

# Chinese medical interpreters' visibility through text ownership

An empirical study on interpreted dialogues at a hospital in Guangzhou

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The interpreter's visibility in dialogue interpreting is a topic that has drawn extensive interest from researchers. Based on observation and recordings of 29 interpreted medical consultations at a hospital in Guangzhou, and replicating work on Spanish/English interpreting by Angelelli, this article analyzes Chinese medical interpreters' achievement of visibility through text ownership. The dialogues, with interpreting between Chinese and English provided by four staff interpreters at the hospital, were transcribed and examined. Qualitative analysis of the transcriptions shows that the interpreters in some cases established partial or total ownership of the text and, as a result, became visible in the communication. According to how this visibility manifested itself, the medical interpreter's text ownership can be seen as variously fulfilling four main functions: trying to expedite the drawing of conclusions; redirecting turns; expressing solidarity; and educating the patient. The research also shows that, while the purpose of a medical interpreter's text ownership in medical encounters is to facilitate communication between the two parties to the dialogue, the visibility s/he gains by laying claim to part or all of a turn may actually prove counterproductive in this respect.

**Keywords:** medical interpreting, interpreter's role, visibility, text ownership

## 1. Introduction

As a result of China's increasing openness to the outside world in recent years, more foreign residents have settled in the country's major cities. For example, statistics show that 200,000 or more foreigners reside in China's southern metropolis, Guangzhou (Liu & Li 2009). Given these growing numbers of foreign residents

and the associated need for medical services, medical interpreting has gained importance in major Chinese cities, and deserves greater attention from researchers.

In previous studies on medical interpreting, a number of researchers have stated that cultural and linguistic disparities in healthcare settings present many challenges to interpreters (Kai et al. 2011; Smedley et al. 2003; Smith et al. 2000). The involvement of interpreters in medical consultation dialogues, while reducing challenges from ethnic disparities, might indeed bring out other tensions that are inherent in bilingual healthcare activities (Greenhalgh et al. 2006). The negotiation of meanings across different languages, cultures and levels of expertise, calling for the assistance of a medical interpreter in cooperation with the medical service provider, deserves to be an important topic of investigation (Hsieh 2006; Greenhalgh et al. 2007; Robb & Greenhalgh 2006).

Based on data collected from a hospital serving an international residential community in the city of Guangzhou (South China), the present study analyzes the interpreter's role as a visible party to communication in medical dialogues. From authentic audio recordings of medical consultations facilitated by staff interpreters working on site, the paper sets out to explore and critique interpreters' achievement of visibility through text ownership.

## 2. Research background

### 2.1 The medical interpreter's role

Over the past two decades, the interpreter's role in dialogue interpreting has been widely discussed. Using authentic ethnographic data from the interpreters' workplaces, many researchers (e.g. Angelelli 2001, 2004a, 2004b; Leanza 2005; Metzger 1999; Roy 1993/2002, 2000; Wadensjö 1998; Zhan 2012) have demonstrated that the interpreter's role as a co-creator of discourse is essential to the progression of the dialogue.

In medical interpreting, previous studies by Kaufert and Koolage (1984) and Kaufert and Putsch (1997) have shown shared understanding in cross-cultural medical consultation to depend on the healthcare interpreter engaging in explanation, cultural brokerage, and even mediation. The medical interpreter therefore fulfils the roles of cultural broker and patients' advocate. Similarly, by means of discourse analysis, Davidson (1998, 2001) finds that interpreters keep the medical interview "on track" by asking follow-up questions which they themselves initiate and suppressing "irrelevant" information, in response to overriding institutional constraints. The author concludes that medical interpreters align with healthcare service providers, rather than acting as neutral agents. On the basis of data from

medical interviews involving English and American Sign Language, and informed by Goffman's participation framework (1981), Metzger (1999) questions the long-held norm of interpreter neutrality: she argues that interpreters are not merely impartial intermediaries facilitating dyadic interaction, but actually participate in discourse, making it a form of triadic interaction. Bolden's research (2000) on Russian-English medical interpreting shows that the interpreter acts as a "pre-diagnostic agent", actively exploring medically relevant information while excluding irrelevant narratives from the summary provided in her/his final interpretation.

Though previous research has revealed that medical interpreters often go beyond "faithful translation", their role has still not been universally agreed on by medical professionals. On the one hand, Pöschhacker's (2000) survey of more than 600 healthcare service providers in Austria indicates that interpreters are expected to do much more than "just translate"; on the other hand, a more recent survey in China shows that the remit of healthcare interpreters goes no further than interpreting precisely what has been said by the interlocutors, with no explanations or additions (Zhan & Yan 2013).

## 2.2 Visibility of the medical interpreter

Angelelli (2004a: 76) defines a visible interpreter as one that exercises agency within interaction, in order to bridge a communication gap. To Ren (2010a), a visible interpreter is one who goes beyond the roles of language decoder and encoder, becoming an active participant in an intercultural communicative event and mediating the interaction. Visibility, seen in this context as medical interpreters' extension of their role beyond "that of a language switcher" (Angelelli 2004a: 75), thus involves their agency and active participation with a view to smoother communication between the two parties.

Angelelli (2004b) elaborates on the visibility of interpreters, as well as the relationship between their social background and perception of their own role; she argues that they perceive their role as visible in their work settings, and that situational specifics have a great impact on the form this visibility takes. Accordingly, when the interpreter feels the need to exercise agency, s/he will become visible by establishing text ownership (Angelelli 2004a).

## 2.3 The interpreter's visibility through text ownership

Text ownership in this study refers to the interpreter's inclusion of personal ideas, or institutional knowledge or beliefs, in a turn or utterance. Interpreting in this way is far more than mere translation of the speaker's message, or clarification (Ren 2010b). According to the degree to which the interpreter takes ownership,

researchers consider that this can be classified as total (turns or utterances containing only messages owned by the interpreter) or partial (combining original source language content with input created by the interpreter).

Angelelli (2004a: 76) argues that the agency the visible interpreter exercises in interaction(s) may manifest itself through text ownership. She proposes a continuum of visibility, ranging from low to high, based on its relationship to text ownership (2004a: 78). This corresponds to a progressively increasing impact on medical or personal information, indicating that the medical interpreter becomes increasingly visible as s/he implements strategies of text ownership.

### 3. Research questions and data

As a replication of Angelelli's research at California Hope (2004a), the present study examines interpreting in medical consultation dialogues observed and recorded at a Guangzhou hospital over a three-month period from late 2013 to early 2014. The aim was to explore the visible role of Chinese-English medical interpreters, in a Chinese work setting. Based on the transcribed audio recordings of these encounters, we focused on when, and how, the interpreter established text ownership; its extent; and how this related to the interpreter's visibility in the process of interpreting. Identifying and classifying critical segments where the interpreters set up text ownership, the study explores the visibility they thereby achieved.

Using Angelelli's (2004a) continuum of visibility as an analytical framework, we set out to answer the following questions:

1. How do the interpreters in the sample establish text ownership in medical consultation dialogues?
2. In what ways is the interpreter's visibility manifested in these encounters?

#### 3.1 The hospital

The hospital studied in this research is situated in a neighborhood that covers 5 million square meters in the southern suburbs of Guangzhou, a metropolis in South China. Among the nearly 50,000 households in the catchment area, about 10% are foreign families from some 36 countries, including the United States, the United Kingdom, France, Germany, Japan, Australia, Korea, Singapore, Indonesia and the Philippines. Accredited by U.S.-based Joint Commission International (JCI), an independent, not-for-profit organization for accreditation of hospitals outside the United States (Joint Commission 2016), this community hospital also attracts foreigners from other parts of the city with its reputation for high quality medical

services to the non-Chinese-speaking population. Combining western and traditional Chinese medical practice, it covers such specialties as internal medicine, surgery, gynecology and obstetrics, pediatrics, urology, traditional Chinese medicine (TCM), emergency services and radiology. There is also a clinical laboratory. To better serve foreign patients, an International Customer Service Center has been established, with a team of staff interpreters working on a full-time basis.

### 3.2 Interpreting at the hospital

The International Customer Service Center caters for English, Japanese, Korean and Indonesian speakers, enabling them to receive interpreting and translation services when they consult Chinese doctors. Four English-Chinese interpreters, two male and two female, were working there at the time of this research. All were Chinese speakers; their qualifications and experience are described below (3.3).

The interpreters' responsibilities include: (1) answering phone calls from foreign clients seeking hospital information; (2) making appointments with foreign clients; (3) settling clients' insurance issues; (4) on-site interpreting for foreign patients in their medical consultations; (5) helping foreign patients communicate with hospital administrators; and (6) translating medical reports, medical charts and other related documents.

An interpreter is physically present at the scene of a medical consultation. Normally, the nurse who first deals with the foreign outpatient telephones the International Customer Service Center a few minutes before the patient is to be seen. An interpreter will then be dispatched to the consultation room. Sometimes, interpreters receive urgent calls directly from doctors, and have to hurry to the in-patient or outpatient consultation. If the interpreter cannot be at the consultation on time, the patient will be asked to wait, while the doctor sees another patient who does not require interpretation. This means that the interpreters often spend time with patients alone in the waiting room, waiting for consultations. This is similar to the practice reported by Hsieh (2006).

### 3.3 The interpreters

All four interpreters recorded in this research had a bachelor's degree in Medical English and had to pass tests in order to join the hospital staff. They received intensive training in the fundamentals of medical practice and in hospital interpreting from senior staff, spent several weeks observing experienced interpreters at work, and completed an initial three-month probationary period. By the time their interpretations were recorded for the present study, they had from three to five years' experience and were considered by the hospital as competent interpreters.

We interviewed all four English-Chinese interpreters. They showed a responsible attitude to their work, and would conduct a “study meeting” every Thursday afternoon to exchange information and discuss issues from their interpreting work of the week. They told us that the hospital kept staff attendance records, but did not seem to show much interest in knowing what they actually did in medical consultations; their performance during medical consultations was not monitored. The doctors, who benefit from interpreters’ services, had virtually no training on how to work with them during consultations and did not seem to give them much consideration.

### 3.4 Data collection

Over a three-month period from November 2013 to January 2014, we attended medical consultations at the hospital, observed the interpreters at work and interviewed them; with the permission of the hospital, as well as the doctors, patients and interpreters, we observed and recorded 43 communicative events (as defined by Angelelli 2000). During our observation, notes were made of features such as gesturing that would not be captured on the recording. We included 29 of these communication events in the study described below: all of these involved a doctor, a patient and an interpreter, who worked alone throughout the consultation. Appointments during which the doctor addressed questions directly to the patient in English, as well as consultations that were too short for the interpreter’s performance to be effectively observed, were excluded.

The 29 consultations we examined are listed in Table 1.

**Table 1.** Interpreted consultation dialogues studied for this research

No.	Length (mins.)	Interpreter	Subject of Consultation	Total turns
1	20.2	I1	Mumps	217
2	10	I1	Lumbar disc herniation	114
3	4	I1	Threatened miscarriage	60
4	10.2	I1	Supraspinal syndemitis	114
5	5.3	I1	Acupuncture	75
6	5.2	I1	Cystitis	51
7	7.5	I1	Reflux gastritis	139
8	4.5	I1	Gestational monitoring	56
9	12.3	I1	Asthma	106
10	10.25	I1	High blood pressure	92
11	10.15	I1	Gestational monitoring	104

Table 1. (continued)

No.	Length (mins.)	Interpreter	Subject of Consultation	Total turns
12	4	I2	Stye	48
13	5.3	I2	Upper respiratory tract infection	82
14	5.25	I2	Gestational monitoring	65
15	10.5	I2	Infertility	115
16	18.1	I2	Cervical spine degeneration	142
17	10.67	I3	Child care	76
18	10.8	I3	Upper respiratory tract infection	110
19	10.9	I3	Gestational monitoring	113
20	20.4	I3	Child care	259
21	8.5	I3	High blood pressure	84
22	4	I3	Upper respiratory tract infection	37
23	3.7	I3	Wisdom tooth extraction	58
24	6.55	I4	STD screening	79
25	16.65	I4	Shoulder pain	137
26	16.67	I4	Neurodermatitis	144
27	5.5	I4	Gestational monitoring	43
28	5.7	I4	Dental necrosis	43
29	11.7	I4	Gonorrhoea	154

#### 4. Analysis and discussion

We transcribed all 29 consultations, to examine text ownership by comparing original and interpreted utterances. Each consultation was transcribed by one of us, and analyzed by the other. We then discussed the results and agreed on the final analysis.

In terms of text ownership by the interpreter, Angelelli (2004a: 76) distinguishes three types: (1) utterances in which the interpreter conveys only the source text content contributed by the two parties to the communication; (2) utterances partially owned by the interpreter – i.e., combining source text content with content of which s/he is the owner; and (3) utterances of which s/he is the sole owner.

The following analysis focuses on identifying, and analyzing, examples of the interpreter's partial or sole ownership (types 2 and 3 respectively, in the above classification), as summarized in Table 2.

**Table 2.** Text ownership in renditions of the four interpreters studied

	I1	I2	I3	I4	Total
Interpreted events	11	5	7	6	29
Turns with total text ownership	29	14	22	30	95
Turns with partial text ownership	12	6	8	8	34
Length of time (min.)	99.6	43.15	68.97	62.77	274.49

Interpreters establishing text ownership tend to do so in relation to four main objectives, which are discussed below.

#### 4.1 Trying to expedite the drawing of conclusions

Angelelli (2004a) notes that, when an interpreter follows up a question from one speaker to the other by asking a further question of her/his own, this is done with a view to exploring an answer. In the present study, this tendency is taken a step further and the interpreter sometimes creates her/his own turn(s) so that a complete patient history, diagnosis or treatment protocol can be quickly established. The interpreter in such cases lays claim to (co-)ownership of an utterance or turn, the goal being to speed up the achievement of what s/he sees as the main objective of the patient or the healthcare provider. In example 1, where the setting is an Internal Medicine clinic, this occurs in three different turns (all underlined in the transcript).

Example 1 (No. 7 – Reflux gastritis, Turns 64 to 91)

- 64 Doctor: 没有明显的痛, 但是不舒服, 胀。完了吃完以后吐是  
吧? 其他的还有什么不舒服?  
*No obvious pain, but feeling uncomfortable and bloated. You  
vomit after eating, right? Any other discomfort?*
- 65 Interpreter: Besides the symptoms you mention, is there anything else?
- 66 Patient: No.
- 67 Interpreter: 没有。  
*No.*
- 68 Patient: Only before when I had fever ...
- 69 Doctor: [多长时间了?  
*How long is that?*
- 70 Interpreter: How long does it last?
- 71 Patient: My fever?
- 72 Interpreter: No. Your stomach upset.
- 73 Patient: Until now. In the morning, I also vomit.
- 74 Interpreter: Yes. How many days?



- 75 Patient: I think it's already one week.  
 76 Interpreter: 一个星期。  
*One week.*  
 77 Doctor: 反酸, 烧心, 是吧?  
*Acid reflux, burning in the heart, right?*  
 78 Interpreter: 嗯。  
*Yes.*  
 ((Doctor examines patient))  
 79 Interpreter: So when the doctor presses, you feel pain?  
 80 Patient: No. No pain.  
 81 Interpreter: 不痛。  
*No pain.*  
 82 Patient: I come ... vomit.  
 83 Doctor: [这, 这儿呢?  
*Here, what about here?*  
 84 Interpreter: How about there? ((patient shakes her head))  
 85 Patient: No.  
 86 Doctor: 其他的没问题, 就是这地方不舒服, 是吧?  
*No other problems. You just feel discomfort here, right?*  
 87 Interpreter: 她说按的时候也会有想吐的感觉。  
*She says when it's pressed, she also feels like vomiting.*  
 88 Doctor: 想吐的感觉。哦。以前有什么病?  
*Feels like vomiting. Well, any disease in the past?*  
 89 Interpreter: Do you have any basic disease? For example, any problem in the heart, lung, liver?  
 90 Patient: No. No.  
 91 Interpreter: 没有基础病。  
*No basic disease.*

Here, a Philippine woman has just recovered from fever, headache and mumps but still vomits whenever she eats. Though she reports no pain, she complains of burning in the upper digestive tract and bloating of the upper abdomen. At the beginning of the transcribed dialogue, the doctor briefly lists the patient's symptoms and asks whether she is experiencing any others. The interpreter (a man) replaces the doctor's list with the phrase "besides the symptoms you mention", instead of naming each of the symptoms mentioned by the doctor. After answering that no other symptoms are involved, the patient starts to enlarge on how she felt before recovering from her fever (68), but is interrupted by the doctor's question about the duration of symptoms (69).

Turn 72 is the interpreter's response to the patient's question as to whether the doctor is now asking how long her fever lasted (71): instead of conveying the

patient's question to the doctor, the interpreter answers the question himself by saying "No. Your stomach upset" (72). In taking total ownership of this utterance, the interpreter seems to be interested in steering the conversation more quickly towards what he sees as the relevant answer. In so doing, he has controlled the flow of communication to help the doctor reach his goal, but has ignored the patient's attempted interpersonal communication in the form of a request for clarification from the doctor.

In turn 79, the interpreter creates his own text by taking the initiative of asking the patient whether she feels pain while the doctor is pressing her abdomen. Here, the interpreter's rationale seems to be that the purpose of the doctor's examination is to identify physical symptoms. He therefore asks the patient how she feels, so that the doctor can come to a conclusion accordingly. This was later confirmed in a follow-up interview with the interpreter, who admitted that he was "very familiar with what the doctor would like to know in his examination of the patient" and therefore felt "quite confident to check with the patient while the doctor did the pressing". The interpreter's visibility here is based on creation and ownership of text, though its achievement momentarily excludes input from one of the interlocutors.

In turn 89, the interpreter is again visible, though this occurrence differs slightly from the other two. This turn comes just after a question from the doctor about the patient's history (88). The interpreter conveys the doctor's question in the first half of turn 89, immediately complementing it with examples of his own. One factor that may have prompted the interpreter to offer more than a literal interpretation of this question is that he has already spent some time getting to know the patient a little, in the waiting room just before the consultation.

In our follow-up interview, the interpreter recalled that the patient had already gone off track several times during the consultation, failing to answer questions with the details required. He therefore thought that it was better, in this case, to rephrase the question concerned: specifically, his awareness of the knowledge gap between the patient and the doctor suggested that it would be a good idea to "guide the patient in answering the question in a more effective way". Accordingly, the interpreter's establishment of partial text ownership in turn 89 enables him to steer the patient's answer in a direction which he knows, from experience, to be in line with the doctor's expectations.

## 4.2 Redirecting turns

A turn consists of continuous speech by a speaker at a given moment in a conversational event. The end of the turn occurs when the speaker gives up the floor, perhaps marking an exchange of roles with the listener or a silence on the part

of all participants (Li & Fan 1999). In our classification of the functions associated with text ownership, redirecting turns means the interpreter's decision to change the sequence of utterances, or to defer conveying the interpretation of an utterance or turn.

This category is illustrated in example 2, below.

Example 2 (No. 21 – High blood pressure, Turns 29 to 41)

- 29 Doctor: 给她量个血压看。  
*Let me take her blood pressure.*
- 30 Interpreter: Take her blood pressure. 她其实有。刚刚在护士那里量的。  
*She has in fact done it. Just now, the nurse took it.*
- 31 Doctor: 好。  
*OK.*
- 32 Interpreter: 这是今天早上在那个, 产科那边不是有自己量血压的那个仪器嘛, 量的。 ((the doctor starts to take the patient's blood pressure with sphygmomanometer, despite the fact that she has got one with electronic device))  
*This morning, there, at Obstetrics Department, they had a machine to take blood pressure. She did it.*
- 33 Patient's daughter: And now, I bought her a vitamin. It is Centrum Silver.
- 34 Interpreter: 哦, 善存银片。  
*Oh, Centrum Silver.*
- 35 Patient's daughter: For 50 years old, up. So, I just wanna ask if it's the vitamin good for her. Or, is there any vitamins that she needs to take?
- 36 Interpreter: ° I'll ask the doctor. °
- 37 Patient's daughter: OK.
- 38 Interpreter: ° Centrum, right? °
- 39 Patient's daughter: ° Yes. Centrum. °
- 40 Doctor: 血压现在降到新低啊, 105  
*...Blood pressure has fallen to a new low, 105*
- 41 Interpreter: 她还有吃那种五十岁以上的善存。  
*She has taken Centrum for fifty years above.*

This example features a Philippine woman in her fifties during a visit in the Cardiovascular Department, accompanied by her daughter. The purpose of this visit is to have the doctor explain the results of earlier tests. Considering that the patient has a history of high blood pressure, the doctor suggests measuring her blood pressure (29). The interpreter, a woman in this case, informs the doctor

that the woman's blood pressure has already been taken by a nurse (30); in addition, the interpreter specifies to the doctor that this was done with an electronic blood pressure monitor (32). The doctor insists on performing another blood pressure test, using a mercury manometer and stethoscope. While he does this, the patient's daughter starts a new topic by mentioning a vitamin supplement her mother is taking and asking whether it is suitable (33 and 35). The interpreter replies by saying that she will ask the doctor (36), and confirms the name of the supplement with the daughter (38 and 39). Several seconds later, the doctor removes his stethoscope earpieces and states his findings (40). It is only then that the interpreter mentions the supplement to the doctor.

The text in turn 30 is partially owned by the interpreter, while turns 32 and 36 are totally owned by her. The patient's daughter does not tell the doctor that her mother's blood pressure has already been measured, but the interpreter knows this from her earlier conversation with the daughter in the waiting room. The interpreter thus volunteers the information about the patient's blood pressure, despite having received no input on the subject from the patient immediately beforehand. In other words, the interpreter decides to speak on behalf of the patient and tells the doctor what happened. When the patient's daughter brings up another topic (33 to 35) while the doctor is measuring her mother's blood pressure, the interpreter accepts the information but does not convey it to the doctor immediately; she temporarily holds up the daughter's question by saying that she will ask the doctor later (36). Here, the interpreter's total text ownership makes her role visible and enables her to control the flow of conversation by redirecting turns. In addition, the interpreter lowers her voice, as noted in the transcription (by means of the " ° " symbols); she also gestures that she is being careful not to disturb the doctor, and to suggest that the patient's daughter too should lower her voice. In showing this concern about ambient noise, the interpreter obviously knows that it is likely to interfere with auscultation. In turn 39, the patient's daughter follows the interpreter's advice and speaks more quietly. Only when the doctor has finished auscultating and states the result (40) does the interpreter redirect the deferred turn (41).

When asked afterwards about her establishment of text ownership in turn 36, the interpreter recognized that she was aware of her ability to control the flow of information in the medical consultation by deciding the appropriate moment at which to interpret a given turn. It can therefore be argued that the interpreter becomes visible as she purposefully redirects turns, or defers the interpretation of an utterance.

### 4.3 Expressing solidarity

Angelelli (2004a) suggests that some forms of behavior from a medical interpreter towards a patient, such as wishing a successful outcome, providing more information than expected, and advising on what (not) to do during a consultation, can be considered as demonstrations of solidarity. This occurs in the present study, as seen below in example 3.

Example 3 (No. 16 – Cervical spine degeneration, Turns 69 to 80)

- 69 Doctor: 如果是说, 每天过来做治疗的时候.....你可以问一下他, 他原来做过什么推拿呀跟针灸啊这些, 做过没有。  
*If he comes for treatment every day ... You can ask him, has he done some massage and acupuncture before?*
- 70 Interpreter: Did you receive any acupuncture and massage?
- 71 Patient: Before?
- 72 Interpreter: Yes.
- 73 Patient: Er ... Massage yes, but acupuncture no.
- 74 Interpreter: 他接受过那种推拿, 然后, 针灸没有。  
*He has done some kind of massage. Then, no acupuncture.*
- 75 Doctor: 针灸没有。那你跟他讲一下, 针灸呢, 因为我们是这个, 这个针插时有一些酸胀痛吧, 这样的情况, 但它不会说非常疼。((Doctor turns to the patient)) 所以如果要是说很疼的话, 你可以适当地跟我们说。((Doctor turns to the interpreter)) 让他不用紧张就是了。  
*No acupuncture. Then you tell him, acupuncture, when a needle is inserted, he will feel a bit sour and bursting pain, situation like this, but it won't be very painful. So if you feel great pain, you can tell us. Just tell him not to feel nervous.*
- 76 Interpreter: When the doctor performs the acupuncture, there may be a little bit pain and discomfort. So if you cannot, er, stand the pain, tell the doctor.
- 77 Patient: OK.
- 78 Interpreter: I took the acupuncture before, just a little bit...((indicate small amount with the thumb and index of his right hand))
- 79 Patient: Hum. Is it necessary?
- 80 Interpreter: Yes, to promote your blood flow and help the nerve tissue to repair.

In this case, an American patient in his fifties is being seen by a TCM practitioner for treatment of shoulder pain caused by degeneration of cervical vertebrae. The practitioner has already talked to the patient about the diagnosis, as well as the TCM treatment protocol: anti-inflammatory medication, acupuncture and

massage. As the recommended massage and acupuncture procedures are part and parcel of TCM, the practitioner wishes to find out whether the patient has any previous experience of them (69). When the question has been interpreted, the patient says he has never had acupuncture (73). The practitioner describes how it feels to receive acupuncture, and what can be done to alleviate pain or nervousness (75). After delivering this message, the interpreter adds his personal account of how he felt when he received acupuncture (78). When asked by the patient whether acupuncture is necessary (79), the male interpreter takes the initiative entirely in specifying its beneficial effects (80).

The turns created by the interpreter (78 and 80) deserve closer attention. Turn 78 shows the interpreter's readiness to share his experience of acupuncture treatment. He uses expressions and gestures to indicate the extremely low level of pain caused by the needles. The interpreter then explains, in turn 80, why it is necessary for the patient to take acupuncture treatment. At this stage in the consultation, the TCM practitioner has no idea about the patient's reluctance to undertake the treatment or the interpreter's explanation of its function. It can therefore be argued that the interpreter here has, in a sense, momentarily taken on the doctor's role. In a follow-up interview, the interpreter was asked to comment on this. While recognizing that it was not his responsibility to guide the patient, he did not seem too worried about it: "After all," he stated, "I helped the patient receive the treatment he was in need of".

#### 4.4 Educating the patient

In a number of cases, it can be observed that the interpreter provides more information than expected by either party to the communication. This arguably reflects the interpreter's intention to educate the patient about medical practice, hospital arrangements and the national healthcare system of China, as seen in example 4.

Example 4 (No. 29 – Gonorrhoea, Turns 72 to 95)

- 72 Doctor: 肌肉针。三天，六针，早晨一针，晚上一针，三天。还有口服药。  
*Intramuscular injection. Three days, six injections, one in the morning, one in the evening, three days. And oral medication.*
- 73 Interpreter: OK. Antibiotics is for oral taking medicine. And also you need to take the intramuscular injection for three days. Two times a day, one in the morning and one in the, er, in the evening.
- 74 Patient: I can take it by myself? ((telephone on the desk rings, and doctor answers the phone.))

- 75 Interpreter: Er ... No. You need to receive the injection here.
- 76 Patient: OK.
- 77 Interpreter: In the hospital.
- 78 Patient:: I'm in Zhuhai. This is my problem. ((doctor finishes the call and rejoins))
- 79 Interpreter: OK. 他这个打针的话, 可不可以去到他当地医院打? 因为他住珠海那边有点远。  
*For his injections, can he do it in his local hospital? Because he lives in Zhuhai, and it's a bit far.*
- 80 Doctor: 这样子他能不能找到.....他给你拿回去了, 那个药人家不给你打那不惨了?  
*In that case, can he find ... If he takes it back, and cannot get it injected, won't that be too bad?*
- 81 Interpreter: 呃.....或者是.....他去其他当地的医院呢?  
*Well ... maybe ... he can go to a local hospital?*
- 82 Doctor: 那去打针吧。  
*Then go there for injections.*
- 83 Interpreter: 那只能是说开口服药这种也是可以是吧?  
*Is it okay just to prescribe oral drugs for him?*
- 84 Doctor: 口服药不起效这个.....  
*Oral drugs won't be much effective...*
- 85 Interpreter: 要打针是吧?  
*He needs injections, right?*
- 86 Doctor: 那我现在也没有明确的化验给他。化验要三天。  
*And now I don't have solid examination results for him. It takes three days for the examination.*
- 87 Interpreter: 哦。  
*I see.*
- 88 Doctor: 化验得三天四天啊, 做个淋球菌培养。但这是个典型的淋球菌感染。  
*The examination takes three to four days. We need a cultivation of Neisseria gonorrhoeae. This is a typical gonococcal infection.*
- 89 Interpreter: 那像你这种现在只是说.....他要么就在我们这里两个都做, 要么, 光开口服药还是不行的吧?  
*So like what you say now ..., he will have to either do both here with us, or, it won't be all right to only prescribe oral drugs, right?*
- 90 Doctor: 光开口服药太弱。  
*Merely oral drugs will be too weak.*
- 91 Interpreter: 太弱。就效果不是很明显?

- Too weak, meaning no obvious effect?*
- 92 Doctor: 对。  
*Right.*
- 93 Interpreter: Ok. So, there is two pro ... There're two problems. The first one is, because you live far from here, so you cannot come here every day for the injection, so I asked the doctor whether you can, like, get the medicine in our hospital and then you can receive the injection in another hospital in, a local hospital. But in China, usually, if you are not ... get the medicine in the same hospital, so they would not give you the injection.
- 94 Patient: OK.
- 95 Interpreter: Like, if you bring medicine to another hospital, maybe they would not give you the injec, get you injected. So, er, I asked the doctor whether he can just prescribe you the oral taking medicine first, then you can find another hospital, where you live, to receive the injection. The doctor says: it's ok, but, for now, only the oral taking medicine is not enough. And, effectiveness is very weak, so, not so strong. So... What's your option? You want ...

The above consultation took place in the urology clinic, where a German patient is seeing the doctor for symptoms suggestive of gonorrhoea. The urologist recommends a treatment protocol (72). The patient asks whether he can give himself the required injections, or must have them done by a healthcare professional (74). As the doctor now receives a phone call, the female interpreter volunteers her own answer to the patient's question (turns 75 to 77). In this instance, the interpreter does not restrict herself to what could strictly be considered her role and provides the sort of input that could normally be expected from a doctor. After the patient has explained to the interpreter that he lives some 150 kilometers from the clinic (78), the interpreter inquires on his behalf whether it is possible for him to receive the injections at a hospital close to his home (79). In response, the doctor points out the problem of having injections administered in another hospital (80). The doctor and the interpreter then start a long discussion about what arrangements might be best in this case (81 to 92), with the interpreter acting initially as the patient's advocate and then more like a medical professional seeking specialist advice from the doctor: both these roles diverge from what could strictly be considered as "interpreting" for the two parties. Finally, the interpreter sums up the discussion in turns 93 and 95 for the patient's benefit, describing what has been said between herself and the doctor, and what agreement they have reached.



In turns 93 and 95, the interpreter also offers information about how medication is procured and administered in Chinese hospitals. This information does not come from the doctor. In both turns, the interpreter takes on partial ownership of the text to fulfill the purpose of educating the patient.

#### 4.5 The interpreter's visibility through text ownership – a summary

Reviewing the 29 interpreted communicative events studied in this research, the number of turns with total or partial text ownership by the interpreter was calculated and categorized according to the four categories described above. The results are summarized in Table 3.

**Table 3.** Different manifestations of text ownership by the interpreter

	I1	I2	I3	I4	Total	Proportion
Expediting a conclusion	28	19	20	22	89	69.0%
Redirecting turns	0	1	3	1	5	3.9%
Expressing solidarity	7	0	6	8	21	16.3%
Educating the patient	6	0	1	7	14	10.8%
<b>Total</b>	<b>41</b>	<b>20</b>	<b>30</b>	<b>38</b>	<b>129</b>	<b>100.0%</b>

Among all the situations of interpreter visibility through text ownership, trying to expedite a conclusion accounts for practically seven cases out of ten, while the other categories are less frequent (particularly redirecting turns, less than 4% of the total).

The interpreter most often tries to expedite a conclusion by initiating questions independently, without being prompted to do so by either party. These questions may be asked from the doctor's perspective (particularly when inquiring about the patient's medical history and establishing a diagnosis), or the patient's (especially when the latter is undergoing diagnostic procedures or treatment). In follow-up interviews with the interpreters, all four explained how they were familiar with the steps of medical consultation and could generally anticipate the relevant questions. Therefore, they felt confident in raising questions for either party.

The interpreters interviewed report that, in expressing solidarity, they try to create an environment in which the patient feels comfortable talking about her/his condition to the medical professional. This perceived need to demonstrate solidarity towards the patient may be prompted by the knowledge gap between the healthcare professional and the patient, with the latter often reluctant to communicate as a result (Shuy 1976; Cicourel 1983). In mediating between the patient and

the doctor, medical interpreters may feel the need to bridge this gap so as to obtain a better communication outcome.

Medical interpreters in this study are also found to offer patients simple information about medical practice and the hospital system. When asked why they chose to voluntarily explain medical terms to patients, the interpreters stated that they wanted to “ensure that the patients understand the doctor and the medical system in China”, thus increasing patients’ trust in service providers. The medical interpreters’ previous experience with foreign patients may also have made them better able to identify and cater for patients’ needs with their professional expertise.

Redirecting a turn, the least frequent case of interpreter visibility through text ownership in this sample, means deferring interpretation but not necessarily changing the content of the turn. Since this may be achieved without any need for the interpreter to create text, it is readily understandable why redirecting turns is the least frequent manifestation of text ownership in the 29 consultations analyzed for our study.

## 5. Conclusion

Visibility is manifested when interpreters realize the need to establish text ownership, totally or partially (Angelelli 2004a). Text ownership therefore provides a useful starting point for analyzing and understanding interpreter visibility.

In general, the manifestations of the interpreters’ visibility and their feedback from follow-up interviews indicate that they were aware of their role as facilitators in medical consultation, providing help to both parties. In particular, trying to expedite a conclusion and educating the patient are usually associated with the interpreter’s awareness of what best serves the purposes of the consultation and of their institutional responsibility in making the medical consultation as effective as possible. On the other hand, redirecting turns and expressing solidarity are more often associated with empathy, perception of a power gap and other social factors: interpreters in such cases usually project their agency into the interpreted medical consultations.

However, the effect of the interpreter’s visibility on medical consultations is something that this research has not been able to measure. As Scollon and Scollon (2001: 61, 134) argue, communication is intended to increase common knowledge and manage misunderstanding. The data in this research do not offer a comprehensive rationale for the interpreters to take on total or partial text ownership. Nor does the study prove that interpreters’ efforts at expediting a conclusion, redirecting turns, expressing solidarity and educating the patient are necessary to

the medical encounters. One might even argue that, within the theoretical framework of Scollon and Scollon, the interpreters' visible role may actually entail the risk of their preventing true communication between the medical professional and the patient.

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## Appendix

Transcription conventions based on Wadensjö (1998):

- [ square brackets indicate that people are speaking simultaneously
- , continuous intonation (usually with a rising or sustained tone)
- . terminating intonation (usually with a falling tone)
- ? questioning intonation (usually with a rising tone)
- ... open-ended intonation (fading out, or with an otherwise unclear final status/trend)
- (( )) non-verbal feature
- boldface** words spoken with emphasis
- ° ° the speech segment framed is spoken at a relatively low volume

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