ethical standards. These allowed for a unique comparison between what CI proposed as ethical standards and those proposed by other service-based professions.

One particular theme that ran through and connected all these fields of study was an overarching and expressed concern for justice. Since its inception, the SL interpreting field has provided an instrumental function in the emancipation of the Deaf community – through communication access provision. Spoken language interpreters have expressed a similar remit given the experiences of many refugees, immigrants, and prisoners of international crimes. Social institutions, where community interpreters frequently work have roots in justice. Similarly the professions that work within these institutions position their contributions as justice-based. Lastly, Kohlberg and those who expanded on his theories (neo-Kohlbergians such as James Rest), placed justice-reasoning at the pinnacle of moral development.

As many have concluded before me, the normative messages found in CI are restrictive, overly prescribed, and seem to fail in addressing important contextual factors. These prescriptive behaviours and ethical ideals are often not evidenced in practice though they often do appear in practitioners' discourse. There have been many attempts over the years to both advance an ethical frame that is suitable to the profession of CI and provide the education and training necessary to integrate these ideals in practice. One reasonable assumption to make is that these efforts have made some headway in how community interpreters think and talk about ethics.

Following a review of this literature, I proposed three questions for this research:

- 1) Given SL interpreters' ethical discourse, what can be understood about their adherence to or disagreement with the profession's normative ethical ideals?
- 2) In light of that ethical discourse of SL interpreters, what can be inferred about tacit moral schemas and other psychological components of decision-making?
- 3) Is there evidence that the profession's conceptualisation of ethics and the resulting ethical reasoning by practitioners can serve to interfere with justice reasoning and normal developments in moral thinking?

7.2 Study protocol

At the start of my doctoral studies, a unique opportunity arose to study the current ethical discourse within the SL interpreting profession. In January 2012, I was alerted to a webinar being offered in the US on the application of the SL interpreting ethical code to practice. In the webinar, the application of the ethical tenets of the professional Code were offered through responses to ethical scenarios that were required for homework and through a group discussion offered through the chat log. This provided me with access to both the exemplars offered by a trainer in his didactic material (see Dean 2014) *and the responses of about sixty interpreters across the US.*

The webinar's design and its components were comparable to the study I conducted (Dean 2014) on the normative messages found in Cartwright's (1999) Encounters with Reality (EWR) with the additional component of ethical discourse from practitioners. This additional SL component provided an opportunity to explore what might be the result or the outcomes of these normative messages – do they impact the ethical thinking or more precisely the ethical discourse of practising interpreters as evidenced by their homework responses and the webinar chat log?

With this material, I could address the first question in my research:

- 1) Given SL interpreters' ethical discourse, what can be understood about their adherence to or disagreement with the profession's normative ethical ideals?

The material from both the homework responses and the chat log were analysed and compared to the normative messages found in an earlier study of exemplars in the field (Dean 2014). I concluded that ethical discourse has not evolved much from the earliest ethical conceptions dating back fifty years. Arguably, perhaps, this is not a negative thing. Perhaps it is the case that such longevity could be viewed as consistent with ethical ideals that *should be* maintained today. In other words, is it reasonable that the profession *got it right* from the start?

The fields of professional ethics and moral psychology offer several lenses through which CI could examine their understanding and expressions of moral action. First is the hierarchy of moral development and the degree to which an individual dismisses personal interest and rule-based reasoning for principled reasoning. Second are the ethical ideals proposed by Beauchamp and Childress (2012), which are suitable for any service-based profession. Those included autonomy, beneficence, non-maleficence and justice. Last is Rest's Four Component Model and the degree to which the study participants' discourse revealed sophistication with moral sensitivity, moral judgement, moral motivation and moral implementation.

These external ideals and expectations from professional ethics and moral psychology led to the second question:

- 2) In light of that ethical discourse of SL interpreters, what can be inferred about tacit moral schemas and other psychological components of decision-making?

While the field may claim justice-based concerns for those in the Deaf community, it is often expressed through the ally metaphor. This approach is not unique. In keeping with the profession's history, the use of metaphor holds a strong precedent in the field. Most of the studies that focus on interpreter behaviours in practice are framed by theories and techniques offered by sociology and sociolinguistics. I argued that researchers appear to move away from *describing* the actual behaviour to encapsulating revealed behaviours in new metaphors. I further hypothesised that a given metaphor (and its associated behaviours) holds normative weight, and serves to guide behaviours (see also Roy 1993). Thus, it moves away from an intended descriptive quality and carries a normative quality.

This is distinctly different from the way in which other professions express normative ethics. Through a brief examination of comparison material from other service-based professions, it appears that CI might include some of the same ethical ideals as other professions (e.g., autonomy) but it does not express them in the same way. While some scholars in the field have offered the use of values to understand the nature of interpreting ethics, often those values are associated with the message transfer task (accuracy, fidelity, etc.).

Ethical guidance for navigating the social realities and practice negotiations in community settings largely remain *in metaphor*. This way of conceiving of and articulating ethical practice is different from other professions. The degree to which this reliance on metaphors instead of normative ethical standards (e.g., values) is contributing to conceptions in ethical ideals results in the final question:

- 3) Is there evidence that the profession's conceptualisation of ethics and the resulting ethical reasoning by practitioners can serve to interfere with justice reasoning and normal developments in moral thinking?

The Defining Issues Test (DIT) allowed for an expansion of analysis from the micro-morality material of the webinar (interpreting-specific) to the macro-morality and their broader justice-reasoning skills. The three tacit moral schemas underlying the DIT created a profile for how the cohort preferred to arrive at ethical action in macro-moral situations: reasoning via personal interest, norms and rules and principles and values. The norm-based DIT scores allowed for comparisons with others of similar age and education. It also provided the scores of professionals from other fields – the same professionals with whom community interpreters work.

7.3 Implications and contributions of study results

There were three major findings from this study:

- a) At both the profession and practitioner level of ethical discourse, newer ethical thought is only weakly evident. What is strongly evident on both discourse levels is ethical thought that was first conceived of over half a century ago.

- b) Sign language interpreting has made strong justice claims mostly through the use of the ally metaphor. However, the reasoning patterns of the SL interpreting cohort are not reflective of justice reasoning ideals as evident in the pursuit of shareable ideals and collaborative efforts. The very institutions and professionals that the ally metaphor criticises have greater evidence of justice-based reasoning than the cohort of interpreters.

- c) In both the qualitative and quantitative data, the interpreting cohort appears to be less advanced in ethical reasoning skills than their age and education would suggest. Their DIT scores reveal reasoning patterns that are significantly lower than other professionals. There is initial evidence that rule-based normative ethics and role metaphor techniques of descriptive ethics could be barriers to practice and developmental advancements.

In the next three sections, I explain in greater detail these major findings and how they impact current ethical thinking in the field.

7.3.1 Normative ideals expressed at profession-level and practitioner-level

Finding a): At both the profession and practitioner level of ethical discourse, newer ethical thought is only weakly evident. What is strongly evident however is the earliest ethical thought proposed over fifty years ago.

In part, the aim of this study was to identify psychological and developmental influences on the decision-making processes of community interpreters. Normative messages, or the exemplary-level ethical ideal is one type of possible influence on how practitioners conceive of ethical action. The interpreter cohort expressed similar ethical ideals as those proffered at the professional level. Whether or not these ideals are subsequently expressed in practice behaviours was outside the scope of this study though there is strong evidence of correlations between ethical thought and ethical action. Instead, I focused on the degree to which these normative ideals were cognitively available, which was evidenced by the ethical discourse of the SL interpreter cohort.

The ethical ideals expressed by the profession-level exemplars held significant cognitive weight for the cohort. The strongest evidence of this was found in the chat log where there were no direct challenges to the exemplar and very few incidents of indirect challenges (as in proposing a ‘what if’ question). The homework data was completed in private and without the biasing influences of the exemplars and the public-level discussion. Still, in the homework responses the expressed normative ideals coincided with the exemplar. There was some evidence of ethical nuance in the homework answers but these were not overly significant.

The ethical ideals expressed at the macro and micro levels still echo the earliest ideals of ethical action (i.e., threshold ethics). However, since the early inception of such ethical thought, there have been significant advancements in CI literature – some of which directly challenge the validity of these early ethical claims. These advances do not appear to have made a significant impact. In other words, there is little evidence of newer ethical thought in the ethical discourse of the cohort (and, presumably, by extension the profession). That is, there was little concern for context-based circumstances and consequences of proposed ethical action on the individuals or the outcome.

7.3.2 Ethical reasoning patterns and justice claims

Finding b): Sign language interpreting has made strong justice claims mostly through the use of the ally metaphor. However, the reasoning patterns of the SL interpreting cohort are not reflective of justice reasoning ideals as evident in the pursuit of shareable ideals and collaborative efforts. The very institutions and professionals that the ally metaphor criticises have greater evidence of justice-based reasoning than the cohort of interpreters.

The reasoning patterns of the SL interpreting cohort at both the micro and macro level both showed a strong preference for reasoning through rules and norms. A secondary preference was shown as reasoning through personal interest. Principled-reasoning *was* evident in their ethical discourse but those principled-reasoning messages (i.e. concerns for outcomes and shareable ideals) often coincided with normative messages already provided by the profession. Most of these principled-reasoning statements were associated with message transfer tasks – which is the domain tasked to interpreters. This made it hard to know if the cohort was really able to make decisions based on principles

or if they were following the norms proposed in professional ethics. This profile of moral schema preferences is not reflective of the average age or education level of the cohort; instead, it was significantly lower.

While there was evidence of reasoning through principles in the qualitative data, the discourse was also very normative for the field. According to the normative messages of the profession, it is permissible to be concerned about the outcome in some situations but not in others. In those permissible situations, there was evidence of principled reasoning. In those situations where outcomes were not of concern, the reasoning preference was through norms and rules. In these latter situations, the term *role* was a frequent discourse tool in justifying the proposed ethical action.

The interpreter cohorts' discourse appeared to be representative of the professions' ethical discourse. That is, there were parallels between the two sources of normative messages. Given that, then it is reasonable to imagine that the content of the practitioner-level discourse (in the homework and chat log) as analytical material for the justice claims at the macro or professional level. This pattern of reasoning is potentially illustrative or at least a by-product of the profession-level discourse. Yet, the ethical rhetoric of the profession claims to be centred on justice.

As Pym (2001) suggested, all justice claims require closer examination. In the field of SL interpreting, justice claims are long standing and still prevalent today. However, they do not appear to be grounded in the features of principled reasoning as proposed by Rest and the Center for the Study of Ethical Development. As a reminder, those features were: Appeal to an ideal, shareable ideals, primacy of moral ideal, full reciprocity, and rights orientation.

Both within the field of translation studies and from outside the field, ethical practice is defined by collaboration. Pym offered, "Translating is by nature a cooperative act" (2000: 182) and therefore, "defection [from the professional aim of cooperation] is definitely not a professionally correct move" (2000: 185). This definition of ethical practice is consistent both within the field (e.g., Pym), within professional ethics (e.g. Beauchamp and Childress 2012) and within the field of moral philosophy (e.g. Rawls).

The strongest evidence of justice claims in the SL interpreting profession has come vis-à-vis the ally metaphor. The ally metaphor appears to advance the notion that social institutions and the professionals that work in them are ignorant and even oppressive to deaf people. Yet, social institutions and the work carried out also claim to have justice roots. If these opposing claims could be settled by a review of DIT scores alone, justice appears to be on the side of these institutions and their professionals. Instead, the proposed justice claims of the profession appear to be more reflective of advancing in-group interests and in many instances, working *against* collaborative efforts (e.g. *that's not my role*).

Arguably, SL interpreting expresses some concern for collaborative ideals but again, does so in metaphor: interpreters are *a member of the team*. However, there is very little guidance for how this metaphor is operationalised in practice. There was also very little evidence that within the cohort's discourse an individual was reasoning as if they were a member of the team. That is, in several cases, there was little concern expressed for the outcome or the consequences to the service users. This may have been in part due to the practitioners' *moral sensitivity*.

As a reminder, in addition to the data regarding their ability to determine right action or moral judgement, the cohort's discourse was analysed for other indicators that would signal sound interpretation of ethical information provided in the scenario (moral sensitivity) and the likelihood of maintaining an ethical stance (moral motivation). There were many areas of potential concern. Most notably were those of moral sensitivity or the cohort's ability to show a sympathetic understanding of individuals, their actions, and intentions.

The data showed that the cohort made several assumptions about the people, their actions and their intentions in the ethical scenarios offered to them. It is not that these assumptions were unreasonable in some instances but there was not much evidence that the cohort recognised or further deliberated about these assumptions. This did not allow them to explore other possible interpretations. As a result of not exploring other possible interpretations, they were also not able to imagine the potential impact of their decisions. All of these are required starting points for effective ethical reasoning.

7.3.3 Stuck in metaphor: returning to the constructs of normative ethics

Finding c): In both the qualitative and quantitative data, the interpreting cohort appears to be less advanced in ethical reasoning skills than their age and education would suggest. Their DIT scores reveal reasoning patterns that are significantly lower than other professionals. There is initial evidence that rule-based normative ethics and role metaphor techniques of descriptive ethics could be barriers to practice and developmental advancements.

One of the notable concerns brought out by the comparison of the qualitative and quantitative data is the parallel found in reasoning patterns. There would have been several reasons to expect the quantitative scores of the DIT to show more evidence of principled-reasoning than the qualitative data. First, recognition tasks such as the DIT do not rely on verbal abilities allowing participants to *recognise* familiar and compelling moral argumentation. Since it is easier to recognise reasoning than express it spontaneously, recognition tasks result in higher scores than self-production tasks.

Second, it is reasonable to imagine that SL interpreters will affirm the normative messages expected by the profession but when removed from that and provided with society-wide concerns, why wouldn't preference patterns shift? Lastly, it would have been reasonable to imagine that age and education would have had an impact on the broader reasoning skills of the cohort. One potential hypothesis is that these expected advancements in ethical development are stunted by insufficient challenges to reasoning patterns in their daily work.

These challenges are examples of possible next steps and are explored below. As was explained in greater detail in Chapters 4, 5 and 6, the ethical picture is not as grim as the broader findings convey. There are enough footholds in both the current literature in the field and in the discourse patterns of interpreters that could be utilised in advancing ethical thought and reasoning skills. However, I would argue that for the next steps in the profession's evolution to be effective, a departure from "undue allegiance to heroes imported from Sociology" (Pym 2006: 26) would be necessary.

While Pym called for a return to ethics (away from descriptive ethics), I would propose augmenting that to include a return to *normative ethics constructs* as a means toward conveying normative ethical ideals. In other words, the use of metaphor while helpful in research of descriptive ethics needs to be transformed into ethical constructs from the field of normative ethics.

Such ethical constructs do not have to be prescriptive or deontological in order to be normative. There is enough use of normative ethical ideals in other professions to construct a comparable approach to ethics. Such an approach would need to be based in values, appreciate the nature of value-conflict, and teach professionals how to approach situations, each one as unique by the protocols expected by specified principlism. This education is usually provided to new professionals during their early practice career and before certification and qualification.

7.4 Next steps

These findings raise concerns for practitioners, educators, scholars, and researchers in the field of CI. They call into question what might have otherwise been considered sound ethical practice. These findings suggest that while the rules and norms *are intended* to yield ethical action, circumstances surrounding a given situation may not result in the optimal choice or outcome.

More immediate is the response required by practitioners and educators in CI. While it might be helpful to await the policy-makers and scholars of the field to coalesce the advanced ethical material both proposed here (and surely evident elsewhere), this would take time. Instead, as outlined herein, there are footholds that offer both behavioural guidance and ethical justification for justice-reasoning as manifested in shareable ideals. In the next section, I examine the most immediate step available to practitioners and educators. Following on, I propose other possible next steps that would implicate policy-level involvement and collaboration.

7.4.1 Intermediate ethical concepts in community interpreting

In Chapter 6, I proposed a meta-ethical frame available to the profession of CI. This approach finds utility and builds on the contributions of the sociolinguistic approach of descriptive ethics (what practitioners actually do in practice). While I argued that another step is necessary, deciding which of these should inform normative ethics, there are

helpful ideals available to practitioners. Most often this is accomplished through the use of metaphor.

Practitioners could derive some behavioural guidance for their immediate practice by distilling the values inherent in the popular metaphors that are used in ethical discourse. That process of mining metaphors for usable normative material has been modelled by Fritsch-Rudser (1986), Dean and Pollard (2013), and within this thesis. Values such as self-determinacy, autonomy, and the values inherent in the setting (i.e., a member of the team) could serve practitioners and educators alike.

Longer-term advancements in the field would take more time. While there is plenty of evidence in the literature of metaphors and other descriptive ethical material, these are the penultimate step. The next step would be to conceive of and articulate these actions within a normative ethical frame. The profession has already done this in regards to the message transfer task (accuracy, fidelity, etc.). However, as is equally important to CI are the values that are derived from service-based or social realities (e.g. non-maleficence) and systemic or setting-based realities (e.g. patient safety).

This process is akin to the work of Bebeau and her ethical advancements in the field of dentistry using intermediate ethical concepts (IEC). As a reminder, IEC are less abstract than the ethical ideals within a profession (e.g. justice) and more abstract than ethical codes. In this way, IEC sit at an intermediary level of abstraction. Most ethics courses in professional education are focused around IEC (such as informed consent in medicine and due process in law) (Bebeau and Thoma 1999).

IEC and the work advanced by Bebeau and Thoma could serve as prototypes to the CI profession. Work has already been done in this area within the fields of healthcare interpreting (e.g. National Council on Interpreting in Healthcare) and other specialty areas. The Standard Practice Papers from the RID could serve as one of the profession's starting points for considering the values of the setting and how those are imagined to impact the work of community interpreters. Intermediate ethical concepts within CI could both inform content in ethics courses and training events and could shape measures for evaluation of ethical reasoning. The publications and processes of intermediate ethical concepts (Bebeau, 1993; Bebeau and Thoma 1999) could guide CI within this process.

Advancing intermediate ethical concepts within the profession as well as revising ethical codes to reflect a values-based approach (as was done by Association of Visual Language Interpreters of Canada, 2000 and Australian Sign Language Interpreters' Association, 2007) are two important *policy-level* steps. However, just as this section began with practice considerations for community interpreters, the next section returns to that topic. In other words, before these advancements in ethical policy could begin to have an effect at the level of the practitioner, there would need to be moral education interventions. Those interventions are explored in the final section of Next Steps.

7.4.2 Re-defining justice claims

Practitioners may well imagine that when they consider themselves to be allies with deaf people and are joining the community's liberative aims that they are working on the side of justice. Certainly by providing language access, this is arguably true. However what justice aims might interpreters be unknowingly working against when they engage service professionals as adversaries? If interpreters do not take action at a decision juncture based on the assumption that they are empowering the deaf person, they could unknowingly work against justice aims. A person cannot make an informed decision if they do not have sufficient data or remain unaware that they have insufficient data. Similarly, a person with diminished capacity (temporary or otherwise) is not likely empowered by no action. These are just a couple of examples of the ways that justice claims could be countered by other justice-based ethical ideals.

One of the first interventions would be countering some of the justice assumptions created by the ally metaphor. These could be replaced by a differing view of justice – justice as a form of collaboration. This would not only require a redefining of justice but would have to be followed up with an appreciation for the values of the settings in which interpreters work. Indeed, the only way for an interpreter to *speak the same language* as the service professional is to identify the overlap between their work and the work of the interpreter.

It might also be useful for community interpreters to see some of the moral development data from the DIT of these professionals and perhaps these other professions' attempts to advance moral education. This may help counter some of the apparent messages inherent in CI's ethical dilemma discourse – that hearing (or English-speaking) professionals are

at best ignorant and at worst oppressive. This would involve access to in-situ experiences that could counter the two-dimensional characters created by ethical scenarios. It is a lot more straightforward to make and justify decisions that impact hypothetical people than those that are *sentient*.

7.4.3 Moral education interventions

The DIT scores indicated that the cohort appeared *younger* and *less educated* than would have been expected. They had similar scores to those with the educational range of secondary school to early university. They showed a strong preference for a maintaining norms or rule-based reasoning which was consistent with the qualitative data of the homework and chat log. They were shown to score significantly lower than other professionals regarding their abilities to reason via principles. Other scores of the DIT raised concerns for consistency and reliability in reasoning through decisions (i.e. utiliser score and type indicator). The profile created by the DIT in terms of ethical reasoning preferences was corroborated by the qualitative data. As the DIT expert concluded in her evaluation of the data and my analysis, "...your findings support the need for education and assessment targeting improving moral reasoning in ASL interpreters" (Munson, V. 2014, personal communication).

In moral education interventions, it would be helpful to include the types of in-situ experiences where the complexities of the human condition can be accessed by interpreters. Limiting one's knowledge of hearing and deaf people based on those within your inner circle will not lead to improvements in moral sensitivity. Certainly being deaf (or being an immigrant) results in a series of common experiences but those only colour the broader experience of being human – being ill, in trouble with the law, or enrolled in a Master's course, to name a few.

Along with the recognition that humans are more complex than the written ethical dilemma can convey comes the recognition that determining right action is equally complex. The sheer number of elements within a particular context and the individuals' linguistic, social, and service-level needs all result in different practice-level decisions. Moral education interventions should strive to expose students and developing professionals to the complexities of people, experiences across the life span and indeed, the resulting moral action.

Such a process could be induced and even accelerated by processes used in other professions – the use of case-based analyses as one example. In this educational intervention, the cases are not hypothetical but real and they were encountered by at least one individual present in the discussion. Several interpretations of the case's events and interactions of the individuals are made available for discussion and deliberation. These explorative processes are more robust than what could be available through an individual or even through dyadic considerations. In other words, the more perspectives involved in the analysis of a case, the more likely that the collective perspectives will result in an accurate understanding of the individuals and the situation.

Given some of the footholds explored in chapter six, there are sufficient starting places within the ethical reasoning patterns of the cohort. Just as the line drawn between what matters and what doesn't matter was questioned in 6.3.4 (pages 228 – 230) in terms of expressed concern for outcomes, so too could practitioners (or the broader profession) address the same questions. In other words, if it is affirmable that it matters or is within the scope of the interpreter's practice to be concerned about x then there would have to be an articulated reason that y should not be of concern. These are the types of challenges necessary to create the transitional phases indicated by the DIT (as in the Type Indicator).

The type indicator scores of the DIT indicate areas of transition and growth in the cohort. Such transitional phases should be supported. Support to individuals in these transitional phases could be theoretical in nature (e.g. using material from ethics and moral psychology explored here as examples). Another type of support would be through dialogue with colleagues who are exploring similar ethical concerns. Educational approaches such as formal reflective practice groups and supervision would afford practising interpreters such opportunities (Dean and Pollard 2001, 2005, 2009, and 2013; Hetherington, 2011).

7.4.4 Improving moral sensitivity and moral motivation

Improving the moral judgment skills of community interpreters to an advanced stage as explained here does not guarantee the delivery of moral action. There is more to be done to ensure ethical fitness in the face of the mercurial nature of CI. Opportunities for failure for any professional exists at any of the components identified in the Four Component Model. The data sets summarised above highlights some of the areas of concern for community interpreters.

Failing to appreciate and apprehend what is happening in a given situation before determining one's preferred moral action is of particular concern for community interpreters. Interpreters are called into work in such a variety of settings, with a variety of people, and amidst a variety of nuanced circumstances that the potential for misinterpretation is problematically high. It is further complicated when the disposition of the practitioners engaging such variability is assumptive and of notable certainty. Interpreters should be trained to be the exact opposite – to be suspect of their assumptions and to be vigilant of evidence that would counter or affirm what they imagine is happening. In some instances, asking the relevant questions directly to those involved in the interpreted interaction would be an effective approach. In other instances, it would be highly desirable for practitioners to cognitively entertain a repertoire of possible interpretations of people and their actions and to ascertain the likelihood of one interpretation over another – to have a *probabilistic* approach not a certainty approach. How effective an interpreter's choices are during those interactions could be the determinant or the investigative approach. If a particular decision, be it interactional or verbal, is ineffective then there is an opportunity to garner new data about the people and the interaction. In this way, ethical action along the pathway of action and reaction is an iterative process.

Variability in the people and places encountered in CI is also problematic for a *one size fits all* approach to problem solving. Maintaining norms as an aggregate schema for this interpreter cohort in both micro and macro moral situations signifies a needed change in how practitioners and the profession conceive of ethics. If there is indeed variability in the work of community interpreters, then a variety of responses must be readily conceived of and substantiated as ethical by both practitioners and the profession.

Perhaps if the profession could shift the tenor of ethical documents that convey behavioural inflexibility, colleagues would adopt a similar tenor with one another. Currently, how interpreters engage each other on the topic of ethics has been broadly deemed problematic and has been substantiated by the data here. Such negativity does more than create interpersonal conflict and discord but it works on the psyche of the interpreter as decision-maker. Non-moral factors that detract from moral factors, such fear of blame and criticism, harms service-users, interpreters, and serves to quell constructive dialogue that could advance ethical thought in the profession.

Even potentially moral actions can serve as cognitive competition and detract from the moral choice of an interpreter in a situation. Concerns for justice outcomes for a marginalised group such as the Deaf community can lead interpreters to behave in a manner unfitting for the particular situation. It can also imbue the practitioner with an overinflated sense of status and an overinflated sense of responsibility for righting wrongs. Not only does this assumed status and responsibility influence moral motivation, it also functions at the level of moral sensitivity. Projecting the generalised experiences and interests of the Deaf community onto the particularities of a deaf/hearing dyad is an interpretive overreach. Certainly, how one's linguistic and cultural needs colour an interaction should be considered and incorporated but seeking to advance the needs of the broader community (or the potential *next interpreter*) over the immediate needs of the people in a given moment is evidenced of an under-developed sense of morality. It is the difference between expressing one's personal interest and principled-reasoning.

7.5 Limitations of the study

As noted above, the limited sample size of the cohort does not allow the ethical discourse material to be generalised beyond the scope of this study. The sample size was limited as a means for incorporating the qualitative data that allowed for corroborating evidence and comparisons of moral schemas. In addition to the limited number of participants, this study was conducted using participants who were ASL-ENG interpreters and from the United States. Other studies such as this could consider this methodology or other ways of examining the micro and macro-moral reasoning patterns of community interpreters. Such considerations and explorations are important to the ethical development of community interpreters.

Another possible criticism of this study is my use of Rest (Rest et al. 1999b) three moral schemas (personal interest, maintaining norms, and post-conventional schema) as a content analysis lens. I was unable to locate any other qualitative study that used this coding approach. Similarly, I did not find evidence of other studies that attempted to use qualitative data to corroborate the quantitative data determined by the DIT. Bebeau's (1993) work in the field of ethics within dentistry has some similarities but her work led to the creation of another quantitative tool. Given this novelty, engaging a DIT expert to review my work was a reasonable step for some level of assurance with the analyses.

The qualitative data source of the homework assignment that was to be completed by the webinar attendees posed another possible limitation. Some participants supplied answers to the homework questions that were significantly longer than others suggesting that the effort invested in completing the homework varied amongst participants. It is possible that some participants would have imagined a more complex answer to the questions but that they were not willing to expend the effort required to write out a more complete answer. Arguably, a participant could have taken a *short cut* and answered in the manner they assumed to be most desirable or expected. Given the design of other credit-bearing professional development activities, credit is not based on quality but on minimum effort. Therefore, it is unknown whether the participants would have answered differently if there were a different design.

While the online component allowed participants from all over the US to attend and provide their contributions to the ethical discussion, the technology posed limitations. Most notably was the size of the chat log box and the speed with which comments scrolled by. Depending on the amount of data offered at one time (i.e. how many comments were ‘sent’ simultaneously) and depending on the speed with which one’s computer could keep up, several lines of text would quickly scroll up and be unreadable. There was a scroll bar to the right of the chat log box that allowed the participants to review missed text but this would take additional time and may have prevented some from being able to comment as they might have in a face to face session. As a result, some of the comments made by participants would have gone unread and therefore, unaddressed.

7.6 Future research

The most obvious limitation to this study is the number of participants, which is considered again below. However, it also highlights the most immediate potential for future research: administering the DIT to a larger number of SL interpreters and community interpreters. The results would be a more realistic view of how the DIT contributes toward the overall picture of ethical reasoning profiles of community interpreters. Even with the current data set, it would be informative to consider other groups within the field. Would spoken language interpreters have a similar profile? How might deaf interpreters respond to the macro and micro-moral measures explored here?

Another important study, which would be a replication from other fields, is to use the DIT with incoming first-year students and outgoing fourth-year students. This would provide an educational programme with some evaluative data on how well the programme supports the advancement of moral reasoning with their students. That is, the outgoing students should show some more advanced development to the incoming students. Shifts in ethical reasoning might be less evident given the DIT's principled-reasoning score but highlighted more through the type indicator. These macro-moral data would have to be considered alongside other measures that include micro-moral issues pertaining more specifically to interpreting ethics.

Bebeau and Thoma's (1999) work on intermediate ethical concepts also poses an interesting next step opportunity for CI. Determining the types of intermediate ethical concepts that are evidenced in practice and ethically sound could be constructed using past theoretical material (e.g. RID's Standard Practice Papers) and data-driven research in community interpreting (e.g. descriptive ethics data from studies like Angelelli and Hsieh). This ethical material could provide the normative ethical guidance for educational programmes' curricula. Intermediate ethical concepts and how they are measured (based on protocols explained in Bebeau and Thoma, 1999) could also be formed into an evaluation tool for the profession at large. Both the DIT and an evaluation tool informed by CI's intermediate ethical concepts could serve as pre- and post-tests designed to measure the moral reasoning gains after moral education interventions.

7.7 Final thoughts

I propose that, like Pym (2001), community interpreting should make a *return to ethics*. The profession faces an ethical imperative to effectively articulate its *normative* ideals as informed, but not dictated by, descriptive ethics. Descriptive ethics can *play a part* in informing what practitioners are revealing in their decision-making (i.e. what is their *knowledge in action*) but there needs to be an ethical standard to which behaviour is measured.

As confirmed in this literature review, this is not traditionally how ethics in the SL interpreting, and the CI field more broadly has been articulated. The ethical frame of most CI's ethical codes are deontological and prescriptive. As a consequence of, interpreters and scholars alike have turned away from such a prescriptive nature in search of description. Like Bebeau (1993), Chesterman (1993), and Pym (2001) suggested

understanding what and why someone engaged in a given behaviour is important but it is not enough. There needs to be some ethical standard, evaluative element, or prescriptive force.

Normative ethics do not have to be prescriptive or be imposed *a priori*. Behavioural flexibility through specified principlism is a viable option if the profession can effectively endorse a corpus of values and principles. These values would need to include those beyond the message transfer task (e.g. fidelity, accuracy) in order to guide ethical action that may fall outside of the message transfer task but implicate cooperation more broadly.

Furthermore, I agree with Pym (2000) that cooperation and collaboration are the soundest ethical approaches to effective CI. SL interpreters do not have to *take a side* (an ally with the deaf person or be a member of the professional team). Instead, they can be aligned with the justice-based values inherent in social institutions. Practitioners can understand how their practice decisions either are or should be informed by the values of that setting (e.g. patient safety, informed consent) just as these are informing the decisions of the other practitioners. This will allow for interdisciplinary ethical dialogue and the identification of shareable ideals. According to many in the field of moral psychology, this type of collaborative, principled-reasoning is the most advanced form.

References

- ALLEY, E. (2012) 'Exploring remote interpreting', *International Journal of Interpreter Education*, 4(1), 111-119.
- ANDERSON, C. J. (2003) 'The psychology of doing nothing: Forms of decision avoidance result from reason and emotion', *Psychological Bulletin*, 129, 139 - 167.
- ANGELELLI, C. V. (2003) 'The visible collaborator: Interpreter intervention in doctor/patient encounters', in METZGER M., COLLINS, S., DIVELY, V. and SHAW, R. (eds.) *From topic boundaries to omission: New research on interpretation*, Washington, DC: Gallaudet University Press.
- ANGELELLI, C. V. (2004) *Revisiting the interpreter's role: a study of conference, court, and medical interpreters in Canada, Mexico, and the United States*, Amsterdam / Philadelphia: John Benjamins Publishing.
- ANGELELLI, C. V. (2006) 'Validating professional standards and codes: Challenges and opportunities', *Interpreting*, 8, 175-193.
- ANGELELLI, C. V. (2008) 'The role of the interpreter in the healthcare setting', in: VALERO-GARCÉS, C. and MARTIN, A. (eds.) *Crossing Borders in Community Interpreting: Definitions and Dilemmas*, Amsterdam / Philadelphia: John Benjamins.
- ARGYRIS, C. and SCHON, D. A. (1974) *Theory in practice: Increasing professional effectiveness*, San Francisco: Jossey-Bass.
- ASSOCIATION OF VISUAL LANGUAGE INTERPRETERS OF CANADA (2000) *Code of ethics and guidelines for professional ethics* [online], available: www.avlic.ca. [accessed 25 April 2014].
- ATWOOD, A. (1986) 'Clinical supervision as a method of providing behavioral feedback to sign language interpreters and students of interpreting', In: MCINTIRE, M. L., (ed.) *New Dimensions in Interpreter Education: Curriculum and Instruction*, Chevy Chase, MD: Conference of Interpreter Trainers, 87 - 93.
- AUSTRALIAN SIGN LANGUAGE INTERPRETERS' ASSOCIATION. (2007) *Code of ethics and guidelines for professional ethics* [online] available: aslia.com.au. [accessed 25 April 2014].
- BAKER-SHENK, C. (1991) 'The interpreter: Machine, advocate, or ally', *Expanding horizons: Proceedings of the 1991 RID Convention*, Silver Spring, MD: RID Press, 120-140.
- BEAUCHAMP, T. L. and CHILDRESS, J. F. (2012) *Principles of biomedical ethics*, 2nd ed., New York: Oxford University Press.
- BEBEAU, M. J. (1993) 'Designing an Outcome-based Ethics Curriculum for Professional

- Education: strategies and evidence of effectiveness', *Journal of Moral Education*, 22, 313-326.
- BEBEAU, M. J. (2002) 'The defining issues test and the four component model: Contributions to professional education', *Journal of Moral Education*, 31, 271-295.
- BEBEAU, M. J. (2008) 'Promoting ethical development and professionalism: Insights from educational research in the professions', *University of St. Thomas Law Journal*, 5, 366 – 403.
- BEBEAU, M. J. and FABER-LANGENDOEN, K. (2014) 'Remediating Lapses in Professionalism', *Remediation in Medical Education*, New York: Springer.
- BEBEAU, M. J. and THOMA, S. J. (1999) "'Intermediate" concepts and the connection to moral education', *Educational Psychology Review*, 11, 343-360.
- BEBEAU, M. J. and THOMA, S. J. (2003) *Guide for DIT-2*, available from: Center for the Study of Ethical Development (www.ethicaldevelopment.au.edu)
- BENTLEY-SASSMAN, J. (2009) 'The experiential learning theory and interpreter education', *International Journal of Interpreter Education*, 1, 62 - 67.
- BERGSON, M. and SPERLINGER, D. (2003) "'I still don't know what I should have done": Reflections on personal/professional dilemmas in sign language interpreting', *Deaf Worlds*, 19, 6-23.
- BRUNSON, J. L. (2011) *Video Relay Service interpreters*. Washington, DC: Gallaudet University Press.
- CACCAMISE, F. (1980) *Introduction to Interpreting*, Silver Spring, MD: RID Publications.
- CARTWRIGHT, B. E. (1999) *Encounters with reality: 1,001 interpreter scenarios*, Silver Spring, MD: RID Press.
- CARTWRIGHT, B. E. (2010) *Encounters with reality: 1,001 interpreter scenarios, 2nd ed.*, Silver Spring, MD, RID Press.
- CHESTERMAN, A. (1993) 'From 'is' to 'ought': Laws, norms and strategies in translation studies', *Target*, 5, 1-20.
- CHESTERMAN, A. (2001) 'Proposal for a Hieronymic oath', *The Translator*, 7, 139 – 154.
- CLIFFORD, A. (2004) 'Is fidelity ethical? The social role of the healthcare interpreter', *TTR: traduction, terminologie, rédaction*, 17, 89-114.
- COKELY, D. (2000) 'Exploring ethics: A case for revising the Code of Ethics', *Journal of Interpretation*, 25 - 60
- CORSELLIS, A. (2008) *Public service interpreting: The first steps*, Basingstoke / New York: Palgrave Macmillan.
- COTTONE, R. R. (2001) 'A social constructivism model of ethical decision making in

- counseling', *Journal of Counseling and Development*, 79, 39-45.
- DAVIDSON, B. (2000) 'The interpreter as institutional gatekeeper: The social-linguistic role of interpreters in Spanish-English medical discourse', *Journal of sociolinguistics*, 4, 379-405.
- DAVIDSON, B. (2001) 'Questions in cross-linguistic medical encounters: The role of the hospital interpreter', *Anthropological Quarterly*, 74, 170-178.
- DEAN, R. K. (2007) 'Review of Revisiting the Interpreter's Role: A Study of Conference, Court, and Medical Interpreters in Canada, Mexico, and the United States', *The Sign Language Translator and Interpreter*, 1, 305 - 308.
- DEAN, R. K. (2014) 'Condemned to repetition? An analysis of problem-setting and problem-solving in sign language interpreting ethics', *Translation and Interpreting*, 6, 60-75.
- DEAN, R. K. and POLLARD, R. Q (2001) 'Application of demand-control theory to sign language interpreting: Implications for stress and interpreter training', *Journal of deaf studies and deaf education*, 6, 1-14.
- DEAN, R. K. and POLLARD JR, R. Q (2005) Consumers and service effectiveness in interpreting work: A practice profession perspective', in: MARSCHARK, M., PETERSON, R. and WINSTON, E. A. (eds.) *Interpreting and interpreter education: Directions for research and practice*, New York: Oxford University Press.
- DEAN, R. K. and POLLARD, R. Q (2009) "'I don't think we're supposed to be talking about this": Case conferencing and supervision for interpreters', *VIEWS*, 26, 28-30.
- DEAN, R. K. and POLLARD JR, R. Q (2011) 'Context-based ethical reasoning in interpreting: A demand control schema perspective', *The Interpreter and Translator Trainer*, 5, 155-182.
- DEAN, R. K. and POLLARD, R. Q (2012) 'Beyond "interesting": Using demand control schema to structure experiential learning', in MALCOLM, K. and SWABEY, L. (eds.) *In our Hands: Educating Healthcare Interpreters*, Washington, DC: Gallaudet University Press.
- DEAN, R. K. and POLLARD, R. Q (2013) *The demand control schema: Interpreting as a practice profession*, North Charleston, SC: CreateSpace Independent Publishing Platform.
- DUCKETT, L. J. and RYDEN, M. B. (1994) 'Education for ethical nursing practice', in REST, J. R. and NARVAEZ, D. (eds.) *Moral development in the professions: Psychology and applied ethics*, Hillsdale, NJ: Lawrence Erlbaum Associates.
- DYSART-GALE, D. (2005) 'Communication models, professionalization, and the work of medical interpreters', *Health Communication*, 17, 91-103.
- FRISHBERG, N. (1986) *Interpreting: An Introduction*, Silver Spring, MD: RID Press.

- FRISHBERG, N. (1990) *Interpreting: An Introduction, 2nd ed.*, Silver Spring, MD: RID Press.
- FRITSCH-RUDSER, S. (1986) 'The RID code of ethics, confidentiality, and supervision', *Journal of Interpretation*, 3, 47 - 51.
- FROST, M. (1996) 'An analysis of the scope and value of problem-based learning in the education of health care professionals' [Review], *Journal of Advanced Nursing*, 24(5), 1047-53.
- GIDEON, T. (1995) *Descriptive translation studies and beyond*, Amsterdam / Philadelphia: John Benjamins.
- GLADWELL, M. (2007) *Blink: The power of thinking without thinking*, New York: Little, Brown and Company.
- GOFFMAN, E. (1959) *The Presentation of Self in Everyday Life*, New York: Anchor Book / Doubleday.
- HAI DT, J. (2001) 'The emotional dog and its rational tail: a social intuitionist approach to moral judgment', *Psychological Review*, 108, 814 - 834.
- HALE, S. (2007) *Community Interpreting*, Basingstoke / New York: Palgrave Macmillan
- HALE, S. and NAPIER, J. (2013) *Research methods in interpreting: a practical resource*, New York / London: Bloomsbury Academic.
- HAMPTON, J. A. (1995) 'Testing the prototype theory of concepts', *Journal of Memory and Language*, 34, 686-708.
- HARRIS, B. (1990) 'Norms in interpretation', *Target*, 2, 115 - 119.
- HARTWELL, S. (1995) 'Promoting moral development through experiential teaching', *Clinical Law Review*, 1, 505 - 539.
- HETHERINGTON, A. (2011) 'Supervision and the interpreting profession: Support and accountability through reflective practice', *International Journal of Interpreter Education, Conference of Interpreter Trainers*, 4, 46 - 57.
- HILL, A. L. (2004) 'Ethical analysis in counseling: A case for narrative ethics, moral visions, and virtue ethics', *Counseling and Values*, 48, 131-148.
- HOZA, J. (1992) 'Doing the Right Thing: Interpreter Role and Ethics within a Bilingual/Bicultural Model', in: SWABEY, L. (ed.) *The Challenge of the 90's: New standards in interpreter education*. Conference of Interpreter Trainers.
- HOZA, J. (2003) 'Toward an interpreter sensibility: Three levels of ethical analysis and a comprehensive model of ethical decision-making for interpreters', *Journal of Interpretation*, 48, 1 - 43.
- HSIEH, E. (2006) 'Conflicts in how interpreters manage their roles in provider-patient interactions', *Social Science and Medicine*, 62, 721-730.

- HSIEH, E. (2007) 'Interpreters as co-diagnosticians: Overlapping roles and services between providers and interpreters', *Social science and medicine*, 64, 924-937.
- HSIEH, E. (2008) "'I am not a robot!'" Interpreters' views of their roles in health care settings', *Qualitative health research*, 18, 1367-1383.
- HUMPHREY, J. (1999) *Decisions? Decisions!: A Practical Guide for Sign Language Professionals*, Amarillo, TX, H and H Publishers.
- HUNDERT, E. M. (1987) 'A model for ethical problem solving in medicine, with practical applications', *American Journal of Psychiatry*, 144, 839 - 846.
- JANZEN, T. and KORPINSKI, D. (2005) 'Ethics and Professionalism in Interpreting', in: JANZEN, T. (ed.) *Topics in Signed Language Interpreting*, Amsterdam / Philadelphia: John Benjamins.
- JONSEN, A. R. (1995) 'Casuistry: an alternative or complement to principles?', *Kennedy Institute of Ethics Journal*, 5, 237-251.
- KAHNEMAN, D. (2011) *Thinking, fast and slow*, New York: Farrar, Straus, and Giroux.
- KAHNEMAN, D. and MILLER, D. T. (1986) 'Norm theory: Comparing reality to its alternatives', *Psychological Review*, 93, 136 - 153.
- KAUFERT, J. M. and KOOLAGE, W. W. (1984) 'Role conflict among 'culture brokers': The experience of native Canadian medical interpreters', *Social Science and Medicine*, 18, 283-286.
- KENT, S. J. (2007) "' Why bother?": Institutionalization, interpreter decisions, and power relations', in: WADENSJÖ, C., ENGLUND DIMITROVA, B. and NILSSON, A.-L., (eds.) *The Critical Link 4: Professionalisation of Interpreting in the Community*, Amsterdam / Philadelphia: John Benjamins, 193 - 204.
- KERMIT, P. (2007) 'Aristotelian ethics and modern professional interpreting', in: WADENSJÖ, C., ENGLUND DIMITROVA, B. and NILSSON, A.-L., (eds.) *The Critical Link 4: Professionalisation of Interpreting in the Community*, Amsterdam / Philadelphia: John Benjamins, 241 - 249.
- KOHLBERG, L. (1976) 'Moral stages and moralization: the cognitive-developmental approach', in: LICKONA, T. (ed.) *Moral Development and Behaviour*. New York: Holt, Rinehart and Wilson.
- LEANZA, Y. (2005) 'Roles of community interpreters in pediatrics as seen by interpreters, physicians and researchers', *Interpreting*, 7, 167-192.
- LEESON, L., WURM, S. and VERMEERBERGEN, M. (2011) 'Hey Presto! Preparation, practice and performance in the world of signed language interpreting and translating', *The Sign Language Translator and Interpreter: Occasional paper series*, 1.

- LENEHAM, M. and NAPIER, J. (2003) 'Sign language interpreters' codes of ethics: Should we maintain the status quo?', *Deaf Worlds*, 19, 78 - 98.
- LINELL, P. (1997) 'Interpreting as communication', in: GAMBIER, Y., GILE, D. and TAYLOR, C. (eds.) *Conference Interpreting: Current Trends in Research* Amsterdam / Philadelphia: John Benjamins.
- LLEWELLYN-JONES, P. and LEE, R. G. (2013) 'Getting to the Core of Role: Defining Interpreters' Role-Space', *International Journal of Interpreter Education*, 5, 54-72.
- LOEWENSTEIN, G. F., WEBER, E. U., HSEE, C. K. and WELCH, N. (2001) 'Risk as feelings', *Psychological Bulletin*, 127, 267 - 286.
- LUKER, K. L. (2010) *Salsa dancing into the social sciences: Research in an age of info-glut*, Cambridge, MA: Harvard University Press.
- MANDELBAUM, M. (1955) *The Phenomenology of Moral Experience*, Glenroie, IL: Free Press.
- MANDLE, J. (2009) *Rawls's' A Theory of Justice': An Introduction*, Cambridge: Cambridge University Press.
- MARZOCCHI, C. (2005) 'On norms and ethics in the discourse on interpreting', *The Interpreters' Newsletter*, 13, 87-107.
- MASON, I. (2000) 'Models and methods in dialogue interpreting research', in: OLOHAN, M. (ed.) *Intercultural Faultlines: Research models in translation studies I: Textual and cognitive aspects*, Manchester: St. Jerome Publishing.
- MASON, I. (2006) 'On mutual accessibility of contextual assumptions in dialogue interpreting', *Journal of Pragmatics*, 38, 359-373.
- MASON, I. (2009) 'Role, positioning and discourse in face-to-face interpreting', in: DE PEDRO RICOY, R., PÉREZ, I. and WILSON, C. (eds.) *Interpreting and Translating in Public Service Settings*, New York: Routledge.
- MCDONOUGH DOLMAYA, J. (2011) 'Moral ambiguity: Some shortcomings of professional codes of ethics for translators', *The Journal of Specialised Translation*, 15, 28-49.
- MCGEORGE, C. (1975) 'Susceptibility to faking of the Defining Issues Test of moral development', *Developmental Psychology*, 11(1), 108.
- MCNEEL, S. P. (1994) 'College teaching and student moral development', in: REST, J. R. and NARVAEZ, D. (eds.) *Moral development in the professions: Psychology and applied ethics*, Hillsdale, NJ: Lawrence Erlbaum Associates
- MCRANEY, D. (2012) *You are Not So Smart: Why Your Memory is Mostly Fiction, Why You Have Too Many Friends on Facebook and 46 Other Ways You're Deluding Yourself*, New York, Gotham Books: Penguin Group.
- MEEUWESEN, L., TWILT, S., JAN, D. and HARMSSEN, H. (2009) "'Ne diyor?'"(What does

- she say?): Informal interpreting in general practice', *Patient education and counseling*, 81, 198-203.
- MENDOZA, E. (2012) 'Thinking Through Ethics: The Processes of Ethical Decision Making by Novice and Expert American Sign Language Interpreters', *International Journal of Interpreter Education*, 4, 58 - 72.
- MERLINI, R. and FAVARON, R. (2009) 'Quality in healthcare interpreter training. Working with norms through recorded interaction', in: HALE, S., OZOLINS, U. and STERN, L., (eds.) *The Critical Link 5. Quality in Interpreting—A Shared Responsibility*, Amsterdam / Philadelphia: John Benjamins, 187-200.
- METZGER, M. (1999) *Sign Language Interpreting: Deconstructing the Myth of Neutrality*, Washington, DC: Gallaudet University Press.
- METZGER, M. and BAHAN, B. (2001) 'Discourse analysis', in: LUCAS, C. (ed.) *The Sociolinguistics of Sign Languages*, Cambridge: Cambridge University Press.
- MINDESS, A. (1999) *Reading between the signs: Intercultural Communication for Sign Language Interpreters*, Yarmouth, Intercultural Press.
- MONACELLI, C. (2000) 'Mediating castles in the air: Epistemological issues in interpreting studies', in: OLOHAN, M. (ed.) *Intercultural Faultlines: Research Models in Translation Studies I: Textual and Cognitive Aspects*, Manchester: St Jerome's Publishing.
- MONACELLI, C. (2009) *Self-preservation in simultaneous interpreting*, Amsterdam / Philadelphia: John Benjamins Publishing.
- MULLAMAA, K. (2009) 'Towards a Dynamic Role Model of Liaison Interpreters: self-descriptions of practitioners in Estonia', *New Voices in Translation Studies*, 5, 46-62.
- NAPIER, J. (2004) 'Interpreting omissions: A new perspective', *Interpreting*, 6, 117-142.
- NAPIER, J. (2011) 'Signed language interpreting', in: WINDLE, K. and MALMKJAER, K. (eds.) *The Oxford Handbook of Translation Studies* Oxford: Oxford University Press.
- NAPIER, J., MCKEE, R. and GOSWELL, D. (2010) *Sign Language Interpreting: Theory and Practice in Australia and New Zealand*. Sydney, Australia, Sydney: The Federation Press.
- NARVAEZ, D. and BOCK, T. (2002) 'Moral schemas and tacit judgement or how the Defining Issues Test is supported by cognitive science', *Journal of Moral Education*, 31, 297-314.
- NATIONAL COUNCIL ON INTERPRETERS IN HEALTHCARE. 2004. *National code of ethics for interpreters in healthcare* [online], available: www.ncihc.org [Accessed 23 November 2012].
- NICODEMUS, B., SWABEY, L., and WITTER-MERITHEW, A. (2011) 'Presence and role transparency in healthcare interpreting: A pedagogical approach for developing effective practice', *Revista Di Linguistica*, 11, 69 - 83.

- HERRÁEZ, J. M. and RUBIO, A. I. (2008) 'Interpreting in police settings in Spain. Service providers and interpreters perspectives', in: VALERO-GARCES, C. and MARTIN, A. (eds.) *Crossing borders in community interpreting: Definitions and Dilemmas*. Amsterdam / Philadelphia: John Benjamins.
- ORTONY, A. (1979) 'Metaphor, Language and Thought', in: ORTONY, A. (ed.) *Metaphor and Thought*, Cambridge: Cambridge University Press.
- PÖCHHACKER, F. (2000) 'The community interpreter's task: Self-perception and provider views', in: ROBERTS, R., ABRAHAM, D. and DUFOUR, A. (eds.) *The Critical Link 2: Interpreters in the Community*, Amsterdam / Philadelphia: John Benjamins, 49-65.
- PÖCHHACKER, F. (2004) *Introducing Interpreting Studies*, London: Routledge.
- PÖCHHACKER, F. (2006) "'Going social?'" On the pathways and paradigms in Interpreting Studies', in: PYM, A., SCHLESINGER, M. and JETTMAROVA, Z., (eds.). *International Conference on Translation and Interpreting*, Amsterdam / Philadelphia: John Benjamins, 215-232
- POLLARD JR, R. Q and DEAN, R. K. (eds.) (2008) *Applications of Demand Control Schema in Interpreter Education: Preconference at the National Convention of the Registry of Interpreters for the Deaf*, Rochester, NY: University of Rochester.
- POPE, K. S. and VASQUEZ, M. J. (1998) *Ethics in psychotherapy and counseling: A practical guide*, Hoboken, NJ: John Wiley and Sons.
- PYM, A. (2000) 'On cooperation', in: OLOHAN, M. (ed.) *Intercultural Faultlines: Research Models in Translation Studies I: Textual and Cognitive Aspects*. Manchester: St. Jerome Publishing.
- PYM, A. (2001) 'Introduction: The return to ethics in translation studies', *The Translator*, 7, 129-138.
- PYM, A. (2006) 'On the social and cultural in translation studies', in: PYM, A., SCHLESINGER, M. and JETTMAROVA, Z., (eds.) *International Conference on Translation and Interpreting*, Amsterdam / Philadelphia: John Benjamins, 1 – 25.
- QUIGLEY, S. P. and YOUNGS, J. P. (1965) *Interpreting for deaf people*, US department of Health, Education, and Welfare.
- REDDY, M. J. (1979) 'The conduit metaphor: A case of frame conflict in our language about language', in: ORTONY, A. (ed.) *Metaphor and thought*. Cambridge: Cambridge University Press.
- REGISTRY OF INTERPRETERS FOR THE DEAF (2005) *Code of Professional Conduct* [online], available www.rid.org [accessed 4 October 2011].
- REGISTRY OF INTERPRETERS FOR THE DEAF (2007a) *An Overview of K-12 Educational*

- Interpreting: Standard Practice Paper* [online], available: www.rid.org [accessed 6 January 2012].
- REGISTRY OF INTERPRETERS FOR THE DEAF (2007b) *Interpreting in Health Care Settings* [online], available: www.rid.org [accessed 6 January 2012].
- REGISTRY OF INTERPRETERS FOR THE DEAF (2007c) *Interpreting in Mental Health Settings* [online], available: www.rid.org [accessed 22 March 2012].
- REGISTRY OF INTERPRETERS FOR THE DEAF (2007d) *Interpreting in Legal Settings* [online], available: www.rid.org [accessed 6 January 2012].
- REGISTRY OF INTERPRETERS FOR THE DEAF (2007e) *Interpreting in Religious Settings* [online], available: www.rid.org [accessed 6 January 2012].
- REST, J. R. (1984) 'Research on moral development: Implications for training counseling psychologists', *The Counseling Psychologist*, 12, 19 - 29.
- REST, J. R. (1994) 'Background: Theory and Research', in: REST, J. R. and NARVAEZ, D. (eds.) *Moral development in the professions: Psychology and Applied Ethics*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- REST, J. R. and NARVAEZ, D. 1994. Summary: What's Possible? In: REST, J. R. and NARVAEZ, D. (eds.) *Moral development in the professions: Psychology and applied ethics*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- REST, J. R., NARVAEZ, D., BEBEAU, M. J. and THOMA, S. J. (1999a) *Postconventional moral thinking: A neo-Kohlbergian approach*, Mahwah, NJ: Lawrence Erlbaum Associates.
- REST, J. R., NARVAEZ, D., THOMA, S. J. and BEBEAU, M. J. (1999b) 'A neo-Kohlbergian approach: The DIT and schema theory', *Educational Psychology Review*, 11, 291 - 324.
- RODRIGUEZ, E. and GUERRERO, A. (2002) 'An international perspective: What are ethics for sign language interpreters? A comparative study among different codes of ethics', *Journal of Interpretation*, 49-61.
- ROY, C. B. (1993) 'The problem with definitions, descriptions, and the role metaphors of interpreters', *Journal of Interpretation*, 6, 127-154.
- ROY, C. B. (2000) *Interpreting as a discourse process*, New York / Oxford: Oxford University Press.
- RUDVIN, M. (2007) 'Professionalism and ethics in community interpreting: The impact of individualist versus collective group identity', *Interpreting*, 9, 47-69.
- RUDVIN, M. and TOMASSINI, E. (2008) 'Migration, Ideology and the Interpreter—Mediator', in: VALERO-GARCÉS, C. and MARTIN, A. (eds.) *Crossing Borders in Community Interpreting*, Amsterdam / Philadelphia John Benjamins.

- SCHJOLDAGER, A. (2002) 'An Exploratory Study of Translational Norms in Simultaneous Interpreting', in: POCHHACKER, F. and SCHLESINGER, M. (eds.) *The Interpreting Studies Reader*, London / New York: Routledge.
- SCHLESINGER, M. (1989) 'Extending the Theory of Translation to Interpretation: Norms as a Case in Point', *Target*, 1, 111 - 115.
- SCHLESINGER, M. (1999) 'Norms, strategies and constraints: How do we tell them apart?', in: LUGRIS, A. and OCAMPO, A. (eds.) *Estudios de Traducción e Interpretación* Universidade de Vigo.
- SCHÖN, D. (1979) 'Generative Metaphor: A Perspective on Problem Setting in Social Policy', in: ORTONY, A. (ed.) *Metaphor and Thought*. Cambridge: Cambridge University Press.
- SCHÖN, D. (1983) *The Reflective Practitioner* New York: Harper and Collins.
- SCHÖN, D. A. (1987) *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions*, San Francisco: Jossey-Bass
- SCHÖN, D. A. (1992) 'The crisis of professional knowledge and the pursuit of an epistemology of practice', *Journal of Interprofessional Care*, 6, 49-63.
- SEAL, B. (1998) *Best practices in educational interpreting*, Needham Heights, MA: Allyn and Bacon.
- SELF, D. J. and BALDWIN JR, D. (1994) 'Moral Reasoning in Medicine', in: REST, J. R. and NARVAEZ, D. (eds.) *Moral development in the professions: Psychology and applied ethics*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- SHAFFER, B. (2014) 'Evolution of Theory, Evolution of Role: How Interpreting Theory Shapes Interpreter Role', in: WINSTON, E. A. and MONIKOWSKI, C. (eds.) *In Evolving Paradigms in Interpreter Education*, Washington DC: Gallaudet University Press.
- SMITH, E. E. and MEDIN, D. L. (1981) *Categories and concepts*, Cambridge, MA: Harvard University Press
- SOLOW, S. N. (1980) *Sign language interpreting: A basic resource book*, National Association of the Deaf.
- STEVENSON, A. and LINDBERG, C. A. (eds.) (2010) *New Oxford English Dictionary*. New York: Oxford University Press.
- STEWART, D. A. and LINDSEY, J. D. (1990) 'Code of Ethics: Implications for Interpreters for the Deaf', *European Journal of Special Needs Education*, 5, 211-220.
- STEWART, D. A., SCHEIN, J. D. and CARTWRIGHT, B. E. (1998) *Sign language interpreting: Exploring its art and science*, Boston: Allyn and Bacon.
- STEWART, D. A., SCHEIN, J. D. and CARTWRIGHT, B. E. (2004) *Sign language interpreting: Exploring its art and science, 2nd ed.*, Boston: Allyn and Bacon.

- STEWART, K. M. and WITTER-MERITHEW, A. (2006) *The dimensions of ethical decision-making: A guided exploration for interpreters*, Burtonsville, MD: Sign Media.
- STROMBERG, C. D. (1992) 'Key legal issues in professional ethics', *Reflection on ethics: A compilation of articles. Presented at the American Speech and Hearing Association*, 19, 61 - 72.
- STRONG, C. (2000) 'Specified principlism: What is it, and does it really resolve cases better than casuistry?', *Journal of Medicine and Philosophy*, 25, 323-341.
- SWABEY, L. and MICKELSON, P. G. (2008) 'Role definition A perspective on forty years of professionalism in Sign Language interpreting', in: VALERO-GARCÉS, C. and MARTIN, A. (eds.) *Crossing Borders in Community Interpreting: Definitions and Dilemmas*, Amsterdam / Philadelphia: John Benjamins.
- TATE, G. T. and TURNER, G. H. (eds.) 2001. *The code and the culture: Sign language interpreting - in search of the new breed's ethics*, Gloucestershire: Douglas McLean.
- TEN THIJE, J. D. (2009) 'The self-retreat of the interpreter. An analysis of teasing and toasting in intercultural discourse', in: BÜHRIG, K., HOUSE, J. and TEN THIJE, J. D. (eds.). *Translatory Action and Intercultural Communication*, New York: Routledge.
- THOMA, S. J. (1994) 'Moral judgments and moral action', in: REST, J. R. and NARVAEZ, D. (eds.) *Moral development in the professions: Psychology and applied ethics*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- THOMA, S. J. (2002) 'An overview of the Minnesota approach to research in moral development', *Journal of Moral education*, 31, 225-245.
- THOMA, S. J. (2006) Research on the defining issues test', in: KILLEN, M. and SMETANA, J. G. (eds.) *Handbook of Moral Development*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- TOURY, G. (1995) *Descriptive translation studies and beyond*, Amsterdam/ Philadelphia: John Benjamins.
- TOURY, G. (1998) 'A handful of paragraphs on 'translation 'and 'norms'', *Current Issues in Language and Society*, 5, 10-32.
- TOURY, G. (2004) 'Probabilistic explanations in translation studies: Welcome as they are, would they qualify as universals', in: MAURANEN, A. and KUJAMÄKI, P. (eds.) *Translation Universals: Do They Exist?* Amsterdam / Philadelphia: John Benjamins.
- TURNER, G. H. (2005) 'Toward real interpreting', in: MARSCHARK, M., PETERSON, R. and WINSTON, E. A. (eds.) *Interpreting and interpreter education: Directions for research and practice*, New York: Oxford University Press.
- TURNER, R. H. (1956) 'Role-taking, role standpoint, and reference-group behavior', *American Journal of Sociology*, 61, 316-328.

- VALERO-GARCES, C. (2008) 'Hospital Interpreting Practice in the Classroom and Workplace' in: VALERO-GARCES, C. and MARTIN, A. (eds.) *Crossing Borders in Community Interpreting: Definitions and Dilemmas*. Amsterdam / Philadelphia: John Benjamins.
- VALERO-GARCÉS, C. and MARTIN, A. (2008) *Crossing borders in community interpreting: Definitions and dilemmas*, Amsterdam / Philadelphia: John Benjamins.
- VERREPT, H. (2008) 'Intercultural mediation', in: VALERO-GARCÉS, C. and MARTIN, A. (eds.) *Crossing borders in community interpreting: Definitions and Dilemmas*. Amsterdam / Philadelphia: John Benjamins.
- WADENSJÖ, C. (1995) 'Dialogue interpreting and the distribution of responsibility', *Hermes, Journal of Linguistics*, 14, 111-129.
- WADENSJÖ, C. (1998) *Interpreting as interaction*, New York, Routledge.
- WILCOX, S. and SHAFFER, B. (2005) 'Towards a cognitive model of interpreting', in: JANZEN, T. (ed.) *Topics in Signed Language Interpreting*. Amsterdam / Philadelphia: John Benjamins.
- WINSTON, E. A. (2005) 'Designing a curriculum for American Sign Language/English interpreting educators', in: MARSCHARK, M., PETERSON, R. and WINSTON, E. A. (eds.) *Sign language interpreting and interpreter education: Directions for research and practice*. New York: Oxford University Press.
- WITTER-MERITHEW, A. and STEWART, K. M. (1998) 'Keys to highly effective ethical decision-making', in: ALVAREZ, J. (ed.), *The Keys to Highly Effective Interpreter Education: Conference of Interpreter Trainers*.
- ZEELLENBERG, M., VAN DEN BOS, K., VAN DIJK, E. and PIETERS, R. (2002) 'The inaction effect in the psychology of regret', *Journal of Personality and Social Psychology*, 82, 314 - 327.