“I Know it is Wrong but I do it Anyway” - How do Speech Interpreters Respond to Ethical Dilemmas?

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Master of Social Science in Science of Disability,

HT 2012

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Abstract

Interpreters working in the Speech Interpretation Service clarify speech and language that is unclear due to voice-, speech-, or language disabilities as for example dysarthria and aphasia. Ethical guidelines of interpreting in general, demand the interpreter to function neutrally and impartially. In this study, four different ethically challenging situations are presented to speech interpreters through a questionnaire. The aim is to investigate how the interpreters would deal with the situations. Eleven speech interpreters from Sweden and eleven from Finland participated in the study. Results show that a majority of respondents do not follow a strict interpretation of ethical guidelines in three of the four situations. There is no significant difference between the responses of Swedish and Finnish participants in this study. The study finds that the speech interpreters are more personally involved in the interpreted event than ethical guidelines require. A discussion is needed, about the limit of what should be included in the professional role of speech interpreters.

Sammanfattning

Acknowledgements

Thank you:

To all respondents of my questionnaire for making this study possible!

Mikael Heimann for your support through the complete thesis process and for patience with my constant delaying of the work.

Joakim Frögren and Rebecka Sandström, my closest workmates for your active participation in my study.

Peter Strid and the remaining Tolkcentralen staff for allowing me to be distracted by this study in the midst of everyday work.

Mirjam Heiskala for being my link to the Finnish Speech Interpretation Service.

Tuula Johansson for help with translations of texts in Finnish.

Leif Vikengren and my classmates, in the very first Speech Interpretation education in Sweden, for early feedback and inspiration.

And not the least to Christian and Tom for your enormous patience, support and for forcing me into “fika” and play breaks.
Introduction

This work will investigate the professional role of the speech interpreter. How are the responsibilities implemented in real work situations? Being a speech interpreter myself, I have been confused many times about what my responsibilities are, and what I should or should not do, to ensure a high quality interpretation. Although there are ethical guidelines developed for professional interpreters, it is not always obvious how to implement them in complex everyday situations.

The aim of speech interpreting services (hereby referred to as SIS) is to enable communication for people with communication disabilities relating to speech, language and voice. It rests on values of everybody’s right to make independent decisions and express oneself. The ability to communicate effectively is crucial in the society of the 21st century according to Ruben (2000). He describes a shift from a society based on manual labour in the beginning of 20th century to an economy based on communication skills by the beginning of the present century. This makes people with communicative disabilities vulnerable to social isolation and excluded from the labour market. According to research by Roisko (2003), between 0.5 and 3.5% of hearing people in Finland have some difficulty in communicating or speech impairment. Of those, about half are potential clients of interpreting services for people with a speech impairment. Corresponding numbers in Sweden have not been found in the literature.

This study takes a social perspective of interpreting in contrast to many studies based on translation theory and linguistics. A conversation is as much about social relationships as about actual information content (Brown & Yule, 1983). The interpreter takes part in a social situation, and although they are there to enable communication, they have special knowledge of the client and the situation, as well as the possibility to understand everything being said. The objective is to investigate how this knowledge is actually used. In what ways do practitioners within SIS act in a number of situations that may occur in everyday work? To what extent is it possible to stay neutral and uninvolved in the
communication? Are the ethical guidelines developed for interpreters in general suitable for interpreters within the SIS?

As SIS is a relatively new service with little research behind it (Larsson & Thorén-Jönsson, 2007), there is a need to define the field. The uniqueness of the profession of the speech interpreter, working with many different disabilities and communication methods, might contribute to the complexity of dealing with ethical dilemmas. Speech interpreters have a significant role in providing access to communication for a broad group of people (Handikappinstitutet, 1989; Socialstyrelsen, 1997). But how should the tasks of the profession be defined to best meet the goal of enabling the possibility to express oneself independently?

The form of SIS investigated in this study is so far offered only in Finland and parts of Sweden. There are differences in what the services include in Sweden compared to Finland and this as well as cultural differences may influence how the interpreters perform their work. In this study, a comparison between Swedish and Finnish interpreters has been made to explore the professional outlines of SIS.
Background

Speech Interpretation Service

There is not much published information about Speech Interpretation Service available. The information here is largely based on a document (Andersson et. al, 2011), developed and agreed upon by 12 of the Swedish speech interpreters that took part in the education at Nordic Folk High School mentioned further down.

SIS is available to people with communication disabilities due to disorders affecting language, voice or speech (Andersson et. al, 2011). The service is motivated by for example the UN (United Nations) convention on the rights of persons with disabilities, which ensures that every person has the right to the support needed to communicate with others (UN, 2006). Support could, according to the convention, be in the form of technical aids or services. The person using the service due to his or her disorder will hereby be called “client”, and the communication partner or other people in the situation where the interpreting takes place will be called “third party”.

According to Albrecht (2006) language disabilities refer to problems with neurological causes, such as problems producing and understanding symbols, words and sentences as in aphasia. These difficulties can involve the shape of language (phonology, morphology or syntax), the contents of language (semantics) or the use of language in context (pragmatics).

Voice disabilities are characterized by abnormal pitch, volume or quality of voice that is caused by damage to the speech organ. The problems may also cause fatigue or pain to the speech organ. Problems can emerge from physical as well as neurological conditions. Dysphonia belongs to this group of communication disabilities (Albrecht, 2006).

Speech disabilities refer to slow, weak and uncoordinated movements of speech musculature, which are usually called dysarthria. Dysarthria can be congenital as in cerebral pareses or acquired as in Parkinson’s disease or Stroke. Speech disabilities also include reduced flow in speech,
repetition of words, exaggerated accentuation of sounds, hesitation during and before speaking (Albrecht, 2006).

The task of the speech interpreter is to read an unclear voice or decipher a message that is not obvious to a third party or the client, due to any of the disabilities mentioned above. This means that the interpreter can both interpret what the client says to the third party, and the other way round if the client has receptive difficulties. The clients of the SIS may have cognitive impairments in addition to language-/voice- or speech disorders and the interpreter can guide the communication situation with regards to tempo and noise, to make it more accessible to the client (Andersson et. al. 2011). Some clients use communication aids such as alphabet tables, computer-based communication programs or signs and gestures to support the speech (Papunet, 2011).

Interpreters within SIS conduct interpreting in face-to-face interaction that takes place in institutional settings, for example police stations, social welfare centres, hospitals and courts, but also in settings related to leisure time such as museums and community meetings. The interpreting may also be conducted during telephone calls. Beside vocal assistance, the service also offers reading and writing support. For example, the speech interpreter can read letters and other texts to the client or take notes during a meeting (Andersson et.al. 2011).

A key to performing a successful speech interpretation is a careful preparation in collaboration with the client to be able to know the individual’s needs in communication support (Larsson & Thorén-Jönsson, 2007). The preparation involves learning about the disability and setting up a method of communication, agreement of what the interpretation should involve and also learning about the situation where the interpreting will take place (Andersson et. al. 2011).

SIS is a relatively new service, which has been sparsely studied in research (Larsson & Thorén-Jönsson, 2007). Larsson and Thorén conducted a qualitative study on how 12 persons with aphasia experienced the services of the Swedish SIS. Results address the need of the SIS and its importance to the participants. The study also discusses the advantages of using a professional interpreter instead of relatives or
other non-professionals. There is also one recent study made in Finland about the SIS from the experiences of both service providers and clients by Saarinen (2011). The study focuses on effects of the transfer of SIS in Finland from the local municipalities to Kela- the Social Insurance institution of Finland.

The SIS started as the trial project “Projekt Taltjänst” in 1986 in Sweden (Fransson, 1989). In Finland the service has been available since 1988 (Saarinen, 2011). A person with speech disabilities has the legal right to 180 hours of SIS per year since 1994 in Finland (Svenska yrkesinstitutet, 2007). In Sweden there is no such law, only a recommendation of an establishment of the service by the National board of Health and Welfare in Sweden (Federation of Swedish County Councils, 1989), a recommendation that has only been followed by a minority of the Swedish county boards. The expansion of the service has been slow with currently only about 25 more or less active interpreters in Sweden (Medioteket, 2012), compared to Finland's 145 speech interpreters registered within Kela at 9th of March 2012 (M. Heiskala, secretary of the Finnish association of speech interpreters, personal communication, May 21, 2012).

Until recently, there has been no special training available to become a speech interpreter in Sweden. The service has been performed mainly by occupational therapists and speech therapists. In January 2011, the first 12 students graduated from a new education in speech interpreting, targeted at interpreters already working in the profession. The education contained three main parts: ethics, disabilities and alternative augmentative communication (AAC) and was conducted at the Nordic Folk High School in Kungälv (Nordiska Folkhögskolan, 2009). In Finland it has been possible to get a specialist qualification in Interpreting services for People with Speech Defects (40 credits) at universities since 2001 (Svenska yrkesinstitutet, 2007).

**Professional roles of interpreters and other communication facilitators**

As there is no previous research directed on role issues of the professionals within SIS, knowledge has to be collected from adjacent professions. In particular, sign-language interpreters and other interpreters dealing with people with disabilities can contribute with
knowledge to interpreters within SIS. Sign-language interpreters in turn are closely related to spoken language interpreters when it comes to role issues according to Roberts (1997). Other professional roles presented here, which can be compared to the role of the speech interpreter, are Cultural brokers (Michie, 2003) and conversation partners using the method of SCA (Supported Conversation for Adults with Aphasia) (Kagan & Gailey, 1993).

According to Roy (2002) studies of interpreting were originally concerned mainly with translation, which was first defined as the transfer of thoughts and ideas from one language (source) to another (target). Wadensjö (1992) describes an interpreter as a person who relays a speaker’s utterances in another language, immediately after they have been uttered, to a third party in the same situation. The function may seem obvious, but the task is complicated by many factors when applied in practice.

An early recognition of the complexity of the interpreter’s role was made by Anderson (1976, pp. 218):

In general, the interpreter’s role is characterized by some degree of inadequacy of role prescription, role overload, and role conflict resulting from his pivotal position in the interaction network. Research is needed to allow specification of the conditions under which each of these characteristics obtains.

The issue of the interpreter’s role is a concern to practitioners working for greater professionalization. Pöchhacker and Shlesinger (2002) describe some of the role difficulties met within the area of sign language interpreting in the late 1960’s in United States. The interpreters were challenged with enabling communication in a situation of inherent inequality. On the one hand they had representatives of mainstream institutions, and on the other hand underprivileged, disabled individuals. In this situation, interpreters tended to place themselves in a helper role that extended to whatever needed to be done to strengthen the person with disabilities. This could for example involve giving personal advice or defending the disabled person with arguments of one’s own.
Since then sign language interpreters have been striving to clarify and define their role, through research, education, authorization and by establishing ethical codes (Pöchhacker & Shlesinger, 2002). The professionalization of the interpreter's role first lead to a view of the interpreter as a machine simply conveying messages without getting personally or emotionally involved. This view of the role soon lead to conflicts as it allowed interpreters to deny responsibilities of any consequences of an interpreted event. This could lead to unsuccessful outcomes and unflattering perceptions of interpreters (Roy, 1993).

Roy (2002) underscores the fact that although interpreters are individuals with the capacity to process highly complex information, they are also social human beings. They engage with other interlocutors in the co-construction of a communicative event. Their interactions and interpersonal relations are constantly influenced by societal constructions and cultural norms. The assumption that interpreters are influencing the communicative situation is shared with Wadensjö (1992,1998), Mikkelson (1998) and Angelelli (2004). Wadensjö (1992) describes this new vision of the interpreters’ role as a “coordinator”. Having studied interpreting through communicative perspectives, she revealed the simultaneous presence of “just translating” and “coordinating moves” in the interpretation situation. “Just translating” means to convey a machine-like role and simply relay utterances of the people involved in the communicative situation. “Coordinating moves” means actively shaping the development and outcome of the mediated encounter. Hsieh (2006) revealed that some interpreters even argue that it is necessary to assume different roles to enable successful interpreting. She showed that when the client is not a competent speaker the interpreter feels the pressure to deviate from the machine-like role through facilitating the conversation. If the interpreter can stay “just translating” or not, depends considerably on the other speaker’s communicative skills and behaviours. As the clients of SIS have disabilities directly influencing communication it can be assumed that situations where interpreters give communicative assistance beyond just translating are common.
Accordingly, the professional role of the interpreter is a complicated matter. However, the complexity of clients’ speech difficulties within SIS may further complicate some of the role issues and moral dilemmas. What happens, for example, with the neutrality of the interpreter who has spent time together with the client to prepare a communicative situation? Instead of just translating what is being said right there and then, the interpreter might need to use knowledge from what was prepared beforehand. The previous knowledge of the client’s history may be necessary to conduct the interpreting at the same time, as the knowledge must be handled with extreme care, as the knowledge cannot be uttered without the agreement of the client. The task of deciphering a message might involve changing words and phrases in order to make it more understandable to the client. This may further move the professional role to what Wadensjö (1995) calls a coordinator rather than a mechanistic translator that solely relays utterances in other words.

In addition to the voice, speech or language disabilities, individuals of the target group often experience pragmatic difficulties in communication, such as taking initiatives, keeping focus, memory, turn-taking, etc. In what way can the speech interpreter support these functions without influencing the discourse too much? Edberg (2002) describes the difficulty of sign language interpreting when the client has learning disabilities. He points to the fact that the client as well as the interpreter has a responsibility in the communication situation. The client needs knowledge about what the interpreter will and will not do. In many cases a person with learning disabilities cannot gain that knowledge and therefore needs support by another person before, during and sometimes after the interpreted situation to share the responsibility. This should not mean that the supporter overtakes the role of being the client.

Other kinds of interpreting dealing with multiple difficulties are deaf blind interpreters and cultural brokers. The task of interpreting with a deaf blind client involves, except from translating what is being said, to describe visual factors such as the environment where the interpreting takes place, unspoken actions and reactions from people in the room and information from handouts, PowerPoint slides etc. Interpreting deaf
blind consumers may also include extra services such as orientation to a conference hall or guiding to rest rooms (RID, 2002). To set up what is going to be included in the interpreting situation requires careful preparation and agreement on the specific role and responsibilities of the interpreter but also extra sensitivity of the interpreter when the interpreting takes place:

The amount of information incorporated is at the discretion of the deaf blind consumer and also requires considerable skill and judgement on the part of the interpreter. (Registry of Interpreters of the Deaf, Inc, 2002, pp. 2).

Cultural brokers are examples of interpreters with an extended role and area of tasks. Cultural brokers act as a bridge or link between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change (Jezewski, 1995). The task of translating is an important part in cross-cultural situations but the role of a Cultural broker covers more than that (Michie, 2003). Other attributes are mediating between traditions, intervening in conflict situations when tensions exist in interactions and facilitating communication by translating interests and message between groups (Jezewski, 1995).

Besides other kinds of interpreters the role of the speech interpreter may also be compared to the role of a trained conversation partner within the method of SCA (Supported Conversation for Adults with Aphasia) (Kagan & Gailey, 1993). SCA addresses communication within a social context (Kagan, Black, Duchan, Simmons-Mackie & Square, 2001).
Through different techniques the role of the conversation partner within SCA is to:

- Recognize competence (through responsiveness and natural speech)

- Reveal competence (through verbal adjustment, non-verbal adjustment, gestures, writing down key-words, drawing pictures and using visual stimuli)

- Pay attention to communicative signals

- Verify that the message was perceived correctly

(Kagan & Gailey, 1993, pp 211-217)

The authors (Kagan & Gailey, 1993) use the concept “facilitator” to describe the role of the conversation partner using SCA. Speech interpreters may use techniques from SCA as methods when interpreting clients with language difficulties.

Ethical guidelines within interpreting

Ethical guidelines for interpreters have been developed with the aim to secure the legal rights of the clients and to protect the interpreter by constraining the tasks to only interpreting and no other commitments. They are closely related to the professional role as they clarify what an interpreter should or should not do. Over the years, those codes of ethics have been revised to take into account changing experiences in interpreting praxis, as well as changing theoretical underpinnings (Turner, 1995). In Sweden all interpreters in public services are obliged to follow the official code of conduct released by the Legal, Financial and Administrative Services Agency of the Swedish government (Kammarkollegiet, 2010).
The main principles of the document can be summarized as follows (author’s interpretation, *pp 4-9)*:

- Only interpret in areas in which the interpreter understands the discourse. Recognize, don’t hide, shortcomings. Ask for more information when needed.
- Interpret only when there is no previous or existing bias or prejudices.
- Always maintain professional secrecy.
- Stay neutral and unbiased.

To achieve the goal of neutrality, the following guidelines are provided in the official code (Kammarkollegiet, 2010) (author’s interpretation and translation *pp 4-6)*:

- Translate everything that is being said.
- Translate in first person singular. For example if the first part of the interpreted situation says, “I am hungry”, the interpreter keeps the pronoun “I” and does not change it to “he” or “she”.
- Make interpreting the only task, do not provide any other services to either party or express ones own opinions or values.

Using the Swedish official code of conduct as a starting point, interpreters within the Swedish SIS developed their own code of conduct with some differences from the original code (Andersson et. al. 2011). For example, in addition to the paragraph about *translating everything that is being said*, there is a paragraph that says that the speech interpreter may in some situations work as a communicator who only enters the discourse when needed.
Equally, the Finnish SIS has its own code of conduct (Papunet, 2011). It contains the same main principles as the Swedish guidelines, except the supplement just mentioned. One rule, however, is different from the Swedish guidelines:

- Do not approve to interpreting assignments that may influence the Interpreting service, other interpreters or collaborative partners negatively (Papunet, 2011).

There is also one supplement to the rule of staying neutral:

- Check the accuracy of the interpretation with the client when possible (Papunet, 2011).

**Ethical dilemmas of interpreting**

According to Wadensjö (1998), it is the principle of staying neutral and unbiased that represents the main difficulty in real work situations. With the view of the interpreter as a coordinator rather than a mechanistic translator in mind Wadensjö (1992) argues for the impossibility of keeping neutral and uninvolved. She also argues that the ethical guidelines are too simple to give interpreters instructions in the many varied and complex situations they may encounter:

…, in practice there are no absolute and unambiguous criteria for defining a mode of interpreting that would be good across the board. Different activity-types with different goal structures, as well as the different concerns, needs, desires and commitments of primary parties, imply various demands on the interpreters. (Wadensjö, 1992, pp 272)

Hsieh (2006) proposes that some of the non-neutral performances may be caused by interpreters’ efforts to resolve conflicts in their role performances and others’ role expectations. An example given by Hsieh is that it is unrealistic to not have any direct interactions with their clients when they have to stay in the same exam room in a medical setting. It is unempathic to expect interpreters not to comfort a patient when they may be the only persons that the client can relate to and communicate with in the medical setting. Zimányi (2009) explains how the involvement of the interpreter depends, not so much on the environment, rather on the evolving relations between participants in the interpreting situations. In a conflict situation, for example, it may be very
important and more common to take a strict, neutral role of an interpreter. In consensual situations however, interpreters are more likely to take a more active role and support the discussion by for example suggesting questions that can be asked.

Interpreters describe how power is unequally distributed in most discourses they interpret (Mikkelson, 1998). One part of the discourse is often representing an authority, or health care system while the client is only representing oneself in need of something. The neutrality of the interpreter may be challenged by situations where the client is discriminated and the interpreter starts considering intervening with the situation (Norström, Gustafsson & Fioretos, 2011). Kaufert and Putsch (1997) claim that ethical guidelines often fail to take into account issues such as class, power, divergent beliefs, lack of linguistic equivalence or the divergent use of language.

There are also dimensions of language that are important to understand and make neutral interpreting impossible, no matter how well the interpreter encounter problematic situations. What is expressed through language is never neutral from cultural representations. Language is a medium in which thoughts, ideas and feeling are reflected and words get different meaning depending on who is speaking, where she speaks and when (Hall, 1997). The interpreter might change messages through choice of words and accentuation (Norström, Gustafsson & Fioretos, 2011).

The reasons for ethical dilemmas to occur are of course, many and diverse as can be seen above. Edberg (1999-2002) concludes that to a large extent dilemmas depend on lack of understanding of the interpreter’s role, the knowledge of interpreters themselves as well as of the clients. It’s also about societies’ understanding in a larger sense, the difficulty to understand communication under different conditions than usual.
Summing up the role

Zimányi (2009) provides a tool to aid the understanding of the interpreter’s role. The discussion about the role, she claims, can be summarized in considering the interpreter’s degree of involvement with either of the participants of the interpreter-mediated encounter. The tool she provides consists of a continuum with a completely neutral interpreter at one extreme and a fully involved interpreter (an advocate for the client or a co-worker of the third part as for example doctor) at the other (fig. 1).

"the impartial interpreter"   "the involved interpreter"

Figure 1. The (Im)partiality Continuum (Zimányi, 2009, pp. 58).

Zimányi (2009) places the view of the interpreter’s role of many professional organisations, including Swedish and Finnish, on the favour of complete neutrality. At the other end of the continuum some service providers’ view of the interpreter can be found. Professionals, especially within health care, sometimes view the interpreter as a member of the health care team. There are also some international experts supporting a more involved interpreter and more active assistance to the “powerless” client. The use of this tool is not an exact matter; it should be used only to make a visualization of how the role may be perceived in terms of involvement. The following exemplification of roles in the continuum in figure 2 is my own interpretation.

The role of the interpreter described in the ethical guidelines can be placed at the left side of the continuum (no.1 in fig. 2) The more realistic role of the sign language interpreter and spoken word interpreter must be placed at least a little bit further to the right (no.2 in fig. 2) according to Wadensjö (1992,1998), Mikkelson (1998) and Angelelli (2004).

The deaf-blind interpreter becomes perhaps even more involved, further to the right (no.3 in fig. 2) in the continuum, by receiving more
responsibility, explaining things around, and thereby influencing what the client perceives.

Within SCA the conversation partner, actively uses techniques, as asking questions, drawing etc to facilitate conversation. This ought to be placed quite close to the end of the “the involved partner” (no. 4 in fig.2).

The Cultural broker explicitly has the role to intervene and mediate when necessary and therefore should be placed far to the right on the continuum (no. 5 in fig. 2).

![Continuum Diagram](image)

*Figure 2. The (Im)partiality Continuum, the author’s examples of how different roles can be placed along the continuum.*

The continuum will be used in the discussion section to visualize the role of the speech interpreter.

Hsieh (2006) describes how the emphasis of an impartial role often leads interpreters to experience conflict and distress in their role performance and others’ role expectations. This has also been described by Dean and Pollard (2001) in their studies of sign-language interpreters. According to them, interpreters’ possibilities to make decisions in their profession, apart from linguistic decisions, are very restricted. This can cause significant stress to the interpreters.

The broader ethical discussion within healthcare has in recent years put more and more responsibility on the individual professional (Silfverberg, 2005). The arguments are that ethical dilemmas inevitably occur where people meet and can never fully be predicted. There are rarely easy solutions that can be described and prepare people for on beforehand.
Rather is self-reflection and certain traits of character needed for dealing with upcoming difficulties.

Of course there are certain rules and basic values that must be followed and shared between the interpreters. This is needed to gain and keep a confidence in each interpreter and also the profession as a whole (Kammarkollegiet, 2010). The difficulty increases when attempting to implement the rules in practice in the many and complex situations of Speech Interpretation, and that is what is going to be given a closer examination in this study.

**Aim**

The aim of this study is to investigate how speech interpreters in Sweden and Finland deal with ethical dilemmas that may occur in everyday work. Comparing Swedish and Finnish groups of interpreters might contribute to knowledge about what affects decisions and actions in everyday practice. Research questions used to reach the aim were: How do they meet and experience these situations? Do Swedish speech interpreters deal with them differently compared to their Finnish counterparts? To what extent are there guidelines to follow in these problematic situations?
Method

The main focus of the study is qualitative and seeks to understand the subjective experience of ethical dilemmas, presented through a questionnaire. Responses of the questionnaire are investigated through content analysis. The data of the questionnaire is however also quantitatively analysed and presented with descriptive statistics. Response rates to the different categories of the content analysis are described quantitatively as are also responses to closed questions. Group comparison, between Swedish and Finnish participants, is also made quantitatively, through statistical testing.

Participants

120 Finnish and 18 Swedish speech interpreters were asked to participate by e-mail (Appendix B). The e-mail was written in English and sent to all Swedish speech interpreters whose addresses were registered in Medioteket (an on-line collaborative tool to Swedish speech Interpreters) and to all Finnish speech interpreters whose addresses were registered in the Finnish professional association for speech interpreters. In total, 22 interpreters agreed to participate, 11 interpreters working in Sweden and 11 working in Finland. This means that 61 % of the contacted Swedish interpreters agreed to participate and 9,1 % of contacted Finnish interpreters. Participants are numbered 1-22. Participants number 1-11 are Swedish participants and number 12-22 are Finnish. The number of years participants have been working as speech interpreters are shown in table 1. A majority of both Swedish and Finnish participants have worked between 3 and 10 years.
Table 1

Work experience of participants, number of Swedish (SE) and Finnish (FI) participants that have worked within the profession each category of years. Percent of each nationality group within parentheses

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Work experience, N (%)</th>
<th>1 – 2 years</th>
<th>3 -5 years</th>
<th>6 -10 years</th>
<th>11 -15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>SE</td>
<td></td>
<td>2 (18.2)</td>
<td>6 (54.5)</td>
<td>2 (18.2)</td>
<td>1 (9.1)</td>
</tr>
<tr>
<td>FI</td>
<td></td>
<td>1 (9.1)</td>
<td>5 (45.5)</td>
<td>4 (36.3)</td>
<td>1 (9.1)</td>
</tr>
</tbody>
</table>

A majority of the participants work at an interpretation centre (13). Other forms/places of employment represented are habilitation centres (2), helping aid centres (2), freelance (2), foundations (1) and entrepreneur (1).

All Finnish participants except one, and no Swedish participant, marked “Speech interpreter” as their basic training. The remaining Finnish participant described herself as a Special Needs assistant. Of the Swedish participants, six marked “Occupational therapist” as their basic training, two “Speech therapists” and one “Sign language interpreter”. Two Swedish participants did not report their basic training.

The uneven distribution of gender within the profession is reflected in the sample of participants of this study in which only one individual is male.
Procedure

Choice of method
A questionnaire was developed and used in the survey to investigate the interpreters’ view of ethically difficult situations. The questionnaire contains open-ended questions in order to retrieve participants’ own opinions and judgements about how they would handle the situations. The method of using a questionnaire, rather than interviews, was chosen to cover a larger sample, to screen the professional group of interpreters as a whole rather than a few individuals. As Gillham (2007) states, using questionnaires is an easy way to gather information from a lot of people quickly.

Generation of questionnaire
The first step of developing a questionnaire is to search for items that capture the phenomenon to be studied. According to Gillham (2007) this should be done including the objects under study. In order to do this, two Swedish and two Finnish speech interpreters were asked through e-mail to participate in the development of the questionnaire (Appendix A). They were asked to describe situations that they had experienced as ethically difficult to handle. All four participants replied, and described six different situations in total. Four of these were chosen to make up the foundation of the questionnaire. Which situations to include were discussed with a colleague during the pilot phase. The reason for including only four of the provided situations was in part to limit the extent of the questionnaire, in part because they suited the survey best. One of the vignettes was left out because it was very similar to another and one was omitted because the author did not really see the dilemma in it, although it described a tricky situation, the choice to act or not act was not in the hands of the interpreter. The final decision to include only four of the six vignettes was made after confirmation by a colleague. The vignettes were changed to not provide any details that could possibly reveal the identity of any person involved.
Vignettes

Vignette no 1: Wheelchair transport. Your client has aphasia and motor problems due to a brain injury. She sits in a wheelchair and needs assistance to move around in it. You are the interpreter during a medical examination in a hospital. After the examination there is no one except you available to help the client make her way to the taxi. The taxi has been ordered to the main entrance three floors below the present site.

Vignette no 2: Phone call. Your client suffers from dysarthria and is very difficult to understand. You are at her home and prepare a phone call she wants to make to a third part by taking notes after she explains what she wants to say. You use a phone with loudspeaker so you can both use the phone. When it is time to make the call your client does not see the point of being present. She wants to get out to get a smoke in the meantime.

Vignette no 3: Bullying. You interpret a schoolboy at the age of 8. He starts bullying a classmate at break time. There is no other adult present. The teasing gets uglier and uglier.

Vignette no 4: Speech therapist. The interpretation situation is a session by a speech therapist. You and your client are well used to a method of interpretation and both feel that it works fine. During the session the speech therapist asks you to be quiet unless the client has asked for help. The client does not make any protests although you believe he actually needs the support you used to give him.

The four vignettes were used as the basis of the questionnaire and were followed by the open question; how would you handle the situation described? (Appendix B). These were followed by supplementary questions with selected responses to allow a deeper analysis of participants’ opinions.
Supplementary questions covered the perceived familiarity of the vignette, specifically:

- The number of times they had experienced something similar
- Perceived support by guidelines in the situation described in the vignette and
- Perceived difficulty of the situation.

The questionnaire also contained questions to gather demographic data such as gender and number of years in the profession from participants, these are previously reported (see section “Participants”).

**Pilot study**

The questionnaire was tested on one Swedish speech interpreter, which resulted in a minor adjustment of words in vignette no 2; phone call. The words “so you can both use the phone.” were added to make it more clear how the interpreting was planned to be implemented.

**Data collection**

The questionnaire was presented to the interpreters on-line. Participants were able to complete the questionnaire anonymously, only citing background information such as nationality and length of experience in the profession. Although the questionnaire was written in English, participants were given the option to respond to the open questions in Swedish if they preferred. Participants were given a month to complete the questionnaire. After two weeks a reminder was sent to all participants.

**Analysis of data**

Content analysis (Gillham, 2007) was used to explore the responses to the open questions. The analysis was performed by reading through the responses and searching for common themes. Participants generally gave brief answers and responses were not split into smaller units. The complete message was needed to get the meaning of the responses and was treated as a whole, one answer per person and question.
Comparison between Swedish and Finnish participants was made with the Mann-Whitney U-test, using PSPP 0.6.2, significance level 5%. Graphs were made using Open Office Calc 3.1.

**Reliability**

Intercoder agreement of the categorization was tested by letting another speech interpreter, in addition to the author, categorize the responses to the wheelchair scenario. In two cases, the reviewers categorized differently, corresponding to an agreement rate of 87.5%. In both these cases, the author did not categorize the responses as either strict or open. No changes were made as a result of the intercoder agreement testing.

**Omitted responses**

Answers to the open questions following vignettes are missing in some cases:

Wheelchair vignette: 6 missing (3 Swedish and 3 Finnish). Two answers (Finnish) were also excluded, resulting in a total of 14 included answers. The reason for excluding two responses to this scenario was that they were non-understandable to the author. The answers had probably been automatically translated from Finnish to English with a web-based translation tool and lost fundamental information.

Phone call vignette: 5 missing (2 Swedish and 3 Finnish).

Bullying vignette: 7 missing (4 Swedish and 3 Finnish).

Speech therapist vignette: 3 missing (2 Swedish and 1 Finnish).

There are also some responses missing to the supplementary questions. In the wheelchair transport vignette, the question about perceived frequency was left blank by one participant (Swedish). In the phone call vignette, the question about perceived difficulty was left blank by one participant (Swedish). Finally the question about perceived frequency was also left blank to the bullying vignette by one participant (Swedish).
Ethical considerations

All presumptive participants received an information letter (Appendix B) in which it is declared that World Medical Association Declaration of Helsinki will be adhered to in this research project. The fundamental principle of the Declaration is respect for the individual (World Medical Association, 2012). This involves participants’ rights to self-determination and the right to make informed decisions regarding participation in research, both initially and during the course of the research. The information letter accordingly explains about the aim of the study and that participating is voluntary. To protect the privacy of participants they are not presented in a way that reveals any personal information. Only nationality can be connected to citations of participants.
Results

The results section will begin with some general findings. These include results of the qualitative content analysis, followed by a quantitative comparison of how responses of the questionnaire were divided into the different categories of the content analysis. The general findings section will also include results of complementary questions presented in tables. Thereafter the group comparison of Swedish and Finnish will be presented. Finally findings of each vignette will be presented separately to give a closer examination of each case. Results of vignettes will be presented with both quotations and descriptive statistics.

General findings

Through content analysis of responses to the open-ended questions it became clear that there were two main ways of dealing with the situations that applied to all four vignettes; these were labelled strict and open. The label strict was applied to behaviour that strove to maintain a professional role of interpreting in a strict manner, i.e. interpret what is said and done, strive to be impartial, not add, change or withhold anything in the communication between the users of the interpretation service and not perform any additional tasks. All of the rules mentioned here refer to the ethical principle to: “Stay neutral and unbiased” that can be found in the ethical documents of both Finnish and Swedish speech interpreters (Andersson et. al, 2011; Papunet, 2011 ). The second label open was applied to behaviour that strove to adjust to the situation and act beyond the basic limits of the profession. For example, adding messages or avoiding translating messages in the communicative situation. Hereafter referred to as an open view of the interpreter’s role.

In all vignettes, except the phone call, a convincing majority of respondents chose to deviate from the strict interpretation of ethical guidelines for interpreters (fig. 3). In the bullying vignette there was a complete consensus about not keeping to the strict interpretation. In the phone call vignette, all but two participants chose the strict view of the interpreter’s role. Overall there were 46 responses according to the open view and 19 responses according to the strict view.
Figure 3. Comparison of total amount of participants that gave strict/open responses to each of the four vignettes.
The first complementary question to each vignette was about whether there is any support in guidelines about how to act in the presented situations. Responses show that participants find support in guidelines to different degrees depending on situation (table 2). In the phone call situation, more than half of participants find full support in guidelines. There is less support in guidelines to the bullying and speech therapist vignettes, according to the responses.

Table 2

*Perceived support by guidelines in all four vignettes. Number of Swedish (SE) and Finnish (FI) participants who gave each answer. Percent of the nationality group in parentheses*

<table>
<thead>
<tr>
<th>Support by guidelines N(%)</th>
<th>No support by guidelines</th>
<th>Some guidelines, partial support.</th>
<th>Full support by guidelines</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wheelchair</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>2 (18.2)</td>
<td>6 (54.5)</td>
<td>2 (18.2)</td>
<td>1 (9.1)</td>
</tr>
<tr>
<td>FI</td>
<td>0 (0)</td>
<td>6 (54.5)</td>
<td>5 (45.4)</td>
<td>0 (0)</td>
</tr>
<tr>
<td><strong>Phone call</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>1 (9.1)</td>
<td>1 (9.1)</td>
<td>7 (63.6)</td>
<td>1 (9.1)</td>
</tr>
<tr>
<td>FI</td>
<td>1 (9.1)</td>
<td>4 (36.4)</td>
<td>6 (54.5)</td>
<td>0 (0)</td>
</tr>
<tr>
<td><strong>Bullying</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>6 (54.5)</td>
<td>4 (36.4)</td>
<td>0 (0)</td>
<td>1 (9.1)</td>
</tr>
<tr>
<td>FI</td>
<td>2 (18.2)</td>
<td>5 (45.4)</td>
<td>4 (36.4)</td>
<td>0 (0)</td>
</tr>
<tr>
<td><strong>Speech therapist</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>4 (36.4)</td>
<td>5 (45.4)</td>
<td>1 (9.1)</td>
<td>1 (9.1)</td>
</tr>
<tr>
<td>FI</td>
<td>3 (27.3)</td>
<td>6 (54.5)</td>
<td>1 (9.1)</td>
<td>1 (9.1)</td>
</tr>
</tbody>
</table>
The second complementary question was about the difficulty of the situations in the vignettes. The answer “somewhat difficult” was the most common response (table 3). There were only a few responses of the alternative “very difficult”. The bullying situation was perceived as the most easy to handle (14 responses), followed by the wheelchair situation (12 responses).

Table 3
Perceived difficulty in all four vignettes. Number of Swedish (SE) and Finnish (FI) participants who gave each answer. Percent of the nationality group in parentheses

<table>
<thead>
<tr>
<th>Difficulty N(%)</th>
<th>Easy</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wheelchair</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>4 (36.4)</td>
<td>7 (63.6)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>FI</td>
<td>8 (72.7)</td>
<td>2 (18.2)</td>
<td>0 (0)</td>
<td>1 (9.1)</td>
</tr>
<tr>
<td><strong>Phone call</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>0 (0)</td>
<td>7 (63.6)</td>
<td>3 (27.3)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>FI</td>
<td>3 (27.3)</td>
<td>7 (63.6)</td>
<td>0 (0)</td>
<td>1 (9.1)</td>
</tr>
<tr>
<td><strong>Bullying</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>7 (63.6)</td>
<td>4 (36.4)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>FI</td>
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<td>3 (27.3)</td>
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<td>1 (9.1)</td>
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<tr>
<td><strong>Speech therapist</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>2 (18.2)</td>
<td>7 (63.6)</td>
<td>2 (18.2)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>FI</td>
<td>2 (18.2)</td>
<td>9</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>
The last complementary question was about how many times participants had experienced similar situations. The option 1-4 times was the most common response (table 4). The wheelchair vignette described the most commonly experienced situation and the bullying vignette, the least experienced situation.

Table 4
Perceived frequency. Number of Swedish (SE) and Finnish (FI) participants who gave each answer. Percent of the nationality group in parentheses

<table>
<thead>
<tr>
<th>Frequency N(%)</th>
<th>0</th>
<th>1-4</th>
<th>5-9</th>
<th>&gt;10</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wheelchair</strong></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>SE</td>
<td>0</td>
<td>2 (18.2)</td>
<td>3 (27.3)</td>
<td>4 (36.4)</td>
<td>1 (9.1)</td>
</tr>
<tr>
<td>FI</td>
<td>0</td>
<td>4 (36.4)</td>
<td>2 (18.2)</td>
<td>3 (27.3)</td>
<td>2 (18.2)</td>
</tr>
<tr>
<td><strong>Phone call</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>1 (9.1)</td>
<td>7 (63.6)</td>
<td>2 (18.2)</td>
<td>1 (9.1)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>FI</td>
<td>4 (36.4)</td>
<td>6 (54.5)</td>
<td>1 (9.1)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td><strong>Bullying</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>8 (72.7)</td>
<td>2 (18.2)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>FI</td>
<td>6 (54.5)</td>
<td>5 (45.4)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td><strong>Speech therapist</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>5 (45.4)</td>
<td>4 (36.4)</td>
<td>0 (0)</td>
<td>1 (9.1)</td>
<td>1 (9.1)</td>
</tr>
<tr>
<td>FI</td>
<td>6 (54.5)</td>
<td>5 (45.4)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>
Comparison nationality

Finnish and Swedish interpreters responded similarly to the different vignettes (fig. 4). According to the Mann-Whitney U-test, there is no significant difference between the two groups of respondents, \(p > 0.05\). In the wheelchair transport vignette, one Swedish participant but no Finnish participant responded according to the strict view. Throughout all vignettes, the difference between the amount of Swedish and Finnish participants that chose one particular option was never greater than one. In the speech therapist vignette two Finnish participants and one Swedish participant responded according to the strict view, making it the only vignette with more “strict” responses by Finnish participants.

![Bar chart](attachment:Figure_4.pdf)

*Figure 4.* Number of participants that gave open/strict responses to each of the four vignettes. A comparison between Swedish and Finnish participants.
**Wheelchair transport**

Your client has aphasia and motor problems due to a brain injury. She sits in a wheelchair and needs assistance to move around in it. You are the interpreter during a medical survey in a hospital. After the survey there is no one except you available to help the client make her way to the taxi. The taxi has been ordered to the main entrance three floors below the present site.

In the wheelchair transport vignette the strict view is to leave the place when no more interpreting is needed, and not to offer help transporting the client in the wheelchair, referring to the ethical guideline about *not to do any additional tasks besides interpreting*.

The open view of the role allows the interpreter to assist the client driving the wheelchair to the taxi.

One response to this scenario was labelled strict (fig.3). The participant states that she would avoid helping the client to the taxi.

> “*I avoid pushing the wheelchair. I’m only there as a language assistant.*” (Participant 10)

The same person however states that she wouldn’t leave the client on her own, without telling someone. She would either wait until the taxi driver arrives, or tell a person in the reception that she is leaving the patient.

Thirteen participants would help the client to the taxi according to the questionnaire (fig. 3), their responses were labelled open. It is important to state however that three Swedish interpreters point out that they do it only exceptionally and that it is not a part of the job as a speech interpreter.

> “*I would walk down to the main entrance and wait for the taxi with her until it arrived. I would inform her that usually this is not a part of my job and the next time she would need to take her assistant with her.*” (Participant 11)

Three interpreters explain that the reason to help the client to the taxi is that she might need language assistance on the way to the taxi.

Two answers (Finnish) were labelled neither as open or strict. The respondents did not answer how they would handle the situation but explain that the situation should not occur. For example one respondent
declares that the Taxi driver will help the client. It is also described how this situation should not arise, as these kinds of circumstances should be negotiated on beforehand.

“When the client books the speech interpreter she should be asked if she needs assistance in this situation.” (Participant 8)

A majority (twelve) of participants marked that “there are some guidelines that provide partial support to this situation”, Swedish and Finnish participants were equally represented (table 2). More Finnish (five) than Swedish (two) participants marked that guidelines provide full support and two Swedish participants (no Finnish participants) find no support in guidelines for how to handle the situation. One Finnish ticked the “Other” option but did not comment the response.

A majority (twelve) of the participants also find it easy to handle the situation (Table 3), nine respondents find it somewhat difficult but no participant marked the situation as very difficult to handle.

This situation was the most frequently occurring in the experience of the participants (table 4). Seven of the respondents have marked that they have experienced similar situations more than ten times. In spite of the fact that two participants claimed that this situation should not occur, no respondent marked that they had never experienced something similar.

**Phone call**

*Your client suffers from dysarthria and is very difficult to understand. You are at her home and prepare a phone call she wants to make to a third part by taking notes after she explains what she wants to say. You use a phone with loudspeaker so you can both use the phone. When it is time to make the call your client does not see the point of being present. She wants to get out to get a smoke in the meantime.*

In the phone call vignette, the strict view is to decline to make the phone call without the client being present. To be able to stay uninvolved in the communication, interpreters should interpret all that is being said in the communication and not add or change any message (Kammarkollegiet, 2010). The interpretation should also be done in first person. Even if the interpreter and the client prepare the exact wording of what he or she
wants to say, they can never predict what the third part will answer and how the conversation will continue, therefore it is impossible to say uninvolved in the communication without the client being present.

In the phone call vignette, agreeing to make the phone call without the client, is regarded as the open view.

This is the vignette that most participants chose to encounter according to the strict view of the ethical guidelines. Seven Finnish and eight Swedish interpreters would not make the phone call without the client being present (fig. 3).

“I explain to the participant that as a speech interpreter I am neutral and impartial and do not act without the involvement of the client.” (Participant 7)

“I’ll make interpreted phone call only when the client is present. As an interpreter I don’t take care of client matters if she or he is not present.” (Participant 22)

Only two interpreters, one of each nationality, agree to make the phone call while the client is outside, an open interpretation of the ethical guidelines (fig. 3).

“Because I know what she wants to say it is ok if she likes to do that.” (participant 13)

There is also a large agreement (thirteen of respondents) that there are guidelines, which provide full support for this situation (table 2). Only two participants marked that there are no guidelines that apply to this situation and five of participants marked that there are some guidelines that provide partial support for this situation.

Although there is quite a large agreement on how to act in the situation and that there are guidelines to provide support, participants still find it somewhat difficult (fourteen of participants) or very difficult (three of participants) to handle it (table 3). Three Finnish participants find it easy and know exactly how to handle the situation.

Five participants have never experienced a situation like this (table 4). The most common response is to have experienced the situation once or more, but not more than five times (thirteen participants). A few respondents have experienced the situation more than five times (three participants) and one participant more than ten times.
**Bullying**

You interpret a schoolboy at the age of 8. He starts bullying a classmate at break time. There is no other adult present. The teasing gets uglier and uglier.

In the bullying vignette a strict interpretation of the ethical principle would mean to keep interpreting no matter what the child says. This also refers to the guidelines of interpreting everything that is being said and not add or change any message. To avoid interpreting the boy bullying another child, is regarded as an open view of the interpreter’s role in the bullying vignette.

No speech interpreter in this study claims the he or she would continue to convey what is being said without hesitation, all responses are considered open (fig. 3). A common perspective is that being a responsible adult demands one to step out of the role as an interpreter and to stop the bullying.

“I must step to it and try to separate them until the teacher comes. Adult person is obliged to protect the child whenever.” (Participant 14)

To stop the situation means either to talk to the client himself or to go and get another adult.

“I would talk to my client and explain that I can not cooperate in such a situation.” (Participant 3)

“I would go and get a teacher.” (Participant 7)

In spite of the agreement on how to act in the situation, respondents differ in their perception of guidelines (fig. 3). According to eight of the participants there are no support to be found in the guidelines. Nine respondents answered that there are some guidelines that provide partial support to this situation and five participants answered that guidelines provide full support.

Despite acting against the strict interpretation of the ethical guidelines participants find it easy (fourteen participants) or only somewhat difficult (seven participants) to handle the situation (table 3).
Only seven of the participants have experienced a situation like this at all (table 4).

**Speech therapist**

The interpretation situation is a session by a speech therapist. You and your client are well used to a method of interpretation and both feel that it works fine. During the session the speech therapist asks you to be quiet unless the client has asked for help. The client does not make any protests although you believe he actually needs the support you used to give him.

In the speech therapist vignette, to continue without adjusting to the opinions of the speech therapist is regarded as the strict interpretation of the ethical guidelines. Also this refers to the rule to stay neutral and unbiased by translating everything that is being said. To adjust the interpreting according to the opinions of the speech interpreter is regarded as an open view in the speech therapist vignette.

Three responses were labelled strict. The interpreters choose to continue as negotiated with the participant beforehand, unless the client makes any protests (fig. 3).

“Either the client says no or yes and the will of the client is highly respected. And the speech therapist can’t forbid interpreters help if client wants’ it” (Participant 10)

The more common view is to interrupt the interpretation and discuss the situation with client and/or speech therapist. This open stance was taken by sixteen of the respondents (fig. 3).

“I work only by the order from client, so I would take up the issue with the speech therapist. Or I could talk about my role in the whole situation, Am I needed?” (Participant 5)

Some of the respondents mention they would adjust to what the speech therapist says and wait with discussing the issue until after the session.

“The speech therapist have own method, which I perhaps don’t know. I will be quiet. Afterwards we all can discuss about it, if necessary.” (Participant 17)

Three Finnish interpreters simply agree to the speech therapist’s suggestion.
Opinions about whether there are guidelines for support in this situation differ (table 2). Seven participants reckoned there is no guideline at all which apply to this situation. Half of the respondents (eleven participants) marked that there are some guidelines and two participants marked that there are full support in guidelines. There are only slight differences between Swedish and Finnish respondents.

Participants generally found the situation somewhat difficult but manageable (table 3). Only two Swedish participants found the situation very difficult to handle and four participants, two of each nationality, found the situation easy to handle.

Half of the respondents (eleven participants) never experienced a situation like this (table 4). The main part of the remaining respondents (nine participants) marked that they have experienced this kind of situation less than five times. One respondent marked that she or he had experienced a situation like this more than ten times.
Discussion

Results discussion

Responses of this study’s questionnaire show that ethical guidelines developed for interpreters are not always sufficient or even applicable to steer the actions of interpreters within SIS. Even in cases where the participants marked that they do find support in guidelines (all participants except two), as to the wheelchair transport scenario, interpreter’s opinions are that there are sometimes reasons to deviate from a strict interpretation of guidelines.

In three of the four vignettes, participants chose the open interpretation of ethical guidelines. Generally speaking interpreters found reasons to help the client to get to the taxi by pushing the wheelchair. There were also reasons to stop a child bullying others and to adjust the interpreting according to the opinions of a speech therapist acting as the third part in an interpretation situation. Only in one of the situations described in the vignettes, the phone call vignette, the interpreters chose the strict view. Interpreting without the client being present was apparently a strong deviation from the basic ethical guidelines of the profession.

The study does not show any connections between nationality and how to handle the four different situations, but no conclusions can be drawn as larger populations and samples could reveal differences not shown here.

Wheelchair transport

This is the most commonly experienced kind of situation in the study and the guideline of not doing anything in addition to interpreting is commonly disobeyed according to responses. Even if some state that they do the extra service of transportation just exceptionally, it is remarkable how many who disobey the basic guidelines but still find the situation easy or only somewhat difficult to handle. How many are these situations where the code of ethics is ignored? What does the interpreter think and feel when she consciously ignores the guideline that is well known to her? It appears as if the interpreters do not think their practice conform to the code of ethics in this case. Kammarkollegiet (2010) states
that the reason for not doing this extra service is that the helping act might influence the neutrality. The view of the interpreter assisting the transport might become a person that is connected to the client to a higher degree than someone who only enters the situation when the communication takes place, and takes off as soon as it is finished.

Three interpreters explain that the reason to help the client to the taxi is that she might need language assistance on the way to the taxi. These responses were still treated as open as the problem described in the vignette was about physical transport. Even if the client needed language assistance on the way, the task of pushing the wheelchair does not lie in the hands of the interpreter according to ethical guidelines. This situation may be compared to the phenomenon that occurred amongst sign language interpreters already in the 60’s as described by Pöchhacker and Schlesinger (2002). The inequality of power between the client and the third part of the interpreted event tended to place the interpreter in a helper role that extended to whatever needed to be done.

It is more obvious to the Finnish interpreters that there are guidelines to support the acting in this situation, possibly a result of more participants with education in speech interpreting in Finland. But this did not change the actions; instead the only participant keeping to the strict view was Swedish.

All participants marked that they had experienced this situation at least once; yet it’s interesting to note that three of the participants also describe how the situation should not occur. Apparently it’s difficult to predict what will happen, even with set directions.

**Phone call**

This is the situation with the most answers according to the strict view. Interpreters seem to say that interpreting without the client being present is to move too far beyond the rules of interpreting. This could be an important statement regarding the outlines of the profession, although there is no complete consensus to it. If the interpreter made the phone call without the client being present, there is probably the risk that she is seen as a trustee or even an advocate and loses a crucial part of the
neutrality. The aim of offering a service that enables independent communication is not achieved.

That the service of making a phone call without the client present is sometimes asked for (16 participants have experienced a similar situation) shows that clients sometimes request other kinds of communication services beyond interpreting.

A majority of participants, more than in any of the other vignettes, think that there is full support in the guidelines. However, most participants still find this situation somewhat or very difficult to handle. This could be an example of the distress when experiencing conflicts between role performances and others’ role expectations, described by Hsieh (2006).

**Bullying**

The fact that children are involved appears to provide a strong motivation for stepping aside the strict view of the ethical guidelines of interpreting. Most participants find the decision to intervene in the interpreting easy.

The situation is not familiar to most respondents. Interpreting children is not common within the SIS. Offensive and harsh speaking also occurs in meetings between adult service users however. Perhaps the outcome of the questionnaire would have been different, had no children been involved, as it is quite clear that solving conflicts is not normally a part of the interpreting task according to guidelines. Zimányi (2009) describes how interpreters tend to be more strictly neutral than usual in conflict situations, a conclusion that contradicts results of the bullying vignette. Ethical guidelines do not make any difference between adults and children and so the participants responses can be questioned.

Finnish interpreters believe there is support by the guidelines to a higher degree than Swedish interpreters. A possible cause may be that the Finnish interpreters find support in their ethical principle which has no corresponding rule in Swedish ethical guidelines: “Do not approve to interpreting assignments that may influence the Interpreting service, other interpreters or collaborative partners negatively” (Papunet, 2011). A majority of Swedish participants do not find any support by
guidelines at all in spite of the relatively easy decision to intervene. There seems to be a gap between Swedish ethical guidelines and practice here.

**Speech therapist**

Three Finnish interpreters choose to interrupt interpreting, as it seems, without questioning or discussing the issue. This may pertain to aspects of the system in Finland where a speech therapist is often the supervisor of the speech interpreter and referral of the client. It might not be common to use a speech interpreter at all in sessions with the speech therapist as she is seen as the expert of the speech disability. In Sweden clients of the SIS do not need referrals from any other professions and the method of interpretation is normally developed in collaboration between the client and the speech interpreter only.

The fact that the conversation in this case seems to be possible without the speech interpreter reduces the power of the interpreter but also the client. The client has obviously asked for the service and sees a reason to utilize an interpreter. This dilemma brings up the issue about careful preparation that has been shown to be important to achieve successful interpretation (Larsson & Thorén-Jönsson, 2007). If there is careful planning about what the interpreter should and should not do to strengthen the communication, it will be easier to discuss the role when situations like this occur. The preparation should include an explanation to the third part, in this case the speech therapist, about what the interpreter will do during the session and perhaps why. Also, the explanation must be done in agreement with the client.

As many as seven participants think there are no guidelines at all to support their actions in this vignette. The connection between continuing to interpret without adjusting to the opinions of the speech interpreter and the basic ethical guideline to stay neutral may be more vague compared to other vignettes. Finnish interpreters might again refer to their rule “Do not approve to interpreting assignments that may influence the Interpreting service, other interpreters or collaborative partners negatively” (Papunet, 2011) to justify discontinuance of the interpretation and therefore make it a strict response rather than an open. But there is only one more Finnish (6 participants) than Swedish
interpreters (5 participants) who thinks that there are some guidelines that provide partial support for how to handle the situation. This makes it impossible to draw any conclusions about whether the Finnish guideline was helpful or not.

Methodological discussion

Considering the relatively small amount of speech interpreters in both Sweden and Finland, the aim was to invite as many of them as possible. The thought was to reflect the variation and heterogeneity between individuals in ways to think and act and still be able to gain some generalizability and compare the two different countries. The response rate of 61% of invited Swedish interpreters was satisfactory. However only 9.1% of invited Finnish interpreters, chose to participate. A probable explanation is the language barrier. To the questionnaire, the participants were asked to respond in English or Swedish, but not in Finnish as the author has no knowledge in the language. The assumption of the author was that most people in Finland master either English or Swedish well enough to understand the information and express themselves understandably. This was unfortunately not discussed with any Finnish contact on beforehand. A difficulty to express oneself is seen, in Finnish answers to a higher degree than Swedish answers. Two written responses even had to be excluded from the analysis due to the author’s inability to decipher the message. One positive aspect of the response rate is that it happened to give equal numbers of interpreters from each country, which made the comparison more legible.

Also the author shows limitations when it comes to writing in English. It was found after the questionnaire was sent out that the term “medical survey” was used in the wheelchair transport vignette. “Medical examination” would have been a more suitable wording in the context of the vignette. Linguistic errors like this might further have confused participants with limited skills in the English language.

Making a questionnaire that will yield worthwhile data is difficult (Gillham, 2007). On the other hand, in this case, using a questionnaire made it possible to reach a larger number of interpreters, compared to what would have been possible with interviews. Closed questions with pre-determined answers to choose from limit the level of discovery. But
they are also a handy way to gain structured information as a complement to the open questions used in this study. Open questions on the other hand are complicated as it might be difficult to formulate the questions for reaching the intended kind of responses meeting the aim of the study. The use of a questionnaire does not offer the possibility of further explaining what is intended or to ask complementary questions.

Respondents answered the open-ended questions with variable length and detail. More information about why respondents chose to act as they described would sometimes have been useful in the analysis. This information was provided in some cases, but more of these explanations would have contributed with substantial knowledge about participants’ view of their decisions. Another way to gain a deeper knowledge would have been to carry out in-depth interviews with a part of the participants as a complement to the questionnaire. In spite of these weaknesses, judged by the answers, respondents seem to have captured the heart of the questions. The situations described in the vignettes are also, to a large degree, familiar to respondents, which strengthen the relevance of the questionnaire. In particular, the wheelchair transport and phone call vignettes have been experienced by a large percentage of participants. Involving different interpreters in the construction of the questionnaire probably increased the relevance of the questionnaire.

The amount of omitted responses also limited the depth of the analysis. It is difficult to say why so many participants chose not to answer the open questions to the phone call vignette and the bullying vignette. One possible explanation is that participants with no familiarity to the situation chose not to answer. The many responses to the speech therapist vignette however contradict this assumption, as there were a few participants that have not experienced this situation either. The responses to the open question of the speech therapist vignette, which was placed as the last one in the questionnaire, also speak against the theory that participants might have become weary going through the whole questionnaire.

Is asking questions an adequate way to reveal what professionals are actually doing? There is of course a possibility that professionals answer that they would do what they assume is the right way to do, instead of
what they actually would do. The fact that the author is a speech interpreter herself, and personally acquainted with most of the Swedish speech interpreters, may also affect how they answer. Although I ensured anonymity, there is a risk participants suspect that their responses could be traced back to them. However, it is assumed that participants have intended to give their honest answers in order to gain more knowledge in the profession.

The interpretation of the answers as “strict” or “open” is my own, and again my personal experiences may have influenced the interpretation. On the other hand my own experience can also be valued as a way to gain deeper insight and recognition in the messages of what participants responded. Moreover a qualitative interpretation can never be completely objective and free from influence of the analyst’s own interpretation (Fathalla, 2004). It should also be noted that the quantified figures (figures 2-4) of responses are based on the qualitative categorization. However, the analysis passed the reliability test quite well (87.5 agreement between the two analysts), which strengthens the results. The only responses not agreed upon were those two that the author did not categorize as either open or strict in the wheelchair transport vignette. As it was considered safer not to categorize them at all, the categorization was not adjusted according to the opinions of the second analyst. To make an uncertain categorization would have made results more indefinite. In the other three vignettes all included responses were categorized as either strict or open with no major doubts, and it can be assumed that the agreement would have been even higher if reliability tested.

**General discussion**

The results show that the strict interpretation of basic principles of interpreting is not in full accord with interpreters’ own views of their practice. There is only complete unity between participants to the bullying vignette. To the other vignettes opinions differ between participants but there are apparent tendencies to make open interpretations of ethical principles in three of the situations described in the vignettes and strict interpretations in only one case.
Using the tool of Zimányi (2009) to visualize the responses of the participants in this study is not an exact matter. It should be seen only as the author’s example of how to view the role of the speech interpreter in terms of impartiality and involvement (see fig. 5). The results of the wheelchair transport vignette show an involved interpreter giving physical assistance to her client (fig. 5). The results of the phone call vignette places the interpreter more to the left end of the continuum (fig. 5), an interpreter that keeps neutrality by refusing to speak for the client without her being present. The bullying vignette again gives a picture of an involved interpreter (fig. 5), intervening in the situation with the bullying child. The results of the speech therapist vignette show an interpreter that leaves her impartiality by adjusting to the opinion of the therapist (fig. 5).

Figure 5. The (Im)partiality Continuum, example of how a hypothetical speech interpreter in this study might be placed along the continuum.

The results are in line with research discussing the roles of other kind of interpreters (Roy, 2002; Wadensjö,1992,1998; Mikkelson ,1998 and Angelelli, 2004) who all describe the difficulty and even impossibility to stay neutral and impartial. A view of the interpreter’s role as completely neutral and impartial cannot do justice to the demands actually placed on interpreters in concrete situations. The conclusions in previous research, that parts of the role of the interpreter always have to remain undefined applies also to the role of the speech interpreter. During on-
going interpreting, the interpreter needs to use his or her professional and personal judgement.

One question coming up in this discussion is whether the needs of the client affect the degree to which the interpreter need to be involved. When the client is a child, as in the bullying vignette, the speech interpreter gets involved in the situation by interrupting the communication and intervening. The child is seen as someone who is not able to take responsibility himself and therefore has special needs, which is not met by the impartial interpreter. The wheelchair scenario involves a client with need of physical assistance. This need of assistance, it can be argued, should be satisfied by someone else, but as this is not always supplied for by society - who is the interpreter to refuse to assist? Hsieh (2006) argues for that the communicative behaviours and skills do affect the involvement of the interpreter. Other needs, like the need for physical assistance, also seem to affect the involvement according to this study.

Further factors influencing the involvement are the evolving relations between the communicators in the interpreted event, according to Zimányi (2009). This can be seen in answers to the bullying vignette where the truculent behaviour of the child makes the interpreter get involved. There is also something happening in the relationship between the communicators of the speech therapist vignette; the speech therapist denies the client’s need of speech interpreting. In this case a majority of interpreters stop interpreting. This might not be labelled as getting “involved”, but it is a case of disregarding the advice of guidelines for how to keep neutral.

One possibly alarming result of this study is that the situation (phone call vignette) where most participants keep to the strict perception of the guidelines is also the situation perceived as most difficult. The speech therapist vignette, in which the open interpretation is to stop interpreting and not get involved, is also perceived as more difficult than the other two vignettes. As expressed by Dean and Pollard (2001), the limited possibilities to make decisions in the profession cause significant stress to interpreters. To choose not to act is perceived as more difficult than to intervene and give assistance in this study.
Also interesting to note, is the fact that even if the act of the interpreter means deviating from guidelines, the decision was quite easy to make in the wheelchair transport and bullying situations. Is it necessary to keep the total neutrality as the ideal image of a speech interpreter? I suggest that guidelines should be changed to better support the interpreters without causing excessive distress. One citation of a respondent to the wheelchair transport vignette is: “I know it is wrong but I do it anyway”. It seems unnecessary that he or she should feel that he or she is violating the rules although she is making a reflected decision that is shared with most of her colleagues. A less strict ethical principle such as: “strive for impartiality and neutrality but be sensitive of situations needing more involvement of the interpreter” (Registry of Interpreters of the Deaf, Inc, 2002, pp. 2) instead of “stay impartial and neutral” could help the interpreter feel professional and have realistic expectations in these situations.

We can set up rules and guidelines, but as expressed by Silfverberg (2005), in the end every person must answer for her acts and decisions. Why not then set up guidelines that force the interpreter into active reflection about his or her actions in everyday practice? The unique Finnish ethical guideline mentioned in the discussion of results to the bullying vignette and the speech the rapist might be a good example:

Do not approve to interpreting assignments that may influence the Interpreting service, other interpreters or collaborative partners negatively (Papunet, 2011).

This principle is difficult to implement in practice. How do I know what will influence the Interpreting service or other interpreters negatively? The guideline can, because of its difficulty to apply in practice, raise discussions and necessary reflection and can therefore play an important role in an ethical goal aiming for active and on-going examination of ones professional role. A more dynamic formulation of the guideline would make it less impossible to adhere to, instead of “Do not….”, the guideline could begin with “Strive not to…..”.

This kind of principle however puts a lot of responsibility on the interpreter. An incident like the bullying vignette happens suddenly and demands the interpreter to make quick decisions. As ethical guidelines
can never cover all possible situations that may arise (Silfverberg, 2005), a large amount of responsibility must always remain on the professional interpreter. This is reflected in guidelines for deaf-blind interpreters:

The amount of information incorporated is at the discretion of the deaf blind consumer and also requires considerable skill and judgement on the part of the interpreter. (Registry of Interpreters of the Deaf Inc., 2002, pp. 2)

The Registry of Interpreters of the deaf Inc.(2002) pay attention to both the crucial responsibility of the individual interpreter but also the agreement of the client. The importance of careful preparation and setting up an agreement together with the client is again brought to mind.

**Clinical implications**

Considering the responsibility placed on speech interpreters and the difficulty judging what is the appropriate behaviour in different situations, it must be important to frequently reflect and discuss these issues with co-workers. How the ethical guidelines should be used in practice needs discussion and guidelines might sometimes need revision to keep them relevant to the profession. Discussion under the tutoring of a supervisor is desirable, especially with regards to the distress put on interpreters due to not being allowed to intervene in some problematic situations.

The ability to make responsible and reflected decisions also needs to be considered during the recruitment process of hiring new employees within SIS. By presenting dilemmas such as the vignettes in this study, the applicant’s ability to reflect around the situation could be assessed.

With regards to the variety of educational backgrounds of Swedish speech interpreters, the education of speech interpretation is of crucial importance. The speech therapist education or occupational therapist education for example, does not prepare the professional for the role of being a speech interpreter, which is ethically complicated and different from the role of a therapist.
SIS could also pay more attention to supporting the client in how to use an interpreter, to avoid situations such as in the phone call vignette. In cases where the client cannot be educated fully in the role of the interpreter, the support might be needed to come from a third person as stated by Edberg (2002).

Conclusions
According to this study, interpreters commonly act beyond the basic ethical principles of being an interpreter according to professional guidelines. No difference between Swedish and Finnish interpreters was found in this respect. Speech interpreters commonly experience ethically difficult situations like those described in this study. There is support in guidelines to varying degrees on how to handle them but even in cases where interpreters find support in guidelines they commonly disobey them. A lot of responsibility is put on the speech interpreter to be impartial but at the same time flexible to meet the different needs of their clients, and guidelines might need adjustment to not be frequently violated. Where to draw the line on the involvement if the interpreter seems undefined and needs further examination.

Further research
To further define the role of the speech interpreter in relation to ethical principles it would be helpful to use the same questionnaire on other categories of interpreters, both sign-language interpreters and spoken word interpreters. This would provide information about if the other groups of interpreters experience the situations as often as speech interpreters. If and when they do experience a similar situation, do they deal with them similarly to the speech interpreters or are they more or less eager to keep to the strict interpretation of ethical guidelines? We can only assume that speech interpreters meet people with disabilities affecting motor abilities more often than other kinds of interpreters. The comparison of speech interpreters to other kinds of interpreters will help in judging how relevant research of interpreting in general is to the SIS and reveal what is unique to the speech interpreter.

The opinions of the clients also need to be further explored. How would they like the interpreters to act in the situations of the vignettes? The
tasks of the speech interpreter might need to be revised. The continued existence of Cultural brokers proves that there is successful use of interpreters with more tasks than just translating.

Considering the uniqueness of not translating between languages within speech interpreting, there is a need for deeper understanding of what is actually happening during the interpreter-mediated verbal encounter. When and how does the interpreter act in the conversation? Research in this area would gain further insight into the role of speech interpreters and their relation to ethical guidelines of interpreting. Only the bullying vignette in this study concerns the verbal message of the interpreting.
References


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Appendix A.

Inquiry to participate in a pre-study about speech interpretation service (pukevammaisten tulkkipalvelu)

Dear speech interpreter,

I am myself a speech interpreter at "Tolkcentralen i Östergötland", Sweden. I am also attending a master's course in cognition and disability and it has now become time to write my masters thesis.

The objective of my study will be to investigate how speech interpreters experience and encounter different situations and to which extent there are guidelines of how to handle them. The investigation will be made in both Sweden and Finland, and one aim is to investigate whether there are commonalities or apparent differences.

My question to you is if you would like to take part in a pre-investigation of my study.

Task

Describe one or more situations which you have experienced in your work as a speech interpreter and which you have found ethically difficult in how to handle. It may be about a conflict between your professional role and the needs of your client. Another possible example is a conflict between the aim of the profession and the available means.
Please write down a description of this situation in your own words in Swedish or English and e-mail it to me at: maria.cromnow@gmail.com"

I need your description before 9th of october 2009.

A modified version of your description might be used in a questionnaire, but your participation is anonymous and no real names will be used in the questionnaire or the thesis.

Please contact me if you have any questions!

Your participation is valuable but of course voluntary. You also have the option to withdraw your contribution to the study until the questionnaires have been sent out. This is planned to be done 25th of October 2009. I will probably invite you to participate in the questionnaire itself, later on.

Kind regards Maria Cromnow
Appendix B.

Inquiry to participate in a study about speech interpretation service (taltjänst/ pukevammaisten tulkkipalvelu)

Dear speech interpreter,

I am myself a speech interpreter at “Tolkcentralen i Östergötland”, Sweden. I am also attending a master's course in cognition and disability at Linköping University and it has now become time to write my masters thesis. This will be done under the supervision of Mikael Heimann, professor in psychology, e-mail: mikael.heimann@liu.se (phone +46 13 281980)

The objective of my study will be to investigate how speech interpreters experience and encounter different situations and to which extent there are guidelines of how to handle them. The investigation will be made in both Sweden and Finland, and one aim is to investigate whether there are commonalities or apparent differences.

Your participation is very valuable for the study but is of course voluntarily. Your answers will be treated anonymously. It will not be possible to trace any individual person and the rules of World Medical Association Declaration of Helsinki will be adhered to. It will be possible to participate until 13th of december 2009.

To participate in the study, please follow this link:
Please contact me at marcr189@student.liu.se if you have any questions. You can also contact me if you would like a copy of the thesis when it is completed spring 2010.

Kind regards

Maria Cromnow
Licensed Occupational therapist
Master student in Disability Studies
Department of Behavioural Science
Linköping University
SE 581 83 Linköping
Sweden
Appendix C

Speech interpretation study

Please use English or Swedish where text is required.

1. Gender
   □ Female
   □ Male

2. Where do you work?
   □ Sweden
   □ Finland

3. Which form of employment do you have?
   □ I work at an interpretation center
   □ I work within habilitation
   □ I freelance
   □ Other:

4. How many years have you worked as a speech interpreter (in total)?
   □ <1 year
   □ 1-2 years
   □ 3-5 years
   □ 6-10 years
   □ 11-15 years
   □ >15 years

5. Indicate your basic training.
   □ Speech interpreter
   □ Occupational therapist
   □ Speech therapist
   □ Other:
In the following part of the questionnaire, four different scenarios will be described to you. Please write in the box below how you, as a speech interpreter would handle the situation described. Please feel free to write in your own words and comment anything you like. The scenarios will also be followed with some related questions.

6. Your client has aphasia and motor problems due to a brain injury. She sits in a wheelchair and needs assistance to move around in it. You are the interpreter during a medical survey in a hospital. After the survey there is no one except you available to help the client make her way to the taxi. The taxi has been ordered to the main entrance three floors below the present site.

To what extent do you have guidelines to follow in this specific situation?
- □ There are no guidelines at all which apply to this situation
- □ There are some guidelines which provide partial support for this situation
- □ There are guidelines which provide full support for this situation
- □ Other:

How difficult/complicated do you find this situation?
- □ Easy, I know exactly how to handle it
- □ I can handle it but find it somewhat difficult
- □ Very difficult, I do not know how to handle it
- □ Other:

How often do you face situations which are similar to this?
- □ It has never occurred
- □ Less than 5 times
- □ More than 5 times
- □ More than 10 times
- □ Other:

7. Your client suffers from dysarthria and is very difficult to understand. You are at her home and prepare a phone call she wants to make to a third part by taking notes after she explains what she wants to say. You use a phone with loudspeaker so you can both use the phone. When it is time to make the call your client does not see the point of being present. She wants to get out to get a smoke in the meantime.

To what extent do you have guidelines to follow in this specific situation?
8. You interpret a schoolboy at the age of 8. He starts bullying a classmate at breaktime. There is no other adult present. The teasing gets uglier and uglier.

To what extent do you have guidelines to follow in this specific situation?

- There are no guidelines at all which apply to this situation
- There are some guidelines which provide partial support for this situation
- There are guidelines which provide full support for this situation
- Other:

How difficult/complicated do you find this situation?

- Easy, I know exactly how to handle it
- I can handle it but find it somewhat difficult
- Very difficult, I do not know how to handle it
- Other:

How often do you face situations which are similar to this?

- It has never occurred
- Less than 5 times
- More than 5 times
- More than 10 times
- Other:
9. The interpretation situation is a session by a speech therapist. You and your client are well used to a method of interpretation and both feel that it works fine. During the session the speech therapist asks you to be quiet unless the client has asked for help. The client does not make any protests although you believe he actually needs the support you used to give him.

To what extent do you have guidelines to follow in this specific situation?
- □ There are no guidelines at all which apply to this situation
- □ There are some guidelines which provide partial support for this situation
- □ There are guidelines which provide full support for this situation
- □ Other:

How difficult/complicated do you find this situation?
- □ Easy, I know exactly how to handle it
- □ I can handle it but find it somewhat difficult
- □ Very difficult, I do not know how to handle it
- □ Other:

How often do you face situations which are similar to this?
- □ It has never occurred
- □ Less than 5 times
- □ More than 5 times
- □ More than 10 times
- □ Other: