Abstract

This paper examines the role of the interpreter in the inter-cultural encounter, between a Hebrew-speaking doctor and an Amharic-speaking patient. The encounter between the "western" doctor, who practices according to the bio-medical model, and the traditional Ethiopian patient, who is used to Ethiopian folk medicine, is a microcosm of the encounter between the receiving Israeli society and culture, and the immigrant who wishes to integrate into it. It is further a manifestation of the attempt to negotiate between the two cultures, and, as such, plays a meaningful role in the immigrants' assimilation in Israeli society.

The interpreter role is determined by her being the link in this bi-cultural encounter. Whereas this role was previously perceived as that of a conduit, faithfully transmitting the words of the speakers, it is clear today that the theoretical descriptions have little in common with the reality at hand, and very often the interpreter takes upon herself additional and varied tasks.

The theoretical section of this paper deals with the following two aspects: the complex medical encounter in which the interpreter functions, and the various roles she fulfills in this particular reality. In this section the reality of the medical encounter will be examined from different perspectives. We begin with a description of the power gap existing between doctor and client, as well as the patterns of discourse utilized during this particular encounter, even when both participants speak the same language. This is followed by a discussion as to the implications of the inter-cultural differences, and those resulting from the presence of an interpreter during a medical encounter, when doctor and patient do not speak the same language. These differences are evident in the way illness is perceived in Western culture as opposed to traditional culture (in the causes of illness, way

of complaining, treatment, cooperation etc.). Furthermore, various linguistic features (politeness, narratives etc.) that might impede the discourse between interlucutors of diverse cultures are elaborated upon. The presence of an interpreter as the link in the encounter alters the interaction between the two parties, and requires a special awareness of the change in the entire setup and in working methods.

A discussion pertaining to the role of the interpreter stems from the description of the challenges posed by the inter-cultural medical encounter. Using various ethical codes, as formulated by various organizations, the instructions given to interpreters are examined. Descriptive literature dealing with the various roles taken up by interpreters, who were observed by numerous researchers, and definitions of the role of the interpreter given by the three interlocutors are reviewed.

The ethnic group dealt with in this study – Ethiopian immigrants to Israel – is then described. We have expanded on the group's historical background, its immigration to Israel during the past thirty years, and the way it is dealt with in absorption centers, established for the purpose of catering to the group's specific needs. The chapter dealing with Ethiopian culture describes typical patterns of illness perception by Ethiopian immigrants, types of illnesses and healing methods common in Ethiopia, and brought to Israel by the immigrants, as well as patterns of discourse and politeness characteristic of the above group, which might affect the medical encounter.

Based on the theoretical literature, a model of the interpreter's role is proposed. It includes seven different roles: translator, cultural informant, cultural broker or cultural mediator, advocate, bilingual professional, communication

coordinator and reconciliator. The purpose of this study is to examine how these roles are perceived, and in turn, how they are carried out by the interpreters in the specific multi-cultural medical encounter between Ethiopian immigrants in Israel and their Hebrew-speaking doctors.

The questions posed in the study are:

1. How does the interpreter perceive her role?
2. How is this role perceived by the medical staff?
3. Does the behaviour of the interpreter and medical staff correlate with these perceptions?

A qualitative field study was conducted in two different medical clinics belonging to Clalit Medical Services, one situated on a kibbutz and one in a town. Both of these are located near absorption centers catering to Ethiopian immigrants during the first year and a half of their stay in Israel. The study is based on 44 encounters between Amharic-speaking patients and two Israeli doctors - 37 encounters with Dr. S.M and 7 with Dr. A.Y. In each case two different interpreters were used. The doctors and nurses working alongside the interpreters were given semi-structured interviews, and were questioned as to their perception of their roles and their work together.

The data collected during the interviews was transcribed and analyzed in accordance with the model of the seven roles. Likewise, instances in which the interpreter fulfilled each of the roles during the encounters, or, alternatively, when the undertaking of a specific role was requested, but could not be fulfilled by the interpreter, were recorded and analyzed. This was followed by an examination of the compatibility between the way in which the roles were perceived by the

participants themselves, and the way in which these roles were in fact performed by them during the encounters.

From the interviews with the doctors it follows that the latter are mainly interested in translation with an element of cultural bridging. They also wish the interpreter to act as a bilingual professional who performs the initial interview at the start of the encounter, but not to deviate from this task. Their expectations of the interpreter in this initial interview are rather high, sometimes assigning her responsibilities which should have been theirs. During the encounters they manifest ignorance of the interpreter's role and they do not speak in a way conducive to a faithful translation and an effective encounter.

The interpreters, who declare that translation is their only role, in fact carry out the other roles in the model as well. Indeed, the greatest part in their interpretation is a summarized translation, in which they exercise discretion in deciding on omissions. They act mainly as bilingual professional and advocate to the patients, and less as communication coordinator and cultural informant or broker.

The conclusion that emerges from the observations described in this study is that neither doctors nor interpreters are aware of many aspects, ethical and pragmatic, of their work and of the implications for choices made during the encounters. Expectations and procedures are not coordinated in a way that might enable each participant to carry out his/her job in the best and most effective way. Both sides work intuitively, with no awareness of the challenges, risks and implications of their behavior for the results of the encounter.

In my opinion, raising awareness of the doctors and the interpreters as to the cultural and sociological aspects of the encounter and acquisiton of practical

ways to improve translation and communication practices, will improve the quality of the work done in the encounters and consequently lead to better results. All this could best be achieved through proper training of both the healthcare providers and the interpreters working with the new immigrants.