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Safe/unsafe: the impact of horizontal violence, microaggressions, and decision making control on ASL/English interpreters

Sarah Hill

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Safe/Unsafe: The Impact of Horizontal Violence, Microaggressions, and Decision
Making Control on ASL/English Interpreters

By

Sarah Jean Hill

A thesis submitted to Western Oregon University

In partial fulfillment of the requirements for the degree of:

Master of Arts in Interpreting Studies

December 2018



**WE, THE UNDERSIGNED MEMBERS OF THE GRADUATE FACULTY OF
WESTERN OREGON UNIVERSITY HAVE EXAMINED THE ENCLOSED**

Thesis

Professional Project

Titled:

Safe/Unsafe: The Impact of horizontal violence, microaggressions, and decision making control on ASL/English Interpreters

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ABSTRACT

Safe/Unsafe: The Impact of Horizontal Violence, Microaggressions, and Decision Making Control on ASL/English Interpreters

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The purpose of this study was to start collecting the narratives and definitions for the word “safety” as it is used within the American Sign Language/ English interpreting community. I had both heard in spoken English and seen signed in American Sign Language the term “safety” being used by interpreters when they discussed different settings in which they had worked. The way “safety” was described indicated that these interpreters were not referring to their physical safety but, rather, to their emotional or psychological safety. There are no formal recorded narratives that are explicitly focused on the concept of emotional “safety” and what it means to interpreters in the sign language interpreting community. Face-to-face interviews, conducted in person or through video conferencing, with six experienced American Sign Language/ English interpreters from diverse backgrounds, were used to collect the narrative data. Analysis

of the data leads to the conclusion that the interpreters interviewed have had experiences of working in a setting where they felt they were not “safe.” While each participant’s reasoning for not feeling safe differed in detail, all had common themes that aligned with the initial literature review. Three themes were found in the data: psychological safety, microaggressions, and limited control in decision making. For all themes, the interpreters reported resulting feelings of shame and unworthiness. This was expressed in negative self-talk regarding the interpreter’s worth as a professional. Several of the interpreters questioned their ability to do this work and questioned whether or not they should leave the profession. Several of the interpreters reported they had a hard time separating the identity they hold as a professional from themselves as a person; therefore, if they were unworthy as an interpreter, they were also unworthy as a person. Findings from this study can help professionals in the field move toward finding remedies for these occurrences. Hopefully, this research will help others reflect on how interpreters work with one another in a supportive and successful way, rather than emotionally threatening those who do this work and, potentially, degrading the work that interpreters do.

CHAPTER 1: INTRODUCTION

“(When thinking about unsafe settings) it makes me want to quit. It makes me question motivation, mine and others.” Colleen¹

My Story

There is a feeling: Walking into a room and feeling that people seem to be looking at you strangely; seeming to see secret looks exchanged between people; feeling that those looks are not positive. As much as I tried to fit in, I was a newcomer, and I had to prove myself. I had just moved to a new state, and I was interpreting in a new setting. Everyone at this setting knew each other, and, of course, they did not know me. I did not know them; I did not know the setting-specific lingo they were using; I did not know the name signs or the acronyms they were using. I assumed that with time I would know, that a little bit of grace would be given to a newcomer, and that the interpreters I was working with would help me out. But no. I was expected to just know. Those looks that I saw exchanged in front of me—about me—seemed to me to mean, “She’s an outsider, she does not have what it takes, she does not belong here, she’s out.”

And I was out. I was told that I did not have what it takes. I had interpreted for one hour with a group of people, an interpreter, clients who were Deaf, Hard of Hearing, and hearing, who had worked together often, who knew the inside jokes, who worked

¹ The quote is from a participant, Colleen, who was interviewed for this thesis.

together on a weekly basis and who knew all of the insider references, and I just did not know. During that hour when I looked to my team interpreter for support, I found none. I found disappointed looks or silence, a cold shoulder. When I looked to the Deaf or hearing consumers for support, I was treated as if I should know.

Where was the support? Where was the grace? In this setting, apparently, you were either in or out. I was clearly out. I felt naked on a stage, judged the instant the curtain went up, and there was nothing I could do to make it right. In fact, everything I did only seemed to make it worse. I had never had that kind of experience while interpreting. This did not feel like it was about language access; something underlying was happening between the participants in the room. I did not understand the motives behind what was happening. I did not feel safe.

In the first five years of my interpreting career, I felt supported by the interpreting community where I completed my interpreter training program. It was in that community I began working as a freelance interpreter. I was new, but I felt comfortable with most, if not all, of the seasoned interpreters who were willing to team with me. They provided me with support and feedback to help me grow as an interpreter. It was not until I left this bubble that I experienced feeling unsafe for the first time.

I was really confused by what was happening. My interpreter training program had focused primarily on the hard skills of interpreting. I knew that soft skills were important, as they are in any field. What threw me off so much was the impact that interpersonal conflict could have on me as a person and on my ability to do my job. I did not feel comfortable talking to many people about this, as part of my job requires that I keep the details of my work confidential. When I did open up to a colleague, she

referenced a thesis written by Ott (2012) titled *Do We Eat Our Young and One Another? Horizontal Violence Among Signed Language Interpreters*. Ott (2012) described Horizontal Violence as a phenomena whereby co-interpreters make interpreted settings “unsafe” for one another by engaging in workplace bullying and hazing, subtly or overtly insulting or ridiculing each other unkindly while on or off the job. This thesis was extremely helpful to me in understanding the dynamics that might be occurring in the interpreted assignments where I had felt unsafe. It gave a name to what I had experienced, and giving it a name took away some of the shame I felt. I assumed this was happening because I was an unskilled interpreter or just an inept person in general. I now understood that what was happening was not about the interpreting process. Rather, there was something happening at those settings; the dynamics of the people involved were contributing to this sense of unsafety, and it was not all my fault.

Years later, after moving to another new work environment, I noticed that some interpreters seemed to avoid working there. When I asked interpreters about it, they all had similar responses: “That setting isn’t safe.” Enough said. I understood completely. I imagined that what they meant when they said a setting was not safe was what I felt when I worked in those settings where I felt unsafe. After working in unsafe settings, I felt shame and uncertainty that would snowball into self-doubt. I left those assignments feeling broken, inept, and embarrassed or ashamed of myself.

Interpreters should feel safe. Why is no one talking about this? I did not. It took me a while to confide in a colleague to tell her how unsafe I was feeling. Thank goodness I said something, because that led me to Ott’s (2012) research where I was able to work through it in my own way, believing I came out stronger for the experience.

Interpreting is a fairly young profession (RID, 2015a). The governing professional organization for interpreters in the United States is the Registry of Interpreters for the Deaf (RID), founded in 1964, making the profession only 50 years old (RID, 2015a). The profession is still growing and changing, ever-evolving in terms of best practices and standards. One standard created by RID is the *Code of Professional Conduct* (CPC), an outline of ethical conduct by which interpreters must abide. The first of seven tenets within the CPC is that “Interpreters adhere to standards of confidential communication” (RID, 2015b). This tenet suggests that interpreters share job-related details only on an “as needed” basis (RID, 2015b). Therefore, in an effort to keep details of interpreted events confidential, interpreters avoid talking about any aspect of their assignments.

Interpreters work in settings in which they see, hear, and experience distressing information and behaviors. When taken rigidly, the confidentiality standard can limit an interpreter’s ability to process work experiences with others outside of the specific job assignment. This leads to interpreters feeling that they have no outlet to work through their feelings. Having no outlet increases the job-related stress; stress can then exacerbate instances of intrapersonal conflict such as vicarious trauma and shame, as well as interpersonal conflict such as not “playing nicely” with one another or Horizontal Violence. I know that I rarely spoke about the bad experiences I had while interpreting. My understanding—or misunderstanding—of the standard of confidentiality kept me from initially opening up about my experiences. At the same time, shame and an unwillingness to be vulnerable were the underlying reasons that I never spoke of them.

My Thesis

When thinking about a topic for my thesis, I immediately thought about this concept and the term “safety.” Through this research, I gathered the stories from interpreters about their feelings about safety. I have tried to understand their definitions of what safety means to them. I want to talk about it. Through this research, I asked interpreters if they have ever felt that a setting was not “safe.” I asked them what that concept means to them, what characteristics of a setting or of the individuals in a setting created that feeling. I asked about what happened internally—intrapersonally—when that interpreter felt unsafe. I also asked about the interpersonal relationships they had with the clients and their team interpreters. I wanted to get a sense of what safety means to a handful of interpreters in the field, hoping that sharing their experiences will resonate with other interpreters. With this information members of the interpreting profession can learn, understand, and hopefully begin to demonstrate grace when working with one another in an effort to create a healthier, happier, and safer profession.

Background

I chose the topic of my research based on my personal experience of feeling unsafe in interpreted settings. I realized, as a professional, that an interpreted assignment was not always going to go flawlessly. I knew I was not always going to walk away from a job comfortable and content that I had done my best, knowing that everyone was happy with me or the work I performed. Sometimes I walked away feeling nauseated and wanting to cry, berating myself for being an untalented and disappointing interpreter. This was my reality of interpreting. When interpreters work, eyes and ears are on them. The work is on display, leaving the interpreter vulnerable to the eyes, the ears, and the

opinions of others. Interpreters sometimes attach self-worth to the interpreted product. This, in turn, is dangerous as it places that self-worth in the hands of others, focusing on what those others think rather than on one's own sense of *self* (Brown, 2012).

As a new interpreter, I did not know how to express my feelings or what to do with feelings of ineptness, vulnerability, shame, and rejection. My interpreter training program had focused mostly on the hard skills of interpretation, the skills that are “connected to the ability to analyze language” (Hewlett, 2013, p.31). In addition to hard skills, soft skills—a “combination of people skills, interpersonal skills, communication skills, and emotional intelligence” (Rao, 2012, para. 4)—weren't really given consideration as having potential impact on my work. Interpreters work with both Deaf and hearing participants as well as team interpreters. All of those participants see and hear the product, the interpretation. Interpreters can be observed, and that interpretation will be analyzed. Participants or team interpreters often have something positive or negative to say about the interpretation. What is the correct response when they say something negative? How should this be handled constructively, on an intrapersonal level? What work and analysis can prevent these experiences from wearing the interpreter down and leading to burnout? What will “cultivate a sense of worthiness that inspires us to be vulnerable, share openly, and persevere” (Brown, 2012, p. 64)?

Interpreters do not always have the tools to handle vulnerability and shame or interpersonal conflict. Mishandling these feelings can lead to burnout, hiding in the shadows, and limiting their experiences. Interpreters can become so clouded by emotions of shame that they are prevented from “accurately assessing the cause of our failure so we can avoid similar miscalculations in the future” (Winch, 2014, p. 176). Vigor (2012)

highlighted research related to safety in terms of vicarious trauma: “Nearly all language interpreters experience some symptoms of vicarious trauma, burnout, compassion fatigue, or increased stress as a result of their repeated exposure to interpersonal interactions” (para. 2). There is also research that looks at interpersonal damaging experiences of working with what researcher, Hewlett (2013) used the term “rogue interpreters” to describe interpreters who are abrasive and belittling, who make others in the field feel unappreciated. Yet there is not any specific research that looks at the intrapersonal aspect of how interpreters talk to themselves about what is happening. Because some of the events are shameful and “shame derives its power from being unspeakable” (Brown, 2012, p. 67), we do not talk about those events and experiences. In this study, the aim is to document what interpreters are saying to themselves in regards to feeling vulnerable yet safe, shedding light on what is taking place in hopes of developing tools to assist interpreters—new or seasoned—when confronted with these experiences and feelings.

Purpose

The purpose of this study is to find out what stories interpreters are sharing with one another and what they are holding within themselves about “safe” and “unsafe” interpreting settings. I was able to find themes that these stories have in common. I looked for characteristics of settings or of those individuals that contribute to a lack of safety. The goal was to document intrapersonal beliefs that interpreters carry and behaviors they use when dealing with the aftermath of having lived through an interpreted event they deemed to be unsafe.

In the literature review section of this paper, I explore different meanings of safety in terms of vicarious trauma, team interpreting, psychological safety, horizontal

violence, shame and vulnerability, microaggressions, and latitude of decision making. Psychological safety, shame, and vulnerability are also key concepts seen throughout this research. There seems to be no previously written literature about this topic and its application to the field of interpreting, specifically. However, vulnerability and safety have been investigated in other professions, and these findings are considered and applied to the field of American Sign Language/English interpreting.

Rationale for the Study

In professional conversations, I have witnessed—first hand—interpreters vaguely mention being unwilling to work in settings where they did not feel “safe.” I personally have felt that different settings I have worked in were not “safe,” so I immediately and vividly empathized with their words and their continued experiences and reflection on the feelings that accompany having lived through one of those unsafe experiences. I have personally dealt with the aftermath and coped with those feelings in my own way, and I have watched others do the same, in their own individual, varying ways. I have seen interpreters emerge resilient or broken, depending on how they have been able to cope or not cope. These experiences (i.e., feeling unsafe while working as interpreters) and the resulting methods of coping with these events are not openly discussed. The focus of this research is to bring light to this taboo subject—the experience of unsafe settings— and both explore what makes settings feel anything but “safe” and identify the feelings that occur in and after those unsafe experiences.

After my own experiences of working in settings where I did not feel safe, I mostly kept these experiences to myself, for fear of outing my own shortcomings. I personally have heard the hushed discussion of other interpreters’ own vulnerable

disclosures of times they felt unsafe. In the interviews conducted during this study, participants opened up about times that they have not felt safe, what happened, how they felt, and what the aftermath was. Through documentation and dissemination of these stories, my aim is to bring to light this occurrence and explore whether there is a common thread to these stories. I hope to bring these stories out of the dark, allowing those in the interpreting profession and those with whom interpreters work to understand what these experiences are, leading to increased openness to the discussion, resolution, and extinction of the conditions that lead to these types of feelings.

I am now thankful for the experiences I have had, however unsafe they felt at the time. I now feel more resilient and ready for whatever might be thrown my way in any setting where I work and with whomever I work. Perhaps through shining a light on this topic and these stories, interpreters can learn to emerge from these types of experiences stronger rather than broken.

Theoretical Bases

This research follows a grounded theory approach (Brown, 2012; Glaser, 2008). By asking questions about interpreters' lived experiences, I recorded and develop theories based on the stories they told. Brené Brown (2012), a well-known qualitative researcher and author, said that "stories are data with a soul and no methodology honors that more than grounded theory" (p. 67). I was not trying to prove or disprove existing theories; using grounded theory, I relied on conceptual categories (i.e., themes) to emerge from the data provided through case study interviews.

Rather than starting with a problem or hypothesis, I started with a topic. The topic of this research was "What are the narratives about safety related to vulnerability

and shame in interpreted settings?” I asked the same set of questions to each of the six case study interviewees then transcribed all audio- and video-recorded interviews. I then analyzed the transcripts line by line asking, “What are the participants describing? What do they care about? What are they worried about? What are they trying to do?” (Brown, 2012, p. 258). As the researcher, I suspended any of my own preconceptions. The goal was to remain open and trust that the themes would emerge from the data (Glaser, 2008).

After interviews were conducted, I transcribed all interviews into written English. I analyzed the transcripts line by line, looking at every word, applying codes. I used the “constant comparative method” to relate data to ideas and then relate those ideas to other ideas (Glaser, 2008). I then developed “memos,” write-ups theorizing about the codes I found and their relationship with one another, which became the “themes.” These themes are described in Chapter 4. I also spoke with advisors about the codes and relationships that I was theorizing, asking for insight or advice as to any relationships I may have overlooked. I sought the opinion of others who hold different worldviews, who might see something in the data that I was not seeing. I researched and read more literature that pertained to the codes I found, the relationships, and the themes that I was developing. I continued to use the constant comparative method to reexamine the data against emerging themes that I developed as I was reanalyzing the data, speaking with advisors, and reading more literature (Brown, 2012).

The findings described in Chapter 4 are the result of this grounded theory theoretical framework. The data were collected, coded, and memos written with the goal of allowing the core problems and themes to emerge (Brown, 2012). I allowed the participants define the problem of what “safe” and “unsafe” means to them, as they

understood it to be. I developed themes from what the participants shared and then incorporated literature that could explain the themes that I suggest. I did not know what I would find within the participants' stories; there was no clear path. I just hope that the path I found feels true to those extremely open interpreters who were willing to share their stories of bravery with me.

Definition of Terms

The following terms will be used throughout this thesis.

American Sign Language (ASL): A visual language that uses shape, placement, and movement of the hands, as well as facial expressions and body movements, which all play important parts in conveying information. ASL is used predominantly in the United States and in many parts of Canada (National Association of the Deaf, 2018).

Certified Deaf Interpreter (CDI): Deaf or hard of hearing individuals who hold an interpreting certification through the Registry of Interpreters for the Deaf. These individuals demonstrate knowledge and understanding of interpreting, deafness, the Deaf community, and Deaf culture. Holders have specialized training and/or experience in the use of gesture, mime, props, drawings and other tools to enhance communication. Holders possess native or near-native fluency in ASL and are recommended for a broad range of assignments where an interpreter who is deaf or hard-of-hearing would be beneficial. This credential has been available since 1998 (RID, 2018a).

Children of Deaf Adults (Coda): Bimodal bilinguals who have at least one D/deaf parent (Bull, 1998).

Deaf of Deaf (DoD): Deaf individuals who have at least one D/deaf parent (Williamson, 2015).

Deaf-parented Interpreter: Individuals who hear and have at least one signing deaf parent (Pizer, 2013).

Horizontal Violence: Behavior of members of oppressed groups who often lash out at their peers in response to oppression instead of attacking their oppressors (Freire, 1992, Ott, 2012).

Interpreter Training Program (ITP): A formalized education program with a dedicated curriculum that is offered through a college, university, or technical school that prepares students for a career in the field of interpreting (RID, 2018b).

Intrapersonal: Occurring within the individual mind or self (Dean & Pollard, 2013).

Interpersonal: Relating to or involving relations between people; existing or happening between people (Dean & Pollard, 2013).

Microaggression: Brief, often subtle acts that convey derogatory messages. Small, specific, everyday experiences of perceived discrimination (Forrest-Bank, Jenson, & Trecartin, 2015).

Shame: The intensely painful feeling or experience of believing that oneself to be flawed and therefore unworthy of love and belonging—something an individual has experienced, done, or failed to do makes him or her unworthy of connection (Brown, 2013).

Team Psychological Safety: A shared belief that the team is safe for interpersonal risk taking (Edmondson, 1999).

Vulnerability: Uncertainty, risk, and emotional exposure (Brown, 2012).

CHAPTER 2: LITERATURE REVIEW

In this chapter, literature pertaining to different meanings of “safety” will be examined. Currently, there is no research focused specifically on the term “safe” and “unsafe” as used by American Sign Language interpreters to describe their work and those with whom they work. This literature review focused on synonyms of safety, concepts called by different names that could allude and relate to feeling “safe” or “unsafe.”

Initial Concepts

An initial literature search on the concepts of safety led to search results linking to articles on the topic of physical safety and hazards of workplace environments that could harm an interpreter’s physical well-being. Many articles were also found on the risk of repetitive motion injuries that an interpreter can develop if they work for extended periods of time or repeat the same physical motion often. My intuition is that interpreters are not speaking of physical safety when they say a setting is not “safe” but are speaking more about emotional safety. In order to find literature that would expand upon emotional safety, I used keywords such as “vicarious trauma,” “Horizontal Violence,” “microaggressions,” “shame,” and “vulnerability.” Through this research, I attempted to determine whether or not the concepts and the terms above are what interpreters are really talking about when they saying settings are not feeling safe.

Vicarious Trauma

Sign language interpreters are assigned to a variety of settings such as schools, counseling sessions, jails and prisons, office meetings, and so on. Interpreters bear witness to the struggles of Deaf individuals on a consistent basis. They see the intentional or unintentional oppression or discrimination acted upon Deaf individuals. Interpreters are the conduit through which those oppressive words or acts are delivered. They are witnesses to these acts, and a psychological impact can result because of the empathetic pain that is felt (Harvey, 2003). This empathetic pain is often referred to as vicarious trauma, the “emotional residue of exposure ... from working with people as [counselors] are hearing [clients’] trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured” (American Counseling Association, 2015, p. 1).

While empathy in general is a valued trait, especially for those who work in “helping” professions, for interpreters—who are present in the most intimate occasions of a Deaf or hearing consumer’s life—empathy can present as a huge liability. Being empathetic in the situations where interpreters work can result in a “psychological crisis” for the interpreter that is crushing to the spirit (Harvey, 2003). When an interpreter is experiencing vicarious trauma it can manifest as a depletion of energy, withdrawal from the interpreter’s friends and family, as well as the interpreter holding the belief that no one can understand his or her distress (Harvey, 2003). Interpreters misinterpret the parameters that the RID’s *Code of Professional Conduct* places upon them and wrongly believe they cannot discuss *any* thoughts or feelings regarding their work. They suffer in

silence and their self-esteem suffers; they are “vulnerable to intrusive imagery and other posttraumatic stress symptomatology” (Harvey, 2003, p. 5).

Team Interpreting and Psychological Safety

Interpreters often work alone as the only interpreter at an assignment, working with few or many hearing and Deaf clients. In addition to working alone, interpreters work with other interpreters in what is commonly known as “team interpreting” (RID, 2007). According to RID,

Team interpreting is the utilization of two or more interpreters who support each other to meet the needs of a particular communication situation. Depending on both the needs of the participants and agreement between the interpreters, responsibilities of the individual team members can be rotated and feedback may be exchanged. The decision to use a team rather than an individual interpreter is based on a number of factors, including, but not limited to: length and/or complexity of the assignment, unique needs of the persons being served, physical and emotional dynamics of the setting, avoidance of repetitive stress injuries (RSIs) for interpreters. (p. 1)

As stated in RID’s definition of the responsibilities of the team interpreters toward one another, communication must happen between the team members related to the needs of the particular assignment. Examples may include a team agreeing on which interpreter will start interpreting first, what kind of feedback the teams would like to receive, what type of help they might need (e.g., an area of language production or reception with which they might struggle), what length of time the interpreters will be interpreting until they are switched out by their team, how and when they would like to be corrected if they

make an error in their interpretation. Ideally, this discussion builds the assumption of trust in the team, when the interpreter feels secure having these discussions with the team, without judgment or argument between members of the team.

“Team psychological safety is defined as a shared belief that the team is safe for interpersonal risk taking... [it is] ... not the same as group cohesiveness, as research has shown that cohesiveness can reduce willingness to disagree and challenge others’ views” (Edmondson, 1999, p. 5). Team psychological safety is “a sense of confidence that the team will not embarrass, reject, or punish someone for speaking up. This confidence stems from mutual respect and trust among team members” (Edmondson, 1999, p. 5).

But what happens when an interpreter does not feel safe with his or her team? “Team psychological safety should facilitate learning behavior in work teams because it alleviates excessive concern about others’ reactions to actions that have a potential for embarrassment or threat” (Edmondson, 1999, p. 6). Interpreting is a “learning behavior,” with the interpreter learning in the moment, checking in to see if the interpretation is successful or not, receiving that feedback from team/s and consumers if the interpretation is equivalent and/or understood and acceptable. As Harper and White (2013) indicated: “Learning behaviors that are supported by a psychologically safe team environment enable the team to function at a higher level” (p. 4). One of the reasons a team interpreter is utilized is because one interpreter working alone cannot meet the demands of the assignment. The support of a team interpreter “is necessary to enhance the team’s performance and assure accurate communication takes place” (RID, 2007, p. 1).

If an interpreter does not feel this psychological safety with their team, then the result is not viewing the team as someone in front of whom it is acceptable to take risks.

Within interpreting work, a risk might be offering the team feedback about their work product. Feedback could include corrections, suggestions, and general discussion about either party's work. Rather than feeling free to engage in these behaviors, the interpreter might be in constant distress, anticipating possible humiliation as a result of that interpersonal encounter with the team/s, an encounter that may go horribly wrong.

Horizontal Violence

Ott (2012) studied interpersonal relationships among interpreters. Ott concluded that in the interpreting community in which Ott worked (the state of Ohio), a culture of Horizontal Violence was accepted and perpetuated by all interpreters, new and experienced alike (Ott, 2012). "Horizontal Violence" is a term coined by Paulo Friere (1992) to describe the "curious behavior of members of oppressed groups who often lash out at their peers in response to oppression instead of attacking their oppressors" (p. 4). Interpreters experience vicarious trauma due to oppression, which is caused by experiencing an imbalance of power. Oppression occurs "any time two groups are in contact and one has more power than another" (Ott, 2012, p. 17). Interpreters often witness hearing individuals make blatant offensive comments, subtle comments, and vocalized assumptions about the Deaf client's intelligence or worth. These comments might be knowingly made and intended to be offensive or unknowingly offensive. In settings such as medical, legal, business, and education where interpreters work, they might experience gender discrimination or be subjugated to the hierarchical structure of that setting. The judge, doctor, or teacher often assumes power and control, making it known to the interpreter that their spot on the totem pole is near the bottom. Interpreters

feel powerless; in turn, they hurt one another as a way to cope, rather than attack the oppressive system or individuals.

The largest body of Horizontal Violence research was a study of nursing students and nurses. Horizontal Violence manifested with nursing students when those individuals subtly or overtly ridiculed and insulted their colleagues and devalued their work and effort (Lewis, 2004; Longo, 2007). This can be applied to interpreters in situations where interpreting colleagues will call out a team interpreter, questioning decisions that are made as well as making them feel incompetent for making a mistake or not knowing something that the person calling them out expects them to know (Ott, 2012). Interpreters reported to Ott that they were “hesitant to be observed or to work with other interpreters because they feel that they will only be criticized” (p. 60).

What is interesting to note about this behavior is that interpreters do not always feel that they are the victims of Horizontal Violence; they often feel they are only paying their dues as an initiation into the profession (Ott, 2012). Horizontal Violence is both experienced by and perpetrated by members of the same group (Freire, 1992; Funk, 2002). This means that members play the role of both victims and perpetrators making this “behavior difficult to identify and name” (Ott, 2012, p. 22). It seems that denial is a common part of Horizontal Violence—denial on the part of being a victim and denial on the part of being a perpetrator.

Microaggressions

Interpreters inhabit a multitude of intersecting identities. These identities may be visible or invisible to the outside world. Race or perceived race, gender or perceived gender, ability or perceived disability, sexual orientation or perceived sexual orientation,

and many other identities that align with diverse group affiliations are seen or unseen by individuals with whom interpreters interact, both hearing and Deaf or Hard of Hearing. Because of these actual or perceived identities, interpreters often experience commentary about their identities made by those with whom they work; another interpreter; or the hearing, Deaf, or Hard of Hearing clients. This could be perceived as either negative or positive.

A commentary about one's identity that is perceived as negative could be called a microaggression. The term microaggression was coined by Pierce (1970) "to describe offensive acts that reinforced racism" (as cited in Dover, 2016, p. 576). In the years since Pierce coined the term, it has been applied to other populations, so that this term is not only used in instances of racism but when other forms of discrimination or acts of -isms are committed against individuals in diverse populations. Dover (2016) highlighted research identifying microaggressions such as the following: transphobia, disability-based microaggressions connected with ableism, and sexual orientation-based microaggressions related to heterosexism (Dover, 2016).

Applying this term more broadly to the populations studied in this research, Deaf/Hard of Hearing individuals experience microaggressions based on their hearing status and cultural identification. Deaf-parented interpreters experience microaggressions based on their hearing status and group affiliation as a deaf-parented interpreter and as a member of the Deaf community (Williamson, 2015). Interpreters of color experience microaggressions based on their race and cultural identification (Nakahara, 2016; Olopade, 2017; West Oyedele, 2015). Interpreters who identify with any aspect of the LGBTQAA communities experience microaggressions based on their sexual orientation,

and all interpreters experience microaggressions based on their gender identity (Robinson-Wood, et al., 2018; Sue, 2010).

These microaggressions are subtle, everyday, negative messages that might seem small, but are very damaging and discriminatory (Forrest-Bank et al., 2015). Differing from overt and intentional discrimination, most microaggressions are unintentional and the person doing them could even be unaware of what they are doing (Thurber & DiAngelo, 2018). According to Sue (2010), “The power in microaggressions lies in their invisibility to the perpetrator, who is unaware that he or she has engaged in a behavior that threatens and demeans the recipient of such a communication” (p. 275). Could microaggressions be one of the factors causing interpreters to experience a feeling of not being safe within an interpreted setting? Robinson-Wood et al. (2018) suggested that “microaggressions abound, are stressful, even traumatic, and the accompanying stress upends psychological and physiological health” (p. 11).

There is a growing body of research conducted by interpreters of color who are finding the unfortunate trend of microaggressions committed by White interpreters against interpreters of color. Obasi (2013), Nakahara (2016), Olopade (2017), and West Oydele (2015) all found that racism, discrimination, and microaggressions are commonly committed by Deaf and hearing consumers as well as team interpreters. It is seen as early as in interpreter training programs, in VRS settings, and in all of the other settings in which interpreters work together. Due to the ambiguity of microaggressions, it can be difficult to decide whether or not they are addressed. This, in turn, makes them difficult to cope with (Olopade, 2017).

Shame and Vulnerability

When an interpreter works in settings where there are a high number of Deaf students, staff, and faculty as well as signing hearing students, staff, faculty, and other interpreters, there are a lot of individuals who may act as an “audience”. This audience, being bilingual, has access to both ASL and English and can evaluate an interpreter’s work, though they may or may not necessarily be qualified to do so. In these types of settings—much more than in other settings where there is not anyone who is bilingual—the interpreter and his or her work product, the interpretation, is on display for many to see. Crozier (1998) proposed that an added dimension of having an audience can produce self-consciousness within a person, resulting in the interpreter overly focusing on the actions he or she is performing. Crozier’s work did not focus on interpreters specifically. However, by applying her findings to the field of interpreting, I am suggesting that interpreters, when working in a setting with a bilingual audience, might become more self-conscious and overly analyze the choices they are making.

At times, while interpreting before an audience, an interpreter can shift perspective to view themselves through the eyes of the audience. If the interpretation, in terms of accuracy and equivalency, falls short of the high standards that the interpreter has set, shame can be the result (Crozier, 1998). Shame originates within the interpreter based on self-evaluation of how actions have fallen short of self-expectations or the perceived expectations of the audience. Shame does not always originate from an outside source displaying disapproval; it may arise from the interpreter feeling they are disgraced before an audience, regardless of whether or not the audience actually demonstrated displeasure toward the interpreter (Crozier, 1998).

I was unable to find research specific to interpreters' experiences of shame. Nathanson (1992), a psychiatrist, hypothesized that as part of human development, all individuals commonly experience shame, and react in four common ways in order to cope, referred to as the Compass of Shame. Individuals employ one or more of these four compass scripts, a set of behaviors, to cope with and overcome the painful feelings that shame brings about. Applying Nathanson's findings to the work of interpreters, perhaps interpreters employ these scripts when dealing with job assignments where they feel shame based on their own perceptions of the quality of their interpretation and the resulting feelings of shame. They might withdraw and feel sadness, fear, or anxiety. They might use avoidance or deny that their interpretation contained errors or that they were at fault for the erroneous interpretation. Another compass strategy is to attack others and respond angrily toward those the interpreter perceives to have caused the shame or to the actual person who made a comment to the interpreter about their interpretation. The last script is to attack the self: The interpreter internalizes the shameful messages and is overly critical toward self. The feelings of shame paired with the negative coping strategies can be detrimental toward an interpreter and that interpreter's mental wellbeing, as well as damaging to interpersonal relationships, as he or she unfoundedly sees others as being the cause of the shameful feelings.

Allowing self-worth to be attached to what has been produced or created makes it unlikely that the interpreter will share that work product with many. The interpreter may alter interpretations or accept assignments that are less risky as there is too much on the line to reveal all that he or she is capable of. Detaching worthiness from work product, having a sense of worthiness outside of the work, inspires the interpreter to "be

vulnerable, share openly and persevere” (Brown, 2012, p. 64). The field of interpreting is a young one, constantly evolving and growing. Skilled interpreters need to stay visible in the field to teach each other, to support one another, and to move this profession up and out. “Shame can only arise so far in any system before people disengage to protect themselves. When we’re disengaged, we don’t show up, we don’t contribute, and we stop caring” (Brown, 2012, p. 192). My hope is to bring to light the stories of vulnerability and shame that interpreters hold on to. If members of the interpreting profession talk about experiences and feelings of shame, shame can be stripped of its power. As Brown (2012) stated: “Shame hates having words wrapped around it. If we speak shame, it begins to wither” (p. 67).

Latitude of Decision Making

There is a large body of research related to latitude in decision making. These findings indicate that the more control a person has over the decision-making process at work, the less psychological and physical stress they experience (Karasek, 1979). Dean and Pollard (2013) adapted the demand-control model, a model presented in research almost 40 years ago by Karasek that looked at decision-making freedom and psychological strain. Dean and Pollard (2013) suggested a new paradigm, the Demand Control-Schema (DC-S), as a framework rather than a model. DC-S and its constructs can be used to “learn about, discuss, and improve interpreting work” (p. xii).

In DC-S, there are four categories of demands, or salient aspects of the interpreting work: environmental demands, interpersonal demands, paralinguistic demands, and intrapersonal demands (see Table 1). In order to respond to those demands, controls or control options can be employed. Controls are ways the interpreter

“interacts with and responds to the demands of an interpreting assignment” (Dean & Pollard, 2013, p. 15).

Table 1

Demand Categories

| <u>Demand Category</u> | <u>Definition</u> | <u>Examples</u> |
|------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Environmental | That which is specific to the setting | Sub-categories include: Goal of the environment Physical surroundings Personnel/clientele Specialized terminology |
| Interpersonal | That which is specific to the consumers and the interpreter | Power/authority dynamics Communication style Communication goals Emotional tone or mood Cultural dynamics Thought worlds |
| Paralinguistic | That which is specific to the quality of the consumers’ expressive language | Physical limitations Cognitive limitations Physical positioning Idiosyncratic sign/speech Volume Pace Accents |
| Intrapersonal | That which is specific to the interpreter | Feelings/ thoughts Physiological distractions Psychological responses |

Taken from Dean & Pollard, 2013, p. 5

The amount of stress or strain a demand presents to an interpreter is individualized. The control options that an interpreter decides to employ are also individualized. No two interpreters will view the same demand with the same level of stress and attempt to resolve the stress by employing the same control options. There is

significant variability in what constitutes a demand for interpreters and the many control options they might decide to employ. The research available supports the theory that the higher the demands and the fewer the control options, or if ineffective control options are employed, can lead to job strain (Karasek, 1979).

If interpreters are working in settings or with other individuals (e.g., their teams or Deaf, Hard of Hearing, or hearing clients) where they feel there is high demand and low decision-making options, or controls, they could view this setting as stressful, experiencing psychological or physiological strain; strain could be another word for unsafe. As Karasek (1979) suggested: “Psychological strain results not from a single aspect of the work environment but from the joint effects of the demands of a work situation and the range of decision making freedom (discretion) available to the worker facing those demands” (p. 287).

When looking the literature outlined above, any one of the concepts; vicarious trauma, team interpreting and psychological safety, horizontal violence, shame, vulnerability, and microaggressions could cause an interpreter to feel “unsafe.” The goal of this research was to find out which of these concepts, if any, were the concepts that interpreters had in mind when they decline an assignment stating that it is not “safe.”

CHAPTER 3: METHODOLOGY

The goal of this research was to find out what stories interpreters are sharing with one another and are holding within themselves about “safe” and “unsafe” interpreting settings. The target population for participants was working signed language interpreters who came from a variety of diverse backgrounds and whose demographics represented at least some of the diversity within the field of signed language interpreting. The interviews that were conducted and the data collection were all qualitative in nature. A grounded theory approach was used to analyze the data and to identify themes within the stories (Glaser, 2008).

Participant Selection and Recruitment

To qualify as a potential participant in this study, individuals were required to be American Sign Language/English interpreters with more than five years of professional working experience in a variety of settings and hold national certification from the Registry of Interpreters for the Deaf. Individuals interviewed for this study were both interpreters I had previously met with or worked, as well as a few who I had not met. My initial contact with all participants was by email. The email stated my request that they be interviewed for my research study, and I attached a description of my study as it was written in the Informed Consent (see Appendix A) as well as the interview questions (see Appendix B). My goal was to interview interpreters who had a variety of backgrounds and demographic characteristics across a range of race, gender, age, deaf, hearing,

parents who are deaf or hearing, siblings who are deaf or hearing, LGBTQIAA, and years of experience.

Six participants were interviewed. The number six was selected as it allowed, within the timeframe established, me to collect in-depth information about their lived experiences through an interview. Rather than using quantitative data (e.g. through a survey where large numbers of participants are recommended), qualitative data allows for smaller numbers of participants to provide rich and lengthy accounts of lived experiences that could pertain to a group at large.

Interview Method

To gain insight into the meaning that others make of their experiences, I used a grounded theory approach to allow the interviewed of interpreters provide the data, from which concepts would emerge. Often in research, observations of behaviors or discussions are used as data to be analyzed. Interviews are also one way to “contextualize observed behaviors. Interviews allow the researcher to obtain information that was missed in observation, or to check the accuracy of something observed” (Hale & Napier, 2013, p. 96).

Two interview approaches were considered: Interview as research instrument and interview as social practice (see Figure 1). The first approach, interview as research instrument, holds more tightly to having a very structured interview, using closed questions to be answered within a fixed amount of time (Hale & Napier, 2013, p. 97). This approach is guided more by the interviewer than the person being interviewed. I decided against using this approach.

The second design, interview as social practice, allows for a more unstructured interview with open-ended questions that resembles a more natural conversation (Hale & Napier, 2013, p. 97). This approach is guided more by the interviewee than the interviewer. This style allows the person being interviewed to express their thoughts and ideas, to delve more deeply into topics that are raised spontaneously through this unstructured interview. Rather than quiz my fellow colleagues about their thoughts and experiences, the goal was to invite the participants to talk and share (Hale & Napier, 2013, p. 96). I chose this approach.

Hale and Napier (2013) recommended meeting with participants at three different sessions in order to develop relationships with the interviewees. Rather than meet three times, I chose to meet only once. Having already established relationships with most of the interviewees, I did not see the need to meet on more than one occasion.

The interviews were set to be 30-45 minutes at the suggestion of Hale and Napier (2013). Keeping within that timeframe is suggested to keep the interest of the interviewee. When the interviews did go past that timeframe, it was because the interviewee's interest was held and they continued to talk, so I followed their cue in allowing the time to run longer than originally planned. I always made sure to check in with the interviewees to see how they were feeling, if they would like a break, and if they would like to continue or end the interview.

Interviews were conducted face-to-face in keeping with Flora's (2013) suggestion:

The face-to-face interaction was considered an important component of the collection of [stories] in order to see the nuances of facial expression and gesture.

The visual cues can add layers of meaning to what the informant says; therefore telephone interviews were not used. (p. 39)

The face-to-face meetings happened where I was in the same room with the interviewee or were conducted via conference calling such as FaceTime or an online video meeting software. The locations for the interviews were chosen by interviewees. The researcher allowed the interviewee to choose a location that was convenient for them; when one could not be found, the researcher suggested a few public spaces that had private rooms.

The interview format was a semi-structured interview. Interview questions were established prior to the interview (see Appendix B), and interviewees had an opportunity to review the questions ahead of time. The unstructured format of the interview allowed me to ask clarifying or follow-up questions as needed. Within the list of questions, there were questions pertaining to demographics, description of settings that did not feel “safe,” feelings about working in settings that are not “safe,” what was learned from those experiences, and ways interpreters take care of themselves now, after experiencing those unsafe settings.

Treatment of Data

All interviews were video and/or audio recorded. Transcripts of the audio and video recordings were typed into written English. Interviews conducted in American Sign Language were interpreted by myself and then typed into written English. Because of this step, any quoted or paraphrased data from participants who used ASL in their interviews, are from an interpretation of what was originally signed.

Using a grounded theory method, each line of the transcript was analyzed and memos were created to capture the merging concepts and their ideas (Brown, 2012). For each line, I used the following questions to guide my analysis:

- What are the participants describing?
- What are they thinking?
- What are they feeling?
- What are they trying to do?
- What explains the different behaviors, thoughts, and actions? (Brown, 2012)

Grounded theories allow core problems and processes to emerge. Rather than using a hypothesis and comparing the data against that hypothesis, the goal with grounded theory is to “conceptualize the data in a way that captures the participants’ main concerns and how they continually address those concerns” (Brown, 2012, p. 255).

In the end, analysis of data brought forth themes within the narratives of the participants that are, hopefully, helpful to the larger interpreting community. Finding concepts and themes from the data enables the researcher and the reader “to think beyond our data to the ways in which accounts and stories are socially and culturally managed and constructed. That is, the analysis of narratives can provide a critical way of examining not only key actors and events but also cultural conventions and social norms” (Coffey & Atkinson, 1996, p. 80).

Any identifying information from the data has been removed from this final write up. Names of interviewees have been changed. When interviewees referenced a very distinct characteristic, relationship with the Deaf community, or a behavior that I felt would make them easily identified, those identifiers were replaced or omitted.

Methodological Weakness and Strength

By interviewing only six interpreters, I cannot assume that the findings in this thesis hold true for all interpreters in this field. I recognize that as individuals, we are each intersections of identities, and any combination of identities can be the reason for the way we feel and respond to any given situation. I do not mean to imply, in any way, that because I aimed to interview a diverse group of interpreters, that I have a one-size-fits-all narrative about what safety means to all interpreters. This research is qualitative in nature, rather than quantitative, and I do not make any claims that the findings are statistically significant.

Having my own strong interest in interpersonal and intrapersonal conflict in the field of interpreting lead me to write this thesis. My personal experience of not feeling “safe,” something I shared with the interviewees, helped participants open up and talk about feelings regarding “safety,” a topic that can feel very personal. By listening, reflecting, and summarizing the answers given by participants, they felt free to open up about their experiences.

CHAPTER 4: FINDINGS AND DISCUSSION

The interviews were audio and video recorded, then transcribed. The transcripts were coded to pull together themes common to the six narratives. Three themes were found: Theme 1—Team Interpreting Psychological Safety, Theme 2—Microaggressions, and Theme 3—Latitude in Decision Making. Theme 1—Team Interpreting Psychological Safety was a standalone theme, a general feeling and reaction to working with other interpreters and not feeling safe. Theme 2—Microaggressions found four types of microaggression: against Certified Deaf Interpreters, against interpreters of color, against-deaf parented interpreters, and against individuals based on their appearance. Theme 3—Latitude in Decision Making found three types of limitations that impacted the interpreters’ ability to make decisions: decision making limited by the team interpreter, decision making limited by the interpreter’s own skill set, and decision making limited by VRS systems. See Table 2.

Table 2

Themes in the Data

| <u>Theme</u> | <u>Team Interpreting Psychological Safety</u> | <u>Role in the Interpreted Event</u> |
|--------------|-----------------------------------------------|--------------------------------------------------------------|
| <u>Theme</u> | <u>Microaggressions</u> | |
| | Against Deaf | Certified Hearing Interpreter/ Certified Deaf Interpreter |
| | Against Person of Color | Interpreter/ Deaf and Hearing Consumers/ Person of Color |

| | | |
|--------------|---------------------------------------------|-------------------------------------------------------------|
| | Against Deaf-parented interpreters | Non deaf-parented interpreter/ deaf-parented Interpreter |
| | Against appearance | Interpreter/ Interpreter |
| <u>Theme</u> | <u>Latitude of Decision Making</u> | <u>Role in the Interpreted Event</u> |
| | Decision making limited by team interpreter | One interpreter/another interpreter |
| | Decision making limited by skill set | Interpreter scheduler/another Interpreter/ Interpreter |
| | Decision making limited by VRS software | Interpreter/VRS technology/ VRS consumer |

Demographics of Participants

Six individuals were interviewed for this study. This number allowed, within the timeframe established, time to collect in-depth information about participants' lived experiences. Rather than using quantitative data, where large numbers of participants are recommended, qualitative data allows for smaller numbers of participants to provide rich and lengthy accounts of lived experiences that pertain to a group at large.

Participants for this study were chosen using convenience sampling. Participants were chosen based on my personal experience and knowledge of interpreters in the profession or they were colleagues of my own colleagues, common acquaintances. This type of sampling is advantageous because of the sensitive nature of this topic; having these personal working relationships with the participants, or having common colleagues in common, increases participants' willingness to participate as well as open up in detail about their experiences. I attempted to include participants who varied in age range, gender, race, class, sexual orientation, and location of residency. The disadvantage of

this type of sampling is that the sample might not represent the population as a whole. Future research on this topic would benefit from an broader selection of participants.

The individuals chosen for this study were all working interpreters who have worked in a variety of settings for more than five years. All participants are certified interpreters and live in different locations in the United States. I contacted individuals via email or in person to see if they were willing to be interviewed. I chose those interpreters who had expressed narratives of being weary of unsafe settings or who turned down assignments, underestimating their ability to perform in new settings despite others having confidence in them. I explained the intention and topic behind this research and included the Informed Consent and Proof of IRB approval.

Names of participants were changed in writing this thesis. Participants were given pseudonyms. I am the only person who has the list of pseudonyms and corresponding names. Transcripts of the video recordings list only the pseudonyms of the participants. When names were accidentally disclosed on the audio or video recordings, they were deleted from the transcripts.

Background

6 responses

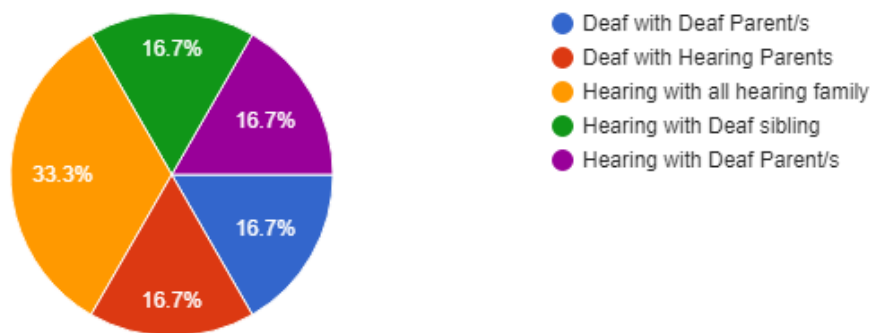


Figure 1. Background of Participants

Six participants were interviewed; all participants are nationally certified through the Registry of Interpreters for the Deaf. Two are Deaf, and four are hearing. Of the two Deaf participants, one identifies as Deaf of Deaf and has Deaf parents and the other has hearing parents. Of the hearing participants, one identifies as a Child of Deaf Adults (Coda) who has Deaf parents; four have hearing parents. Of the hearing participants, one identifies as a Sibling of a Deaf Adult (Soda) who has a Deaf sibling, and four have no Deaf siblings (see Figure 1).

Of the six participants, four identify as female, and two identify as male (see Figure 2). The age range of the six participants was 34-58 years old (see Figure 3). In terms of the race of the participants, one identifies as a Person of Color, four identify as Caucasian, and one identified as Human (see Figure 4). Of the six participants, one has an AA degree, one has a BA degree, three have Master's degrees, and one has a Ph.D. (see Figure 5).

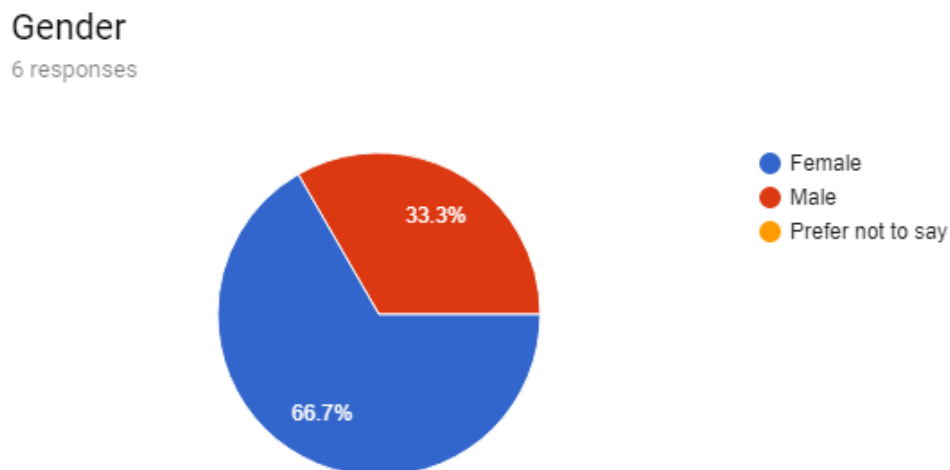


Figure 2. Gender of Participants

Age

6 responses

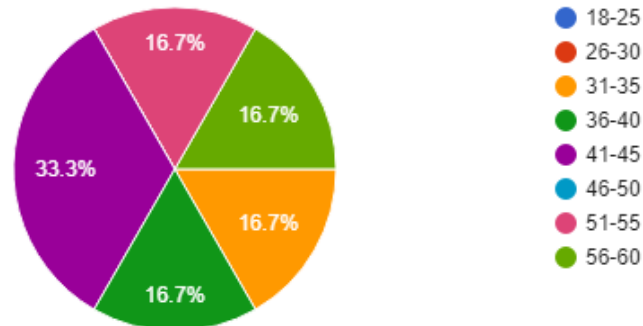


Figure 3. Age of Participants

Race

6 responses

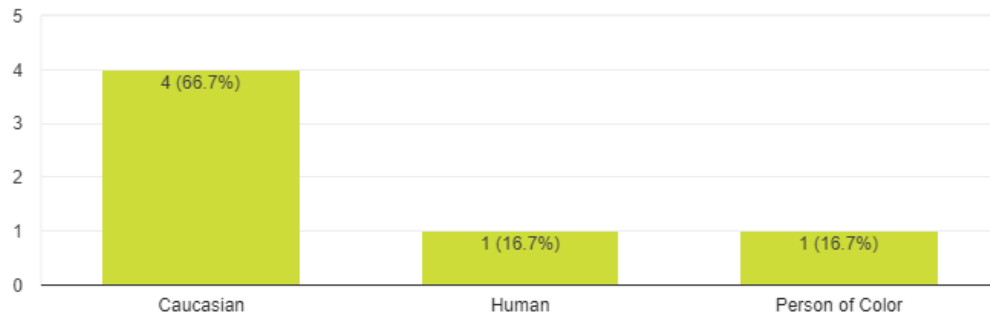


Figure 4. Race of Participants

Education Level

6 responses

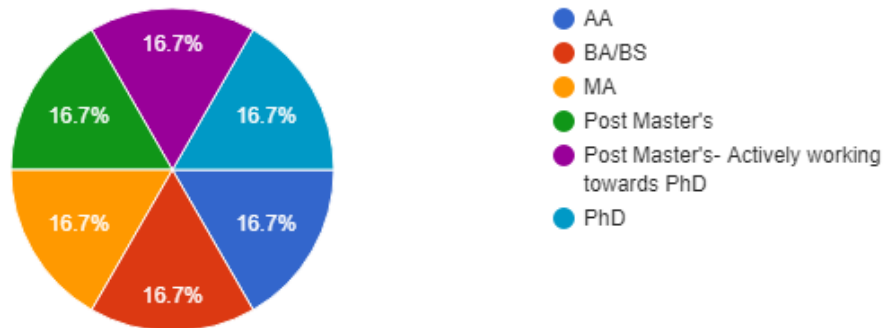


Figure 5. Education Level of Participants

Five attended a formal collegiate Interpreter Training Program (ITP). One did not attend an ITP (see Figure 6).

Attend an Interpreter Training Program

6 responses

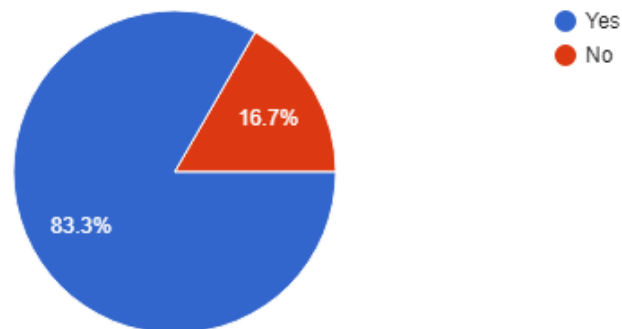


Figure 6. Attended an Interpreter Training Program

The number of years that the participants have worked formally as a paid interpreter ranged between 10 and 28 years (see Figure 7).

How many years have you worked as an interpreter?

6 responses

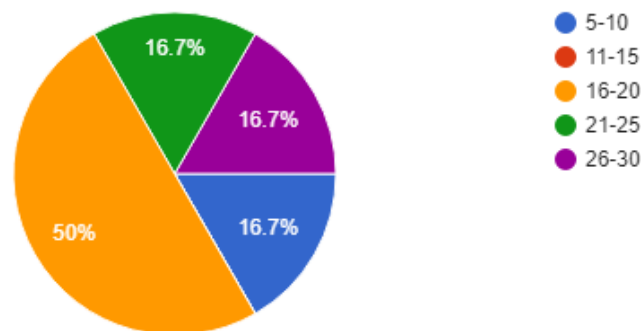


Figure 7. Number of Years Working as an Interpreter

Four of the six participants work as interpreter trainers, teaching in ITPs or presenting workshops and trainings. One interpreter does not claim they are an interpreter trainer, but they often mentor new interpreters (see Figure 8).

Are you an Interpreter Trainer?

6 responses

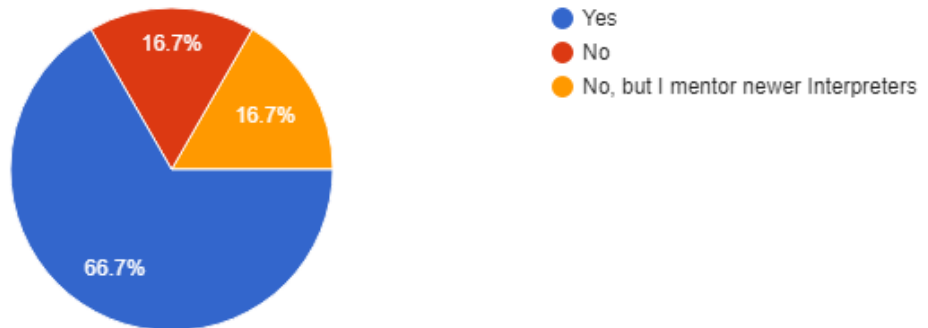


Figure 8. Work as an Interpreter Trainer

There was not one setting that was common to a majority of the participants (see Figure 9). The settings that the participants work in include: medical, post-secondary work settings, business/professional office, legal, mental health, VRS, theatre, substance abuse, vocational rehabilitation, interpreting-specific trainings/conferences, and miscellaneous social services (see Figure 10).

What setting do you primarily work in?

6 responses

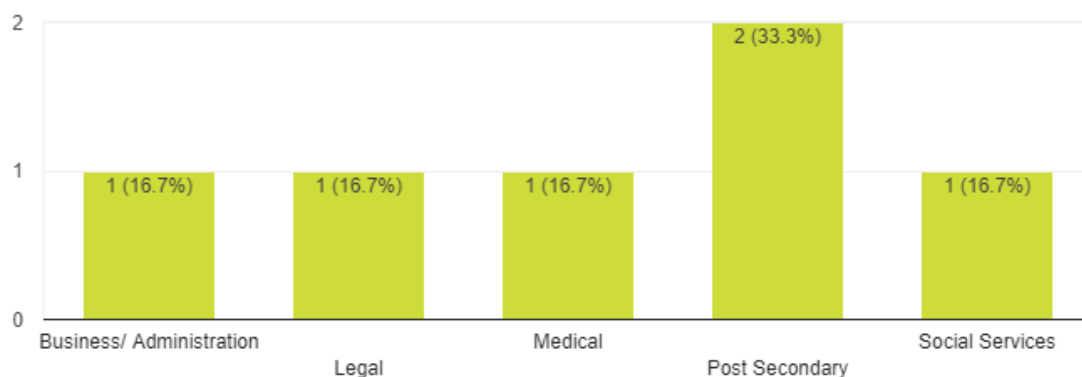


Figure 9. Primary Work Setting

What other settings do you work in as an interpreter?

6 responses

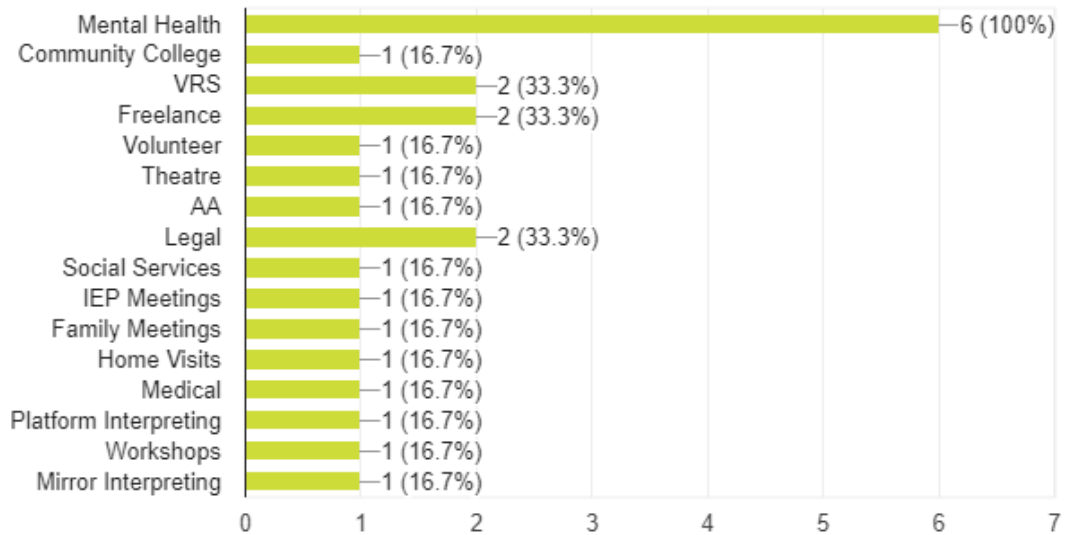


Figure 10. Miscellaneous Work Settings

All six participants stated that they team with another interpreter 70% or more of the time they work. Certified Deaf Interpreters stated that they rarely team with another Deaf Interpreter, but 99% of the time team with a Certified Hearing Interpreter (see Figure 11).

How often do you team?

6 responses

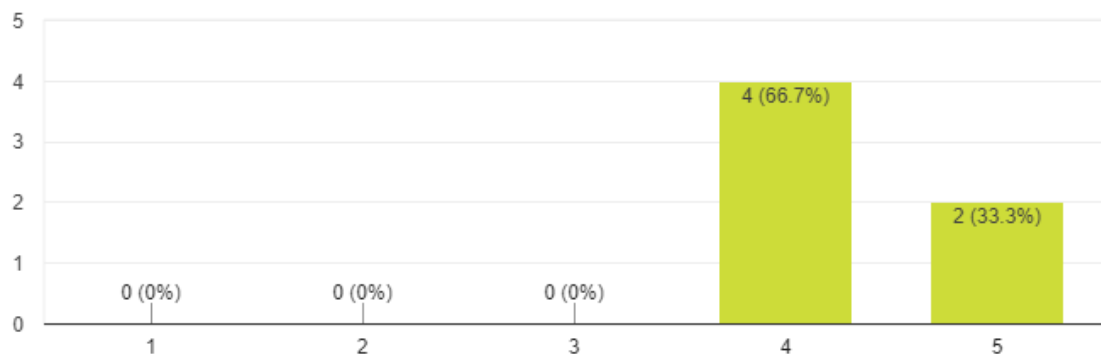


Figure 11. How Often You Work with a Team Interpreter?

Themes

After interviews were conducted, the participants' narratives that were audio or video recorded were transcribed into printed English. I analyzed each transcript line by line, applying codes to the patterns of similarity that I was noticing. Analyzing those codes, I then grouped them into themes. After consulting with colleagues regarding the themes and connections I was proposing, I conducted an additional literature review. The themes listed below are what I have identified as the naturally emerging core issues related to "safe" and "unsafe" settings for the participants in this study.

Theme 1: Team Interpreting Psychological Safety

Team psychological safety involves individuals having interpersonal trust and mutual respect so that people can be comfortable being themselves. If teams do not feel this type of safety, they will be "unwilling to bring up errors that could help the team make subsequent changes because they are concerned about being seen as incompetent, which allows them to ignore or discount the negative consequences of their silence for team performance" (Edmondson, 1999, p. 355). Emily spoke of this hesitation to bring up an uncomfortable topic:

Well I was afraid [my colleague] wasn't going to like me. I don't know if they liked me or not. But I was afraid, that [bringing up an issue] was going to create tension. You know and that it was going to be really uncomfortable to be around that person. But I realized the tension was already there. At least from me. I was already feeling the tension.

The data on team psychological safety proposes that it is more than just interpersonal trust, but that it also is a "respect for each other's competence, and caring

about each other as people” (Edmondson, 1999, p. 375). Bryan admits that he takes a bit of a negative stance when it comes to team interpreters. He said:

Yeah, I might be overly pessimistic, probably based on that experience that happened early on, which maybe that’s why I think, like some people are cool fun to work with, some people are dicks, but if you go in knowing what they are, you have a handle on it a little bit better ... It’s like that, there’s a Seinfeld quote that I love between Elaine and Jerry. Elaine is like, “blah blah blah,” complaining. And Jerry is like, “Other people, they are the WORST!” Yeah. Like yeah, it’s like that.

The need for interpreters to speak up, correct their own mistakes, make corrections to the interpretation—even if it is the team interpreter who is making the mistake—is an important ethical component to an interpreter’s job. Fostering feelings of psychological safety among team members will encourage these types of risk-taking work behaviors, while settings where teams do not feel psychologically safe with one another will hinder interpreter’s performance. This, in turn, has an impact on consumers.

Theme 2: Microaggressions

Microaggressions in different forms comprise a subcategory that falls within team interpreting psychological safety. There were four types of microaggressions coded in the narratives.

Microaggressions Committed by Certified Hearing Interpreters Against Certified Deaf Interpreters

Larisa, a Certified Deaf Interpreter (CDI), experienced a microaggression by her hearing interpreter team when she was not given a part of the decision-making process.

She commented that she feels like she becomes one of the Demands of the interpreting assignment, rather than treated as an equal member of the interpreting team. She said:

I feel like it goes back to their need for control by not including me in the decision making. When we look at Demands and Controls, when there is a Demand that arises for [hearing interpreter teams], it most likely will be something different for them than what Demand arises for me as a Deaf Interpreter. It seems like one of their Control options is to exclude me, the Deaf Interpreter. This is upsetting because I am part of the team, I'm not a client or consumer but often in that moment I'm put into the role of a consumer and they no longer see me a team member, as an equal, they decide that they need to take over all control and we are immediately no longer equal team members. I feel completely stripped of power, I feel demoralized, to the point where I completely lose trust in my team.

Colleen, who is a deaf-parented interpreter, explains the frustration of witnessing a microaggression when non deaf-parented hearing interpreters withhold access to communication from the Deaf consumers:

An interpreter that chooses to talk in front of their Deaf consumers, without explaining why they are talking. Maybe there's a reason, someone addresses them directly, [they could then say to the Deaf consumer], "Let me tell you what was just said." There are ways to handle it, but when they don't, when it's just out of laziness, or out of they think [the Deaf consumers] don't need to know, that attitude ... Those situations, it's super frustrating because it just turns into [me thinking] I don't need you here. I feel like sometimes there's an entitlement that

comes out in our field and with our colleagues that, I don't know. People just forget why they are there. Yeah, it's to do a job, so do your job then!

Larisa also experienced a microaggression by a hearing interpreter team when communication access was denied to her as a CDI team member:

[At a setting I was working in] I tried to walk through an area where a hearing consumer had set up their belongings. The male consumer became very angry. My hearing team got into an argument with him about his reaction towards me. But they weren't signing what was being argued about. My team was yelling at him and when I tried to interject, my team told me that I was merely a visitor in her work setting. Nothing [my team was saying to the man] was being signed, I was standing there watching this exchange happen, with no access to what was being said. I could not explain myself, had no opportunity to add in my perspective and I really felt emotionally unsafe. I did not know what was happening between the two of them. I didn't even know what the outcome was, is it okay for me to get up and leave? Should I find a different way to exit? To me it felt like a mix of emotional and physical unsafety. I pretty much was scarred from that.

Colleen has witnessed microaggressions in the form of patronizing comments about Deaf individuals by non deaf-parented interpreters:

[I've seen non deaf-parented interpreters] outright rudely telling the Deaf consumers, "Oh you are lucky you are Deaf, they feel bad for you," or things like that. I'm like, "fuck you, you don't know their life." And so it just causes

frustration in me and I don't like to see that, I don't like to feel that way, I don't like to react that way.

Microaggressions Committed Against Person of Color by Team Interpreters, Hearing Consumers, and Deaf Consumers

Research on African American/Black interpreters by West Oyedele (2015) found that White team interpreters would doubt the skill and knowledge level of their African American/Black interpreting teams. The White interpreters would assume that the African American/Black interpreters did not possess the vocabulary or knowledge of an academic or formal setting so would feed the team interpreter excessively to the point of interrupting the active interpreter's ability to process the incoming message, causing errors in the interpretation (West Oyedele, 2015). Emily is an interpreter who identifies as being a person of color and human. She shares her experience working with team interpreters and the microaggressions that come in the form of comments doubting her skill or intelligence level:

I've had people who assume that for some reason, that I didn't know what a word meant, and [I'm actively interpreting] and I hear, "That means blah blah blah." And I'm like, "I know what that word means. That means dah dah dah." I know what the word means, can you please be quiet and let me interpret? You know what I mean? So they are there assuming I don't know what it is.

Not only did Emily experience that with team interpreters when she was a working professional, but prior to that, similar microaggressions were committed by those in her interpreter training program (ITP). This narrative is similar to what Nakahara (2016) found when researching the experiences of interpreters of Asian

heritage. Students felt dismissed by instructors and shut down by classmates when disagreeing or discussing cultural points or ethical considerations (Nakahara, 2016).

Emily describes how her classmates responded to her choices when she was interpreting from ASL to spoken English:

I try to listen to audiobooks a lot. I get my vocabulary out of it. I think, always, ever since when I was going through my ITP. I remember somebody said, “Oh chill with those words. Calm down.” I always felt like I was trying to compensate. Because people have that misconception, that if you sound one way or whatever, you are less than, or less educated than them, which it does not necessarily mean that. Therefore, I was always trying to compensate by showing that I have a level of intelligence and education that you might not expect that I have.

Emily experiences microaggressions from the hearing consumers she works with. They disregard her as a full member of the team or make assumptions about who she is and what languages she interprets into based on her appearance:

It’s interesting, when I am teaming, when I have showed up to interpreting assignments and there are two interpreters showing up. We [the team of interpreters] might say, “We are the interpreters.” Or [the hearing client/s] see us walking together, they know who we are. What I’ve noticed is that, usually, the contact person, or hearing consumer, usually turns to the team to give them the information. It’s usually them first, and me second.

Or I have shown up to situations where I say, “Hi, I’m the sign language interpreter.” I give them a second to think about it. Unfortunately over the years I

have learned to do that. I say, “Hi, I’m a sign language interpreter.” Let them think about it, “I’m here to interpret for so and so.” And they might say, even though I said “sign language,” they might say “Um, did you say sign language?” Or they might say, “Um no, we requested a sign language interpreter.” Obviously they did not think about it. Or they might say like, “Did you say Spanish? I don’t think we requested a Spanish Interpreter.”

Emily’s encounters with microaggressions happen with team interpreters and with hearing consumers. This also happens to her when she works for VRS and the Deaf or Hearing callers make assumptions and judgments and then commit microaggressions against her based on her appearance:

There are some people who are still not used to seeing an interpreter of color doing the job. You know and I think that is changing. The demographics of the interpreters are changing. Especially older Deaf consumers in isolated areas. They are not used to having a different type of skin color pop up on your screen. Whatever their bias might be, I think I’m an easy target because I am at the same location. I think if we were at the same location, there’s always a factor of being polite to whoever is helping you to achieve communication. They might not say anything. Whereas when you are far away [interpreting via VRS] and you might not see that person ever again, you know that’s when that those feelings might come out and be expressed somehow.

Nakahara (2016) found that there was bias in team interpreters when consumers had an Asian accent. They made negative faces or comments about the accent and VRS callers would ask to be transferred to a White interpreter, or hung up on an interpreter of

their Asian heritage. In Emily's experience, there was a VRS caller who filed a complaint against her, because of the way her voice sounded:

Instead of that having this mutual, I got your back that I was expecting (from the caller who was a person of color) this person was very judgmental. And a complaint was filed. And the complaint was that I sounded like I was a Spanish speaker, when they didn't want a Spanish speaker, they wanted an English speaker, an English interpreter. So they got me, randomly. And they didn't want that, they had their own bias going on for whatever reason, you know.

Microaggressions Committed Against Deaf-parented Interpreters by Non Deaf-parented Interpreters

Deaf-parented interpreters often grapple with the decision of whether or not they should reveal their identity as a deaf-parented interpreter. There are reasons, both good and bad, to withhold this information versus share it. Collen, a deaf-parented interpreter, does not always immediately share this information with her non deaf-parented hearing interpreter teams:

I've had people that don't know that I am [deaf-parented interpreter], say awful things about Cudas in front of me. But I am one of those, I don't announce it, I don't wear a badge! ha. Maybe I just don't give that vibe, or I try really hard, and from this, you are seeing that I do try really hard to not put that first. When I first moved here and people didn't know what I was yet, and they didn't know my family or anything yet. One interpreter felt comfortable enough, during a break, to tell me about how the Coda interpreters here are really hard to work with. They said they were kind of reassured that they weren't working with a Coda

interpreter, in this group of interpreters that we were all working with. That was really a strange situation to have to at some point slide in there, “Oh by the way I’m one of them, so please stop saying stuff like that. Um, that’s kind of shitty.”

Microaggressions toward deaf-parented interpreters can come in the form of disparaging remarks about their skill set and an unfair assumption about what and how skilled a deaf-parented interpreter should be. Colleen recounted this instance:

In one situation, after an assignment was over and the team and I were very informally debriefing, I was told because they knew my other family members that are interpreters, and I guess they have a lot of respect for them and their work, and they said that they were really nervous to work with me, but after that assignment, they were reassured, that they didn’t have anything to be nervous about. Um ... I asked what they meant. I very politely was told, “You’re not as good as I thought you were going to be.” So that, that was awesome. So yeah, things like that, kind of reaffirm, why, why I’m not necessarily over reacting all the time. There’s a legit reason to be kind of hesitant, and not trusting sometimes. Why I don’t like working in this field sometimes. So don’t be a jerk. That’s what I would tell people, don’t be a jerk. And don’t assume you know who you are talking to.

Being seen only as a deaf-parented interpreter and not taken seriously as just another professional interpreter is another form of a microaggression Colleen experienced. She said:

People say, “Oh, you know Colleen, that Coda interpreter that’s impossible to work with?” I don’t want to be labeled that. I don’t want to be perceived as that.

I know a lot of Coda interpreters that went through ITPs not because they had to, but because they wanted to be seen as professional. Because that's held against us quite a bit. Part of the reason I might not address it as much because I know it's not going to be understood as coming from a colleague. It's going to be, you know, viewed as "Colleen."

Microaggressions Committed Against an Interpreter's Appearance by Another Interpreter

Working in an area of the United States where "Beach Barbie" looks are the norm, Eric, a male interpreter experiences microaggressions related to his body size:

Yeah [they commented] on my looks. I was dumpy. "Oh my god he's so fat, I cannot believe that he's here." You know, as a fat person in the middle of all these thin people. You know it's Southern California and there are all these beach bodies, size 0 people. "I cannot believe he would take that job. If I looked like him I would not be in room full of beautiful people." Come on, that is just a mean thing to say. Who would say that about people, know what I mean? And that has nothing to do with my skill of being there. Nothing to do with my skill as an interpreter in that situation. The other one was, my hair. I used to have hair. Really thick hair. And I always liked to, not long hair, but I didn't wear a crew cut either. Kind of like a middle growth. They were talking about, "I cannot believe he does nothing with that hair." And I remember thinking, "what the fuck is your problem? Is it that hard to just talk to me and say, "Eric, I think you might want to try a crew cut, you might look really cute in a crew cut." And I would probably say, "Oh okay, let's give it a shot." You know but why do you talk about

an interpreter's hair. With other interpreters? That instantly causes me to feel that you wouldn't have my back. Because if you are going to make snide comments about my looks to another interpreter, why would I even think that you might be on my team when it comes to interpreting?

Theme 3: Latitude of Decision Making

Decision-making latitude was the second theme found throughout the six participant's narratives. Lack of control over what assignments were given to the interpreter, not having the skill set to know what to do, not being allowed to be a part of a team, and not having a say as an equal team member were just some of the demands that the participants mentioned, where they felt there were no control options or decisions that they could make. As Dean and Pollard (2013) suggested: "Effective work results when demand-control interactions are properly balanced and conversely, effective work is compromised (and stress usually ensues) when demand-control interactions are not properly balanced" (p. xiii).

Decision Making Limited by Team interpreter

Depending on where an interpreter works, they might not have flexibility in deciding whether they accept or decline an assignment. Staff interpreters might work for agencies, school districts, or universities, among others. If working as a staff interpreter, there might be an interpreter coordinator/scheduler who assigns jobs to the interpreters. In this situation, the staff might feel that they have no choice or say as to whether or not they could or should interpret in that setting as Bryan narrates here:

I was told as an employee that I must go do something, where I didn't feel comfortable and I didn't want to be there. Once I was there I felt it was the

correct decision for me not to want to be there, but then still having to work there because I was told to go there. Then in that setting seeing people, literally seeing language saying, “He should not be here.” Then me feeling not included in that conversation, but seeing it happen. And knowing that I didn’t feel I should be there, not really sure what to do in the setting. Like it didn’t feel safe. I knew I should not be there, skill wise, I was told to go there. And then I saw other people, not wanting me there, and them giving feedback that would then impact my future ability to do work there.

When working as a Deaf/Hearing team, often decisions are the consensus of both the Certified Deaf Interpreter and the Certified Hearing Interpreter. This was not the case for Larisa, a CDI:

I emphasized to my team how we were there to interpret for everyone, but that interpreter, we didn’t agree. This interpreter is also very religious, they are Catholic. What was said is against this interpreter’s personal beliefs. But that should not matter. I am a Christian person but if a consumer swears or talks about certain topics, I still interpret it, I don’t alter it, or soften it, or change the content, because it is their words, not mine. But this team interpreter did not agree with me and in that moment I wasn’t able to do anything. The Deaf consumer, in that moment could see what was happening. That her information wasn’t being interpreted. The client was getting upset towards me, they lost trust in me, as the interpreter.

Leesa, a Certified Deaf Interpreter, also experienced lack of decision making when she realized that the team interpreter she was assigned to work with was not

actually an interpreter at all, but more like a “signer,” and the interpreter did not have a choice in making sure that the message was accessible to the Deaf or Hearing consumers:

They [my team interpreter] didn’t understand me when I signed to them. The consumer had brought a friend of theirs who was acting in the role of advocate. They were Hard of Hearing and they could hear the signer voice interpreting. They kept correcting the signer saying, “That was wrong” or “That isn’t what the Deaf interpreter or consumer just signed.” That actually really helped the situation. I quickly realized that this person working here isn’t an actual interpreter. I wrote a note to the counselor telling them that this person wasn’t an actual interpreter. There wasn’t really anything I could do after I conveyed to the counselor that I didn’t agree with having this person here as an interpreter.

Colleen, who is a deaf-parented interpreter, talked about the inability to control the microaggressions that he witnesses often when working with interpreters who do not have deaf parents:

Now that as I’ve gained experience, it’s more just being frustrated with it. Knowing that it’s [microaggressions] going to happen. It’s unpreventable. Even my colleagues that I, that I really respect and enjoy working with. I know it’s going to happen. So now it’s to the point, okay, how bad is going to be, can I tolerate it? Some of my colleagues that I respect dearly, they are doing good things in the community, still make snide comments and kind of point out that divide, still. And it’s not intentional. You know sometimes it will even be like, a joke, ha ha.

Decision Making Limited by Skill Set

Going into an assignment with one understanding of what that assignment entails, then arriving and the assignment details being completely different than what the interpreter originally signed up for can be unsettling. Much more so if the interpreter does not possess the skill set to provide a quality interpretation. Eric recounted a time when this happened to him, and he felt powerless to provide an accurate interpretation and powerless to receive supports from his teams:

Nobody told me that it was a conference that had many DeafBlind consumers, individuals who have Usher Syndrome, or people who requested close vision interpreting. I had no training whatsoever. So I get there and they are like, “So and so is DeafBlind, so and so has Usher syndrome.” I had no idea what that meant. We started interpreting and I glanced over to the side, over at the other interpreter sitting there, and they were trying to feed me. Like, “move over, stand here, do that.” I didn’t know what the hell was going on. They said, “Sign slower.” Then after a few comments, maybe 8 or 9 comments, it started to shift and become a really hostile environment. And then about 15 or 20 minutes into the job, one of the interpreting team, just walks up, and basically tells me to “get out” and takes over. Now I’m sitting there in the front seat, you know the front row. Looking at these people, wondering what the hell just happened here. During the break, no one, none of the interpreters would talk to me. They all whoosh, took off into the other direction. None of them. And we had to stay the rest of the afternoon. And I was still there the whole afternoon, going, what is going on.

Looking back on it today, in 2017, I can look back and tell you what the problems were. At the time I had no idea. But no one ever bothered to come up and ask a simple question like, “Um do you know what Usher syndrome is?” No one bothered to ask. No one even bothered to ask, “Have you ever worked with DeafBlind people before?” They didn’t even ask! That whole day, what stays in mind was that, the interpreters, they were so wrong. They were not professional at all. They were not considerate. They were quite hostile. They did not try to make this be a team at all. It was very much about, individual success stories rather than the success of the team as a whole. And that was an extremely hostile environment. And that was directly related to the interpreters.

Bryan tells about the time that he did not possess the skill set and he knew it, yet felt like he could not leave:

It’s this self-fulfilling prophecy where I say, “This isn’t going to go good,” and it does not go good. Maybe having nothing to do with me, and I’m like, “Told ya.”

There’s other times where I’m like, this is scary, don’t do this. Then I went and did it and it was bad. And that situation, I’ve had a few of those. And one specifically there was a lot of stuff going on in one room, interpreting dynamics, consumer interaction dynamics. There was just so much going on that I felt like this probably wasn’t the best place for someone new to get their feet wet. And I brought the attention of that to the person who told me to go do the job, who was responsible for making those decisions. And they said, “Do it.” And I said, “I don’t feel comfortable,” and their response was, “That’s kind of the sign that you should go do it. How are you going to feel comfortable if you don’t

get in there and do it?” So from that, from the first, from the go, it felt not safe, because I was feeling professionally and ethically not validated. I felt I was bringing actual concerns, not just, I didn’t sleep last night, or I drank a lot and I’m not ready for this. But literally, like, “No, professionally and ethically I don’t feel like I should be in there.” Then being told, too bad, go do it, kind of suck it up, get stronger.

Decision Making Limited by Video Relay Service Systems

Video Relay Service (VRS) is well known as a setting that has high demands and scarce options for controls. Because the interpreter is interpreting phone calls, Deaf and Hearing callers use the service from all over the United States. Whenever a call comes in, the callers on the line are strangers to the interpreter and their topic of conversation just as much as a surprise to the interpreter as are all of the demands that come along with this type of interpreted setting. Emily, who works for VRS, uses a Forest Gump quote when describing her experiences working as a VRS interpreter:

I always said, and I know it sounds kind of cliché, but VRS is like a box of chocolates. You never know, you click that call accept button, they just pop up on your screen you don’t know who you are going to get, you know? That might be true not even just for me but talking to other VRS interpreters, I know for a fact, because they have mentioned that to me. That they have the same feelings. Somehow feeling vulnerable as they don’t know who is going to pop up on the screen and what is going to happen.

Bryan feels like he is unfairly judged for no reason at all by VRS callers, and he has no recourse, no relationship, or no protocol to find out why he is disliked by his callers:

On VRS when it happens, when someone looks at you like ughh, I'm like, no, why? You don't even know me, what is wrong with this face that gives you that? What do I look like? I don't know what just happened. That bugs me more because I don't get it. In VRS it feels it's harder to get over, because it feels less just. Because I'm like, you've seen for two seconds, you need to give me a chance. Let me wear on you, let it work on you a little bit and see if it's ok. Whereas in the other setting, you don't like me, fine, we'll move on. In the moment [with VRS] it feels like, it feels unfair. Which is weird because from a step back, when I interact with people I'll meet someone and that minute I'll be like, "Nah, fuck you, forget this, this is not happening." So when someone pops up on VRS and they have that same look at me, in the moment, I feel like, no not cool, wait a minute, let's try. It sticks to me in that way like, just like give it a second, you don't know yet. Maybe internally I'm like, nah, I'm awesome, hold on. But you aren't even going to see it, awh, too bad for you.

CHAPTER 5: CONCLUSION

It is clear, after having read multiple papers written by interpreter researchers and interviewing the six incredibly open participants during my research, that working as an interpreter can be an incredibly negative experience. Interpreters experience microaggressions, encounter horizontal violence, and have low latitude for making decisions that make them feel insecure. All of these experiences put an interpreter's psychological safety at risk. Those committing those hurtful acts are most often other interpreters, the teams we call our colleagues. If this occurs between team interpreters, what is the aftermath? In this study, interpreters often engage in negative self-talk and perfectionism.

Self-Talk

Even though each interpreter I interviewed detailed different occurrences that had an impact on their sense of safety, I found that engaging in negative self-talk at the “unsafe” experience was a common experience and response. This inner dialogue was demeaning, sending a negative message about their lack of worth as humans and as professionals. Bryan says that he feels:

Inadequate, like, you're not good enough to do this, you should not be doing this. Look at this mess you made. And especially like sometimes, just because there are so many great interpreters. Sometimes it's like why are you doing this?

For Colleen, the microaggressions she has witnessed against Deaf consumers and the microaggressions she has faced as a deaf-parented interpreter has led to her leaving the profession:

It definitely encouraged me to start looking for careers outside of the field. Many, many years later, it's finally like, yeah, it took me a while to get out of it [the interpreting profession]. Even as much as I am out of it now, I'm still in it. A lot of the people that I interact with are still in the field. I don't know how much of that is very healthy for me at this point.

Eric questions his worth as a human: "I felt inadequate, as a person, because I was inadequate as a professional. I could not separate those two."

In the book, *The Gifts of Imperfection*, Author Brené Brown (2010) wrote: Wholehearted living is about engaging in our lives from a place of worthiness. It means cultivating the courage, compassion, and connection to wake up in the morning and think, *No matter what gets done and how much is left undone, I am enough*. It's going to bed at night thinking, *I'm imperfect and vulnerable and sometimes afraid, but that does not change the truth that I am also brave and worthy of love and belonging*. (p. 1)

Over time, Larisa commented that she had been able to see that her work does not define her; she is more than her work:

Perhaps in the beginning of my career I might have let the work affect me more than I let it impact me now. Now I'm more experienced, the experience has helped me distance myself from the work. In the beginning when I was working I probably focused on myself more and was more self-critical, focused on what I

was doing and feeling, but now, I always keep in mind that it's not about me. It's about the Deaf person and the hearing person, their relationships and their communication. I'm only there to support the process. It's not about me, I just do the work. I stay focused on the reason I'm there.

Perfectionism

As a result of feeling “unsafe,” feeling vulnerable and ashamed, interpreters aim to be perfect. As Brown (2012) described it:

Perfectionism is not self-improvement. Perfectionism is, at its core, about trying to earn approval. Most perfectionists grew up being praised for achievement and performance (grades, manners, rule following, people pleasing, appearance, sports). Somewhere along the way, they adopted this dangerous and debilitating belief system: “I am what I accomplish and how well I accomplish it. Please. Perform. Perfect.” (p. 129)

Eric made a comment about his own need to be perfect:

We expect ourselves to give top notch service 100% of the time. And that's a wonderful goal to have but it's not very realistic. As human beings we are going to make mistakes, we are going to misjudge, we are going to have flaws. And to expect our work, to be flawless. So why do we expect ourselves to be perfect? 10% of the time you are going to suck. Alright? Do the best you can, be nice, be professional, be respectful to everybody involved. Do not make it worse. And just accept that you are a human being.

Research shows that perfectionism actually hampers success. As Brown (2010) suggested:

To overcome perfectionism, we need to be able to acknowledge our vulnerabilities to the universal experience of shame, judgment, and blame; develop shame resilience; and practice self-compassion. When we become more loving and compassionate with ourselves and we begin to practice shame resilience, we can embrace our imperfections. (p. 57)

When interpreters give value to their worth as professionals, and even as humans, based on delivering a perfect interpretation or being perfect and getting along with each other, what happens if we are not perfect? Leesa talked about how she coped with this concept:

I focus on the work and try to let it go when I'm done. It's not easy. I had to train myself mentally and emotionally to separate myself from the work in order to let it go. So far it's been working for me.

Limitations of the Study

Limitations of the study include whether or not participants were willing to disclose intimate feelings related to failure. As Winch (2014) stated, "Failure can induce us to feel less intelligent, less attractive, less capable, less skillful, and less competent" (p. 175). With the current climate of Horizontal Violence (Ott, 2012) in the field, did the interpreters divulge these stories of failure willingly? Most of the interpreters interviewed were interpreters with whom I already have a professional working relationship. Bias related to previous encounters with participants could have impacted the interpretation of the data. Using grounded theory, the concepts that emerged could still be biased by my interpretation of what they were saying and what it meant. I must acknowledge the subjective role of the researcher. I am interpreting a group or a culture, and creating an image of that group through my description (Hale & Napier, 2013). I

aimed to effectively report and describe the setting, the participants, and what they did and said. This study includes only six individuals and their stories; findings might not be generalizable to the diversity of interpreters in the field.

Another limitation of this study would be the limited understanding I have of the populations, cultures, and identities of those that I interviewed. I recorded each of my six participants' narratives, analyzed and theorized relationships from their stories. Because I am not a person of color, a deaf-parented interpreter, Deaf, or male, there are likely subtleties to their experiences for which I have no schema, not having experienced some of those experiences myself first hand.

Further Research

Power and privilege. There are many reasons that interpreters enter this field and many pathways they take in arriving here. How values manifest in everyday ethical and interpersonal interactions with consumers would be a suggested area for future research. Audrey Ramirez-Loudenback's (2015) thesis, *Are We Here for the Same Reason? Exploring the Motivational Values that Shape the Professional Decision Making of Signed Language Interpreters*, looked at interpreters in this field and what values drive occupational choice and impact occupational satisfaction. Interpreters ranked a list of 10 values. Ramirez-Loudenback found that self-direction, described as "Independent thought and action-choosing, creating, exploring" (p. 20), ranked number one and Power, described as "Social status and prestige, control or dominance over people and resources" was ranked lowest. Building upon Ramirez-Loudenback's research, additional studies could explore how interpreters use their power and privilege in interpreted settings to create safety (or unsafety). An interesting comment made by

Colleen, and interpreter who is a deaf-parented interpreter, prompted me to think of Ramirez-Loudenback's research related to values. Colleen said:

People go into this field for whatever reason. There's an element of power. There's an element of maybe even enjoying power, enjoying being in a place where I can manipulate what's happening. And not necessarily in a negative way, but just in the way of like, I can control this. I think that this field attracts a lot of people that maybe don't have control in their personal lives and this is a position where they do have that control and they have power. Not necessarily a negative thing, it just, it just is.

Separating oneself from the work. There were several comments made that pointed to a difference between how the deaf-parented interpreters and CDI interpreters approach the work versus how non-deaf-parented interpreters approach and discuss the work. This suggests that further research related to having the skill of emotionally separating yourself from your interpreting product may bring important insights for the field. As a CDI, Larisa commented on what it's like to try to debrief with hearing interpreter teams who do not have deaf parents:

From my years of experience, especially where I live, working with the local interpreters who are Cudas, they really are able to separate themselves from the work, more so than some of the non-Coda interpreters that I've worked with. Cudas are less sensitive, we can discuss the work neutrally and distance our emotions from it. They don't let what happened to them traumatize them. They don't hold onto it as much and they don't let it upset them. Whereas some non-Coda interpreters make it so much about themselves. I feel like telling them to

stop. It should be about the work. Let's talk about the work, this isn't about you ... I feel like I end up spending so much time and energy taking care of them. I don't have time for that. I don't have the time to process so much that you are making about you.

Perhaps the ability to emotionally detach from the work stems from some CDI or deaf-parented interpreter's experiences growing up as they informally interpreted for family members, versus non deaf-parented interpreters, hearing interpreters who started interpreting later in life, by choice, after training to become an interpreter? The term "child language broker" has been used by Napier (in press) as cited by Williamson's (2015) research about deaf-parented children and interpreters. These individuals grow up informally interpreting between their parents who use ASL and the majority culture that uses written or spoken English. Because they are more fluent in the majority language and culture, they broker communication and cultural nuances between the child's parents who use a minority language and who are from a minority culture (Williamson, 2015). Perhaps learning from the experiences of child language brokers, second language learners—who are hearing and become interpreters later in life as a professional choice—can learn to how to accept their mistakes more easily or learn to strive less for perfection, but for overall accuracy, accepting the need to clarify and correct. Leesa, a CDI who is also Deaf of Deaf (i.e., has Deaf parents) said:

Growing up, I helped my classmates. We had new teachers who weren't fluent in ASL. So I would watch the teacher and interpret into ASL for my fellow students. I didn't call myself an interpreter. My mother did the same thing when she would interpret things for her father. I'm from a Deaf family. I would go to

the Deaf clubs and someone might not understand some written correspondence they received. So I would interpret and clarify what was written.

Colleen, a deaf-parented interpreter, described how she interpreted informally for her Deaf and hearing family members and described how mistakes are easily fixable. And yet, she sees hearing interpreters responding to mistakes with shame, embarrassment, or trying to cover them up:

I think that part of it too, because we are going from one language modality that is seen and not heard, impacts it. If you are going into something because of power, because its building confidence, and you actually have to hear yourself make mistakes, it kind of tears down that confidence you might have built. Is it that Coda interpreters have had to make those mistakes longer so they're a lot more comfortable making mistakes publicly? When I was a kid and I messed up something, my parents told me I messed it up! If I didn't make sense, they told me I didn't make sense. I don't know if interpreters coming into the field as adults, going through college, if they are told they make mistakes or don't make sense as much, right? And so to have to publicly make mistakes as an adult is a lot harder. I made a lot of my mistakes when I was younger. I mean I still make them but it does not bother me as much.

When I was little it had a lot of meaning in that I would mess up something for my parents, right. So maybe it had financial implications and had, and like it was big stakes. It was a lot of pressure. And now, as an adult, my mistakes are nothing like, you know, oh I, I said one word when I meant this other word, I can fix it. And nobody gets an extra point on their mortgage interest rate.

Right? Nobody is damaged that much, because I can fix it. When I was a kid, I could not really fix it, until after the fact, when I learned it was a mistake, oh shit, yeah.

So just fix it. I mean that's why, you see Deaf people all the time say that they trust an interpreter if they are willing to interrupt me and say, what did you just say? They trust that. There's a reason why. That was always the big aha moment for me early on. To like, I didn't have a problem interrupting consumers and saying, I don't understand. I'm okay with saying that. And it was strange for me to learn that other people had a problem with that. And would flat out make shit up as opposed to doing that. Or you know make stuff up, but in their minds thinking, well this is close enough. If you know you have control in a situation, use it to the benefit of others. The benefit of others is to make sure that things are right!

Recommendations

When I asked Emily, an interpreter of color, what her recommendations would be for interpreters she said:

Check your privilege. If you are going to get into this profession, you have to sit down with yourself, honestly and make an inventory of who you are. You know, of, you know like, perhaps think about it, okay have I ever gone into a store, and have I been getting stares just because I'm there? Little things you might take for granted. Because you might be interpreting for, in a situation, where you probably are going to be interpreting for somebody of color in your lifetime. Where that person of color is going to be the only one in that situation. You

might not even think about it. But perhaps all these thoughts, because we are humans, and I'm sure these feelings that I have, they are not only me as an interpreter, but I'm sure those, these people of color, they live with that all the time. In different situations, especially when they are part of a linguistic minority. So just analyze who you are and be you know, don't take for granted what you have and be an advocate and an ally.

In order to be an ally, not just to Deaf and hearing consumers but also to one another—to Deaf and Hearing interpreter colleagues—what needs to change to minimize the feelings of being psychologically unsafe? How can interpreters avoid landmines in unsafe settings that these participants described? One suggestion is to emphasize and develop overall Emotional Intelligence. Emotional intelligence is “a type of social intelligence that involves the ability to monitor one's own and other emotions, to discriminate among them, and to use this information to guide one's thinking and actions (Mayer & Salovey, 1993, p. 433). Research in the field of interpreting by Brenda Puhlman (2017) found that individuals with higher emotional intelligence demonstrated Goleman's (1995) five attributes of emotional intelligence: self-awareness, self-regulation, social skills, empathy, and internal motivation more frequently when engaging in discussions of interpreting work more so than those with lower emotional intelligence levels. These are great skills to possess and use. Emotional Intelligence can be developed in the following ways:

- *Read Puhlman's (2017) thesis *The Role of Emotional Intelligence in Signed Language Interpreting*, which outlines many recommendations on this subject.*

- *Engage in reflective art.* I have personally taken courses and gone to art retreats that help me reflect on my own inner thought world and the impact it has on my interpreting work and those that I interpret with, both colleagues and clients. Amanda R. Smith, a talented artist and interpreter, has incorporated reflective art into her teaching curriculum, and I see its value in all interpreter training programs as well as continuing education for practicing interpreters.
- *Read Brené Brown's writing.* She speaks of ways to enhance the ability to live wholeheartedly and shed light on shame and vulnerability. Seek out other authors with similar messages as Brene Brown who represent marginalized communities. This will help strengthen our concepts of whole-heartedness and how this looks when applied to allyship.

The job of interpreting is complicated, full of demands and controls. Interpreters are constantly navigating through demands of the job and demands of relationships with others in the job. It can feel messy. Horizontal violence, microaggressions, feeling a lack of control can all affect an interpreter's feeling of psychological safety. By being open with one another, showing one another grace, interpreters can create a space for vulnerability that will allow growth to happen. If each interpreter were to engage in self-study related to dealing with own shame and vulnerability, interpreters across the profession would increase resiliency toward the negative aspects of working environments. Exploring topics of emotional intelligence, imperfection, brave spaces, microaggressions, power, and privilege will lead to better engagement with the diverse field and diverse colleagues within the field. Individuals engaging in reflective work may help to mitigate, on an individual level, the ways that interpreters each commit those

harmful acts toward one another and become true allies to themselves, to each other, and to the Deaf and hearing communities the profession serves.

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APPENDIX A: Informed Consent

IRB #919 Approval date: 2/2/2017

My name is Sarah Hill and as a student in the Master of Arts in Interpreting Studies (MAIS) program at Western Oregon University (WOU). I will be conducting research to identify the narratives that interpreters hold in regard to settings being “safe” or “unsafe” and the resulting feelings of shame and vulnerability. You can participate in this study if you are an American Sign Language/ English interpreter with more than 5 years of professional working experience in a variety of interpreted settings and hold national certification through the Registry of Interpreters for the Deaf. This research study has been approved by the Western Oregon University’s Institutional Review Board.

What is the goal of this study?

The goal of this research is to document the stories of working interpreters as they relate to feelings of safety. There is little known about the perceptions of safety, vulnerability and shame specific to the field of ASL interpreting. At the culmination of this research, I, the researcher will analyze the data collected and cultivate themes to make meaning of the interpreters’ lived experiences. A master’s thesis will be written to include the personal stories as well as my interpretation of the data. The personal narratives of the participants will be collected although any and all identifying information will be deleted from the thesis document to protect the confidentiality of the participants. The thesis will be published online as part of WOU’s digital online storage of student scholarship found at Digital Commons, digitalcommons.wou.edu. Digital Commons is a publicly used website that houses all of WOU’s student research. Anyone looking for research on a topic similar to mine will be able to access my thesis for free.

What will happen if you agree to join the study?

After asking you some “screening” questions, to be sure you are eligible for the study, the researcher will ask that you participate in an interview. The interview will be conducted in spoken English and recorded with audio and video equipment. The interview lasts about 45 minutes. I will ask you questions about work settings where you have felt unsafe. I will ask some questions about your background. I will not ask for names, addresses, or any other identifying information about yourself or person(s) you might discuss during your interview.

What will I do with the information you give me?

The interview sessions will be recorded and then transcribed into written English so that I can analyze the information. I will be writing a thesis including my findings to be submitted to WOU as part of the MAIS graduation requirement. After successfully

defending my thesis and publishing it on Digital Commons, there is a possibility that I may write articles related to my research results and may present my results at conferences but I will never use your name or any other identifying information about you. Only “aggregate” (summary) information—conclusions, statistics, and examples that I identify from all the interviews put together—will be reported in my thesis, publications and conference presentations. All data will be destroyed 5 years after data collection.

How will I protect your confidentiality?

I will be the person to interview you and transcribes the recorded interviews into English. I will keep any identifying information about you strictly confidential. I will remove any names, addresses or other identifying information from the English transcript of the interview. All video recordings and transcripts will be kept on my computer and password protected. Myself, my faculty advisor, and members of my thesis committee, only as needed, will be the only people who can see who the participants are. Each participant will be given a pseudonym to protect their identity during data analysis and for the final written thesis. The pseudonyms will be written on paper and kept in a locked file cabinet in the researcher's home away from the computer.

What are the risks of joining this study?

Since I will collect some personal information from you (for example, your signature on the Informed Consent form, the city in which you reside), there is a risk that that information could be found out by other people. I have procedures in place to prevent that from happening, such as only storing the research data on password protected computers that are kept in a locked office. I will keep the video recordings on a USB drive that is only stored at my personal residence to prevent it from being lost.

There is a risk that talking about your experiences will be upsetting or stressful. If that happens, then you as a participant will have the option to take a break and resume the interview when ready or discontinue the interview. If you wish to discontinue the interview entirely, you may decide if you would like the information gathered so far to be discarded from the study and deleted from the system. I can also refer participants to a mental health specialist who can help you with any upsetting or stressful feelings.

Benefits of joining this study

The benefits of participating in this research would be the altruistic feeling of contributing to research in a field where little research has been conducted. Because shame thrives in isolation, there is a benefit that by talking about vulnerability and shame, shame may subside and emotional wellness may increase.

Voluntary Participation

Joining this research study is your choice. You are free not to participate or to stop the participation in the interview at any time, for any reason. No matter what decision you

make, there will be no penalty. If you decide to stop the interview, the research information you already provided will be kept strictly confidential.

If you are interested in participating, please reply to this email, Sarah Jean Hill at hillsj@wou.edu. I will communicate with you by email/text and/or phone to be sure you are eligible to participate. If you are, then I will inform you of the dates and times that the interviews are to be scheduled working to establish an appointment at a time that is convenient for you.

Contact Information

For more information about this research, or if your participation made you feel uncomfortable in any way, please contact Sarah Hill at hillsj@wou.edu. The thesis advisor for this research is Elisa Maroney at maronee@wou.edu.

If you have any questions about your rights as a research subject, or any concerns or complaints, you may contact the Human Subjects Protection Specialist at Western Oregon University’s Institutional Review Board at (503) 838-9200, IRB@wou.edu.

Subject Consent

I have read the information in this consent form. I was welcomed to ask any questions I wanted. I have received answers to my questions. I agree to participate in this research study. I have received a copy of this form to keep in my records and use again if I need to.

Study Participant (printed name): _____

Study Participant (signature): _____

Date: _____

Person Obtaining Consent

This signed consent form was received on the date below. I attest that any questions the subject had at the time of the interview were answered, and by signing and returning this form the subject demonstrated comprehension of the information. A signed copy of this form was retained by the subject.

Printed Name and Title

Signature

Date: _____

APPENDIX B: Semi-Structured Interview Questions for Interpreters

Demographic Questions

1. With what gender do you identify?
2. How old are you?
3. With what race do you identify?
4. What is your highest level of education?
5. Did you complete an interpreter education program? If so, where?
6. What town and state do you live in?
7. How long have you been working as an interpreter?
8. In what venue do you do most of your work as an interpreter?
9. In what other venues do you work as an interpreter?
10. How often do you work in a team while interpreting?
11. Do you work as an interpreter trainer?

Interview Questions

1. Have you ever thought that a setting isn't "safe"? What makes a setting feel unsafe?

Follow-up: If the participant does not understand what I mean by "unsafe," I will provide an example, such as "If I ask an interpreter to team with me at a college campus, or at a school for the Deaf, and they respond by saying, 'No, that setting isn't safe,' have you ever had the thought that a setting isn't safe?" If yes, what makes that type of setting unsafe?

2. How would you define/describe a safe setting?
3. How would you define/describe an unsafe setting?

4. What qualities make a setting safe vs. unsafe?
5. Do you ever work in unsafe settings? When have you worked in an unsafe setting?
6. Do you work in safe settings? When have you worked in a safe setting?
7. What is your feeling behind working in unsafe settings? How would you characterize the settings? Have your experiences been positive? Negative?
8. Can you give examples of a time when you felt unsafe and it didn't end well? When have you felt unsafe and the assignment did not end well (i.e., when did you predict that the assignment would be unsafe and it, indeed, turned out to be unsafe)?
9. Can you give an example of a time when you felt unsafe and it ended well (i.e., when did you predict that an assignment would turn out safe and it ended up feeling safe)?
10. What did you learn from those experiences?
11. Did those experiences change how you accept jobs, team, prep, think about your work? In what way?
12. When you look back on that/those events, what feelings surface?
13. What tips do you pass on to others to help them avoid situations that you have experienced?
14. How do you take care of yourself now, after that has happened?
15. Look back to a time when where you felt unsafe. Tell me about that experience.

Follow up questions to #15:

- a. How did you get the assignment?
- b. Why did you decide to accept the assignment?
- c. What happened before the assignment?
- d. How did you feel before the assignment?

- e. What happened during the assignment?
- f. How did you feel during the assignment?
- g. What happened after the assignment?
- h. Tell me more about the people (e.g., deaf, hearing, hiring entity).
- i. Please elaborate on [blank].
- j. Tell me more about the setting.

Possible follow-up questions:

1. Was there anything else that you would like to share that you have not yet had an opportunity to share?
2. Tell me more about your response to _____.
3. Please give me an example of your response to _____.
4. What other information would you like to add?
5. Tell me more about your answer.
6. Please give me an example that clarifies your answer.