A way to understand interpreters working with refugees in New Zealand

Exploring the meaning of doing interpreting

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Abstract

This study seeks to understand the 'lived' experience of interpreters and clinicians working with clients who are refugees. Using a hermeneutic phenomenological method, informed by Heidegger [1889-1976] and Gadamer [1900-2002], this study offers insights into the experience of working through an interpreter with refugees. It reveals how it is to be the interpreter, and how what the client 'says' is invited, received, understood, and translated.

The twelve study participants included four registered interpreters, a registered mental health nurse, one health psychologist, two educational psychologists, two clinical psychologists, and two body therapists (neuromuscular therapy). Participants' narratives of their experiences of working with refugees were captured via interviews which were audio taped and transcribed. These stories uncovered the everyday realities facing clinicians and interpreters and provide an ontological understanding of their experience of working and communicating, through interpreting, with refugees.

The findings of this study suggest that the interpreters 'care' [*Sorge*] for their refugee communities and will go beyond their call of duty to interpret. Ethnic communities are small and everybody knows each other. As a result, there can be tensions for both client and interpreter in telling/knowing too much. Interpreters can be deeply impacted by the stories they hear; they need an opportunity to debrief.

Clinicians first need to build a relationship with the interpreter before they can effectively work together. Similarly, clients need to trust the interpreter before they will tell their story. Thus, building effective relationships is crucial. The interpreters understand much more than the 'words' spoken. They grasp the cultural nuances which hold much 'knowing'. A wise clinician makes room and space to 'hear' this knowing.

The experience of communicating and connecting with refugees through interpreting has been revealed in this thesis. Furthermore, this study has uncovered that clinicians and interpreters bring different concerns and notions to the experience of interpreting and that these may be hidden from each other. This thesis argues that it is time for the

larger system to provide greater recognition and support to the interpreters in their endless caring for, and about, the vulnerable client.

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Attestation of Authorship

I hereby declare that this submission is my work and that to the best of my knowledge and belief it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma or an university or other institution of higher learning, except where due acknowledgement is made in the acknowledments.

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Chapter One: Introduction

As a psychologist, I have spent many years in a country not-my-own, working with the refugee community. That meant also working with interpreters. My deep respect for them grew with experience; yet I knew there was much of their story untold. This research became an opportunity to sit with them, to listen, to begin to understand. In the process I recognised how my own story as a clinican was part of their story. Thus, the voices of the clinicians who work with interpreters were also included. Using a hermeneutical phenomenological approach, the phenomenon of this study is 'the interpretive experience'. My research question developed over the study to become: "What is the experience of interpreters and clinicians working with clients who are refugees in New Zealand?" This study seeks to understand the 'lived' experience of interpreters and clinicians working with a client who is a refugee.

This study thus seeks to increase awareness, in a New Zealand context, regarding the role of interpreters working with refugees; and inform the practice of using interpreters when working with refugees in a clinical setting. Further, clinicians who work with interpreters may recognise more clearly the value of their input. Such information can lead to recommendations to help organisations develop services that meet the needs of interpreters such as professional development training, specialised individual supervision, and professional recognition. Consequently, an interpreter workforce that is both culturally and professionally competent might be equipped to more ably deliver quality services and achieve desired outcomes in New Zealand.

Rationale and Significance of the Study

Since the 1960s New Zealand has seen a large increase in ethnic, cultural, social, and linguistic diversity in its population, due to rising numbers of immigrant and refugee populations settling in the country. As a result, New Zealand has become one of a small number of culturally and linguistically super diverse countries (Spoonley & Bedford 2012). According to Statistics New Zealand (NZIS) (2011), New Zealand is home to 160 languages; a number expected to increase in the future. Auckland is the fourth most ethnically diverse city in the world.

Every year New Zealand takes in 750 quota refugees; and since 1980 New Zealand has been a host country to over 16,000 refugees (NZIS, 2006). Between 1997 and 2003 the top source countries for quota refugees in New Zealand were Iraq, Somalia, Ethiopia, Afghanistan, and Burma. Since 2002, Iraq and Iran have been the main Middle Eastern countries; while Somalia, Ethiopia, Eritrea and Sudan have been the main Horn of Africa countries represented in the quota. The United Nations defines a refugee as:

> A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (UNHCR, 2010, www.uhhcr.org).

Nearly all of these refugees come to New Zealand without the ability to communicate in the English language. To support them in their resettlement and assist with needs, including health and mental health, service providers and health professionals are required to work with interpreters (New Zealand Ministry of Health, 2012).

The New Zealand Human Rights Commission (2010) has developed a proposed national languages policy with an emphasis on all New Zealanders learning to communicate competently in English. Refugees coming in to New Zealand are automatically given permanent residency; as such, they are New Zealanders and should have the opportunity to learn English. However, until this happens, they are reliant on interpreters to communicate their needs. In 2012, the New Zealand Ministry of Health stated that new migrants and refugees must have access to appropriate English language tuition and the availability of the Language Line interpreter services should be extended to all public agencies.

Language is the primary means for humans to interpret reality and transmit knowledge. It is central to the intellectual development and socialising of children. Languages are a source of human identity (Lo Bianco, 1987). Linguistic interpreters, because of their ability to translate languages and enable people from different cultures to participate in the act of dialogue and communication, are pivotal in transmitting knowledge and

understanding human identity. Yet, the literature tells us little about the interpreters, their lived world and their experiences.

Language support and learning in New Zealand are provided for in a number of sectors including health, education, labour, housing, law, foreign affairs, and immigration. However, at present there is little unification of policies, and New Zealand does not have an official national language policy. Each sector has its own requirement and quality control for translating and interpreting. For example, even though quality control for interpreting in court was only established very recently, there is no requirement that the interpreter provide certification and assurance of professional capability (New Zealand Ministry of Justice & NZSTI, 2012). Service providers may have to rely on interpreters who have been certified by the Australian National Accreditation Authority for Translators and Interpreters. Furthermore, because this certification is not a requirement in any service sector, interpreting is often left to family members, friends, neighbours, or amateur bilingual volunteers.

The inconsistency in interpreting services presents a huge challenge to service providers, the refugees, and professional interpreters in New Zealand. Guerin (2007) noted that the context in which the interpreter is working has significant influence on how communication between parties happens. Word-for-word translating may be required in legal contexts, but this is not an effective approach in health. Further, a variety of factors (i.e. skills, knowledge, trauma, social status, trust, biases of all parties) influence communication between refugees, interpreters, and health professionals. Not recognising these factors can have substantial impact on the communication and quality of health care (Guerin, 2007). The focus of my study is to further understand the interpreter's experience in the process of communicating between parties. This will, I believe, contribute to the advancement of understanding the experience of interpreters in particular, and of refugees in general, in New Zealand.

Interpreting in New Zealand

Information specific to New Zealand and Australia regarding the experience of interpreters working with refugees in a clinical setting is limited. Gray, Hilder, and

Stubbe (2012) confirmed that "there has been very little academic literature on the use of interpreters in New Zealand, with only peripheral reference to interpreters in a few papers" (p. 53). Guerin (2007) has undertaken research in New Zealand on language and miscommunication, with a focus on issues related to interpreting and problems facing interpreters working with refugees. She recommended that interpreters need training and, furthermore, that those who use interpreters need training on best-practice with interpreters. To really understand the many influences that effect refugees in New Zealand, Guerin concluded that researchers and professionals either need to consult through cultural brokers or get to know refugees better through spending time and working alongside former refugees outside the office environment, in order to advance the understanding that refugees deserve.

Interpreters in the New Zealand Health Sector

According to *The Code of Health and Disability Services Consumers' Rights* (1996), Right 5:1, "every consumer has the right to effective communication in a form, language, and manner that enables the consumer to understand the information provided. Where necessary and reasonably practicable, this includes the right to a competent interpreter". The Princeton University online Wordweb dictionary's (2015) definition of an interpreter is '*someone who mediates between speakers of different languages. A person who translates orally for the benefit of two or more parties speaking different languages'*.

The New Zealand Ministry of Health (2012) stated that professional interpreters contracted by the Department of Health are trained in the use of their language and English as a second language, and in the skills and role of an interpreter. They have a high level of competence in these languages and are bound by a professional code of conduct which places great emphasis on impartiality, accuracy, and confidentiality.

Access to interpreters in New Zealand varies from region to region. Overall, the situation is far from satisfactory. District Health Boards (DHBs) provide interpreters for the community and secondary care services that they fund. In some regions, primary health

providers have access to DHB interpreting services or to the Office of Ethnic Affairs' Language Line (New Zealand Ministry of Health, 2012).

In the New Zealand health sector, partnerships between DHBs, non-governmental organisations, settlement services, and refugee communities has led to the delivery of services which are culturally, linguistically, and religiously appropriate to refugee communities. The participation of people from refugee backgrounds in the health and disability sector workforce is increasing, and contributes significantly to the capacity of services to meet the specific needs of refugee families. In particular, their participation is increasing through more and more refugees becoming interpreters. Understanding their experiences is pivotal to offering them support as they fulfil this role. In addition, health services have made considerable efforts to meet the high and complex health needs of refugee groups. Initiatives such as the provision of interpreting services and culturally and linguistically diverse groups (CALD), cultural competency training, along with tailored and targeted health programmes, have made a difference to improving access and equity for refugee groups (New Zealand Ministry of Health, 2012).

As mentioned above, information and awareness of the interpreters' perceptions and experiences may also encourage organisations to develop services such as professional development training, specialised individual supervision, and professional status that meet the needs of interpreters. An understanding of the experience of the interpreters' relationships with their clients will identify narratives which might be meaningful to both their own and their clients' acculturation processes and overall well-being. Furthermore, the interpreters, as a social group, will directly benefit from the research because they contribute to the knowledge and understanding of an area in which there is currently little understanding. It is hoped that the process of sharing their stories will empower the interpreters by giving an opportunity to have their voices heard and the complexity of their role uncovered. The open-ended, exploratory, and dynamic reflexive nature of the method and interview process will allow both participants and I to explore and uncover together the interpreters' own interpretation of their experiences. Further, the stories of clinicians who work with refugees will also shed light on what works in the interpreting process.

Methodology

My quest for understanding the interpreter's experience of working with refugees brought me to phenomenology and re-introduced me to Heidegger's philosophy. During my studies in psychology I became familiar with phenomenology and I remember that I took this philosophy and way of thinking/living to heart because it made so much sense. It guided me further in my personal and professional development and often gave me a point of reference, the ability to '*be'* and allow things to show themselves. With Heidegger's notion of '*Dasein'*, and the engagement and participation in hermeneutic phenomenological methodology, one can "let that which shows itself be seen from itself in the very way in which it shows itself from itself" (Heidegger, 2008a, p. 58). '*Dasein'* literally means being there (from the German *Da*, 'there', and, *Sein,* 'being'). Heidegger (2008a) stated that having thoughts and feelings is only possible because we are actively engaged in the world. Humans do not 'have' *Dasein*. They are *Dasein* because of the way they exist in the world; in relation with other entities. *Dasein* always has a 'there', a place in which it can comport itself properly.

Hence, this is an interpretive study using a hermeneutic phenomenological methodology. The aim of this approach is to uncover how humans make sense of their lived world by exploring and uncovering the meaning of specific experiences or events in their lives (van Manen, 1990). I decided to use a phenomenological approach to give the interpreters working with refugees a 'voice', a 'language', a 'communication' through which they could express their experience of the phenomenon to themselves and, more importantly, to the reader. Part way through my interviews with interpreters I came to see the value in also including clinicians in this study, asking them about their experience of working with interpreters when their client is a refugee.

Phenomenological descriptions have an 'intersubjective' character and address all phenomena as possible human experience (van Manen, 1990). Phenomenology explores the modes of being-in-the-world; it aims to let things speak for themselves as experienced in time, space, and in relations with others as they are lived (van Manen, 1990). This study seeks to 'uncover' the interpreter's being; thereby discovering the interpreter's lived experience. Because interpreters 'live' in relationship to clinicians

during therapy, insights into the clinicians' being in relation to interpreting will also be uncovered.

Interpreters 'do' translation of words (used by others to help them understand each other) but that too is a cover up of his/her being and live-in-the-world experience.

> Our Being alongside the things with which we concern ourselves most closely in the 'world'… guides the everyday way in which Dasein is interpreted, and covers up ontically *Dasein's* authentic Being, so that the ontology which is directed towards this entity is denied an appropriate basis. (Heidegger,2008a, p. 359)

This study seeks first and foremost to 'uncover' the interpreter's '*Dasein*' and thus to give the reader an understanding/dialogue and opportunity to discover the interpreter's lived experience. To a lesser extent, clinicians' understanding of being with an interpreter will also be described.

Hermeneutic Phenomenology

Hermeneutic phenomenology draws on the writings of Heidegger [1889-1976] and Gadamer [1900-2002]. It aims to reveal meaning through a process of understanding and interpretation. In this study, the hermeneutic phenomenological method will allow the experience of the interpreter to be uncovered in such a way that it will encourage the reader to engage imaginatively with the experiences described. As Smythe, Ironside, Sims, Swenson, and Spence (2008) stated: "The researcher is as-thinker, and so too is the reader who is called to think about 'this' and not 'that'. All is in-play, being played and sometimes out-played" (p. 1390).

Van Manen (2014) explained that for Gadamer, hermeneutics means to place the interpretations of the text in the context of one's own social-historical context. Gadamer applied these textual hermeneutics to human experience and life in general or lifeworld [*Lebenswelt*]. In his project of human understanding experiences, Gadamer explored the importance of language and tradition, the phenomenology of conversation, the nature of questioning, one's prejudices, the meaning of truth in art, and the human ontology of play.

Guignon (2012) believed the task of hermeneutic phenomenology is to describe human beings as they show up in 'average everydayness' prior to theorising and reflection. As such, human existence is always meaning- and value-laden, defined by its socio-historical context and, as such, in need of interpretation in order to be understood.

Phenomenology is a specific orientation of thoughtfulness to the phenomenon under study. If practiced well:

> (it) enthralls us with insights into the enigma of life as we experience it – the world as it gives and reveals itself to the wondering gaze – thus asking us to be forever attentive to the fascinating varieties and subtleties of primal lived experience and consciousness in all its remarkable complexities… (van Manen 2017a, p. 779)

Fusion of Horizons

Fuzion of horizons describes the process of understanding (Gadamer, 2004). It recognises the interaction and coming together of standpoints between the researcher and topic of research in such a way "that we are willing to be influenced by the perspective of another" (Thompson, 1990, p. 233). Meaning is produced through a fusion of horizons between the text and researcher (interpreter). Allen (1994), however, stated that every text is produced in a specific linguistic tradition/environment and each reader interprets it from his/her own tradition. The degree of difficulty in translating from one of these traditions into another is relative to the historical and cultural distance between the text and interpreter, and therefore one should be more sceptical of the claims of the powerful (dominant culture/language) to understand the less powerful (other culture(s)/language). Allen further noted that meaning-generating institutions (education, media, and government) produce non-democratic production of language which creates a power imbalance in communication and meaning in interactions. Not all social groups have equal opportunity to shape the meanings these institutions produce and hence these institutions can profoundly shape the nature of the citizenry. Participants in this study will be invited to reflect on how their own horizons impact their understanding; further, as researcher, I too have been mindful of the horizons shaping my interpretation of the data.

Hermeneutic inquiry encourages attention to how we inherit the language we use (Allen, 1994). In this study, the participants and I will communicate in a second language (English) which is likely to contribute to a dynamic and interesting act of dialogue. The fusion of horizons between us will produce a unique way of understanding.

Act of Dialogue

The act of dialogue is a process of seeking the truth through genuine conversation, wherein the researcher maintains a stance of openness and formulates questions in such a way that the topic is 'broken open'. "The aim is not to understand people, but to understand that about which they speak" (Wilcke, 2006, p. 5). Both Gadamer (2004) and Grondin (1994) remind us that there are no propositions in this dialogue; rather questions and answers that in their turn elicit new questions. Language does not express itself in propositions, but in dialogue. Thus, my encounter with participants will be in the form of a conversational dialogue rather than a structured interview.

The Hermeneutic Circle

This notion refers to the circular form of interpretation shared between persons in their interactions (Conroy, 2003). I prefer to imagine the mode of inquiry as a cyclical process, rather that circular. Many authors in the literature (Dreyfus, 1991; Gadamer, 2004; Heidegger, 2008a; Smith, Harre, & Van Langenhove, 1995) have written about the interactive possibilities and interpretative nature of this dynamic circular movement, an ever-expanding circle of understanding and interpretation which allows the research process to grow. When we examine our pre-conceptions in the face of how things themselves reveal to us, we return to a further exploration in the light of this new understanding. Thus, we understand the topic by viewing "the whole in terms of the detail and the detail in terms of the whole" (Gadamer, 2004, p. 291). Willig (2008) used the analogy of words and sentence to describe this circular movement. One cannot understand the whole sentence until one has made sense of the words (parts) but, at the same time, one cannot make sense of the words' specific meanings until one understands the sentence as a whole. Within this study, the parts of an interview will

be analysed against the whole, and then refocused back to the part with heightened insight. Each interview will be a part within the whole of others in the study. The tension between parts and whole will remain in play at all times.

The goal of hermeneutics is to "reveal a totality of meaning in all its relations" (Gadamer, 2004, p. 471). This is achieved through a process of interpretation which involves making manifest that which is hidden by going "beyond what is directly given" (Spiegelberg, 1982, p. 712), reading between the lines (Odman, 1988) and paying attention to what has been omitted, to the silences and the assumptions, and that which has been so taken for granted that it has not been questioned. Hermeneutic phenomenology thus seeks a deeper understanding of human experience by rediscovering it and opening it up (Bergum, 1997). This study will seek to bring light to the experience of being-in-the-world as an interpreter, and as clinician-working-through-an-interpreter with all the inherent complexities.

Hermenueutic phenomenology will enable me to reflect on the meaning of the experience of the nature of interpreting, to examine my own projections and unacknowledged assumptions. The reader of the research will also be drawn into awareness of the matter itself as disclosed in the most clear, distinct, and adequate way for something of its kind (van Manen, 1990).

The open-ended, exploratory, and dynamic circular nature of the method will allow the uncovering of the interpreters' own interpretation of their experience, in which they might see themselves as people whose lives have been shaped by, but not limited to, their experience of refugees, interpreters, and clinicians (Wilcke, 2006).

Turning in the Hermeneutic Circle

In describing the notion of method in research, Heidegger (1982a) said: "Like every other scientific method, phenomenological method grows and changes due to the progress made precisely with its help into the subjects under investigation" (p. 21). Van Manen (1997) suggested that good phenomenological research "has the effect of making us suddenly 'see' something in a manner that enriches our understanding of everyday life experience" (p. 345). The reader of the research should be drawn into

awareness of the matter itself as disclosed in the most clear, distinct, and adequate way for something of its kind.

By moving deeper into the phenomenon, through being with the experientially recognisable and accessible descriptions, I started to re-live my own experience of working for many years as a clinician with interpreters, and an element of wonder emerged. I discovered the extraordinary in the ordinary and, as van Manen (2014) put it, when this happens: "we become aware of the phenomenal phenomenality of a phenomenon!" (p. 31).

Van Manen (2014) described two kinds of states of being present – the lived presence (immediate now), and the reflective presence (the now mediated). He went further, stating that: "…phenomenology is the project that tries to describe the prereflective meaning of the living now" (van Manen, p. 34). However, the paradox is that we can never describe lived presence, because the moment we try to capture the 'now' in oral or written form, it becomes objectified and a reflection of what was. My lived presence was the interviews (immediate now) with the participants (who could only speak of a time past); my reflective presence was the writing of my experience of the interviews in my diary, the (re-)reading of the transcripts, the hermeneutic interpretation of the stories, and the discussions with my supervisors.

This interplay between object and subject, the relationality of lived self-other (van Manen, 2014) guided me in asking how self and others are experienced with respect to the phenomenon that is being studied i.e. experience of interpreting. Becoming more aware of the phenomenality of interpreting helped me to understand the paradoxical relation-ness between the clinician and interpreter: If it was not for the clinician's lack of knowledge of the refugees' and interpreters' language (and culture), then the call (address) by the other of the interpreter may not have happened. The clinicians' lack of knowledge of the language of the interpreters gives meaning to the interpreters' knowledge of the clinicians' language. This is not necessarily a reciprocal relation of mutual dependence, action, or influence' but, as Levinas pointed out, that of an ethical relation of alterity: the experience of the otherness of the other (van Manen, 2014). All participants, including the clinicians, described a relationship of alterity with their clients.

According to Gadamer (2004) understanding is "…essentially, a historically effected event" (p.299). My experience with interpreters has deepened my understanding of their experience of interpreting. This guided me to explore the clinicians' experience of interpreting; of working with interpreters. As such, the change guided me to the next question, namely: how does the experience of interpreting present itself to clinicians working with interpreters and refugees? The amendment to the study is described in Chapter Four.

It would have been even more meaningful, and deepened the understanding of interpreting, had I included refugees in the study. But to do this would require an interpreter, because I only speak English, Dutch, and my native language, Afrikaans. The refugees who need an interpreter, on the other hand, are not in command of English. Further, specific ethical challenges face researchers working with refugees and vulnerable populations. Schweitzer and Steel (2008) mentioned some of these ethical challenges which include the relationship between research, practice, and policy (Gifford, Bakopanos, Kaplan, & Correa-Velez, 2007), issues around informed consent, and refugees' ability to autonomy, as well as the notion of reciprocation in refugee research (Mackenzie, McDowell, & Pittaway, 2007; Miller, Kulkarni, & Kushner, 2006; Liamputtong, 2007). As such, I decided not to include refugees in the study.

I have decided to use the term 'clinician' rather than 'therapist' because I have included all health professionals i.e., psychologists, occupational therapists, body therapists, social workers, psychiatrists, nurses, and general practitioners in the study. As such, I have used the term 'client' to refer to a refugee who received interventions from a clinician working through an interpreter. However, interpreters also use the term 'clients' referring to the refugees for whom they interpret outside the resettlement centre.

The interpreters in the study were all registered contractors at the Refugees as Survivors New Zealand (RASNZ), Auckland centre.

Structure of the Thesis

This thesis is presented in eight chapters as described below:

Chapter One: Introduction

In the introduction, I have discussed the rationale and significance of my study. I have given the reader an overview of interpreting within the refugee service in New Zealand, with a focus on the health sector. Following this, I provided rationale for selecting hermeneutic phenomenology as methodology and research method. I have explained my first 'turn' in the hermeneutic circle. My understanding of interpreting deepened as I started to understand the paradoxical relationship and tension between the interpreter and clinician. This guided me to ask, how does the experience of interpreting present itself to clinicians working with interpreters? This resulted in changing my research question and an amendment was made to my ethics proposal allowing me to also interview clinicians. I have described this change in more detail within the method chapter (Chapter Four).

Chapter Two: Using Literature as a Springboard to Thinking and Researching

In this chapter I explain how I have reviewed literature in a hermeneutic manner. I portray the international literature on interpreters, alongside my own experience of working with interpreters. In doing so, I explore notions such as language and culture from different paradigms including environment and cross-cultural psychology, systems theory, and anthropology. This process is an integral part of the hermeneutic circle and, as such, I have described the fusions deriving from my historical horizon.

Chapter Three: Philosophical Foundation

This chapter is divided into two parts. The first presents understandings from Heidegger and Gadamer's philosophies. Heidegger's notions of *Dasein*, being-in-the-world, and modes of being human are linked with Gadamer's notion of language and historicity (culture). In the second part, I introduce the reader to Levinas and Buber. Both focus on the responsibility and concern for one to explore the face of the other and its appeal to

the 'I'. The reasons for bringing these understandings into the study are further explained in the following chapter.

Chapter Four: Method

This chapter outlines 'how' I did the research. I explain ethical considerations, recruitment process of participants, and the data collection through the hermeneutic interviewing process. I describe how new understanding emerged after I had done the data analysis of the transcripts of the first four interpreters. I was confronted with a collective statement of interpreting happens in-be-tween people and with themes of paradoxical interactions and tension between the interpreter and clinician. I describe my dilemma and journey of change which resulted in amendments to my study. This 'turn' in the hermeneutic circle of understanding also opened the possibility of poeticising. I use Levinas and Buber's visons of the 'face of the other' as a metaphor to describe my understanding of the appeal of, and responsibility to, the other when in dialogue. Finally, I discuss the trustworthiness, credibility, transferability, and dependability of my study.

The interpretive findings of the study are presented in Chapters Five to Seven.

Chapter Five: Language and Tradition

This chapter describes interpretation as an act of understanding. I discuss how the interpreter translates the meaning of the 'language world' of the speaker into a new 'language world' wherein what was spoken can be preserved and understood in such a way that it creates the possibility of a relationship with the other. Experience of the world is always linguistic; we see how the interpreter not only translates word-for-word, but can also create a new 'language' in facilitating the process by explaining the traditions of the client to the clinician.

Chapter Six: Connection Between People: Always in Connection

Being-with, as a characteristic of *Dasein*, is the focus of this chapter. One cannot *not* be in a relationship, or *not* be connected to others. I explore the dynamic triad relationship between the clinician-interpreter-client and, in doing so, the 'in-be-tween' position of the interpreter becomes more prominent. Both the clinician and client need the

interpreter to make something alien understandable. Further, the interpreter is in a similar position in his/her community and I discuss the effect of this on his/her health and well-being. Even though some community members do not trust the interpreters and some pay a price of isolation, the interpreters cannot be indifferent. They care.

Chapter Seven: The Face of the Other

This chapter focuses on Levinas' ethical responsibility of being-for-the-other-before oneself. I describe how the 'face of the other' makes an appeal to care. I use the 'face' as a metaphor to show how the interpreters and clinicians are in play with each other creating a safe atmosphere for therapy. Further, the 'face' of the community also emerges and makes an appeal on the interpreters which they do not ignore. The metaphor of the 'face of tension and conflict' describe when things are not flowing and genuine dialogue does not open up.

Chapter Eight: Discussion

This chapter presents the whole by identifying the parts, and then seeing the whole differently. I describe the three 'turns' I have made in the hermeneutic circle of understanding during the research journey. The characteristics of *Dasein* as care and affectivity (mood) show the way to understand how interpreters do interpreting. By interpreting the language and tradition of the refugee, interpreters create a way of understanding and trust(ing) between clinician, client, and themselves. The interpreters are in-be-tween; creating the art of interpreting.

True to the nature of hermeneutic phenomenology, the horizon of understanding continues to recede and the nature of hermeneutic thinking and circle is infinite and ever expanding. I discover 'new' insights from data which were all the times hidden. I have decided to add this understanding in an appendix to the study (see Appendix H).

Chapter Two: Using Literature as a Springboard to Thinking and Researching

This review of literature does not follow taken-for-granted expectations of a 'usual' literature review chapter. Rather, it is a showing of the reading/thinking that has impacted my 'coming to understand' the literature pertaining to the phenomena in question. Further, it interweaves notions from the philosophies of Heidegger and Gadamer. Thinking-as-researcher, for me, has always involved the 'play' (Gadamer, 2004) between literature, philosophy, and my own experience. Thus, this chapter seeks to describe my engagement with the literature, and then offer the glimpses of thinking from my own horizon (Gadamer, 2004) that impacted ongoing interpretations. This chapter is, therefore, a showcase of using literature as a springboard to thinking and researching (Smythe & Spence, 2012).

Reviewing Literature Hermeneutically

The purpose of a literature review in hermeneutic research is to be attuned to possibilities emerging from already-read literature, from philosophical and literary texts, unlikely places like fiction, poetry, and anything else which engages the reader in a thought-full manner (Smythe & Spence, 2012). It is to see through a lens (or 'the bush' – my metaphor) to find afresh another possibility (or opening) to new territory, and even re-claims taken-for-granted and forgotten meaning. The nature of hermeneutic review is a way to be attuned. "To review is to re-think and re-say" (Smythe & Spence, 2012, p. 23) and, in so doing, that it might provoke thinking. Some of the literature review was written towards the end of the thesis. The reviewing and 're-saying' process of finding 'new' literature continuously 'pulled me up short'. It showed me what I did not know and I was often surprised in becoming aware of another possibility of understanding (Gadamer, 2004).

To review hermeneutically and stay attuned one must remain questioning, engaged and open to what is being revealed (Crowther, Ironside, Spence, & Smythe, 2014). Gadamer (2004) argued that we cannot have experiences without asking questions, and that the path to all knowledge travels through the question. To ask a question is to open and to

keep opening possibilities. The question, so to speak, breaks open the being of the object because the words which address this opened-up being provide an answer. The being of the object lies in the being of the question. Gadamer stated that the art of questioning is the art of questioning even further. "The essence of the *question* is to open up possibilities and keep them open" (Gadamer, p. 298). The play between questions and answers become the discourse and art of discussing. Yet, to begin a hermeneutic enquiry a place of departure or horizon is required (Crowther et al., 2016). Heidegger (2008a) called this a "point of departure [Ausgang]" (p. 61).

My Historical Horizon of Interpreting

Gadamer (2004) argued that it is only through our prejudices (the nature of our horizon and our judgements about the world) that we can begin to understand. Grondin (1994) agreed that our prejudices are the biases of our openness to the world; and recognising and working them out interpretively is the first task of interpretation, "so that the subject matter to be understood can affirm its own validity in regard to them" (p. 111). Gadamer described this process using the term "historically effected consciousness" (p. 336). The critical self-consciousness of the researcher's own historicity, along with that of the participants', is brought into the hermeneutic circle – which emphasises the obligation of the researcher/reader to understand the 'horizon' of the text. Not only does the researcher analyse the context under which the text was produced, but also the meaning given to words in that context. The result of this interpretation, according to Allen (1994), is "a fusion of the text-and-its-context with the reader and his/her-context" (p. 179). Because language by nature is intersubjective, this fusion cannot be subjective or individualistic. The text itself serves as a possible interpretation and, therefore, the researcher/reader must be accountable to the text itself. This means that the next interpretation will be a blend of the first text with the background of the interpreter to produce a new/slightly different possible understanding. It is therefore important, within a hermeneutic study, for the researcher to reveal something of his/her own background.

Working across languages is part of who I am. I am from South Africa; English is not my first language. Growing up in South Africa with a multi -cultural population and 11

official languages, interpreting across languages has been my lifetime experience. I have worked with interpreters almost my whole professional career. As a scholar of anthropology in South Africa it is almost impossible not to use interpreters and translators. My Master's of Arts thesis in clinical psychology (Britz, 1992) was a cross-cultural study amongst a specific population in Africa. I had to use an interpreter (whom I will call Jakob) who travelled with me to meet the participants over a period of 6 months. Even though he was a colleague, working at the same institution, I did not know him. However, this time together gave us the opportunity to form a bond and friendship. Jakob was from the same ethnic group as my participants and, as such, gave me valuable information on the culture, customs, and spirituality of his people and ancestors.

In 1996 I moved to New Zealand. There I had the opportunity to work in a therapeutic environment with interpreters at RASNZ. It was a different experience from what I was used to in South Africa. RASNZ contracted interpreters and, as such, one had limited choice to which interpreter was available. I soon realised that I synchronised my diary to those of the same few interpreters with whom I had formed a trustworthy relationship. I was relieved to find that my colleagues did the same.

I also supervised interpreters at RASNZ. During these sessions, I realised that the interpreters came with their own unique historical horizons (i.e. cultures, traditions, histories, and languages) into which they were thrown; a linguistic environment they had inherited and that they were using a second language (English) to tell their story. Furthermore, interpreters use their ability to speak this second language to benefit themselves (doing a professional interpreter's job), and to help people (refugees) of their native language to tell their stories. Soon the interactions during supervision sessions became the 'common language', as I started to identify with their lived space, time, and relationality (Heidegger, 2008a; van Manen, 1990).

As I was working with refugees, I became more aware of my own immigrant status – specifically in the sense of English as my second language within an English-speaking country. I realised that I was always translating in my head between English and my first language to create meaning. I also paradoxically became more aware of my own culture by being exposed to some different traditions. I realised that I shared 'recursive

interrelatedness' (van Manen, 1990) with the interpreters: being *in* the world means also being *with* in the world. Our experience of being *with* can change dramatically and can affect our being in the world. I started talking to my significant others about my experiences with the interpreters. I sent the following e-mail to a friend in New Zealand which sums up this experience and my intention to engage in this research:

> *I am from Africa, my friend, and wonder sometimes why I have not stayed there working as an anthropologist; but then realize that I had to do psychology to return to anthropology later in my life (which I am doing now with my studies). It is like completing a circle, or like the old symbol of the snake catching its own tail = good luck sign. All my research at the Human Science Research Council where I worked as an anthropologist was done through interpreters. There are at least 11 different languages spoken in my country. Even for my thesis in psychology I used interpreters. When I think about it, my interpreter became my best friend while I was travelling through Africa interviewing my respondents for my research. Here at the refugee centre one has to work through interpreters, and in a way, I have connected with them because I am, since living in New Zealand, always (paradoxically) talking/thinking and translating in my head at least between two languages. My journey back to anthropology is therefore through interpreters and in this process, I am hoping to give something back to them = my study is about the interpreter's experience working with refugees/migrants. And ja, in a way I am a migrant continuously interpreting not only the "new (NZ) English" language, but also the absence of Africa here in a very strange land.*

> *Loopmooi my friend*

> *Philippie*

At this early stage of my thesis I found the following article which resonated with, and challenged, my thinking. I identify with the Kenyan author, Ngugi wa Thiong'o (2009) who described his journey of life between languages by introducing us to his first two novels which he wrote in English during the 1960s. English is not his first language, but it was desirable across intellectuals to write African writings in European languages. As a social activist he was arrested in 1977 and, while in prison, he wrote his first novel in his first language, Gikuyu. This was published in 1982 and since then Ngugi has continued to write in Gikuyu. However, he did not want to let his non-Gikuyu speakers feel that they had been left out. He has subsequently started to translate his own work into English.

In writing his article, he was thinking back, realising that he has always lived in translation; first, his baby-babble and cries which were an unconscious and (auto-)self-translation of the world within and around him. They were a way of expressing his interaction and needs with the world. Later, his significant others helped him to make sense of the same material world and, by translating them and repeating it into definite sounds, they elicited responses from others. This translation became his first language from which he drew to understand his relations to the world around him. It was a storehouse of knowledge, attitudes, feelings, and moods. The translation of his spoken language's sound images into visual symbols came to fruition when he went to school and learned to read and write. This was his first literary language.

From his third year at school, he was taught English and, to understand the language, he kept referencing back to his first language. The pro-colonial government uses English language as a 'tool' to socially engineer the acculturation process. He can remember that they were praised when speaking and doing well in English, but punished when speaking their first language at school. This was the same for the Welsh children who had to carry a placard 'Welsh Not' when they were caught speaking Welsh on school grounds (wa Thiong'o, 2009).

English eventually took over and became the language to which Ngugi referenced back in relation to his own native language. As an example, he remembers how he and his friends were taking their English-translated Bibles to church. Even though the pastor read the passages in Gikuyu, they followed the same passage in the English Bible. Thus, they were hearing Gikuyu sounds while silently reading the same in English. Furthermore, the English Bible was a translation itself: "...so it was as if we were negotiating the biblical terrain through a complex process of mental translation from one translated text into another" (wa Thiong'o, 2009, p. 18). Every language has a unique way of organising sound, and thus organising of the world. Ngugi and his classmates were listening to the Gikuyu-language organisation of the world through the English-language organisation of the same. Thus, he eventually viewed the world through English eyes and continued to write in English.

Writing in English became a 'literary act of mental translation' as he realised that he was continuing the practice they had established in church. It is the same as writing novels

of African life in English. In real life, Ngugi's characters speak Gikuyu, argue, sing, plan and carry out tasks in their own language. He realised that by letting them emerge as English speakers: "I had obliterated an African language speech community and created an English language speaking African peasantry" (wa Thiong'o, 2009, p. 19).

He felt liberated from these exercises in mental translations when he decided, while in prison, to write in Gikuyu. He felt that his characters had been restored to their own beings and re-claimed their own voice. The Indian poet and native speaker of Gujarati, Sujata Bhatt's poem 'My Tongue', deepens the understanding of what Ngugi experienced. It begins:

My Tongue

You ask me what I mean

by saying I have lost my tongue.

I ask you, what would you do

if you had two tongues in your mouth,

and lost the first one, the mother tongue,

and could not really know the other,

the foreign tongue.

(The full version of the poem can be downloaded from: https://anthologypoems.wikispaces.com/Search+for+my+Tongue)

Ngugi is now translating his own work from Gikuyu to English. This mental translation is difficult, because it is hard to make the reader feel the rhythm of the African language. Sometimes he would indicate the original word and then translate it in its context. He would not translate poetry and songs but left them in their original form. However, paradoxically, the opposite has also happened. In his latest novel, the spatial and temporal landscape is wide. Eastern, Western, and African religious and philosophical systems interact. Many of these systems are not part of the Gikuyu language tradition and he finds himself doing mental translations in reverse by having to coin words or

domesticating the English word in Gikuyu. The translating process is complex. He describes it as a 'muse' that possesses him. He has to go back to the original text many times, to re-write another draft which is then subjected to translation into English.

> I would say that in the course of writing and rewriting it, translation and retranslating it, there was continuous dialogue and interaction between Gikuyu and English in a way that would have been different had I been translating from a finished and published text. (wa Thiong'o, 2009, p. 20)

My understanding of what Ngugi is saying here is that the interplay between the two languages is, in actual fact, the 'translation language' he uses to write the novel. Paradoxically, the novel is not written in either Gikuyu or English.

In translating his novel, Ngugi was determined not to make the source language intrude overtly in the target language.

> I was no longer interested in trying to make readers feel they were reading a text that had been written in another language. If they want to authenticate the original language of its composition, they could go to the Gikuyu language original. (wa Thiong'o, 2009, p. 20)

This article both resonated with, and challenged, my thinking. Even though I am not a novelist or translator, my understanding of Ngugi's description of the 'exercise in mental translation' concurs with my own experience. He is also from Africa and I have experienced the dynamics of English language as a world language versus one's own 'local' language. But, more significant is the recognition that this 'mental exercise' reveals what the interpreters do when interpreting. They too make a translation in their heads, like Ngugi and I, but in a much more dynamic and complex way, in space and time. The interpreters in therapy, with a client and clinician, 'create' a language like Ngugi, but they do not have the luxury of a text and time to re-'think' translation. They have to do it immediately. Perhaps the skilled interpreters' 'translation language' is so well developed that how they speak this language becomes invisible in their role as interpreter?

Interpreting as Portrayed in the International Literature

There is a dearth of international literature that seeks to address and understand the lived experiences of interpreters working with refugees. Tribe and Raval (2003) indicated that the literature in this area of work is limited to reports about difficulties that arise in clinical work when using interpreters. In their systematic literature review, Wallin and Ahlstrom (2006) noted that the experience of interpreters is sparsely described in the literature.

From the complexity of different roles, a primary difficulty for interpreters is that they can get caught up in conflicts with refugees due to cultural conflicts and hostile constellations among kinsmen. This can lead to the interpreter being isolated by the refugees or becoming trapped in the difficult balance between professional role and emotional need for acceptance by their group (Sande, 1998). Such insights showed me that my study needed not only to look to the interpreter, or the clinician, but always to be mindful of the possible tensions within the relational triad present in the room.

Schweitzer, Rosbrook, and Kaiplinger (2013) described a case study on working psycho-dynamically in an interpreter-assisted setting. According to the authors, the third person in the room might have a negative effect on intimacy and create difficulties to work with translated material in working with psychodynamic approaches. The literature suggests that psycho-dynamic therapies are not suitable to be facilitated by interpreters. I agree with the authors, that transference, countertransference, and other unconscious communications and responses, occur in every therapeutic setting, including triadic therapies using interpreters. Although my thesis focuses on how interpretation is experienced by the clinician who is seeking to communicate with a refugee and the person doing the interpreting, it also shows a way of understanding the dynamics at play in triadic therapy sessions.

Most international research is from the perspective of clinicians' experience of working with interpreters. Forthcoming from such research are guidelines, tool kits on how to use an interpreter, ethical codes, and practical culturally sensitive health education programmes to overcome misunderstanding and miscommunication between provider and people with limited English proficiency, immigrants, refugees, and people seeking asylum (Bolton, 2002; Fatahi, Mattson, Hasanpoor, & Skott, 2005; Gray et al., 2012;

Mancuso, 2011; Misra, Connolly, Klynman, & Majeed, 2006; Raval, 2003; Raval & Smith, 2003; Rohlof, Knipscheer, & Kleber, 2009; Tribe & Lane, 2009; Tribe & Tunariu, 2009; Yakushko, 2010). Tribe and Morrissey (2003) produced a good practice guideline for using interpreters in therapy and describe four modes of interpreting: linguistic mode (interpret word-for-word); psychotherapeutic/constructionist mode (convey the meaning and feeling of words); advocate/community interpreter (advocates for and represents client's interests); bicultural worker/cultural broker (convey cultural and contextual information, in addition to interpreting the spoken word). I am left wondering whether such a breadth of role is understood by those who work with interpreters. I wonder also if the interpreters themselves understand what they are getting into when they first take on the role.

Raval (2003) summarised the roles of the interpreter as: translator (neutral and impartial translation); cultural broker (explain and give cultural and contextual understanding); cultural consultant (acts as consultant on culture); advocate (represent client's interests and speaks on behalf of client); intermediary (mediate on behalf of clinician or client); conciliator (resolves conflict which might arise between clinician and client); community advocate (represents a community at the level of policy making); link-worker (supportive role to help client make informed choices and informative role to help clinician identify unmet needs of client); and/or bilingual worker (takes on a more therapeutic role in addition to translator). Whilst the primary task of an interpreter is to translate the spoken word, the interpreter's knowledge and understanding of the client's culture, social, and life circumstances, and ability to negotiate this information appropriately to the clinician, particularly in a mental health setting, can reduce the potential for racism and improve acknowledgement of different world views and cultural systems (Patel, 2003).

Grant (2009) identified the following requirements from qualitative research considering the interpreter's skills, difficulties, and role conflicts. Interpreters need to have knowledge of mental health, legal, and immigration laws, flexibility, empathy, and trust building skills. The interpreters in Grant's study did not feel appreciated or respected by clinicians. They lacked support and supervision, and experienced stress due to demands and work setting issues. Role conflicts mainly related to the uncertainty

of "where on the continuum of neutral conduit/cultural consultant to place themselves" (Grant, p. 50).

In addition to the interpreter and clinician, the third party involved is the client or refugee. A pilot study done by Fatahi, Nordholm, Mattson, and Hellstrom (2010) investigated the experience of refugees with respect to communication through interpreters. The authors reported that the interpreter's competence and client's confidence in the interpreter is important for adequate cross-cultural communication. The client's confidence is linked with the fact that the interpreter has the same first language; and the outcome of good interpreting is further improved by a common ethnic and cultural background of interpreter and client. This study showed the importance of the interpreter's role in the dialogue of understanding from the client's perspective. While the clinicians' and clients' experiences are important, understanding the experiences of interpreters as they act as the middle person between clinician and refugee may offer more to develop guidelines and programmes for clinicians to work more effectively with interpreters, thus enhancing the service provided to refugees.

Interpreting in Clinical Settings

Paone and Malott (2008) reviewed literature between 1975 and 2007 regarding the collaborative practices between interpreters and various mental health professionals in mental health settings. Only 8 articles were found that addressed the topic, with five pertaining to clinical settings and three focussing on school settings.

Research under the heading of interpreters in clinical settings identified the following literature. In Australia, a logit analysis by Price (1975) recorded psychiatric interviews using interpreters and found that the interpreters with more accomplished skills in both languages interpreted with the greatest accuracy, despite having the least amount of experience in the job. Marcos (1979) also tape recorded psychiatric interviews in two hospitals in the United States using a bilingual psychiatrist and untrained interpreters. The interpreters felt stressed by having too much responsibility and a sense of embarrassment when relaying client's personal (e.g. monetary or sexual issues)

information. The psychiatrists who were interviewed acknowledged that untrained interpreters may distort the clients' messages.

Kline, Acosta, Austin, and Johnson (1980) used a questionnaire to assess perceived counselling outcomes, where interpreters were used, and compared this with therapy where interpreters were not used. Both client and therapist were asked to complete the questionnaire. Twice as many clients who used interpreters reported that having an interpreter was helpful in the sessions. Even those who indicated that they did not need interpreters were much less satisfied with the service and advice given by the therapist than those who used interpreters. Interestingly, the therapists' perception differed significantly from those of the clients. They believed that clients who did not have to use an interpreter were more satisfied than those who did. They also believed that only a third of the clients who used interpreters, returned to therapy; whereas, in fact, more than three quarters of clients who used interpreters expressed a desire to return. Kline et al. concluded that working with an interpreter may have negatively influenced the therapists' professional behaviour and perception. In fact, the interpreters' presence in therapy was experienced positively by clients, providing a greater level of comfort and satisfaction with the service.

A qualitative study of 12 therapists working with interpreters in the United Kingdom (Raval, 1996), reported therapists feeling detached from the therapeutic process. They believed the process moved more slowly and that they had to speak more directly and simply when working with interpreters. However, the presence of an interpreter increased the clients' engagement and the therapists reported further that the interpreter provided helpful insights into the clients' culture. Raval (1996) acknowledged the complex interaction and influence of each other in the triadic relationship of therapist, client, and interpreter.

Both negative and positive aspects of the collaboration between therapist and interpreter were reported by Miller, Martell, Pazdirek, Caruth, and Lopez's (2005) qualitative study in the United States, of 15 therapists and interpreters working with refugees. Interpreters were found to have formed powerful and supportive relationships with their clients and, as such, the therapists periodically felt excluded from the interpreter-client dyad. Further, the therapists reported that some

interpreters reacted inappropriately (e.g. high levels of distress) to sensitive session content. The authors recommended specific training for therapists and interpreters working collaboratively, along with regular debriefing following sessions with the interpreter.

In summary, very little information on the therapist-interpreter collaboration is available in the literature. Most of the studies have focussed on the perceptions of the therapists and interpreters, omitting the experience of the client within this triad. Further, minimal research has explored the impact of using interpreters in mental health settings. Thus, further research will elucidate these phenomena (Paona & Mallot, 2008).

Understanding Interpreters

According to Sande (1998), most interpreters are refugees themselves who have experienced hardship and torture in the process of fleeing from their country of origin. Vicarious traumatisation and reactivation of their own traumatic experiences is common amongst the interpreters when interpreting traumatic events described by refugees in a therapeutic situation. Sande argued the consequences of vicarious traumatisation amongst interpreters needs to be addressed in debriefing sessions and even individual therapy because this benefits the interpreter's own mental health.

Some researchers have investigated the vicarious experiences and emotional impact on interpreters working alongside trauma survivors (Doherty, MacIntyre, & Wyne, 2010; Johnson, Thompson, & Downs, 2009; Splevins, Cohen, Jospeh, Murray, & Bowley, 2010). Even though interpreters have reported that they have been emotionally affected by mental health interpreting, and experience emotions of anger, sadness, hopelessness, and even powerlessness in relation to their work (Doherty et al., 2010), others perceived themselves to have grown and experienced a vicarious post traumatic growth (Johnson et al., 2009; Splevins et al., 2010).

Green, Sperlinger, and Carswell (2012) confirmed that, despite the interpreter's essential role in the United Kingdom's National Health Service (NHS), limited research on the experience of refugee interpreters has been done. This study reported that

interpreters felt overwhelmed by the emotional impact of mental health interpreting and struggled to negotiate unclear roles and responsibilities. The recommendation was that interpreters should receive supervision, training in mental health and issues such as self-care. A common complaint from interpreters was that they felt clinicians did not see them as professionals: "some of them treat me as if I were a senseless tool, a hammer that they just pick up from the ground. They use me and drop me" (Sande, 1998, p. 405). Furthermore, there seems to be little research gathering information about the support needed for people taking on the role of interpreter when working with refugees.

It would appear that the words during translation are filtered through the interpreter and are consciously or unconsciously coloured by his/her ideas and even judgements. Haenel (1997) noted that this is not only true of the lives and histories of mental health workers and clients, but also those of the interpreters in the therapeutic relationship. Thus, the need to uncover and understand the interpreters' experiences is long overdue.

I have already suggested that the experiences and voices of the interpreters are largely missing from the literature. Grant (2009) confirmed the lack of research regarding the interpreter's experience. In her literature review, she could only find five studies on this specific topic: two investigated the reactions of interpreters who work with refugees (Miller et al., 2005; Tribe, 1991 as cited by Granger & Baker, 2002); one focussed on the interpreter's experience working with deaf populations (Harvey, 1984 as cited by Granger & Baker, 2002); and the remaining two examined the experience of interpreters with non-refugee clients (Granger & Baker, 2002; Raval, 1996).

Taking the interpreter's point of view, Grant (2009) discussed the relational determinants of a successful counselling process as well as the isolating factors in the role of an interpreter. These findings have contributed to the discussions on the therapeutic relationship, culture-specific modalities, and the counselling needs of immigrants and refugees. Following a hermeneutic phenomenological approach, Grant stated that her research intended

> to offer its readers the chance to join in the discovery of the meaning of the
> collaborative interpreter's experience and thereby realize their own questions

as they emerge in relationship to this text. Therefore, it is my hope that the present study invites multiple inquiries to further inform the practice of using interpreters in counselling. (p. 213)

As mentioned above, a hermeneutic literature review is always a dialectical inter-play of whole and part understandings. What I do is determined by what I understand and vice versa. However, understanding of human 'being' is covered over and never fully accessible. Our daily activities become so familiar and matter of fact that our being becomes what we do. This dialectical interplay prompts the next questions: what do interpreters do? How do they 'do' interpreting?

I anticipate that the experience of interpreters will centre on the fact that they are professionals trained to translate the spoken language. The interpreter's primary role is to bridge the gap between two individuals whose language is not the same. Interpretation of languages is what interpreters do.

Language as Integral to Human Understanding

Gadamer (2004) argued that the central notion of hermeneutics is the emphasis on language: "…hermeneutic experience is verbal in nature" (p. 440). It is not necessarily individuals through individualisation processes who create meaning, but human beings are produced within a linguistic environment they inherit. Through participating in language, humans can reproduce and even change this inheritance. Language is a collective endeavour which is created and reproduced socially and historically. Language is the product and medium of human culture. Language is not a tool, but it is a way of being… one is one's language. Grondin (1994) maintained that understanding is, in principle, linguistic. Language embodies the sole means for carrying out the conversation that we are and that we hope to convey to others. "Whoever has language 'has' the world" (Gadamer, 2004, p. 449).

I migrated to New Zealand during the late 1990s and was given the opportunity to work at a psychiatric hospital in the Waikato. As was customary at the hospital (and in New Zealand as I later discovered), a hui (meeting) was organised to welcome all new staff. This welcoming meeting was conducted in the local marae on the hospital grounds. I

was given instructions on the protocol of the ceremony and a colleague of Māori ancestry stayed with me as a support person. I remember clearly how excited I was because it provoked and stimulated my anthropological understandings. As the ceremony continued, I increasingly experienced a sense of respect and humility. Even though the Kaumatua (distinguish Māori elder) and members of the Iwi (tribe) spoke in their native tongue, te Reo Māori, I 'followed' what they were saying. I had prepared a little speech (in English) and when it was my turn to answer I did so, not initially realising that I was speaking in my first language. When I stopped, apologised, took my speech from my pocket and continued in English, the Kaumatua raised his hand and said: "Please, continue in your own language," which I did, spontaneously, knowing that the people on the marae 'understood' what I was saying. I cannot really express in English how and what this experience made me feel; acceptance, welcome, freedom, belonging… an experience that cannot be expressed fully in words.

Language and Therapy

Language is also the way of therapy. Humanistic psychology emerges as a reaction to both behaviourism and psychoanalysis and is being dubbed the "third force" in psychotherapy. Concern is primarily with the needs of the individual, with an emphasis on subjective meaning and a focus on positive growth rather than pathology. The task of therapy is to create a relational environment wherein this tendency might flourish. Humanistic psychology is rooted in existentialism with the goal and belief that human beings can only find meaning by creating it. Existential therapy is, in turn, philosophically associated with phenomenology. I seek to unpack the underlying assumptions to draw forth my thinking on what is supposedly going on in a therapeutic encounter between client and clinician, to which the interpreter is added.

Carl Rogers was a psychologist who made his name with the development of 'client-centered' theory of psychotherapy. Client-centered therapies focus on the therapist showing openness, empathy, and unconditional positive regard, to help clients express and develop their own selves.

Martin Buber was a renowned philosopher of dialogue. Buber (2002a) developed, with his integrative anthropology, a philosophy that focuses on the study of man which is concerned not with human nature and the fabrics of human's collective, but with man insofar as man is possible in relation to other beings (Biemann, 2002, p. 12).

A public dialogue between Buber and Rogers was recorded and published by Anderson (Anderson & Cissna, 1997). This would be the only meeting between these two thinkers. Their ideas on the nature of man as revealed in inter-personal relationships has had a significant influence on psychotherapy. In an article written by Rogers in 1974 (cited by Anderson & Cissna, 1997, p. 117) he acknowledged Buber's influence on him in the following statement:

> This recognition of the significance of what Buber terms the I-thou relationship is the reason why, in client-centered therapy, there has come to be a greater use of the self of the therapist, of the therapist's feelings, a greater stress on genuineness, but all of this without imposing the views, values, or interpretations of the therapists on the client. (Rogers, 1974, p. 11)

Both Buber and Rogers rejected the objectification of behavioural (Skinnerian) and psychoanalytical (Freudian) psychologies and psychotherapies. Buber, like Rogers, defined psychotherapy as a 'healing' relationship where the therapist enters as a partner into a person-to-person relationship with the client. The therapist does not engage in a process of observation and investigation of an object, but rather enters into a relationship in such a way that he stands at his own side of the relationship while also, and simultaneously, being at the other side, experiencing the effects of his own actions. "Healing, like educating, requires that one lives in confrontation and is yet removed" (Buber, 1996, p. 179).

Grant (2009) referred to de Shazer (1994) and White and Epston (1990) who focussed on the importance of the therapeutic conversation and the co-creation of meaning in the therapeutic relationship. Both Buber and Rogers (Anderson & Cissna, 1997) confirmed that the real relationship between therapist and client unfolds because of their being together and in genuine dialogue. It is not the technique or psychological model/theory that one uses; rather the overriding factor in therapy is the relationship with the client. However, there is no doubt that cross-linguistic interpretation and translation of psychological concepts, such as emotional states, is complex and difficult

(Slaney, Chadha, Mobley, & Kennedy, 2000). Thus, to perceive the interpreter as merely translating language is to discount the therapeutic significance of relationship.

Languaging New Words

I was drawn to ponder on what happened in my country of birth, South Africa, during the Truth and Reconciliation Commission [TRC] hearings, where conversation was opened up between people of many different languages. Anthonissen (2008) described how the interpreters, in this situation, had to improvise and create new words, even coining new words together to help recipients understand the same connotative meanings and enable them to experience the same emotive value as meant in their own language. "The hearings became a new kind of discourse, a new genre with its own core vocabulary" she observed (Anthonissen, p. 174). Anthonissen, therefore, invited scholars interested in the genesis of new words to do research into how TRC interpretations contributed to developing the corpus, the alive and active vocabulary, of South African languages. Interpreters who took part in the TRC process emphasised the importance of a special kind of language awareness that includes sensitivity for the cultural specificity of various language/ethnic communities. Further, they perceived their role as 'author' and 'co-authors' of the conversation, going beyond mere mechanical transfer of messages from one language to another. For example, interpreters have developed specific skills to manage the difficulties of their work. They speak slowly to control the flow of the conversation better; or use longer lag time and speak softly to indicate empathy while rendering harsh content. I am left wondering how the interpreters in my study worked in a similar manner.

Languaging Culture

The notion of culture is difficult to define. It can mean shared customs (behaviour) including laws, taboos, rituals, and the processes involved in how those customs are learned and kept in place. It also involves shared language, land (location), spirituality (beliefs), and a genealogical structure (ethnicity). It is, however, not necessary that every single person in a culture share any one of these things with every other. Lampert

(1997) defined a culture as: "a system within which differences can be negotiated" (p. 355). The cohesiveness (the glue) that keeps a culture together is the language that allows communication and understanding between people. If understanding is, as Gadamer (2004) said: "the coming-into-language of the thing itself" (p. 390), then culture is the coming-into-language. Language is, therefore, the universal medium in which understanding occurs. One might also say that art (and poetry) is the language of the collective sub-conscious mind of a culture.

Inter-cultural Contact

Ruben (1983) argued that inter-cultural contact happens when an individual is put in a physical as well as psychological (symbolic) environment which is different from his/her own. This creates tension and stress for the individual and may trigger the process of adjusting (acculturation). "The cycle is triggered when discrepancies between the demands of an environment and the capacities of a system emerge, creating disequilibrium, or stress" (Ruben, 1983, p. 134). Ruben further attested that the adjustment process is an ongoing stress dynamic in finding the homeostasis throughout the life of a living system/organism. He concluded that stress and changes are regarded as defining characteristics of living systems, and are particularly evident in intercultural circumstances where change and differences are endemic.

Bateson's (1972) theory that a society/culture is always in a state of inner tension was influenced by Durkheim's notion of collective effervescence. This internal conflict compelled by emotional impulses is also common in Freud's theory. For Bateson, however, the conflict is not in the 'psyche' of the individual, but rather collectively in the dynamic system of the culture. Collective ritual performances are necessary to revitalise and unite society. Bateson later explored the parallel between these dialectical cultural balancing systems with nature's naturally occurring feedback circuits (Lindholm, 2010).

A Fusion with My Horizon

As an overseas trained psychologist, I soon realised that my colleagues' training in New Zealand was primarily based on behaviourism and cognitive (scientific and evidence based) therapies. My interactions and our coming together presented me with an opportunity to receive more training in Cognitive Behavioural Therapy (CBT) and Dialectic Behavioural Therapy (DBT). It also gave me the opportunity to explore with them my standpoint and understanding of cross-cultural psychology.

I was asked by my colleagues to speak about cross-cultural psychology and therapy. No longer a stranger in New Zealand, but a New Zealand registered clinician, I decided to focus the presentation on a psychological therapy model which is well established and taught as an evidence base therapy in all New Zealand universities. According to Evans and Fitzgerald (2007) the dominant mode of practice in New Zealand has always been behaviour therapy and, more recently, CBT because of its strong influence in the psychology departments at New Zealand universities. These authors further pointed out that psychology in New Zealand has been strongly influenced by the Vail model of practice. "The Vail model conceptualized training as preparing professionals to be good consumers of science" (Evans & Fitzgerald, 2007, p. 285). Behavioural principles of classical conditioning, learning theory, and operant conditioning are tested and validated in controlled experiments which result in treatment prescriptions (manuals). This is commonly known as 'evidence based practice'. For example, for the treatment of mood disorders there is the eight-session program of the *Mindfulness-based cognitive therapy for depression* (Segal, Williams, & Teasedale, 2002); *Mind over mood: Change how you feel by changing the way you think* (Greenberger & Padesky, 1995); *Skills training manual for treating borderline personality disorder*" (Linehan, 1993); *Thoughts and feelings for anxiety* (McKay, Davis, & Fanning, 1997) to name but a few.

A consequence associated with this model of psychology in New Zealand, according to Evans and Fitzgerald (2007), is that it has not benefited Māori. Durie (1999) confirmed that Māori are over represented in acute mental disorders in New Zealand. Further, Durie expressed his concern about the way in which behavioural and psychological phenomena are conceptualised because it does not take into consideration cultural and spiritual aspects of the client's presentation. The medical/scientific model and

classification of disorders create the expectation of treatment as the resolution of a diagnosis. This 'value-free' scientific approach does not take into account the value-laden factors of culture and spirituality that are associated with Māori health and wellness. This value-free intent of science which guarantees objectivity is what paradoxically discredits treatment approaches which make greater sense in cultural terms (Durie, 1999).

When I returned to the 5-part CBT model of Aaron Beck, it set me thinking. The model, as presented within the literature, helped me to understand and interpret the dynamics at play within a cross-cultural notion. Hence, I adapted the model to capture the insights it provoked. My anthropological understanding reminded me of my cross-cultural Master's thesis when I was guided by systems theory, cognitive anthropology, environmental psychology, and an understanding of culture within the notion of inter cultural contact. I also borrow from what I have written about the Africa Cosmology which includes notions like holism, communialism, spiritualism, and cyclicism (Britz, 1992).

Thus, I have therefore adapted the 5-part CBT model (see Figure 1 below) to help me understand and interpret the dynamics at play within a cross-cultural context. This cultural (psychological anthropology) model is a systemic interactional and circular model, wherein the whole is bigger than the parts, but where each part also influences the whole.

ENVIRONMENT
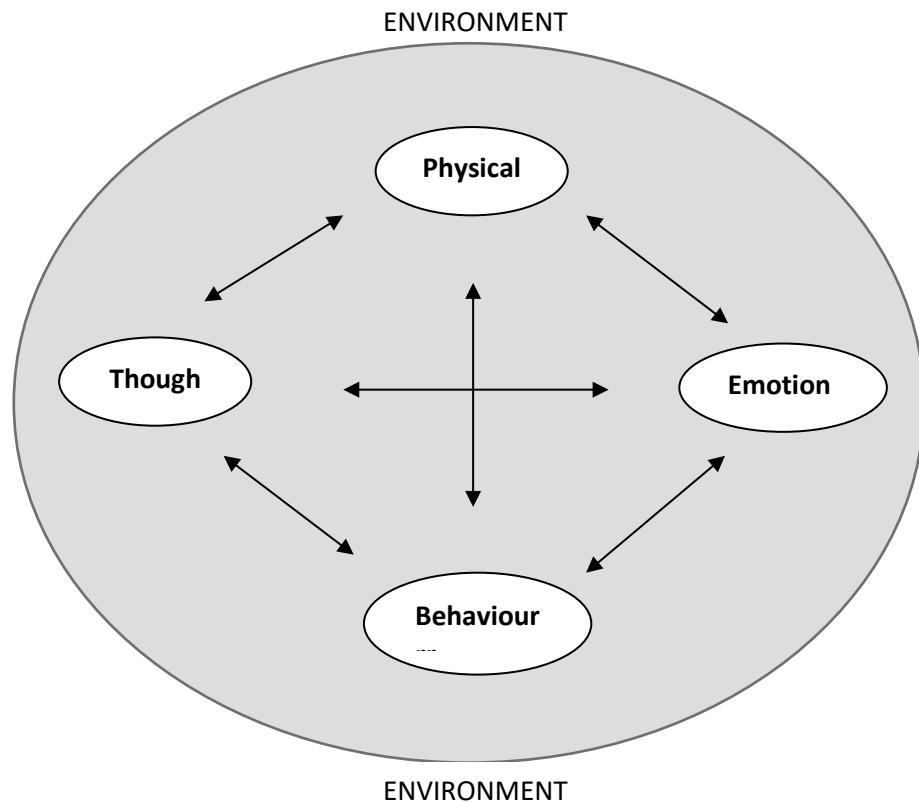
Figure 1: 5-Part Cognitive Behavioural Therapy (CBT) Model

Adapted from: Beck Institute for Cognitive Therapy and Research https://www.beckinstitute.org

Psychological interpretation

According to Beck (www.beckinstitute.org) there is interaction between physical, thoughts, emotions, behaviour, and environment as a dynamic system where the one cannot function without the other. This 5-part model helps in understanding many of the difficulties that people may experience, including depression and anxiety. We all live in an environment (e.g. family, culture etc.). We are affected by both our *current* environments (e.g. job stress, relationship problems) and our *past* environments (e.g. our upbringing, losses, experiences at school etc.) and our anticipations (conscious and unconscious) and hopes for the future.

In addition, Beck (www.beckinstitute.org) suggests we all have four parts to ourselves – a biological or physical part, emotions (feelings), thoughts, and behaviours. There are arrows drawn on the diagram because each of these four parts is connected to the others. These parts are also located within our environment and interact with it. So, what we *feel* is closely connected to our *thinking*, *behaviour*, *physical sensations,* and

environment. Just as changes in any of these areas can make one feel worse, changes in one of these areas can also make one begin to feel better. A CBT therapist teaches specific skills that one can use to help identifying distorted thoughts, modifying beliefs, relating to others in different ways and changing behaviours. A cultural model based on CBT 5-part model is as follows; see Figure 2 below.

ENVIRONMENT

Country and social interconnections

Genealogy, Kingship, Tribe, Family

Language

Spirituality symbolism mythology

Customs, art, rituals, ceremonies artefacts
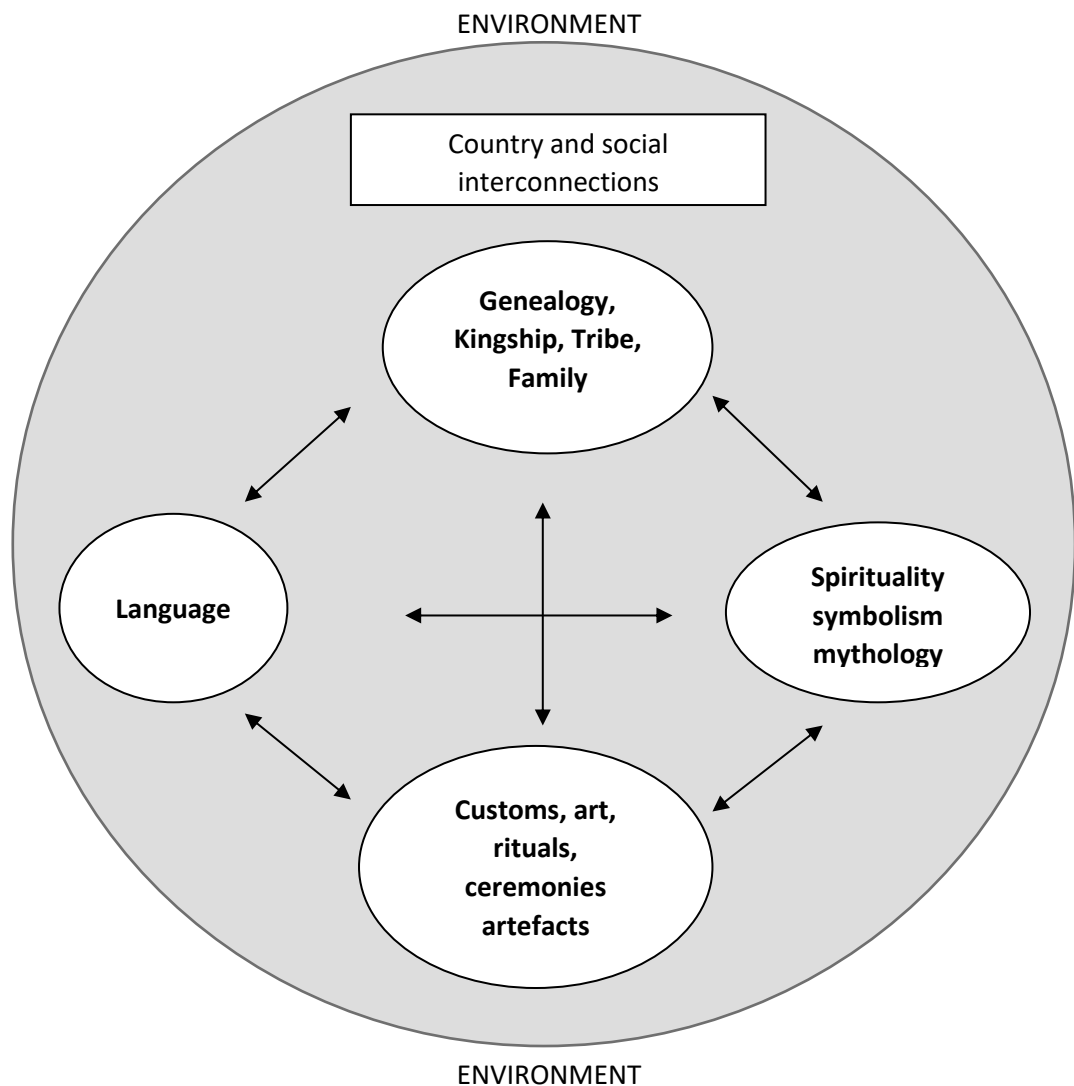
ENVIRONMENT

Figure 2: Anthropological Model Based on 5-Part CBT Model

NB. Environment comprises the physical: country/region and psychological/social interconnectedness

Anthropological interpretation

One can see that the cultural notions of language, customs, spirituality, genealogy, and country (region) can be translated from the CBT model. I have presented the 5-part

cultural model from an African cosmological understanding where the notions of holism, spirituality, communalism, harmony with ancestors and nature are important.

Ruch (1972) explained that African cosmology does not make a dichotomy, which is prevalent in Western thought, between what is natural and what is supernatural, between the world of his knowledge and experience and the world of faith and belief. Everything is connected in a network of kinship, ancestors, and nature. It is a continuous rhythmic movement to the past which influnces the here and now (Mbiti, 1969). Further, Senghor (1966) mentioned that African cosmology is an intuitive logic in comparison with European's analytical logic. The European, as subject, looks at an object and by analysing it he/she distances him/her self from the object. The African, on the other hand, 'feels' the object and discovers it through intuition and participation. As such, the 'energy' (spirit) of the object is absorbed in the subject.

The feedback I received from the audience was that it is very similar to the Māori health model – *Te Whare Tapa Wha* (www.health.govt.nz). This model is based on four dimensions of Māori well-being namely: *Taha tinana* (physical health); *Taha wairua* (spiritual health); *Taha whanau* (family health) and *Taha hinengaro* (mental health). Should one of the four equal dimensions be missing or in some way damaged, a person or a collective may become 'unbalanced' and subsequently unwell. The similarities between the two models are obvious and *Te Whare Tapa Wha* was another welcoming familiarity that showed itself to me in New Zealand.

Cognitive anthropology

Cognitive anthropologists reason that every cultural group has its own unique cognitive configuration (cosmology) according to which members of a culture the world and phenomena interpret. Hammond-Tooke (1981) and Bührmann (1984) explained that cosmology is synonym to a view of (outlook on) life in finding meaning and reality. Sluzki (1983) called this a "*Weltanschauung*" which can be translated as a world-view. The study of a culture's cosmology, therefore, will include the understanding of the groups' view on human kind; the dynamics and relationships of different groups in the culture; the meaning and interpretation of physical phenomena of nature; the role and function of the spirituality in the group; and, perception on time and space (Britz, 1992).

According to Garro (2007) cognitive anthropology emerged in the 1950's. Goodenough (1957) was a leading figure in the development of this field. He defined a culture as follows:

> A society's culture consists of whatever it is one must know or believe in order to operate in a manner acceptable to its members, and do so in any role that they accept for any one of themselves. Culture… must consist of the end product of learning: knowledge, in a most general, if relative, sense of term… culture is not a material phenomenon; it does not consist of things. It is the forms of things that people have in mind, their models for perceiving, relating and otherwise interpreting them. (cited by Garro, 2007, p. 50)

D'Andrade (1981) as cited by Garro (2007) described a culture as "a socially transmitted information pool" (p. 51) which is learned and shared with other humans. This represents a cultural knowledge embedded in words, language, in stories, and in artefacts. The link between knowledge and behaviour is the core concern for cognitive anthropologists. They study how people in social groups: "conceive of and think about the objects and events which make up their world – including everything from physical objects like wild plants to abstract events like social justice" (D'Andrade, 1995 cited by Casey & Edgerton, 2007, p. 52).

According to Lindholm (2010), cognitive anthropology offered a reworking of our knowledge of the relationship between the individual and society. Anthropologists, in general, focus on socialisation and acculturation, ignoring cognitive processes. Cognitive scientists, on the other hand, tend to ignore the effect culture has on the individual, affirming the primacy of mental processes and the mind only.

> Cognitive anthropologists have begun to bridge that intellectual gap, giving us a much clearer idea of the nature and patterning of the complex interrelationship between social life and the operations of the mind, and the emergence of consciousness within the context of culture. (Lindholm, p. 261)

Environmental psychology

Bateson (1972) stated that: "…the natural world around us (has a) general systemic structure and therefore is an appropriate source of metaphor to enable man to understand himself in his social organisation" (p. 484). Environmental psychology studies the interaction between the individual and his/her environment. It brings in

conjunction the transactions and interrelatedness of human experiences and actions with pertinent/meaningful aspects of the socio-physical surroundings (Canter & Craik, 1981). A particular setting/environment will hold different meanings because the motives, values, culture, and needs of the observers differ. Environmental psychology, as an applied science, seeks to understand the meanings of differential behaviour of individuals in a particular setting. It follows a holistic approach recognising that the processes of interaction between human and environment determine behaviour. It is a subject wherein natural science has an influence on social sciences and vice versa. The human is defined in its totality as a physical as well as social being in connection with other systems in the bigger ecosystem. Due to their cognitive abilities, humans are able to interpret the environment in unique and creative ways. Humans can create new dimensions in the natural environment and as such bring about changes, positive or negative. Human environments are seen as the physical (natural) as well as the psychological (social) environment.

Systems theory

Environment per se is difficult to define as it includes the whole ecosystem. However, for the purpose of making sense of the whole, which is always bigger than its parts, I will discuss the environment from a systems theory perspective and divide it into the intra personal (physical) environment and the interpersonal (cultural environment).

The physical environment is the sum of all external conditions and influences affecting the life and development of the organism (Lapedes 1974). It includes abiotic elements (water, oxygen, gravity), as well as biotic elements such as plants, humans, and animals. These elements are in constant interaction and the flow of energy between them creates a cyclic structure which keeps the ecosystem in balance.

Because humans have unique cognitive processes, they have the ability to create an environment and to a certain extent control the physical environment. As such any definition of the environment, according to Fuggle (1980), must include the interaction between human and the environment. He stated, "The human environment is that complex of interacting geophysical, biological and cultural factors which routinely

influence the lives of individuals and communities: the entire functioning as a system of interacting components" (Fuggle, p. 2).

It seems from a systemic point of view that the environment is defined according to how individuals perceive/interpret their environment. The one cannot be without the other and, as such, are always in a dialectical relationship. Van Deventer (in Viljoen, Van Staden, Grieve, & Van Deventer, 1987) stated: "the person-environment unity is separated into person and environment in such a way that the person and environment are still dialectically related" (p. 76). The building of a house is not only a physical entity, but has a symbolic and psychological value attached to it as well. The environment is physical and psychological, social/cultural. This dialectical interactional relationship between human and environment is confirmed by many authors (Krasner, 1978; Levy-Leboyer, 1982; Martin & Wheeler, 1975).

Thus, the environment is not the object nor is the individual the subject. Further, the individual has a feeling/experience attached to that which he/she is observing. This feeling is a function of the event as well as the perceiver's experience of the event. Van Deventer (In Viljoen et al., 1987) described it as follows:

> An event constitutes the basic unit of experience, but it does so in relation to a perceiver. An event is a function of the focus of attention of a perceiver as well as of the specific nature of the perceiver. Finally, the perceiver takes up a position towards the event – there is a demonstrative relation between perceiver and event. (p. 78)

A human as a living system can only survive because of his/her relationships with other systems. Through language humans are capable of communicating, processing information, and transforming which enables them to adjust and exist in the environment (Ruben, 1983).

Romanyshyn (1982) argued that there is no psychological life apart from the material world of events and things, any more than there could be a reflection without an object or thing to bear and contain it. The given world of material events and things is, in this sense, the vessel of psychological life. But, on the other hand, this given world is not literally our psychological life, any more than the thing which bears the reflection is the reflection.

The psychological world seems to show itself through the empirical/material world and can be observed through a social group/cultural group's artefacts, technical creations, language, values etc. Thus, from a systems theory perspective, culture is defined as those symbols, ideas, meanings, structures, habits, values, and information processing shared by members of a specific social system or group. Culture is based "…from the negotiated creation, shared use, and mutual validation of symbols, meanings and communication rules and patterns" (Ruben, 1983, p. 143). It seems that culture confronts the individual with an objective reality to which the individual must conform to be part of a social system within an environment. Culture is the product of communication and communication is the result of culture.

Another Fusion with My Horizon

I also now realise, in writing and re-writing this chapter, that my understanding of environmental psychology and systems theory was a seed planted which eventually grew to a beginning understanding of hermeneutic phenomenology – the philosophical underpinnings of this research. The circular nature of *Dasein*, the circularity of hermeneutic phenomenology, and the circular motion of systems theory all fit in/together in what Heidegger (cited by Inwood, 1999, p. 205) described as '*Fuge*' [to join, fit together]. Heidegger preferred to use the word *Fuge* rather that the Greek-derived System. For Heidegger, every philosophy is systematic and all concepts (notions) and questions are systematically connected to each other. This interconnectedness depends on *Dasein* because the original connections of concepts are already established by *Dasein* (Inwood, 1999). Notions like thinking, history, language, and *Dasein* are like "blocks in a quarry, in which the original stone is broken. Our task is to fit them together, to build a bridge and to reconstruct the inherent fittings or articulation of being itself" (Inwood, 1999, p. 206).

Further, Heidegger's (1982b) interpretation of the landscape merges with my understanding of environmental psychology. For Heidegger, the environment, the place where people live, is an important factor in the language they use and the way they say things. Heidegger continues: "Appropriation assembles the design of Saying and unfolds it into the structure of manifold Showing" (p. 128). In other words, the '*Ereignis*' [event,

appropriation, authentic mine-ness, occurrence, incident] assembles the '*Aufriss*' [design, profile, elevation, sketch, outline, vertical plan or plough = cutting through, breaking open] of Saying and unfolds it into the structure of manifold [*vielseitig*] Showing. In German, '*der Riss*' is a crack, tear, laceration, cleft, or a rift; it is also a plan or design in drawing. The verb '*reissen*' from which it derives is cognisant with the English word writing. Heidegger employed a series of words [*Abriss, Aufriss, Umriss* and *Grundriss*] to suggest that the rift of world and earth releases a sketch, outline, profile, blueprint, or ground plan. The rift is writ [a written command in the name of court/crown] (Heidegger, 2008b). Not only do people from the same country [land] speak the same language, but also people living in certain regions in that country have developed specific dialects. It seems that the psychological connection with the land one lives in has a profound effect on the way people connect with the world and on the way they speak and use language.

Once I knew I was going to embark on a hermeneutic phenomenological study, I found the online Yale University lectures by Professor Paul Frey (2009), and others on the 'Theory of Literature' (https://www.youtube.com/watch?v=iWnA7nZO4EYsep). The approach of the lecturers is from a hermeneutic understanding and the philosophies such as Heidegger, Gadamer, Hirsh, Grondin, and others are discussed. Listening to these lectures gave me a meaningful introduction and understanding of interpretative hermeneutics. I found this stimulating and was excited about starting my own hermeneutic cyclical interpretation and study. I will discuss the philosophies of Heidegger, Gadamer, Levinas, and Buber in Chapter Three.

Interpreting is a Paradox

Interpreting is a paradox: it immediately shows the differences between two people, yet simultaneously it is undertaken to overcome differences. The practice of translation and interpreting has existed for as long as communities and people with different languages have been in contact. Anthonissen (2008) made the point that, for a long-time, translations and interpretations were seen as secondary and unworthy of serious attention by scholars. Similarly, the practice of translation and labour of interpreting was not recognised as a form of art nor as a remarkable skill. Anthonissen cites Basnett

(2002, p. 11) who suggested that the field of translation studies was still a "fledgling discipline" in the 1980s. It was not until the 1990s that translation and interpreting as a discipline began to gain legitimacy. It was also during this time that South Africa went through the TRC hearings. The new constitution in South Africa gave official status to 11 significant languages which was the reason why the decision was made to have translation (of the scripts) and interpretation (immediate oral translation between 2 people using mutually unintelligible languages) services. In the wide range of TRC literature, very little attention has been given to the interpreters and translators. Anthonissen's (2008) work on "interpreting the interpreter" focused attention on practitioners who were highly visible (sitting in glass translation-booths in full view of all participants)' yet, at the same time, became virtually transparent or invisible. They were assigned to "facilitate communication with expert accuracy seamlessly and inconspicuously" (Anthonissen, p. 166). As a conduit of messages directly and without contamination, the interpreter was 'transparent'.

When I read this article, I realised that the interpreters often find themselves in this paradoxical position. In awe, personally of how interpreters do interpreting, I concur fully with the final sentence of the article: "The role of the interpreters should not be so transparent as to prohibit us learning from their experiences and appreciating their contributions (Anthonissen, 2008, p. 186).

With my own study, I intend to explore further the unique, paradoxical, and unsung role and experience of the interpreter in the practice of helping people from different languages.

Summary

In this chapter I have presented the 'play' between literature, philosophy, and my own experiences. I have shown my engagement in the literature and offered some of my own thinking that arose from the horizons which impacted my ongoing interpretation.

Smythe and Spence (2012) suggested that the purpose of doing a literature review hermeneutically is to be attuned to new possibilities emerging from already-read literature from philosophy, fiction, poetry, and anything else which engages the reader

in a thought-full manner. My departure point in doing this was my own historical horizon and understanding of interpreting. I have provided a glimpse of my interactions with interpreters in South Africa and in New Zealand.

There is a dearth of international literature that seeks to address the lived experience of interpreters. Most research is from the perspective of clinicians' experiences of working with interpreters. Raval (2003) summarised the roles of the interpreter as: translator; cultural broker; cultural consultant; advocate; intermediary; conciliator; community advocate; and bilingual worker.

As mentioned above, a hermeneutic literature review is always in a dialectical play between whole and part and back to the whole. I discussed in detail one article from Ngugi wa Thiong'o (2009) on the complex and dynamic mental exercise of translating and interpreting languages that resonated and challenged my thinking. This prompted me to ask another question: 'how do interpreters do interpreting?' Exploring this question then took me on a journey to reading the philosophy of Gadamer, Heidegger, Buber, and Levinas. Focussing more on interpreting during therapy, the conversation between Carl Rogers and Martin Buber gave me further insight into the relationships between people when in dialogue. My quest for understanding the complex (almost impossible) task of interpreters interpreting also drew me wonder about inter-cultural contact and how interpreting was done during the TRC hearings in South Africa.

The cyclic movement of hermeneutic understanding continued and I experienced further fusion of my horizons. This time as a psychologist I explored my own cross-cultural contact with my peers in New Zealand. The CBT model is well established and taught in all psychology departments of New Zealand universities. I used the model to define culture and cross-cultural interactions. When I learned that my interpretation resonates well with the Māori health model, I felt a positive comportment with the system in New Zealand. This experience reminded me of the research I completed for my Master's degree in psychology, and I glimpsed through anthropology, systems theory, and environmental psychology to stay attuned to new possibilities of understanding interpreters' experiences.

With completion not yet in sight, I came to an open-ended cross-road on my literature journey and realised that interpreting is a paradox. In the next chapter I continue with

the search, focussing specifically on the philosophical foundations of my study. Understandings from philosophers such as Heidegger, Gadamer, Buber, and Levinas will be explored.

Chapter Three: Philosophical Foundations

This chapter explores the key philosophical notions informing my research. I will discuss my understandings from Heidegger, Gadamer, Buber, and Levinas. Heidegger's core philosophical notions will be examined by looking at *Dasein* and its characteristics; what does being-in-the-world mean? How and why does *Dasein* care [*Sorge*]?; and, the importance of *Dasein's* spaciality and authenticity. Gadamer shows me the way to understand interpretation of language from a cultural and historical perspective.

An interpreter is needed to interpret when two people do not understand each other's language. By interpreting, a relationship and understanding forms between people. I read Buber and Levinas to shed more light on this relationship. Buber creates an integrative anthropology (man in relation). Levinas puts emphasis on ethical responsibility towards others.

Dasein

Wrathall (2005) suggested that no other philosophical name but *Dasein*, captures what Heidegger thinks is distinctive about being human: "we always find ourselves surrounded by particular objects and items of equipment, and caught up in particular activities and goals, all of which contribute to making up a particular situation" (p. 11). It is not a subject of, and independent from the world around it, but fundamentally being-in-the-world. *Dasein* is a unitary and whole phenomenon and the one cannot be without the other. "What *Dasein is* can only be read off the world as it acts in the world" (Wrathall, 2005, p. 16).

Van Manen (2014) explained that *Dasein* "exists for-itself and must determine its own essence through the project of its existence" (p. 123). *Dasein* has no essence, except perhaps insofar we may sometimes feel that we are who we are and cannot really change oneself. Existence is prior to essence and we, as humans, create our own essence by making certain choices and commitments in life. To exist means, therefore, to continually transcend oneself. To assume/play a certain identity is to behave as if one is an in-itself – a thing that is what it is. Human consciousness is not a some-'thing' but

rather a no-'thing'; it is an event that happens to Being; it is the 'out-in'-there-here notion of Existence. The Being cannot be defined in terms of his or her present character, factual being, or existence. A human is always able to transcend his or her situation and that constitutes the existential of human freedom (van Manen, 2014).

I was brought up with knowledge of the bush and wildlife. One of the early lessons I learned as a child was to look 'through' the bush to be able to see what was 'in' the bush. Later, when I studied phenomenology at university, I was able to visually understand Heidegger's *Dasein* by going back to the notion of looking through the bush. When you 'see' what is 'in' the bush, one's being/existence changes; one becomes 'here' and 'there' simultaneously, and can say: "I see it!" Figure 3 below explains better than words.

Figure 3: Can You See the Leopard?

Phenomenology requires us to experience the world as it appears, and to see things in such a way that they show up as they really are (Wrathall, 2005). Humans find themselves in an always shifting and dynamically complex changing world. Through our ability to use language, we perceptually structure this world in terms of that-ness and

what-ness i.e. in terms of an understanding of being, and understanding entities *as* entities. Because *Dasein* is not a given presence, the essence of it lies in its existence [*Existenz*] of being-in-the-world (Heidegger, 2008a).

Being-in-the-world: Always in relationship

One cannot *not* be in a relationship. The clinician-client-interpreter triad is all about relationship. The primordial nature of being human is one of being-with-others in relational co-existence. In other words, each person impacts on the others; it can be no other way.

McManus (2015) pointed out that Division One of Heidegger's 'Being and Time' indicated the existential character of *Dasein's* everyday manner of being engaged in the inherited relations of the world. Each person comes with his or her own unique background. The therapists bring their educational training and experience, underpinned by who they are already. The interpreters bring their own transition from being born within one culture/language to making the transition (numerous times) to the position of 'now'. The client, a refugee, brings a huge story that is likely to be coloured by loss, pain, and trauma. Human beings are not first and foremost disclosed as objectively present beings [*vorhanden*]*,* but as part of the unthematised nexus of pragmatic relations in which they are historically embedded [*zuhanden*].

In turn, the goal of Division Two of 'Being and Time' is not simply to show that *Dasein* can be related to this historical disclosure of beings in different ways (e.g. inauthentic vs. authentic), but to show that the temporality of such disclosure takes place at a more fundamental level than presence, one that includes absence, the past and the deferred future. Other people are always being-there with us in their presence or absence. Heidegger (2008a) talked about "Being- with" others, a '*Mitsein*' which is a basic character of *Dasein*, more basic than relating to particular others. Even when I am not with others in a space/room, others are always there with me because they have influenced and will continue to influence my being. "This Being-there-too [Auch-dasein] with them does not have the ontological character of Being-present-at-hand-along-'with' them within a world" (Heidegger, 2008a, p. 154).

Further, one has a readiness for dealing/being with the other. Even in their absence, Being-with would still be a structure of my *Dasein*-ing. The phenomenological assertion that "Dasein is essentially Being-with" (Heidegger, 2008a, p.149), has an existential-ontological meaning. Heidegger (2008a) said: "Being-with is an existential characteristic of *Dasein* even when factically no Other is present-at-hand or perceived" (p. 156). Heidegger named '*Mitsein's* existential-ontological characteristic of 'Being-in-the-world' *Mit-dasein* [(*Dasein*-with) others]. This notion of being-in and being-with the world, this with-world [*Mitwelt: auch und mit da*] not only allows particular things to show up as available or come about, but also makes possible the encountering of others as *Dasein*-with. "Being-in is *Being-with* Others. Their Being-in themselves within-the-world is *Dasein-with* [*Mit-Dasein*]" (Heidegger, 2008a, p. 155).

Interpreters often have a unique existential-ontological familiarity of the horizons, history, and cultural practices [*Mitwelt*] of the refugees for whom they interpret. Furthermore, their existential-ontological knowledge of both languages reveals a '*Mit-dasein*' [(*Dasein*-with) others] which only they might be able to interpret. In doing the interpreting, the interpreters create a work of art, because art is by nature an origin [Ursprung]; an origin of both artist and work (Heidegger, 2013). "Art lets truth originate. Art, is the spring that leaps to the truth of what is" (Heidegger, 2013, p. 75). It seems through interpreting, art (and care) happens. Further, the art of interpreting may only come to fruition within '*Mit-dasein*'.

Modes of being human

Interpreters work within a professional code of conduct and are contracted as such by different institutions (health, courts, education, immigration, refugee centres), each with their own work culture and traditions. This is likely to affect the interpreters' experiences of working with refugees.

A focus on *Dasein's* mode of existence may shed new light on how the interpreters experience their being in their communities and work place. Do they experience tension in an interpersonal level; perhaps also on an intra-personal level? Does such tension show itself differently because of variations in the role and experience of an interpreter

when working with different clinicians and in different environments (i.e. psychotherapy, medical, courts)?

How do interpreters feel and experience their place as a bridge builder between their community and society; as translators and conveyers of languages and traditions? Are their modes of being human interchangeable with their being as interpreter?

Dasein's modes of existence

According to Heidegger (2008a) the essence of *Dasein's* existence is in its own possibility as a self-interpreting being to choose. *Dasein* is characterised by 'mineness' [*Jemeinigkeit*] and its entity is in its very being. It cannot be expressed as an object such as a stove or a hammer.

In the average everydayness of existence [*Durchschnittlichkeit*], *Dasein* can be neither authentic nor inauthentic, but in a mode of undifferentiated [*Indifferenz*] (Heidegger, 2008a). Inwood (1999) explained what Heidegger meant with the above mode, as that *Dasein* is not necessarily subject to the 'they' and is beyond having to agree with 'them' that a hammer is for hammering and a stove for cooking. Although averageness begins as a neutral position: "…it turns out to be a state of *fallenness* and inauthenticity" (Inwood, p. 24).

Dasein can be authentic or inauthentic. Inauthenticity is often associated with 'they'. To be authentic means to do one's own thing rather than what others prescribe. Heidegger (2008a), however, uses both these terms as modes of *Dasein*. The inauthenticity of *Dasein* does not mean any less Being or even a lower degree of being: "…in its fullest concretion *Dasein* can be characterized by inauthenticity – when busy, when excited, when interested when ready for enjoyment" (Heidegger, 2008a, p. 68). This is a state of '*fallenness*' where *Dasein* has '*fallen*' away from its authenticness (Heidegger, 2008a).

Since *Dasein* is always 'mine' [*je meines*], I can lose it or grasp it. But *Dasein* does not lose itself as one might lose an object i.e. car keys. Rather, it does so by falling concern:

> It falls into and is absorbed in the 'world', so that it forgets itself as an autonomous entity and interprets itself in terms of its current preoccupations:

> 'One is what one does […] One is a shoemaker, a tailor, a teacher, a banker'.
> (Inwood, 1999, p. 23)

According to Inwood (1999), '*Eigen*' as a verb means to have, possess, taken into possession. *Eigentlich* [from *Eigen*] means real, actual, true, original. 'Authentic' stems from the Greek word 'autos' [self] and originally meant 'done by one's own hand'. Hence, *Eigentlich* is close to authentic. Heidegger used *Uneigentlich* as the opposite of *Eigentlich*. This gives rise to the uses of *Eigentlichkeit*, authenticity and *Uneigentlichkeit*, inauthenticity. These however do not coincide with genuine and false. *Dasein's* possibility of being authentic or inauthentic is rooted in the fact that *Dasein* is 'always mine' (Heidegger, 2008a). Primarily it is *Dasein* that is (in) authentic and everything else - temporality, the future, the past, etc. is (in) authentic in relation to *Dasein's* (in) authenticity.

Uneigentlichkeit [Un-authentic] self is the 'they-self' (Heidegger, 2008a) which is a mode of carrying along in the crowd, unburdened by guilt and conscience. It is to think of people as "interchangeable occupants of impersonally defined roles" (Mulhall, 2005, p. 71).

The dynamics between *Eigentlich* and *Uneigentlich* selves have an effect on personal well-being and quality of work (Wilson, 2015). Wilson (2015) concluded that Heidegger's notions of *Dasein's Eigentlich* [one-self] and *Uneigentlich* [they-self] offers an analytic framework for understanding people's lived experience in a changing and challenging workplace. She continues: "an over-emphasis on the *Eigentlich* self would be stressful and burdensome, and an emphasis on the *Uneigentlich* self could mean that individual practices are not sufficiently challenged" (Wilson, p. 6).

Space and place

Interpreters do not have an office; their own space and place. Their work requires that they go to the clinician's room, the court room, the hospital consultation room, the class room. Most of the time they meet their clients and people of their community in public spaces; it seems that by being 'instruments' of language translators, they are thrown into a 'place'. Does the continuous moving between different spaces multiple times per

day take its toll on the interpreters' ability to stay focused on their work? My office is a profound representation of who I am – my books, my sofa, my pictures, my ornaments, all extensions of me which welcome the visitor into 'my world.' The content of my office constitutes the clothes I wear, things that are authentically mine. How does the non-existence of an own office play itself out and influence the interpreter's experience and mode of being? I seek understanding from Heidegger and other philosophers' notions of space and place to gain a better understanding of the meanings of space and place for interpreters.

Prior to Heidegger, philosophers used space between the physical body and the place of physical objects as the elements to understand everything in the world. The description of the world was based on an object-subject account of knowledge. Kant, for example, argued that space is a purely subjective intuition wherein the subject is worldless. Descartes and Leibniz's substance metaphysics are based on similar subject-object ontology (Gelven, 1989).

Heidegger's notion of 'Being-in-the-world' moves place and space away from the physical object subject dialect and puts it back in the middle, to a s/place between object and mind (Being). His phenomenon of *Dasein's* 'be-in' concentrates on what happens between the mind and objects and can be called the "primordial spatiality of action" (Wollan, 2003, p. 31). Heidegger does not reject the physical world, but says that it cannot explain the world. *Dasein's* 'in' the world is not the same as a physical object in a space, but its spatiality undergoes determining by in-volvement in the world. Therefore, space cannot be an abstract space of an object entity, nor a subjective 'space' but rather a mode of *Dasein's* existence in the world. It is not a question of whether *Dasein* is in space or whether space is in *Dasein*, but rather that "*to be in space is a necessary way that Dasein is in the world*" (Gelven, 1989, p. 67). Formal and objective space does not correspond with *Dasein's* 'felt' space. Heidegger (2008a) used the example of comparison between *Dasein's* 'closeness' to a friend approaching one on a pathway and the pathway itself. Objectively, the closest to *Dasein* is the footpath touching one's soles. Subjectively one can say that the friend is closest to *Dasein* when *Dasein* becomes aware of the friend. *Dasein's* concern decides what is the closeness and farness of what is ready-to hand environmentally. Whatever this concern dwells with beforehand, whether it is the contact with the footpath or with the approaching

friend, determines what is closest. This, according to Heidegger regulates our de-severances (dis-stances).

De-severance is therefore a characteristic [existentiale] of *Dasein*: "Only to the extent that entities are revealed for Dasein in their deservedness [*Entferntheit*], do 'remotenesses' [*Entfernungen*] and distances with regard to other things become accessible in entities within-the-world themselves" (Heidegger, 2008a, p. 139). The literal translation of *Entfernung* is remoteness or distance. Heidegger (2008a) used the hyphen in the word which puts emphasis on the negative sense of *ent;* which carries the same negative sense as 'dis-' in English. *Ent-fernung* thus means the abolishing of distance. (Similarly, for example, the word 'disengagement' means the abolishing of being engaged). Dreyfus (1991) suggested that Heidegger uses the word in this way: "…to mean *the establishing and overcoming of distance,* that is, the opening up of a space in which things can be near and far" (p. 130).

For Heidegger (2008a), place and self are intimately interlocked in the world of concrete work. Not only are tools literal "instruments" that have a functional purpose of their own, for example a hammer to drive in nails, but they create works or products that allude to the person who will make use of them: "the work is cut to [the consumer's] figure; he 'is' there along with it as the work emerges" (Heidegger, 2008a, p. 100). Casey (2001) interpreted Heidegger's (2008a) remarks of: "our concernful absorption in whatever work-world lies closest to us has a function of discovering" (p. 101) in that *Dasein's* absorption in its work helps to discover *Dasein's* own being-in-the-world and not just the external destination such as the market, (the clinician) for whom it creates in a work-place (office). It helps *Dasein* to grasp the particular place it is in as the particular person it is.

Heidegger (2008a) continues by saying that any work with which one concerns oneself is ready-to-hand not only in the work shop (office, court, class room) but also in the public world (roads, buildings, corridors, foyers and waiting areas, classrooms, bridges, streets). *Dasein's* concern discovers Nature as having some meaning and direction. Through the environing Nature (*die Umweltnatur*) *Dasein* discovers that a railway platform, for example, takes account of bad weather when it starts to rain; the street lights on a public road take account of specific changes in the presence or absence of

daylight. The waiting room and even the corridor to the clinician's office takes account of neighbouring, face to face meeting, and habitude for the concernful interpreter.

Casey (2001) used the word '*habitus*' and proposed that it describes that middle term between place and self, and in particular, between lived place and the geographical self. It is that which ties place and self together. '*Habitus*' serves as a figure of the in-between; not only of that space between nature and culture, but also between consciousness and body, self and other, mechanism and teleology, determinism and freedom, even memory and imagination. '*Habitus'* is not merely routine but something improvisational and open to innovation.

Heidegger stated, in his lecture on *Building, Dwelling, Thinking*, that: "space is in essence that for which room has been made, that which is let into its bounds" (Heidegger, 2008c, p. 356). A space is something that has been made room for by being 'granted', and 'joined'; that is, 'gathered' by the thing as a location. It is also bounded: a space is "cleared and free, namely within a boundary" (Heidegger, 2008c, p. 356), for example an office, corridor, or playground. Space is part of place in that it gradually contributes to the making of a place. It seems that space is implicit in place.

How does the clinician's room impact the experience of interpreting? The atmosphere itself provides a 'leeway' within which things in their richest sense can have a home. The leeway must be 'thrown open' by connecting with a 'there' or 'yonder' back from which a place for things may be established or enjoyed. Anything that gives us room and allows us to do something gives us a possibility; that is, it gives that which enables us. Possibility, understood in this way, means something more than mere opportunity (Casey, 1998).

Can an interpreter 'make room' for a space in the therapist's room and provide the possibility of a leeway in which all three individuals feel connected? Rediscovering the importance of place in this way is like finding a conceptual neighbourhood where one can feel at home; where one can dwell face-to-face in the nearness, even the uncanniness, of sheer possibility. The clearing/opening is consistently conceived as an activity that 'makes room' [*einraumt*] for something more particular to take place; or, rather, to have place within its free ambience (Casey, 1998).

Dasein is concern [Sorge]

'*Sorge*' as used by Heidegger (2008a), has basic two senses: Concern [*Besorgen*] about the ready-to-hand (i.e. shoes, hammer) and solicitude [*Fürsorge*] for other people (face)

> …care thus embraces and reintegrates what we know about *Dasein's* temporal nature. Care is correlative to the significance of the world. Only if Dasein is care can it dwell in a significant world, and only if it dwells in a significant world can Dasein be care. (Inwood, 1999, p. 59)

Dasein is not a special attitude, but it is *Dasein*: it lies before every attitude and situation and always includes concern and solicitude [*Fürsorge*]. Perhaps this is the call of consciousness?

Sheehan (2015) stated that Being is structurally a matter of minding [*Besorgen, Fürsorgen*], "… it embraces the unity of these ways in which Being may be characterized" (Heidegger, 2008a, p. 237). In other words, by default, Being in its everyday ex-istence does not encounter/experience things as objects, but rather is involved and concerned with them. This '*Sorge*' creates the possibility of meaning of the clearing – that which is thrown upon or which Being is (*ver-*)'*fallen*' away from (due to angst of its own mortality). The object of minding is the meant, and the meant is always meaningful (Sheenan, 2015). Meaning cannot *not* be, because Being is the thrown-open clearing that makes meaning possible and important. This, according to Sheenan, is what Heidegger means by '*falleness*' [*das Verfallen*]: overlooking (not taking notice/not being aware of) the clearing despite the fact "what is closest [= the clearing] is the farthest, and what is farthest [= meaningful things] is closest" (p. 116). Paradoxically, Being as the clearing cannot be grasped, yet it is always present-and-operative but hidden and unknowable in its why and wherefore.

According to Dreyfus (1991) 'de-severance' can be better understood by replacing it with 'dis-stance'. Further, he distinguished dis-stance (with a hyphen) from distance in that dis-stance has no measurable degrees as in the case of distance. Dis-stance, however, makes it possible to encounter degrees of nearness and remoteness. Once an object (friend on the footpath) shows itself in the referential nexus of *Dasein*, it becomes dis-stance and can be more or less available and accessible for *Dasein*. The

degree of availability and ready-to-handedness [*Zuhandenheit*] is determined by *Dasein's* concern [*Sorge*]. The role of concern [*Sorge*] in opening up the possibility of nearness and remoteness is essential in distinguishing between the nearness or remoteness to *Dasein* vis-à-vis a specific object. Heidegger (2008a) said: "Every entity that is 'to hand' has a different closeness, which is not to be ascertained by measuring distances" (p. 135). That what is close regulates itself by its usefulness which is established by *Dasein's* concern [*Sorge*].

Dreyfus (1991) explained what Heidegger meant by referring to the notion of 'being-in'. He distinguishes between two senses of 'in': namely 'in-clusion' and 'in-volvement' which he relates to the distinction between available equipment [ready-to-hand; *zuhanden*] and occurring objects [present-at-hand; *vorhanden*]. Wollan (2003) used the container metaphor to explain the objects as they occur in 'world-space'. The table is in the kitchen. The kitchen is in the house. The house is in the city - until something is eventually in world space. Heidegger (2008a) suggested that such unlimited space can be characterised as 'present-at hand' [*vorhanden*] because: "they are of such a sort as to belong to entities whose kind of Being is not of the character of Dasein" (p. 79). Heidegger formulated two further space concepts; regions [Gegend] and *Dasein's* spatiality. Regions refers to the space in which Beings flow and act upon through their daily life; spaces such as work (office), play (field), and living (home). Regions, in contrast to world-space, are characterised by their usefulness and associated with tools and equipment (ready-to-hand) (Wollan, 2003). Inwood (1999) described Heidegger's notion of Gegend as the general 'whereabouts' of something rather than its exact position. A region is larger than a place. What defines a region is specified by *Dasein's* orientation (and practical needs), and not by geography; some things belong to one region, the kitchen, others in the garden, the shed. 'In the region of' means not only in a certain direction, but also within the range of something that is in that direction: "The kind of place which is constituted by direction and *Entferntheit* (remoteness)…is already oriented towards a region and oriented within it" (Heidegger, 2008a, p. 136). Beings orientate themselves by regions in various ways; 'up above' is what is on top of the mountain, 'down below' is that which is in the savannah, 'behind' is what is in the bush, 'in front of' is that what is at the tree. "…all 'wheres' are discovered and circumspectively interpreted as we go our ways in everyday dealings; they are not

ascertained and catalogued by observational measurement of space" (Heidegger, 2008a, p. 137). It seems that space is opened up as such that it gives the possibility of distinguishing various regions and determining certain places in the regions.

Similar to the opening up of the possibility of nearness and remoteness is the role of *Dasein's* mode of concern [*Sorge*] essential in opening up space. Regions are always ready-to-hand [*zuhanden*] already in individual places. Places, on the other hand, either get assigned by *Dasein* to the ready-to-handedness [*Zuhandenheit]* or we come across them. Thus, anything that *Dasein* constantly has ready-to hand in its Being-in-the-world has its own place. The 'where' and degree of the place's ready-to-handedness [*Zuhandenheit*] is again determined by *Dasein's* mode of concern and oriented towards the rest of what is ready -to-hand. The clinician's office has an arrangement of chairs, desk, PC, and other furniture according to their character as equipment.

In summary, *Dasein* is spatial because it cares [*Sorge*] (Heidegger, 2008a). Arisaka (1995) stated that Heidegger recognises the human character of space and its role as a condition of experiences and attributes it to our active being and our practical involvements in the world. Further, Heidegger captured the difference between the nominal expression 'we exist in space' and the adverbial expression 'we exist spatially'; adding 'space' to the verb 'exist' to express a modification to the meaning of space. He described spatiality as a mode/characteristic of *Dasein's* existence rather than conceiving space as an independent entity. De-severance [*Ent-fernung*] describes the way *Dasein* determines itself by making things available to the self; *Dasein* takes in place by making remoteness vanish and by bringing things close. (As I reach for the phone, it appears available and close in my reaching). Every act of de-severing is in this way aimed toward something or in a certain direction which is determined by *Dasein's* concern and by specific regions. Entities are revealed through de-severance's own availableness and closeness; *Dasein* always orients itself within regions which are already given to *Dasein*.

We can say that the tools in the kitchen (region) have a specific place. The kitchen makes possible place for the pots, cutlery, stove, glasses, dishwasher, and table. The whole determines what counts as the parts. Human beings usually see things as related and within wholes or sets. "We live in meaningful contexts, world of meaning shaped by our interests and concerns, which confer meaning on the things that inhabit those contexts"

(Sheehan, 2015, p. 131). *Dasein* lives in many such contexts at the same time. For example, while Philip is cooking dinner, he is packing the dishwasher, and sipping on a glass of red wine. It so happens then that when he switches on the dishwasher, a pipe bursts and the kitchen floor is flooded with water. What shows up in the present, that which has been thrown upon the man, evoked the possibilities of the things around him. The paper towels, for example, become dis-stanced (removed from distance) and ready-to hand to wipe up the water. Similarly, the glass of wine becomes remote (distanced) from the man (present to hand) focussing on that which is. All of these worlds of meaning are organised around intentional activities traceable to the man.

The therapy room as a region determines the space in which the clinician, interpreter, and client meet. The tools and occurring objects (present at hand) are the chairs, desk, PC, and for some clinicians, the interpreter. But, as Heidegger (2008a) makes clear, the ready-to-hand is not theoretically grasped at all: "the peculiarity of what is proximally ready-to-hand is that, in its readiness-to-hand, it must, as it were, withdraw [zurückzuziehen] in order to be ready-to-hand quite authentically" (p. 99). That with which we dwell in a therapy room are not the tools themselves, but that with which we concern ourselves primarily, the work – "that which is to be produced at the time; and this is accordingly ready-to-hand too" (Heidegger, 2008a, p. 99).

How will these notions of space and place; the clinician's room as a space impact on the interpreter's experience? How does 'making room' for the interpreter contribute to continue with that which exists between the interpreter and client?

Language

> "If you talk to a man in a language he understands, that goes to his head. If you talk to him in his own language, that goes to his heart" – Nelson Mandela. (https://voxy.com/about-us/)

I am a clinical psychologist and it is through language that I am able to do my job. I would say that language is the main 'tool' available for me to do my work. For the interpreters, languages are similarly the main 'instruments' they use in practicing their profession.

However, the interpreters use language and their ability to speak more than one language as a way to communicate what is spoken by the clinician and client.

How can Gadamer's understanding of language deepen my understanding of the interpreters' experience? How can Heidegger's description of the ontological structure of language which, as he says is not an instrument to be used to assign meaning but something that lies before us and is thrown amongst/beneath us, contribute to understanding of the way to interpretation and to experience language as saying? Our relationship with the world (other) is given in terms of understanding and interpretation, and these two interwoven notions are always mediated by language. The notion that "*Being that can be understood is language*" (Gadamer, 2004, p. 470, author's italics) is relevant here. In other words, language underwrites man's understandingly interpretative relationship with the world (Gadamer, 2004). To make this thesis clearer, Grondin (2003) explained it in its negative form: "the being that cannot be understood is that which is not language. We only understand the being which we can articulate in language" (p. 128). For Gadamer, language and understanding is a universal model of being, which enables us to define the meaning of truth in understanding. Understanding does not pertain to the speaker, but to what is spoken. That which can be understood is language, means that language is of such a nature that from itself it offers itself to be understood.

English is my second language, and even though I am fluent in English and have lived in an English-speaking country for more than twenty years, I still think and talk to myself in my first language. I dream in it and continuously translate between the two languages. Do the interpreters experience this too? Is their individual 'mine-ness' [*Ereignis*] richer and/or more open because of their pragmatic usability of different languages? Does this expand the ways in which they think?

Heidegger (1982b) suggested that to undergo an experience [*Erlebnis*] means that this something we experience overcomes, befalls, and transforms us. We receive it and submit to it; we endure and suffer it. The experience is not of our making; it happens to/with us. Accordingly, to undergo an experience with language means to enter into and submit to language by which the claim of language "will touch the innermost nexus of our existence" (p. 57). A central mode of *Dasein's* uniqueness is our special mode of

grammatical language wherein the world becomes perceptually structured in terms of thatness and whatness i.e. in terms of an understanding of being, understanding entities as entities. *Dasein* is a thrown possibility, not a given presence. The 'essence' of *Dasein* lies in its existence [*Existenz*]. In discussing language, Heidegger (1982b) said: "The ability to speak marks man as man…. language is the foundation of human being" (p. 112). Language is not identical with the sum total of all the words printed in a dictionary; instead –language is as *Dasein* is– it exists. *Existenz*, or being-in-the-world means being-in-a-language.

Heidegger, as interpreted by Taylor (2008) always moves to retrieve what is hidden, not in some beyond, but in the event of disclosure itself – the clearing itself, or language itself properly brought to light (listened to), will show us itself. Language opens the clearing, not by our doing, but this could not happen without us. We can only be attentive to the way that language opens a clearing [*Lichtung*]. Language opens the clearing and shows the way to an event of disclosure. The saying is a showing and lets what is coming to presence show itself. Language speaks by pointing, reaching out to every region of presence-ing – letting what is present in each case appear in such regions or vanish from them. Accordingly, we listen to language in such a way that we let it tell us its saying. Regardless of the sorts of saying we engage in, whenever we hear something we find ourselves caught up in a hearing that lets itself be told – a hearing that embraces all apprehending and representing (Heidegger, 2008b). Thus, it is the nature of language to show the way. Its neighbour is in the saying, in poetry, in the word and art.

Gadamer (1970) argued that one's experience of the world is always linguistic, and it is because of language that everyone has a world in the first place. The relationship between being and world, between beings is opened up [*Aufriss*] by language and effects the totality of being-in-the-world. Speaking, therefore, is the "most deeply self-forgetful action that we as rational human beings perform… speaking takes place in the process of a conversation" (Gadamer, p. 26). This happens within an interplay between listening, translating, interpreting, being in silence, amidst words, assumptions, facial expression. Accompanying this is respect where language develops/gains self-protecting and self-concealing power. For Gadamer, much more than the meaning of a word(s) is presence in speaking. It is the coming together of the 'something else', the

co-presence and that which is present which make up the evocative power of living speech.

Do the interpreters transform the languages spoken into a language that resonates and belongs to the client as well as the clinician? How does this process influence the 'way' that unfolds and takes them who are in conversation somewhere?

Heidegger (2013) stated that Language belongs to the closest neighborhood of man's being. As humans, we are linguistic to our core and we encounter language everywhere. To discuss language, Heidegger followed the phenomenological motto of back to the things themselves: "… to bring language as language to language" (Heidegger, 2008b, p. 399). Even though man speaks a language, language occurs as language because it speaks. To answer the question how language occurs as language, Heidegger (2013) analysed a poem titled: *A Winter Evening* and repeatedly showed that "Language speaks" (pp. 188, 191, 195, 207). In this way, language becomes the house of being (Heidegger, 1982b). "Man speaks in that he responds to language. This responding is a hearing. It hears because it listens to the command of stillness. Man speaks only as he responds to language" (Heidegger, 2013, p. 207).

For Gadamer (2004), language does not mean the grammar or lexicon of language; rather, the "coming into language" (p. 459) which has the structure of a hermeneutic experience. It is, therefore, more correct to say that language speaks us, rather than that we speak it. The coming into language of a poem is like entering into relationships of structure and order that support and guarantee the 'truth' of what is said. It is not only poetry but all coming into language that has something of this quality of self-attestation: "where the word breaks off, no thing may be" (Gadamer, 2004, p. 483).

Culture

> "Language is a road map of a culture. It tells you where its people come from and where they are going" – Rita Mae Brown. (https://voxy.com/about-us/)

Most interpreters come from a refugee background and most refugee clients seem to prefer an interpreter who belongs to their own cultural tradition. Some, however, prefer not to work with an interpreter who comes from the same culture. Does the

same cultural background enhance the understanding of the saying between the clinician and client, or does the knowing-beyond-the-words-said create anxiety in the client?

Lampert (1997), writing about cross-cultural interpretation, stated that each culture's history is the lines of connection with other cultural traditions. "Mutual interpretations reveal how their respective histories have been preparing ground for that contact, and so gives each a stake in interpreting the others' history as part of its own" (Lampert, p. 364).

To understand culture, we have to focus on our responsiveness to culture, in the same way that we have to focus on our responsiveness to language and listen to the language we speak. As language, culture is dwelling in man's closest neighborhood. As language, culture shows the way, and man is responding to it in the listening and saying. As language speaks, so does culture. Gadamer (1970) stated that language is the repository of a culture and that language reveals the thought forms of the culture. As language and understanding are inseparable, so too are language and culture.

Heidegger's discussion of the different types of language helps explain the relation between culture and language. He distinguished between two types of language:

1)   Originary language: feel for the word, mood, pulls us short, moves us, concerns us. It is 'soundless', that is, it 'says' the world without the use of words.

2)   Ordinary language: expresses the fact that originary language lets us see; everyday language we use to communicate with each other and only speaks in words. (Wrathall, 2005).

The originary language is what allows different worlds or cultures to be disposed differently and things to be the kind of things they are for those worlds. When we share an orientation to the world with others, we can communicate using the words of ordinary language because the essencing of originary language (feel, mood, pull us up) makes the same features of the world stand out for both of us as salient, grabs our attention, and allows themselves to be referred to by us. We share an originary language when the world is articulated in the same style for us, when we 'listen to

language', when language speaks and 'we let it say its saying to us'. Wrathall (2005) used an essay by Heidegger entitled *'The secret of the bell tower'* to illustrate this notion of language. It is about Heidegger recalling his youth growing up in a Catholic house where religion played an important part of daily life. He recalls how the church bells articulated the day, the week, and the year into distinct times and seasons. One could hear a certain bell and be put into the proper mood for a church service. When, in that mood, things could show up in the way appropriate for a church service.

> The ringing of the bells, aligned Heidegger's attunement to the world into a coherence grounded in his experience of the sacred, and allowed him to experience every particular thing in terms of the place it held in a world given meaning and coherence by God's presence. (Wrathall, p. 96)

The originary language ends up shaping the style of being of a culture. For this essence to prevail, the relations between beings must be articulated in accordance with that style. Originary language articulates the essences by sketching out in advance what can be experienced, perceived, or thought of things (Wrathall, 2005).

According to Gadamer (2004) the task of interpretation is "to make something alien accessible" (p. 199). Gadamer suggested that in order to recognise that we are in the presence of something that is not within our own historical horizon, we need to be 'pulled up short' – something needs to surprise us which actually shows the difference between the two horizons (Misgeld & Nicholson, 1992). How does the fusion of horizons, the hermeneutic engagement between the horizons of the clinician and interpreter that results in meaning, happen? Does the interpreter bring the horizons of the client and clinician closer so that both might experience a 'pulling up short' moment?

In other words, for understanding to be possible, we have to become aware (pulled up short) that we are dealing with another horizon which is not our own and needs to be negotiated and merged with our own. How does the gap between the interpreter's historical horizon and the clinician's narrow?

Heidegger (2004) differentiated between language spoken and employing language. Language is not merely the means of expression; common speech merely employs language. For Heidegger, thought and poetry do not use language or terms to express

themselves but rather: "thought and poesy are in themselves the originary, the essential, and therefore also the final speech that language speaks" (p. 128). Terms consist of sound-structure and sense-content which give significance to words. These sense-giving acts which fill word-sounds with sense are listed in alphabetic order in dictionaries, and when we want to know what a word means, we use the dictionary. This is what Heidegger describes as terms, "like buckets out of which we can scoop sense" (p. 130), and what we encounter at first when we hear speech and employing language. This 'at first' is what determines the meaning and sense of what is spoken. It is never what is near, but always only what is common. "It possesses the unearthly power to break us of the habit of abiding in what is essential, often so definitively that we never come to abide anywhere" (Heidegger, p. 128). To pay attention to what words say is different from what it first seems to be. To move one's attention away from the preoccupation with terms to what words say is difficult, because it is hard to detach from what shows itself at first and is common and nearest to us. In contrast, Heidegger described words as "wellsprings that are found and dug up in the telling, wellsprings that must be found and dug up again and again, that easily cave in, but that at times also well up when least expected" (p. 129). Listening to words, visiting the "spring again and again" is essential for the terms, the 'at first of what is common' speech to keep employing language and even develop its signification. Some words are not to be said in common speech because they resonate deep in the thought and knowledge of a culture's wellspring like holy water. Is this the reason for an interpreter being from the same culture as the client?

Heidegger's Involvement with National Socialism

How can we come to terms with the fact that Heidegger, who is considered one of the 20th century's greatest philosophers, was also associated with the National Socialism (Nazi Party)? In a historical examination of *Heidegger's controversy*, Thomson (2007) showed that this challenge has the character of a trial with an 'accuse or excuse' dichotomy, obliging scholars to take sides. Ongoing debate and competing interpretations exist which might tarnish Heidegger's philosophical work with political ideology. Many books written on this topic, such as Farias (1989), Wolin (1993), Lang

(1996), Young (1997), and Safranski (1999), argue both for and against the man and his philosophy.

It is not in the scope of this thesis to argue for or against Heidegger's involvement with the Nazi Party. However, in trying to shed some light on this, I looked back at the society, *Zeitgeist*, and historicity of the German *Volk* (people) of the time. The aftermath of World War I brought with it economic decline, unemployment, and challenges to social and state institutions of the Weimar republic from groups such as Bolshevists and empowered women (Feldman, 2005). Fascism emerged after the collapse of the Weimar republic in 1929 to rescue Germany from the threat of modernity, cultural decay, and chaos. Intellectuals and fascists alike saw themselves as guardians of values of the German Volk and in an ideal position to bring about change (Feldman, 2005).

Gadamer (1994) described the mood of the time in Europe as follows:

> To grasp this one must visualize the catastrophe of World War I and what the outbreak meant to the cultural consciousness of European humanity. The bourgeois society, spoiled by the long period of peace, had developed a belief in progress and a cultural optimism that came to characterize the liberal age. All of this collapsed in the storm of war…it is obvious that the profound cultural crisis that came over the whole European culture at that time would have to express itself philosophically, and it was just as obvious that this would be especially pronounced in Germany, whose radical transformation and collapse was the most visible and catastrophic expression of general absurdity. (pp. 3-4)

In his Notebooks, Heidegger confessed his support for national-socialism from 1930 to 1934 because he saw in it the possibility of a new beginning for philosophy. He believed the 'first beginning' of philosophy had led to a dead end. Technology and the technological world-view had pushed philosophy to the side (Grondin, 2015). In 1933, Heidegger was appointed as the first Nazi Rector of Freiburg University which helped to cast an "early sheen of intellectual legitimacy" on the Nazi Regime (Thomson, cited by Dreyfus & Wrathall, 2007, p. 32). Heidegger saw this as an opportunity to influence and revitalise German universities. His neo-Husserlian ambition to restore philosophy to "her throne as the queen of the sciences" (Thompson, cited by Dreyfus & Wrathall, 2007, p. 41) helped to fuel his political vision.

However, Heidegger resigned from office in 1934 and in his Notebooks, clearly recognises that he misunderstood and underestimated the 'real forces' at work within the movement (Grondin, 2015). Even though anti-Semitism was prominent in Nazi

ideology, it is startling to note how little Heidegger spoke and wrote about anti-Semitism. Babich (2016) confirmed that many commentators have noted that references to 'anti-Semitism' in Heidegger's writings and lectures are relatively few in numbers, despite the claim that it contaminated the whole of his work. However, the passages concerning the Jews in his Notebooks show that he, like other German intellectuals, did not escape the influence of the prejudices of his time and the propaganda of the Nazis.

Further, Young (1997) and Wolin (1993) confirm that there is nothing in *Being and Time* (Heidegger, 2008a) that refers to Heidegger's supporting the Nazis' ideology based on biology or race, or that supports anti-Semitic ideals. Neither does analysis of his work by other prominent scholars satisfy these accusations. Heidegger's work is accepted as a unique and refreshing contribution to the field of philosophy and many other disciplines (Safranski, 1999). Arendt, Jaspers, and Levinas, Jewish students of Heidegger, paint a picture of a philosopher and teacher who provoked wonder, but who, as a man in the end, was all too human (Safranski, 1999).

In conclusion, the connection between Heidegger's philosophy and his politics is an ongoing paradoxical controversy. As Babich (2016) stated:

> …those who are bound to ask the question of Heidegger and anti-Semitism, Heidegger and the Jews, we remain condemned to choose, in all Beauvoir's and Sartre's ambiguity – and that, as Taminiaux' reading of Arendt also reminds us, is nothing other than the meaning of authenticity, and that is life. (p. 154)

It seems that Heidegger lived his life, including his politics and philosophy, authentically. Life is indeed paradoxical.

Understandings from Buber and Levinas

In listening, one turns to the other, in such a way that it opens up a genuine dialogue. As a hermeneutic effort, listening seeks to create a relationship between two different worlds. Fiumara (1990) summarised the process as follows: "Listening is the attitude which can unblock the creative resources immobilized by the rigidity of (the) traditional… it is the readiness to tear away ideologizing modes of reflection which define and constrict the ways of coexistence" (p. 165).

Is it possible that by listening and re-listening to the recordings of my interviews with the respondents that my prejudice of the person has changed? Or did the unblocking of creative resources happen during our face to face conversations? Was I interpreting my own experience of the person while I was listening to his/her stories? It seems in a conversation a transformation from negative to positive happens with-in-between *Dasein's* ability, not only to dwell in the neighborhood of language, but also in the turning towards each other in conversation, in dialogically listening to each other. Buber and Levinas' philosophies guide me to a deeper understanding of what happens in dialogue between two and even three people.

Buber's integrative anthropology (man in relation)

Buber (2002a) developed, with his integrative anthropology, a philosophy that focuses on the study of man that is concerned not with human nature and the fabrics of human's collective, but with man insofar as man is possible in relation to other beings (Bieman, 2002). The 'I' according to Buber (1996) is never a single 'I' but always in relation. Further, human encounter consists of an act of speech operating with two basic word-pairs: I-you and I-It. Buber (1998) described the human condition as essentially an inter-human one and the wholeness of man is expressed in the creative tension between these two-word pairs. But it is only knowing I-you relation that makes possible the concept of wholeness of man. Buber's (1998) ontology describes the between as the "really real" (p. 10). The entering and being in relation means entering and being in an I-you relation. Human life and humanity come into being in genuine meetings, which Buber (1998) called "making present" (p. 59).

The I-It relation is the subjective experiencing and observation of the world, objects and things (Buber 1998). In this sense, another person can be experienced in the I-It relationship. It is, however, when the I meets the It in dialogue [*Zweisprache*] that the I-You relation can experience and create 'real living' (Buber, 2002b). [In German '*Zwei*' means two]. Buber (1996) said:

> The It-world hangs together in space and time. The You-world does not hang together in space and time. The individual You *must* become an It when the event of relation has run its course. The individual It *can* become a You by entering into the event of relation. (p. 84)

It seems that the I-you relation makes possible the experiencing of the wholeness of man, unreserved of what *is*; rather than the person as just the sum of parts, some labelled as objective and others as subjective (Buber, 1998). However, the I-You relation can not last long, and soon returns to an I-It conception. This returning to 'It' is, according to Buber (1996), a "sublime melancholy of our lot" (p. 68) because by its nature the reciprocity dynamic of the (mystery) 'You' is always pushed/pulled back into an object again and again. Buber (1996) summarises the 'It' and 'You' means by using an example of a butterfly: "The It is the chrysalis, the You the butterfly. Only it is not always as if these states took turns so neatly; often it is an intricately entangled series of events that is tortuously dual" (p. 69).

Buber (1998) argued that man, by nature of his humanness, needs confirmation in his being by the other and wishes to have a presence in the being of the other. It is from one person to the other that self-being is passed with genuine dialogue. When this occurs "the turning to the partner takes place in all truth, that is, it is a turning of the being" (p. 75). In accepting the other as a partner in genuine dialogue, even if the other disagrees with the other, one has affirmed him/her as a person. With this in mind, Buber stated that each partner in dialogue must have the free sense of acceptance to speak his/her mind whenever needed. When one, however, is concerned about his/her own effect as speaker and partner in the meeting, the dialogue becomes a failure. If the person tries to bring attention to his/her 'I', and therefore not enter the ontological authenticity of the being of genuine dialogue, the dialogue fails. The inter-human which otherwise could have been opened remains unopened. The focus on the I-It relation, the turning away from the I-You, has a damaging effect on dialogue.

Levinas' ethical responsibility, concern for the other, and more specific alterity gives me another possibility to understand hermeneutic phenomenology. Sebbah (2009) credited Levinas for having introduced phenomenology to France. He was a student of Heidegger, but became very disillusioned in his teacher when Heidegger's involvement in the Nazi political system became public. Levinas was Jewish and part of his family was wiped out in the Holocaust.

Levinas' (1998) ethical vision, and the link through all his writings, is the moral responsibility of one human being to another and, through this encounter, a relation to

all others (society), which manifests itself through justice. Differing from Heidegger's *Dasein*, which seeks alterity *in* the world, Levinas claimed that alterity comes to one only from the other. "I am another for the other (Levinas, p. 158); which means that the I is indefinitely subject to the other.

The Oxford Dictionary of English (2013) defined alterity as *the state of being other or different; otherness.* The original word stems from the mid-17th century Latin *alteritas,* from *alter* (other). The online Free dictionary (2015) (www.thefreedictionary.com) stated that *alterity* is used in philosophy to describe '*the quality of being different'.* Close to this description is the Princeton University online Wordweb dictionary's (2015) definition of alterity as *'the state or quality of being other; a being otherwise'.* According to Türkkan (2016) 'other' and 'alterity' are interrelated terms. However, during the 20th century Western philosophical debates, 'alterity' replaced 'otherness' to mark the shift from the privileged center of identity as the individual consciousness to a more moral and concrete other. No longer was the 'other' (in the world out there) seen as an inferior and reduced form of the individual consciousness ('the self'). The traditional Cartesian perspective would have the 'otherness' as an epistemological problem – a dialectical discussion of that which is not the same. With the term 'alterity' the 'other' is no longer described as something outside or beyond the self, but rather became deeply implicated in and with the self (www.blackwellreference.com). One can say this interpretation of the term 'alterity' belongs to the phenomenological philosophy whereas 'otherness' is more congruent with the metaphysical epistemology. Lawn and Keane (2011) argued that alterity is an important issue in contemporary philosophy because the word refers to a possibility that there can be other ideas outside a particular frame of reference (mode of understanding) that cannot be assimilated by that frame of reference. "The radically other refuses to be reduced to something within a familiar frame of reference" (Lawn & Keane, p. 9). They explained this abstract by asking the question, can one really understand a culture other than one's own? Is Judaism so distant from the reference points of Christianity, for example, that its fundamental beliefs can never really make sense from without, as it were? Whichever way, it seems that the meaning of alterity and otherness adjust constantly to the changes within the evolution of philosophy and its contexts.

Responsibility and concern for the other

Levinas focused on the conditions of responding to the other, of the possibility of hospitality and communication/dialogue (Bergo, 2015). His ethics are based on an ontology of communicative beings in social relations. The responsibility to the other is, for Levinas (1985), the infinite responsibility of: "…being-for-the-other *before* oneself – an ethical responsibility" (pp. 12 & 52). In other words, being addressed by the otherness of the other. The call of the other, which makes one feel responsive, and thus takes one hostage. One acknowledges the other to the extent that one considers oneself hostage. What this means is that in the encounter with the other, I experience the appeal of the other as directed at *me*. It orientates me to the other in such a way that my response happens without any intervening of my thinking or intentions. The appeal of the other touches me and I react to it with an undeniable responsibility to do something good for the other. This goodness is not a self-centred act, but happens out of goodness itself. As Levinas put it, "only goodness is good" (van Manen, 2014, p. 117).

I am suggesting that what Levinas sees in Heidegger's notion of '*Sorge*' is the 'Face' of the Other. Levinas described the uniqueness of the moment when human beings meet each other face to face. This moment of connection when the 'I' sees the face of the 'other', the 'other' also sees the face of the 'I'. The 'face' is naked (not hidden), and in the closeness of a face to face meeting the meaning-giving and clearing merges (care for the other). A new paradox emerges and the former paradox resolves: '*falleness*' [*das Verfallen*] changes. Levinas has moved from the '*falleness'* (overlooking the clearing and Being's angst for its own death) to a different phenomenologically meaning-giving: the face of the other 'calls' Being to care, to be concerned and, in doing that, the face of the other becomes the 'I'. The 'other' forces (captures) the 'I' to care and, in doing so, gives meaning to the 'I' in such a way that there is a sense that the death of the other becomes more important that one's own death. The care for the Other releases Being from its angst. Levinas (1998, p. 99) cited Paul Celan's famous quote "I am you when I am I" to explain this notion.

Levinas (1989) described the ethical relation and notion of alterity – (the state or quality of being other or different/otherness) as the experience of the otherness of the other. It explores the notion of being 'called/addressed' by the other. Experiencing this

response allows one to have experienced one's 'response-ability' (van Manen, 2014, p. 115).

Van Manen (2014) referred to Levinas' conversation with Rötzer (1995) during which Levinas explored this notion of being 'called/addressed' by the other as becoming (involuntary) a hostage to the other. Levinas stated that: "One acknowledges the other to the extent that one considers oneself hostage. I am hostage to *my* other" (Rötzer, 1995, p. 59). In fact, being addressed by the otherness of the other is a duty and can be a burden: "Every feeling as a state of mind presupposes being a hostage" (Rötzer, 1995, p. 60). It is an involuntary responsibility because, according to Levinas, one feels responsible to the other you meet, even before one may want to feel responsible. This notion of involuntary experience [*Erlebnis *1*], of ethical responsibility, is fundamental for Levinas, not only to the experience [*Erfahrung *2*] of human relationship, but also to the experience [*Erlebnis*] of the self.

In the German language it is important to note that an 'experience' has two different meanings. The English word 'experience' can be defined as the accumulation of knowledge or skill that results from direct participation in events or activities and the knowledge gained from participating or observing events or activities. In German, an experience can either be '*Erfahrung*' or '*Erlebnis*', depending on the context in which the word is used. According to Gadamer (2004) '*Erlebnis*' is more primordial – an experiencing or living through while '*Erfahrung*' is reflective of experience from a distance.

*1 *Erlebnis*: Contains the word '*Leben*' which means: life, to live, life-giving, alive. Experience something from within - from one's subconscious or gut feeling, something life-giving, alive, living through something, and lived experiences. Inwood (1999) said: "An Erlebnis is an experience with an intense effect on one's inner life" (p. 62). *Erlebnis* stems from the word *Erleiden* which means to suffer/to endure.

*2 *Erfahrung*: Contains the word '*Fahren*' which means: to go, voyage (i.e. a ship is sailing), travel, navigate, ascend to heaven. The knowledge gained from participating or observing events or activities, through navigating, going on a voyage/travel. Inwood (1999) describes an *Erfahrung* as: "an experience as, or of, an external, objective event and the lessons learnt from such an event" (p. 62).

The face of the other

In Levinas' (1961) phenomenology, the face of the other is immediately and affectively confronting, not as an object but in an unconstitutable expression (Bergo, 2015). The face of the other obscures all power of constitution. It is always out of context and disrupts any predetermined horizons. It presents two decisive characteristics: frankness and expression; "it 'speaks', it summons, issues a call, and thus, it is true, it is 'given' fully and as – in addition to the visible – an ethical language" (Sebbah, 2009, p. 60).

The face of the other is not in itself an object, but rather a primordial signifier which in the literal sense means 'seeing each other', and also signifies metaphorically what it means to 'be seen' (Critchley & Bernasconi, 2002). The vulnaribility of the face of the other makes an appeal on us: "we are being called, addressed" (van manen, 2014, p. 232). The 'I' in front of the other is infinitely responsible, not only to know the other, or to understand the world the other also shares, but responsible to respond to the otherness of the other, to an alterity which is paradoxically always on the verge of presence but never comes to presence. The face of the other is not a phenomenon, but an "…enigma which pierces phenomenality with command…, which Levinas calls 'expression', a meaning-giving which overdetermines any meaning-given" (Critchley & Bernasconi, 2002, p. 18).

Levinas (1961) emphasised that the relation with the other's face is not an object cognition. The other's face does not manifest itself by form or qualities. It *expresses itself*, and in doing so the notion of the face opens other perspectives: "…it brings us to a notion of meaning prior to my *Sinngebung* [meaning constitution] and thus independent of my initiative and my power" (Levinas, p. 51). This gaze supplicates and demands, it is deprived of everything and entailed to everything. "To recognise the other is to recognise a hunger" (Levinas, p. 75). It seems that the face of the other is not only a demand, but it also gives meaning in the sense that it makes an appeal to be responsive to the other.

In discussing Levinas' phenomenology, van Manen (2014) argued that his notion of goodness is open to interpretation. As described above, one's reaction to the appeal of the other is spontaneous, immediate, and unmediated by one's consciousness.

However, sometimes the appeal of the other can be more complex and may confront one to make a decision on how to act. The appeal that one experiences as a responsibility to act has to be interpreted. For example, if the other asks for something one cannot provide, or if several people make an appeal but one cannot respond to each and all. Further, the appeal of the other might be in conflict with one's own values which might create a difficult dilemma. According to Levinas, when such challenging situations occur or when a third person(s) enters the equation, the ethics turn into the moral. The ethical is absolute; it is prior to consciousness and one's intentional relation to the world. The moral, on the other hand, is relative and is always at some level conscious and must be interpreted and reasoned according to certain regulations of rules and codes of conduct. When the appeal of the other(s) creates doubt, conflict, or an unsolvable predicament, one must interpret how to respond in a manner that is of the best interest of the other while not harming the third person and inadvertently making a situation worse. In trying to have regard for the good of the third person, one might be confronted with oneself where one cannot be equally just and ethically responsible for both. This conflict between conscious and unconscious states of mind; an inter- and intra-relational counterpoint creates a tension both for the interpreter and for the clinician and client. The clinician has a moral duty of care for the client, and the interpreter has to follow a code of conduct when interpreting. Even so, moral consideration and decision making in the ethical notion of Levinas always takes its departure from the appeal the other makes on the 'I'.

Summary

Hermeneutic phenomenology is about interpretation (Safranski, 1999). It is the re-interpretation of that which has become so self-evident and the rediscovering of the original meaning of the phenomena in the context of lived experience. The phenomenon under investigation is the interpreter's experience working with refugees. The contemporary disclosure (Heidegger, 2008a) and my departure point happened during the interactions with interpreters. How the phenomena appears is part of the phenomena, and my own historical horizon into which I was thrown is how I interpret

while being open to the world which I am 'sharing' with the interpreters in time, space, and relationality.

By moving around the hermeneutic circle with activities of writing, reflecting, reading, and re-writing, I again become more aware of the phenomenality of interpreting. This guided me to the paradoxical relation-ness between the clinician and interpreter: the clinician's lack of knowledge of the client's language gives meaning to the interpreter's knowledge of both the client and the clinician. This is not necessarily a reciprocal relation of mutual dependence, action, or influence, but, as Levinas (1998) pointed out, that of an ethical relation of alterity: the experience of the otherness of the other. I have, therefore, decided to also explore the clinicians' experiences of interpreting.

The reflection of clinicians working with interpreters adds to translate and merge the horizons of interpreter, clinician, and client. It helps to understand better the way to interpreting, that which will become the communication, the common language.

Chapter Four: Method

 "Method, or 'the way' must also embrace Heidegger's understanding of '*Dasein*' as being-there, being-open, being in-the-play, going with what comes, awaiting the moment of understanding" (Smythe et al., 2008, p. 1392). Van Manen (2014) said: "The 'way' to knowledge and understanding begins in wonder" (p. 223).

This study is informed by hermeneutic phenomenology, in particular the philosophies espoused by Heidegger and Gadamer. The research aim is to get as close to the lived experience of being-there as can be expressed in words describing the experience itself. In dwelling with such data, researchers bring their own interpretive lens to the thinking and writing (Smythe et al., 2008; van Manen, 1990).

Gadamer (2004) claimed that the task of hermeneutics is to clarify conditions in which understanding takes place. It is not necessarily a method, but rather a thoughtful orientation to the phenomena under study; to what it means to live this life and to be human (Heidegger, 2008a; van Manen, 1990). Hermeneutics is the science and practice of interpretation (van Manen, 1990). "The lifeworld, the world of everyday lived experience, is both the source and the object of phenomenological research" (van Manen, 2014, p. 313). Hermeneutic phenomenology is not primarily interested in the experience of the participants, for the sake of being able to report on how they experience something, but rather to collect examples of 'possible human experiences' in order to reflect and discover the meaning that may inhere in them (van Manen, 2014, p. 313).

Gadamer (2004) said the question a phenomenologist asks is because he/she already has an understanding of that which is being studied. Van Manen (2014) argued that personal experience is often a good starting point for phenomenological inquiry. My personal life experience of the phenomenon being studied provides me with cues for orientating to the phenomenon. The patterns of meaning of my own lived experiences are also the possible experience of others and, therefore, recognisable by them. Thus, personal descriptions form part of a phenomenological research.

In Chapter One I discussed the rationale and significance of my study, as well as hermeneutic phenomenology and the reasons why I decided to use this method. My 'wonder' about interpreters' experiences opens a possibility of discovering, and the emerging of a question that both addressed me and is addressed by me. I have a relation with the phenomenon of interpreting and began revelation of my historical horizon and fusion of horizons in Chapter Two. My understanding deepened through hermeneutically exploring literature as a springboard to thinking and researching. Understandings from the philosophers, such as Heidegger, Gadamer, Buber, and Levinas, were discussed in the previous chapter and guided me to understanding my own prejudices and the preunderstandings informing my decisions about carrying out the study. In this chapter, I will describe how my 'wondering' about the phenomenon was enacted as researcher.

Ethical Considerations

Auckland University of Technology Ethics Committee (AUTEC) granted ethical approval for this study (see Appendix A). Although this approval process is part of carrying out a study, I was also aware of my own ethical responsibility toward the participants. Levinas' ethical responsibility and concern for others, as discussed in Chapter Three, gave me a deeper understanding of my own ethics and responsibility – both as a clinician and as a researcher toward the participants in my study. Ethics in research exists in our ways of doing and practicing research; it embodies our attentiveness to issues and potential problems each research situation brings (Davies & Dodd, 2002).

I protected the privacy of the participants by ensuring that no identifying details have been included in the data and research study. Once a participant had indicated that he/she was willing to participate in the study, a meeting was offered to discuss any questions concerning participating, including completion of the consent form, privacy, and where the interview would take place. It also provided an opportunity to address any potential conflicts of interest and power imbalances in his/her relationship with me. The participant always had the opportunity to withdraw at any time from the research project. This was also stated in the participant information sheet. No one expressed the need to withdraw from the research project.

All recorded and written material was treated as private and confidential. A pseudonym, chosen by the participant, was used on all material, including the final report, to protect the participant's identity. Recorded and written material is kept in a secured location and I am the only one who has access to the raw data. All materials will be professionally destroyed six years after the study's completion.

An implementation of the principle of protection in the interaction between participants and I is the minimisation of potential risk to the participant. Most of the interpreters are refugees themselves and, in my experience of working with this group of people, I am always very much aware of the possibility of vicarious traumatisation. To address this possibility, I offered the participants up to three free of charge counselling sessions with AUT Counselling Services (see Appendix B). Participants who were located in Christchurch, Wellington, and Hamilton were able to access local providers for counselling. I would pay the provider for these sessions should they be required. Fortunately, no one experienced distress or emotional disturbance during the interviewing process and thereafter. No one expressed the need to engage with a counsellor.

Recruitment of Participants

The inclusion criteria for potential participants were interpreters who were contracted by refugee resettlement centres in New Zealand (Auckland, Hamilton, Wellington, and Christchurch), who could converse in English, and who had worked with refugees for a minimum of three months. Interpreters who were receiving supervision from me were excluded from the study. Participants were recruited through word of mouth. I initially recruited four interpreters through personal networks. This was done in a non-coercive manner with the option to opt out. I met with each participant at a location of his/her choice to explain what the study was about. I knew the participants because we had worked together at the same company over a four-year period. Trust and rapport was quickly established and, after telling them about the study, I gave them the Participant Information Sheet (Appendix C) with my contact details (e-mail and telephone numbers). I asked them to contact me within three weeks should they decide to participate and/or ask further questions. We then arranged an interview time and

venue of their choice. The interviews were conducted at a place that was private, confidential, and agreed on by both the participant and I. Three participants chose to be interviewed in an office and one at home.

As more participants were needed I planned to present the proposed study to people such as chief executive officers, operational managers, team leaders, interpreter co-ordinators, and clinicians (psychologists, occupational therapists, body therapists, social workers, psychiatrists, nurses, general practitioners) working at refugee resettlement centres across New Zealand. Up to 12 interpreters were sought for the study. This number is deemed sufficient for a hermeneutic phenomenological study (Smythe, 2011). Recruitment was phased over a period of four months.

Participant information sheets and my contact details (e-mail and telephone numbers) were passed to potential participants, via the intermediaries. Potential participants contacted me directly to express interest in participating. Once contact was made with a potential participant, an interview with the participant was arranged. These were mainly held in the participants' offices.

Application for Amendments to the Study

Ethical approval was granted by AUTEC for an amendment to my study to include clinicians as participants (see Appendix F). I also adjusted the information sheet for the new group of participants (Appendix G).

Clinicians working with interpreters were recruited through word of mouth and through professional networks and societies (i.e. New Zealand Psychological Society). I presented my proposal to a group of clinicians working at a refugee resettlement centre in Auckland. Participant information sheets for clinicians (Appendix G) including my contact details (e-mail and telephone number) were handed out after my presentation with the request that those present pass it on to potential participants who would contact me should they be interested in participating in the study.

Eight clinicians responded and the previously outlined research protocol for interviewing and method was followed. All other relevant criteria for the clinicians were

the same as for the interpreters in the originally approved ethics application. The research aims, methodology, and proposed research output also stayed the same; with the added dimension of including stories and insights from the horizon of the clinician.

Table 1 below is a list of participants who were interviewed.

Table 1: Summary of Participants

Pseudonym	Discipline	Ethnicity	Gender
Benjamin	Interpreter	African	Male
Simeon	Interpreter	African	Male
Leah	Interpreter	African	Female
Ruben	Interpreter	African	Male
Bilah	Mental health nurse	United Kingdom	Female
Dan	Psychologist (Ed)	New Zealand	Male
Zilpha	Psychologist (Health)	Asian	Female
Rachel	Psychologist (Clinical)	New Zealand	Female
Joseph	Psychologist (Ed)	United Kingdom	Male
Naftali	Body therapist	Asian	Male
Levi	Psychologist (Clinical)	New Zealand	Female
Judah	Body therapist	United Kingdom	Female

Data Collection

Hermeneutic phenomenology is essentially a linguistic project. As such, I have gathered the data through semi-structured conversational interviews, a method widely used in qualitative research (van Manen, 1990; Willig, 2008). Prior to each interview participants signed a consent form (see Appendix D). I also reminded participants about their rights in choosing to withdraw, and to not answer any questions they did not wish to.

The interviews were conducted in English and lasted approximately one hour in length to enable the participants to tell their story. Even though I had allowed for a follow up interview to gather further information, this was not necessary. My sense was that the participants talked freely and openly.

The interviews were digitally audio recorded and then given to an independent person to transcribe (see Appendix E). As part of the data analysis, and for the establishment of participation between the participant and I, a copy of each participant's narrative

was returned to them to check that I had accurately captured their stories and to allow for additional comments (Caelli, 2001; Crowther et al., 2016). Once the narratives were approved, I started with the data analysis.

The act of dialogue (the interview as the research instrument)

Gadamer (2004) believed we cannot have experiences without asking questions, and that the path through all knowledge leads through the question. To ask a question is the opening up, and keeping open of possibilities so that we move beyond the semblance of the thing. The question, so to speak, breaks open the being of the object because the words which formulate this opened-up being are an answer. The being of the object lies in the being of the question.

 Van Manen (1990) explained that the only way to open up and keep opening possibilities with questioning is to keep ourselves deeply interested in that which made the question possible in the first place. According to van Manen, the purpose of phenomenological research is to "question something by going back again and again to the things themselves until that which is put to question begins to reveal something of its essential nature" (p. 43). Gadamer (2004) stated that the art of questioning is the art of questioning even further.

It is, therefore, not really possible for the phenomenological researcher to propose specific questions at the beginning of the study. This process of phenomenological questioning and hermeneutic dialogue of going back again and again to the things themselves, will pull the reader into wondering about the phenomenon as it does similarly for a writer. The phenomenological questioning teaches the reader to wonder, and "to question deeply the very thing that is being questioned by the question" (van Manen, 1990, p. 44).

Phenomenological questions may sometimes be difficult to articulate (Adams & van Manen, 2017). The authors encouraged students to play with different formulations of their question. It is not primarily the meaning of words but rather the lived experiences underlying the words that need investigation.

To engage in a hermeneutic dialogue and be drawn into the interpreters' experience I used the following beginning questions:

For interpreters:
- Tell me about the first time you acted as an interpreter
- Tell me about the interpreting you did yesterday
- Tell me about a challenging time as an interpreter
- Tell me about a time you felt you made a difference
- Tell me about your thoughts and feelings now upon reflecting on your experience of working as an interpreter

For clinicians:
- Tell me about the first time you used an interpreter in your clinical work
- Tell me about the interpreting session you had with an interpreter and client yesterday
- Tell me about a challenging time using an interpreter
- Tell me about a time you felt that the session with an interpreter made a difference
- Tell me about your thoughts and feelings now upon reflecting on your experience of working with interpreters

Data Analysis

Smythe et al. (2008) stated "working with the data is an experience of 'thinking'. ...It is to let thinking find its own way, to await the insight to emerge" (p. 1392). The written data becomes stories and themes. To identify thematic formulations from the data is not a rule-bound process, but a free act of "seeing" meaning (van Manen 1990, p. 79). The following methodical structure, consisting of six research activities, proposed by van Manen (1990) was used as a guide to analyse the data:

(1) Turning to a phenomenon which seriously interests us and commits us to the world.
(2) Investigating experience as we live it rather than as we conceptualise it.
(3) Reflecting on the essential themes which characterise the phenomenon.
(4) Describing the phenomenon through the art of writing and rewriting.
(5) Maintaining a strong and oriented pedagogical relationship to the phenomenon.
(6) Balancing the research context by considering parts as whole. (p. 30)

I started the process of interpreting the data using van Manen's (1990) principles of thematic analysis. Van Manen suggested a 'holistic reading approach' which captures

the meaning of the text as a whole. This phase is followed by a 'selective reading approach' in which certain phrases reveal the phenomenon. The third approach is a detailed reading of each sentence to reveal meaning within the phenomenon.

Once I had read through the transcripts I had the sense that I had a 'feel' for the participants' experiences. I made notes of themes that emerged (Conroy, 2003) and began to gain an initial understanding of what and how it was to be doing interpreting. I wrote a summary of the themes to give myself some structure and a framework. I became aware that all the interpreters' narratives showed one particular collective statement: interpreting happens in-be-tween people and this is much more complex than the mere word-to-word translation of language. Caelli (2001) said that "there are flows and patterns in the data that relate to each other" (p. 275). I read the transcripts again, while listening to the recordings at the same time. A further theme that emerged was the role played, and tension created, by the clinicians during interpreting sessions. I felt lost, anxious, and worried that my efforts to gather data were inadequate. I could not ignore this important theme, and just continue to recruit more interpreters, when my sense was that the clinicians could offer valuable perspectives as the receivers of the interpretation. While my original focus was on the interpreters' experience, I became aware and realised that their experience was more complex and interacted with the clinicians. Pondering and reflecting on this dilemma, and in discussions with my partner, I eventually realised that I was being pulled into a paradox. Long and continuing supportive discussions with my supervisors followed. We drew circles of interactions between clients, clinicians, and interpreters. I was gently guided to read Levinas and Buber. Things started to show themselves and became clearer.

As discussed in Chapter One, the turning in the hermeneutic circle of understanding has opened a new perspective on interpreting. As receivers of interpretation, the clinicians became part of the study.

Poeticising

My supervisor asked if I wrote poetry. It is not uncommon in phenomenological reflection to find oneself "poeticising" the essence of an experience. Poetry can hold

open meanings hidden in the text and show us an understanding and the possibility of the essence. Heidegger (1949) suggested that "our existence is fundamentally poetic" (p. 283) and that the essence of poetry is "the establishing of being by means of the word" (p. 282). The researcher as poet "reaches out with poetic thought into the foundation and the midst of Being" (Heidegger, p. 289). In his article on Gadamer's '*Lesebuch*', Palmer (2006) said that Gadamer refered to poetry as the 'living language'. For Gadamer: "… *living language… takes place in events of understanding"* (Palmer, p. 3, author's italics). The reality of living language is that it both reveals and conceals, such as we find in religious forms of expression, but above all in poetry.

A seed was planted and something 'opened up' in my writing. The poems I wrote came to me when I was stuck and lost for understanding. I wrote a poem after an interview that had touched me emotionally. Poems also came to me while I was drowning in books and papers, trying to make a specific notion of philosophy my own. I even started to write poems in my first language and translated them into English. This was a different and thought-provoking experience. I learned that writing poetry opened the way to freely thinking and saying.

The process of interviewing continued as I made appointments to meet with clinicians participating in the study. I realised that I became part of a rhythm within the process of interpreting and analysing a transcript which formed a platform for the next interview. My being-in-the-play gave me a sense of how the whole becomes bigger than its parts.

First, I read the entire interview to get a 'mood' for the content. I then dwelt with it and waited for experiences to announce themselves. I started to use coloured pencils to 'identify' and mark the idiomatic phrases. Each colour resonated not only with what was emotionally powerful but also with that which was hidden in the text. The colours gave me a different way of 'seeing' the meanings and interconnection of the texts, and a visual way of experiencing reflecting, interpreting, and understanding. This process reminded me of my high school science class where we were taught that if an object absorbs all colours but one, we see the colour it does not absorb. I wrote a poem about what the colours meant:

> **Reflecting…interpreting**
>
> I look into the pot of melting colours
>
> and see one that absorbs them all…
>
> reflecting purple…the colour of the face of the other
>
> Another…reflecting green…
>
> the colour of connecting in language and tradition
>
> There…brown-rustic, reflecting the colour of trusting
>
> Reflecting…understanding
>
> in the melting pot of colours
>
> *Philip*

I proceeded to copy and paste the themes onto a new document. The grammar and punctuation were edited to make the accounts more readable (Caelli, 2001). However, to keep the meaning and essence of the original words, I decided not to edit the interpreters' transcripts. I went back to the interview recordings and realised that we spoke to each other in the same English-from-Africa. I will discuss this phenomenon in the next chapter as one of the themes presenting from the analysis.

The final phase of interpretation consisted of a spiral of interpretation-writing-dialogue (Conroy, 2003). This movement is an ever-expanding circle of understanding and interpretation, a dynamic movement from projection to topic to new projection, and from whole to part to whole (Smythe et al., 2008). Colours, poems, and themes all formed part of this writing, discussing with my supervisors, and writing again. In doing this I became more and more aware of what Gadamer (2004) said: "all understanding is ultimately self understanding (Sichverstehen: knowing one's way around)" (p. 251). I bring my own understanding to the data and can only attune the reader to an understanding of the lived experience of interpreters. Within this process, the readers' understanding will return to their own because the "discovery of the true meaning… is

never finished, it is in fact an infinite process" (Gadamer, 2004, p. 298). I present my understanding in the data chapters that follow.

Trustworthiness

There have been many discussions in the literature on how the trustworthiness of qualitative research should be assessed. Some of these debates are ongoing and, as yet, no consensus has been reached (Cohen & Omery, 1994; Crotty, 1996; Emden & Sandelowski, 1999; Paley, 1998; Ray, 1994; Sandelowski, 1993). However, there is agreement that the framework used should reflect and express the underpinning methodology (de Witt & Ploeg, 2006; Koch, 1996; Leonard, 1994; Plager, 1994). I have followed the guidelines of Willig (2008) for the evaluation of qualitative research in the treatment of my data and reflection on the trustworthiness of my study. These guidelines are: integrity of theory, reflexivity, documentation on what was done throughout the research process, and transferability.

Credibility

According to Koch (2006), a study is credible when a researcher describes and interprets his/her experience of the research process. Further, the study should present descriptions that are faithful to the participants' experience and the reader should have a clear understanding in how the interpretations were derived by the researcher (Koch, 1998). Willig (2008) recommended that the researcher's interpretations should be checked by colleagues, participants, and other researchers. As described in previous chapters, my own experience of working with interpreters and my historical horizons (culture, traditions, languages) have played a significant part in my interpretations of the data. I have described in detail how I have handled and interpreted the data. This lends credibility to my study. I have maintained a journal throughout the study and have had regular discussions and feedback with, and from, my supervisors. All participants were given an opportunity to check that my interpretations of their narratives correlated with what they said. I believe this enhances the credibility of my study.

Transferability

Koch (1998) described transferability as a degree of similarity between contexts. It is the researcher's task to set a sample to let the readers have access to the applicability of the findings (Willig, 2008). The reader needs to have some understanding of the context of the participants in order to be able to make a judgement about levels of congruence (Koch, 1998). I have given detailed accounts and rich interpretations throughout my study. I have provided contextual information about the role and function of an interpreter and explored definitions of culture and cross-cultural communications. I anticipate that the reader will have a clear contextual sense of the phenomenon of interpreting.

Dependability

Koch (2006) described dependability as the transparency of the theoretical, methodological, and analytic choices throughout the study. It is an audit trail that contributes to a sense of trustworthiness and creates a feeling of confidence within the reader that the study was done rigorously. De Witt and Ploeg (2006) described dependability as an 'openness' showing consistent orientation and attunement to the phenomenon that is sustained throughout the research process.

My process has been audited in the following ways: I have described the methodology and appropriateness of it to the research question and its underpinning philosophical foundations. I have taken care with the ethical process, accessing participants, interviewing, and data analysis. Further, I have kept a journal in which observations, decisions, feedback notes from my supervisors, and drawings that helped me contextualise and think have been documented. Keeping a journal is both a part of the audit trail and, as Koch (1996) described, part of reflexivity. It is a record of the development of my thinking throughout the research process.

Summary

In this chapter I have described the 'way' of doing the research. The study is informed by hermeneutic phenomenology with the aim to get as close as possible to the lived experience. I have outlined ethical considerations and the approval process of AUTEC. Recruitment, data collection, and the use of dialogue/interview as research instrument contributed further to understanding how the research was done.

After interviewing four interpreters and commencing data analysis, I recognised a collective statement: 'interpreting happens in-be-tween'. This insight took me on a turn in the hermeneutic circle and changed the course of the research to include clinicians working with interpreters. I have described this process of growth and change in the application for ethical approval, as well as recruitment.

Finally, I have discussed the trustworthiness, credibility, transferability, and dependability of the study. I have laid the foundation for undertaking the study. The next four chapters will focus on the experience of interpreting.

Chapter Five: Language and Tradition

Introduction

This thesis has considered literature regarding the context of interpreters' experiences of working with refugees. It further describes how my own deepening understanding of interpreting guided me to explore clinicians' experiences of working with interpreters. In addition, the philosophical foundations and method provide an understanding of the research journey. Chapters Five, Six and Seven, present interpretation of the data considered essential to understanding the way of interpreting and thus addressing the research question: "what is the experience of interpreters and clinicians working with clients who are refugees in New Zealand?"

Experience of the World is Always Linguistic

Gadamer's (1970) notion of language is that one's experience of the world is always linguistic. It is because of language that we have a world. Human freedom, he continued, is intrinsically tied to language because the power of language allows humans to transcend their common concerns, to plan their future, and to reach out towards diverse purposes and goals.

Language happens in the space between humans and helps to define the space that humans share. Through language a world is disclosed. It is a world in which features are located, with a locus of strong goods, the objects of specifically human emotions and human relations (Taylor, 2008). Through language humans express their culture. Linge (2008) stated that to learn a new language "…one must virtually repeat the socialization process of the person who uses it" (p. XXXVII).

But what happens when two people do not understand each other's language and have to communicate through an interpreter? How does this 'interpretation' of the conversation effect the world being disclosed through language? Heidegger (1982b) argued that we hear language because we belong to it. We hear that which belongs to us, that which resonates, that which we somehow already know.

Furthermore, the way lets us get somewhere. Dwelling in language is a flow, a process of falling into conversation and no one really knows what the way will show or what the "outcome" of the conversation will give. Heidegger (1982b) put it as follows: "In Language as the saying, something like a way unfolds essentially" (p. 127).

To be free (and survive) Benjamin, an interpreter, learned the languages of the different countries in which he stayed as a refugee in Africa. He says:

> *I have learned the languages of the countries where I stayed as a refugee through their school systems and self-taught, because there was no-one to interpret for me. I have developed the attitude of "must learn", because I had no choice. It was very difficult not to have someone who could interpret the local language for me. This is the reason why I help the refugees today as an interpreter here in New Zealand.*

Benjamin was a refugee for many years and spent time in different refugee centres and countries where he learned the local languages out of necessity because there were no interpreters to help with translation. He says: "*I have developed the attitude of 'must learn', because I had no choice.*" By the time he arrived in New Zealand, he could speak more than four languages, and today he practices as a professional interpreter.

Benjamin became an interpreter because he underwent an experience [*Erlebnis*] with Language whereby he submitted, endured, and suffered it. It was not of his making, ("*I had no choice*"), but it happened to and with him. It overwhelmed and transformed him. This lead to an openness to ever newer experiences [*Erfahrung*]. He developed "*an attitude of must learn new languages*" to be able to survive in the foreign countries.

Through being in the languages, by "…living in the speaking of language" (Heidegger, 2013, p. 207), by being-with others which developed in listening to one another, Benjamin learned and continued his journey to freedom through expanding the ways in which he thought.

Benjamin chose his house as a place for us to conduct the interview. When I arrived, he greeted me in a uniquely African way that was familiar to me. The handshake, showing me around his house, and offering something to eat and drink is typical African hospitality. As I entered his study I can remember a feeling of being at ease, reminding

me of where I come from, a sense of attunement and belonging as I took in the African-ness of his being.

But it was on reflection, and after writing and re-writing the transcript of our conversation, that I realised what Benjamin was saying:

> *My client from Senegal can only speak French. Although there are some French people or French Europeans who can speak French, we are talking here about French-of-Africa! It is different from French spoken in France. And there are some words that are not allowed to be translated because they are taboo and unwanted in Africa. So, the European French interpreters, might not necessarily do the same job which I have to do as an African who can speak French of Africa like my client.*

> *In my home country, they speak French but when I arrived in the Congo who also speak French, I struggled to understand their accent and their local dialect. There was no one who could assist with translating.*

Heidegger (1982b) is of the opinion that different dialects of the same language, spoken in different parts of the country, are linked to the landscape (earth) in which the people are living. The differences do not come solely about because of different linguistic expressions and patterns of the speech, but rather that: "…the landscape, and that means the earth, speaks in them, differently each time" (Heidegger, p. 98). The body and mouth are part of the Earth's flow and growth: "…from which we receive the soundness of our roots" (Heidegger, p. 99). Not only do people from the same country (land) speak the same language, but people living in certain regions in that country have also developed specific dialects. For Heidegger, the landscape, the place where people live, is an important factor in the language they communicate and how they say things. How is it possible for the interpreter to translate this unique dialect and language? Can the interpreter translate and interpret the cultural language of his client into a different language?

Benjamin describes and explains the difference between European French and African French, and even the different dialects of French spoken in different countries. He also puts emphasis on the fact that even though the French interpreter can translate word-for-word, there are certain French-of-Africa words that are taboo to say/translate. Benjamin continues:

As an interpreter, I had to ensure that I am translating the English word of Kiwi into, for example Kirundi. I am not translating word by word but providing information by giving both the Kirundi as well as English context and meaning. An African from Africa can't understand the meaning of Māori or Kiwi words, such as Marae or Hui. When they say we have a Hui today, I have to explain that Hui (which is not an English word) means a meeting.

Benjamin uses specific English words from New Zealand [Kiwi] examples to underscore his point that his interpreting is more than word-for-word translation; he ensures he has knowledge of the broader social and cultural context of both the people for whom he is interpreting. Even though he does not speak English as the New Zealanders do, he understands their contexts and hence can provide the right information during an interpreting session. For Benjamin the culture, boundaries, and social notion of a people is embedded in their language.

How did Benjamin learn what he calls 'Kiwi' (English-of-New Zealand) and develop his own understanding of this language? Language is always developing and we are always on a journey/voyage of understanding: we are always in a process of learning a language. At the moment writing this thesis, I am in a process of dwelling in English- (of-Africa? of-New Zealand? of-academia? of-Windows 10?). Both Benjamin and I, when we speak to each other, do so in English-of-Africa. How did we learn this language when some of its terms are not even listed in dictionaries; yet the words that are found in our telling resonate deeply and forcefully in our understanding, thinking, and thoughts? When in Africa I speak this English-of-Africa; to do it in New Zealand when I spoke with Benjamin was an experience [*Erlebnis*]. We were dwelling face to face in the neighbourhood of (our) Language; the Way of Language showing itself in the Sayings of English-of-Africa. We hear it because we belong to it (Heidegger, 1982b).

Benjamin's French-of-Africa, which is different from European French, made me realise that my native language (Afrikaans) is, in actual fact, Dutch-of-Africa, which is different from Dutch spoken in Europe. Both French and Dutch spoken in Africa have developed into unique languages with different dialects spoken in different regions.

In understanding what Benjamin showed me, the following questions arose: Should I continue writing in English-of-Africa, or give the final draft of my thesis to an editor for re-writing into academic English? How is it possible for the interpreter to translate this unique dialect and language? Can the interpreter translate and interpret the cultural language of his client into a different language?

Benjamin gives the answers:

> *I have been forced to provide culture and social interpretations. The organisations and providers need to be aware of all clients' values and their culture before they start their intervention. It is controversial for Africans to put a mother and her daughter together in a group discussion. A child, even if she is an adult daughter, and her mother would not sit together and have a chat or share information which is related to their health. This protocol is not respected in the refugee settings and in the other organisations. They are providing information, in a very, very wrong setting because the mothers and children don't even sit together in their culture. Maybe the organisations should provide information to two separate groups: young people and mothers. After working as an interpreter for seven years, I still see providers are doing the same things.*

Benjamin experiences a conflict between being an interpreter as a translator of words from one language to another versus being an interpreter who speaks an African language and therefore is able to understand the culture and social notion of the people who speak the same language. However, as a professional interpreter, Benjamin has to operate within a code of ethics, boundaries, and systemic procedures of different organisations, and is obliged to only do word-for-word translation.

Benjamin realised at the beginning of his career that one must also translate the cultural and social context. He says he was 'forced' by external factors (miscommunication, lack of time spent with clients, lack of understanding and information) to go beyond word-for-word translation and started to interpret the cultural and social notions as well. The process of how information in Africa is conveyed and assimilated is very important for Benjamin to interpret and facilitate in the New Zealand context. If this is not acknowledged and done, the refugees will feel compromised and not able to assimilate the information. This could, in turn, have a negative effect on their health and well-being.

Benjamin feels 'forced' to provide cultural and social interpretation; 'forced' as if the clinician and situation have control over him? Does he then take the control, regardless of what the procedures and situation prescribe and start to educate the clinician about cultural issues instead of only providing word-for-word translation as expected? He says all organisations must know about cultures and thus he takes it on himself to educate them forcefully.

Benjamin translates, facilitates, and interprets the social and cultural context of his clients. He knows that African people have certain protocols to follow within the family structure. It is important to know and accept these protocols. If 'forced' to act outside this protocol (i.e. group sessions with mothers and children), they might not participate in the conversation because their culture does not allow them to speak about certain things in front of other family members. For Benjamin then, "to interpret" means "to facilitate the process" through using knowledge much broader than linguistic translations. The necessity to do this will not only provide more information, but also correct information and understanding.

It seems that the language spoken (or not spoken) is for Benjamin an expression of the culture lived. All cultures have taboos in communication and have to wait for silence to open the right moment to talk about things that are taboo i.e. sex, religion, politics. Benjamin talks about taboos that cannot be allowed to be translated. What does he mean by this? Does he interpret the words or explain to the clinician the meaning or that it cannot be translated? Or does silence allow them to talk about it?

Interpretation is the act of understanding. Every interpretation has the possibility of a relationship with others. "There can be no speaking that does not bind the speaker and the person spoken to" (Gadamer 2004, p. 399). In a dialogue, the interpreter's task is not simply to translate what the other is saying, but to express what is most appropriate to him or her since he/she is the only one who knows both languages being used (Gadamer, 2004).

Gadamer (2004) further argued that every translation between two foreign languages is in itself an interpretation. The interpreter who does the translation has to translate the meaning and context of the language world of the speaker into a new language world wherein what is said be preserved and understood. Further, this translation happens consciously and by explicit mediation which is not the norm in a conversation between two people speaking the same language. There is always a gap in translation, which can never be closed, between the spirit of the original words and that of their reproduction. Having to rely on translation "is tantamount to two people giving up their independent authority" (Gadamer, p. 386).

But, as I have discussed in Chapter Three, it is not only the gap in translation that has an effect on the conversation. Much more than just the meaning of a word(s) is present in speaking; it is the coming together of 'something else'. Just as the idea of the beautiful is present in what is beautiful, so do the words spoken reveal themselves in what is said (Gadamer, 1970, 2006).

The point I wish to make here is that having to depend on an interpreter's translation doubles the hermeneutic process (a conversation between oneself and the interpreter and simultaneously a conversation between the other and interpreter). Dan, a clinician describes how he misses the direct connection with his client when having to work through an interpreter:

I miss the direct connection with the client that you get when you both speak the same language. The obvious thing is when it's your own language, even if it's a bit of a different cultural background, like a South African or an Englishman, you pick up 95 percent of the language based stuff as well as the nonverbal stuff. You don't always get it even if you're all from a Western culture. There's just a sense of the immediacy and understanding. It's also easier to be in tune with the client who speaks your language.

To be in a conversation with another who speaks one's language is, for Dan, an experience of 'own-ness'. There is a sense of immediate connectedness, without a delay, and understanding that can only be interpreted in his own language. The uniqueness of conversation in his own language is to be in harmony, in balance with the other person. Dan emphasises the 'own-ness' of his language by acknowledging that even though the other person is from a similar country culturally and speaks the same language there is a possibility (5 percent) of misinterpreting and misunderstanding.

Rachel, also a clinician, describes the 'gap' in interpreting as a delayed action and reaction phenomenon:

The other difficulties for me to get used to with working with an interpreter was that delayed reaction stuff. When I say something and when she says something and then the client says something and then she says it back to me… that reaction and delayed reaction stuff. You actually don't know what they're saying so that, that delay… that is difficult.

You can be attentive and stuff, but because you don't know what they are saying it makes it very difficult to be therapeutically encouraging at the right moment - when to interrupt, and who interrupts when either I or the client are talking for a long run. It's also hard to know when to interrupt when you don't know what is being said. When you're understanding what is said, you know when it is an appropriate time to pause things. I think it must also be difficult for the interpreter to interrupt me.

So, I think it is important having a working relationship with the interpreter. Kind of working as a team and know what to do with long dialogue and how and when to interpret. I felt I needed to develop a sense of trust and faith in the interpreter so that, though I do not understand what they are saying to the client, the information, things I said, enquiries I am making are conveyed to the client in the way I want them conveyed. It's important that you have trust and faith in the person you're using to do that.

Rachel finds the 'gap' difficult, and perhaps even frustrating, on two levels. Having to listen to the foreign conversation between the interpreter and client makes her aware that she does not know what they are saying. There is even a sense that she has lost her identity as the clinician in the room. Her second concern is that the therapeutic process might get lost in the 'gap'. It is not necessarily the disruptive stop-and-go process that may influence the flow of therapy, but also how to manage the 'gap'. She acknowledges that it might be similarly difficult for the interpreter to co-manage this; how much information the interpreter is able to take in before he/she has to translate it to the client. The solution, for Rachel, is to develop trust and a working relationship with the interpreter.

Naftali, a body therapist, recommends that the interpreter should be from the same cultural background as the client. In the following story, he describes why this is important:

> *I did have one experience where the interpreter was not from the same culture as the client – he was a Kiwi. He learned the client's language and could speak it, but he was not from the same region as the client. That was immediately noticeable for me; it wasn't, I suppose a, a subtle um, sublime interaction, yeah. He was very good with the language but not being part of the clients' culture, people don't relax so much and I could see some of the clients being a little withdrawn and standoffish. He also couldn't give me the background of the clients. I always get the story about the background of the client from the interpreter and I rely on the interpreter for that to be able to do my work.*

As a body therapist, Naftali does massage work and it is therefore important for the client to be relaxed and calm. In this story, it was important for Naftali that the client did not connect with the interpreter, even though he could speak the client's language. Perhaps Naftali needs to be in a quiet zone to be able to effectively work with the client's mind and body. This may be why he noticed the tension immediately in the office when the client met the interpreter. Naftali becomes part of this subtle, almost sublime, level of anxiety. He suggests that if the interpreter is from the same cultural background, the client will respond in a relaxed and calm way and this helps him do his work.

The Surprise in Conversation

A conversation is a process of coming to an understanding and language is the universal medium to achieve this. "All understanding is interpretation, and all interpretation takes place in the medium of language that allows the object to come into words and yet is at the same time the interpreter's own language" (Gadamer, 2004, p. 390). A conversation and interpretation is similar in such that the hermeneutic phenomenon of understanding is achieved through language. Tradition (historical horizon, historically effected consciousness) exists in the medium of language which makes the 'object' of translation a verbal one.

Is this the reason for Benjamin recommending that an interpreter should have a 'voice' to be heard? In the following story, Benjamin describes why it is important for the interpreter to be from the same culture, if not speaking the same language as the clients to translate it into meaning and understanding. He says:

> *What I have realised with my experience is that the clinicians have their own professional language and agenda which means they do not need to take the interpreter's viewpoint in consideration. Lack of time spent with the client is also an issue and the clinicians speak quickly as they want to finish on time for the next appointment. It looks like they just tick boxes and not considering the bigger picture i.e. the setting in which the interview is conducted, the cultural and social issues and background of the client. So, the voices of the interpreters are not taken into account simply because the clinicians and doctors think they know better.*

> *And for me it's very simple, the refugees need information, they need to have accurate information which, fits in their social and cultural setting. And the way to do that is through the interpreter who understands the culture and those values. The clients also need to have the opportunity to express themselves and their feelings about the information and organisations providing it. They need to have the opportunity to explain why they do not feel comfortable to talk about certain issues and what prevents them to express themselves. But, the way most organisations give the clients a voice to express their feelings is through evaluation/satisfactory forms. The refugees will not criticise the providers because they do not want to create some conflict in the future. They will just say "I'm happy, I'm happy."*

> *Interpreters also need a voice, because they are not acknowledged. We need the service providers to understand exactly how difficult this job we do is and how important it is to support people from different ethnic groups. Not only because*

they are from different ethnic groups and countries, but also because they are New Zealand citizens who have the right to accurate service and information in order to move forward.

Benjamin summarises his experience working as an interpreter: the clinicians have their own agenda and professional 'language', and do not necessarily take the broader picture of culture and social issues into consideration. The interpreter, on the other hand, who knows the client's culture and social background, is the best equipped to translate this information; yet this is not always recognised. Nor do clients get an opportunity to express their feelings about the information received. The current practice of completing a satisfaction form is not effective because the clients will not criticise the service. Lastly, the interpreters also need more acknowledgement for the difficult and important task they fulfil in supporting people from different ethnic groups to make sure that they receive accurate and timely information as citizens of New Zealand.

Benjamin is frustrated, perhaps sad and disillusioned after years of professional interpreting. The work of doing much more than just translating word-for-word, at times challenging the professional and ethical boundaries of interpreters, has not resulted in the changes he believes are essential. The clinicians, organisations, and systems, supposedly supporting interaction with interpreters and refugees, seem immutable. Perhaps, because of the fusion of horizons, the hermeneutic engagement between the horizons of the clinician and interpreter that results in meaning is not happening – the clinicians (or Benjamin) are not being 'pulled up short'.

Is the gap between Benjamin's historical horizon and the clinicians' too wide? Gadamer, in his speech to a small community at Leipzig University said "The shared past belongs incontestably to us as no present and no future can. It guarantees our future will surpass our imprisonment in the present" (Misgeld & Nicholson, 1992, p. 24).

Is Benjamin saying that his 'us', the small community of refugees and interpreters, are imprisoned in the present with little hope for understanding from the others? Yet he continues to 'educate', 'make that which is alien understandable', interpret, 'translate', and 'communicate' the horizons of the refugees in the hope that it might merge with the others. He has experienced [*Erfahrung*] during his journey to New Zealand that any

kind of contact between cultures means some cross-cultural interpretations have been taking place already. Perhaps he knows and agrees with the African philosopher, Ngugi wa Thiong'o, quoted by Lampert (1997) as having said:

> With each new explicit contact (i.e. philosophical discussions of the nature of interpretation), an interpreter will find points of shared concern within the other culture, some as a result of prior contact, some accidental, some arising anew from the ongoing meeting of interpreters. It is the interactions of interpreters, however they proceed, that are the communications, the common language. (p. 363)

Listen if you can hear me

You can only hear my talk

If you know where I have walked

Tall was my walk, far away…

But now, I must say:

…small my walk, minute my talk.

Listen if you can hear me

You can only hear me speak

If you respond to where I dwell

Tall was my house, far away…

But now, here, I must say:

Silent my walls, quiet my speech.

Philip

To Have a Voice

> Tradition is the historical authority that infuses and influences our thinking and acting. (van Manen, 2014, p. 132)

As a clinician, and in her experience working with interpreters, Rachel's story links with Benjamin's to the extent that here the interpreter gets a 'voice':

> *It is also important to have an interpreter of the same cultural background as the client. I mean, in terms of the client feeling more comfortable with the process because I think it's kind of intimidating having two foreigners asking questions. And also, I think the interpreter has served an important role in terms of cultural, education and process with me as well, kind of guided me about what is the most appropriate thing to do. I can think of one example: that was only at the end of the session and the clients have left when I and the interpreter talked about the session. The client was fourteen years old with anxiety issues and slept with two other siblings with mum in her single bed. The client was the oldest of the three kids, and did not want to leave the bed. I was asking the interpreter about that, I was wanting to know how that fitted in their culture. I was wondering what's appropriate here. The interpreter explained that normally they all would sleep in the bed but it would kind of be the youngest ones that would get priority. She said it was a culturally appropriate thing for all the whole family to sleep together. That helped me to accept this and not trying to change the behaviour.*

In this story, we see the importance of an interpreter who is from the same culture and tradition as the client. Even though the interpreter can speak the client's language, Rachel suggests, as did Naftali, that it will be less intimidating for the client if the interpreter, like herself, is not from a foreign country. This might make the client feel less anxious about the new environment and situation and may also give him/her a sense of belonging and comfort. Rachel gives an example of how the interpreter, who is from the same tradition as the clients, helped her to understand and re-interpret her therapy plan. From her historical horizon and professional ethical codes, it is 'not the proper thing to do' for the mother and her adolescent child and two other children to sleep all in one bed. She may have interpreted the 14-year-old child's anxiety was due to attachment or even fear of rejection difficulties and was planning to help the child with specific behavioural changes. However, as part of her therapy plan, she consults with the interpreter – asks for guidance and the interpreter's opinion of the issues at hand. For understanding to be possible, Rachel became aware, with the help of the interpreter, that she is dealing with a horizon which is not her own (pulled up short) and

this needs to be negotiated and merged with her own. The interpreter explains that it is culturally appropriate for the whole family to sleep together and that there is a system in place of who gets first priority in the mother's bed. This information helps Rachel to accept the situation and not to implement a behavioural modification programme for the child. In explaining the context to Rachel, the interpreter helps to narrow the gap between the clinician and the client.

In Naftali's story that follows, we see how the interpreter not only narrows the gap between the clinician and the client, but also between himself and the clinician:

> *I can remember very clearly the first interpreter I worked with. It was a very nerve wracking experience but fortunately for me the interpreter was quite experienced and he himself has a very gentle nature. He is from Africa. I remember the client clearly because I still know him to this day. He was a very nervous young gentleman the first time I met him at the beginning of the building here. He kind of wouldn't look at me; he would look down to the side and headed sheepishly towards the clinic room. I have never worked with black African people, and I was unsure and nervous, but the interpreter's English was very good and his demeanour very gentle when he talked to me and I became less aware of the cultural differences. He gave me some information about the client. As the session progressed I realised how sort of innocent or naive I was. So, this first experience had a very good result actually. It was because of the interpreter; it was through the interpreter, he had been kind of leading me a bit about what to do and advised me to find out more about this guy's story. I was very medically minded, so this was a different approach. I had no experience about the subtle things of how to interact with different cultures, so the interpreter was really good for that and guided me.*

Naftali is from a different culture and tradition than the interpreter and his client. Both the interpreter and client are from Africa, and Naftali had never worked with African people before. This made him nervous and unsure, perhaps experiencing feelings similar to his client who is guided to a body therapy room for the first time in his life. The interpreter is experienced. He gently and kindly talked to Naftali, and his command of English seemed to help Naftali become more relaxed. The familiarity of the language (English) spoken shows Naftali a different way; and he forgets about the cultural differences. The interpreter continues to guide Naftali through the session by talking to him about the client and showing him a way to work differently from his normal medical approach. As in the case with Rachel, the interpreter seems to be a consultant and bridge-builder between the clinician and client. It seems as if interpreters' life

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experiences give them 'something' to act in goodness. As Gadamer (2004) said, "An insightful person is prepared to consider the particular situation of the other person, and hence he is also most inclined to be forthbearing or to forgive" (p. 320).

A Translation into Conversation

It seems that once the interpreter gets a 'voice', a way to conversation unfolds. By giving the interpreters a voice, they might be able to transform the language spoken in the therapy room into a language that resonates with the client as well as the clinician.

As discussed in Chapter Three, Gadamer (1970) affirmed that much more than the meaning of words is presented in speaking. It is also the interplay between listening, translating, interpreting, being in silence, amidst words, assumptions, facial expression that accompany living speech.

Joseph, a clinician, describes the language of translation that reveals themselves in what is said between himself, the interpreter, and client:

> *I've worked with some of the finest people I could ever have the privilege to work with as interpreters and I think, it's that feeling, of connecting deeply, being the language. I guess what I'm saying Philip - that is the language. It's not just a mechanistic transaction of words, there's a whole lot more to it. I think to me it's complex. I mean the other side of that mechanistically is a bind because as you know everything takes twice as long! It can be frustrating because the interpreter can be talking and talking and talking and you know it's got nothing to do with what you're saying, it's something totally different but you have to be patient, you have to be there, because it's an important part of that communication.*

Some interpreters that Joseph has met through his work have become close to him and he describes it as a privilege to have worked with them. When in therapy and using one of these interpreters, the connection between himself and the interpreters is the language. Joseph struggles to find words to describe this deep feeling of connection. Even though this 'language' is complex, and difficult to describe, Joseph makes it clear that the interpreting process is not a word-for-word translation but rather a slow process of having a conversation. More important, is to be patient and to allow the interpreter to converse with the client, even though he does not understand what they are saying in their language. To be there in the 'game' of communication between the

interpreter, himself, and the client is, for Joseph, an important part of the conversation and language spoken.

Language speaks by pointing, reaching out to every region of presence-ing, letting what is present in each case appear in such regions or vanish from them. Accordingly, we listen to language in such a way that we let it tell us its saying. No matter what other sorts of saying we engage in, whenever we hear something we find ourselves caught up in a hearing that lets itself be told... a hearing that embraces all apprehending and representing. Thus, it is the nature of language to show the way (Heidegger, 2008b).

Like Joseph, Ruben (an interpreter) also struggles to find words to describe what happens when language speaks us, rather than we speak it. He says:

> *Yesterday I had to do interpreting in Arabic for a lady from Iraq. I was called to help as they couldn't find an interpreter and it was an emergency. Actually, I was not to be paid. I was driving home when they called me to help a lady who showed up with her son who is having health problems. They did not want to use her son as an interpreter as he was too young. So, it wasn't with immigration but it was about health emergency.*
>
> *Well I have not been doing this Iraqi Arabic often, mostly Sudanese Arabic. But I helped because you know the people must understand what they are saying to each other. It was a respectable middle aged lady and even if I could speak her language just a little bit, she respected me and very good rapport was established between us. Then she was telling me her issue, and I was listening. It was getting late but I was just listening. So, you know, it is not only the language, it is ah, there is something when you are interpreting that someone gets it. Because this language is not only a spoken language, or the words, but the assumptions that's being transmitted in a certain way - the facial expression, your body language, the lip tone, the tune, the mutual respect and all of the other cultural things; the age, everything you know. And the way you look - you've got to look acceptable because if you look frightening, you look scary the client won't accept you. So once they accept you, you get everything, whatever language they speak, you get it, and the client gets everything they need.*

Ruben is called upon due to an emergency where an Iraqi patient and the medical staff needed an Iraqi speaking interpreter. Ruben understands a little Iraqi Arabic, but is not so well accustomed to be able to interpret properly. Even so, he decides to help as far as possible with the translation of language. When Ruben meets the client, he senses a mutual respect, and she starts to tell her life story. Ruben could understand a few words

here and there, and he listened to her, without any interruption, for a long time. In this process, the language spoken is more than what is said. It is not only the spoken word but the meaning and interpretation of how and what is said that is part of the saying and conversation. Gadamer (2004) said, "the spoken word interprets itself to an astonishing degree, by the manner of speaking, the tone of voice, the tempo, and so on, and also by the circumstances in which it is spoken" (p. 395). One can also speak with silence, as Heidegger (1982b) said: "A man can speak… and all the time say nothing. Another man may remain silent, not speak at all and yet, without speaking, say a great deal" (p. 122).

Further, Ruben seems to be describing the ontological structure of language is something that lies before us and is thrown amongst/beneath us to experience language as saying. Our relationship with the world (other) is given in terms of understanding and interpretation, and these two interwoven notions are always mediated by language. In other words, that which presents itself in such a way to be understood has a language. A language happens between Ruben and his client. It happens in the space between them. Through this language, a world of emotions and understanding is disclosed. They were in tune with each other, and a mutual acceptance of each other and the situation into which they were both thrown emerged.

Levi, a clinician, is also aware of the language creating by interpreters that shows a way into conversation/dialogue:

> *The interpreter is integral to the process that is happening. They are very skilled, they are able to convey much more than words – language tones, body language both myself and the client's. They are also able to give me a huge amount of information about the way people use language, because that says so much about what they're communicating. The interpreter is someone who actually is part of a therapeutic context. It's different from working in a court room or working with the police or medics. In therapy, as I said before, the interpreter becomes me first. I take my hat off to them, I really do. I think they're amazing. I am actually in awe of anyone who can speak two languages. I don't. So to me someone who speaks more than one language is amazing.*

Not only is Levi highly respectful of anyone who can speak more than one language, she also acknowledges the interpreters' amazing skills to be able to 'convey much more that words'. The interpreters do not translate the language word-for-word, but they

translate the conversation, the way to language in such a way that they become part of the therapy process. Interpreters convey the way language is spoken in such a way that they create conversation. The 'gap' of translation seems to have narrowed so much that Levi experiences herself and the interpreter as one person, speaking the same language.

Referring back to the beginning of this chapter, Heidegger (1982b) argued that through language as the saying, something like a way unfolds which let us get somewhere. The interpreters emerge on a way through language showing Levi and her client the saying/that what is spoken.

Summary

In this chapter, we see that interpretation is an act of understanding. The duty of a translator or interpreter of a foreign language/text is to make something that is alien accessible. The interpreter must translate the meaning of the 'language world' of the speaker into a new 'language world' wherein that what was spoken is preserved and understood.

We also see in this chapter that, in doing interpretation, there is always a 'gap' between the spirit of the original words and that of their reproductions. This might influence the conversation and 'flow' of therapy. Further, it might also have affect the coming together of 'something else' present in living speech (Gadamer 1970). The 'gap' in translation and not knowing what is said in a foreign language may also make the clinician feel alienated from his/her role.

My interpretation of the data started with an interpreter's story about conflict and struggle, yet determination to make that which is alien to both the clinician and client accessible and understandable. It requires more than word-for-word translation. Interpreting means facilitating the process by explaining cultural and social traditions to the clinician. This shows that the 'gap' between the client and clinician, as well as the clinician and interpreter, paradoxically narrows.

This insight introduces the possibility that the way to interpreting gives rise to a unique language. As Gadamer (2004) said, "that which can be understood is language" (p. 470).

This language, as shown by the clinicians, is difficult to describe in words. It happens in the saying between the interpreter, clinician, and client. It is a conversation emerging and, in the saying, the 'gap' narrows.

Interpretation is an act of understanding and creates a possibility of a relationship with the other. Our relationship with the world (other) is given in terms of understanding and interpretation, and these two interwoven notions are always mediated by language. In other words, that which presents itself in such a way to be understood has a language. The possibility of having a relationship with the other through language will be explored in the following chapter: connection in relationship.

Chapter Six: Connection Between People: Trusting each Other

Introduction

We see that language opens the clearing [*Lichtung*] and shows the way to an event of disclosure. The saying is a showing and lets what is coming to presence show itself. In this chapter, the interpreters show how they are 'more' than just translators of language. They are an essential part and connection with the bigger system in which they live and work. Not only does the broader system depend on them to translate languages between clinicians and refugees, but they are also asked by their community to translate and transfer their needs and communication to wider society. We see that the interpreters are authentically placed 'in-be-tween' languages and communities.

Referring back to Chapter Three, I discussed Heidegger's description of *Dasein's* characteristics. One of *Dasein's* everyday manners is of being engaged in the inherited relations of the world. One cannot *not* be in a relationship. Dreyfus (1991) asserted that "Dasein is essentially Being-with" (p. 149) and, as such, has an existential-ontological meaning.

Trust

The notion of trust shows itself in all of the participants' stories. This is not surprising, because trust is an essential and dynamic aspect of human relations. The relationship between the interpreter, client, and clinician is the essence of my thesis. Trust is a social practice, defined by choices, and it seems that both trust and mistrust have a profound effect on the relationship with others.

According to Flores and Solomon (1998), trust(ing) and being trustworthy are both virtues of the character of an individual. Trustworthiness is a virtue of the character of a person capable of being dependable, responsive, and responsible. Trust(ing), on the other hand, is a virtue not limited to cases of trustworthiness. It is in some cases important, and even necessary, to trust someone who is untrustworthy. The ability to trust in a situation in which trust is required is a virtue. This opens up possibilities for the members in the relationship. It seems that trust is primarily about relationships and

thus depends on the roles and the relationship, as well as the particularities of the contexts.

A Trusting Connection

Through language interpreters are opening clearings and disclosing through being in connection with a community. Being among things in such a way is what Heidegger calls "dwelling." "It involves our taking care [*Sorge*] of them" (Taylor, 2008, p. 450). Through trusting, interpreters open clearings and connect with their communities.

Trust(ing) is a social skill in as much as communication, charm, and negotiation are social skills. "One learns to trust by trusting and that is how one gets good at trusting (which includes the knowledge of when not to trust)" (Flores & Solomon, 1998, p. 212). Society cannot function without some degree of trust. It seems that the interpreters' ability to trust also opens clearings and creates the possibility of understanding and communicating as illustrated in the following story.

Simeon, an interpreter, meets his client in the AUT English language class. Their connection through language and conversation comports itself to a meaningful experience [*Erlebnis*] for both. Simeon tells his story:

> *Three years ago, there was one case which touched me very much. It was a girl, 20 something, who was raped in her country and came here without any relatives. When she was narrating her story to me, it touched me. Yeah it touched me and very often she talked to me, because here she did not have relatives.*

> *I met her when I was interpreting for her in her class where she learned English. She was the only one and because of that we were sitting like a one on one session. So, I think from there we build a bond.*

> *She couldn't speak much English. She only started to learn English some four months ago when she was told that she will be going to New Zealand and there they only speak English. One day she asked me if we can talk in French, and since then she was talking to me in French only. And when other people were talking to her in English and she could not understand, she asked me and I was interpreting for her.*

> *Then during the breaks of her classes, she would call me because there was nobody to talk to and who listened to her story. I think it was good counselling*

for her because she saw that there are some people she can trust. She always just said that she doesn't trust nobody. She doesn't have trust in people but since she saw that not everybody is evil and she can trust me, yeah! That touched me... I think I did more than interpretation.

She asked me later to give her some kind of orientation where she can tell her stories because she was not aware that RAS exist. I told her briefly how the refugee compound at the refugee centre works, which people and organisations are involved with refugees. The next day when I met her she thanked me and said that she asked at RAS and they gave her a case manager who will also advocate on her behalf with Immigration and The Red Cross to find her relatives wherever they are.

When her orientation at the refugee centre was over, she was placed in Palmerston North and after a year she phoned and thanked me because her parents and siblings are with her. I was pleased to hear that. I think now we cut our telephones, I think I should cut mine.

Simeon describes a case which touched him on different levels. He talks about a Congolese woman for whom he was asked to interpret by AUT. She is alone; the only one in that specific class; the only one of her family who came to New Zealand; the only one whose first language is French. During their face to face meetings in class, a bond forms between Simeon and the woman. She starts to come to him during breaks and invites him to speak in their first language. Gradually she begins to trust him and eventually she tells the story of her past experience of rape and trauma. Through being her interpreter, Simeon becomes her counsellor. He realises that he has done more than just interpreting. By dwelling in language as neighbours, saying and listening, she trusts, which contributes to the healing process of her trauma. She starts to mix with others and, when needed, Simeon translates for her. She asks for help, gets herself a case manager and, within a year, she is re-united with her family.

Trusting is an existential concern which is not only necessary and important, but also a matter of personal responsibility. Trust(ing) is our own way of doing, of being. To create trust with others and to maintain that trust requires communication, dialogue, understanding, and continuous interpersonal action. Trust(ing) is not an 'agreement' or 'contract' between parties. It is a dynamic relationship in which not only speech but pre- and nonverbal behaviour of many varieties are instrumental (i.e. smile, touch, looks, gestures etc.). Trust(ing) is a verb and one has to do/be trust(ing). But trust(ing) is also

an emotion; like love, it is an emotional practice, shaped by our culture and grounded in our basic biology. Trust is essential for our well-being (Flores & Solomon, 1998).

Simeon describes the process of dwelling in language which happens to them when they 'fall into' conversation and no one really knows what the "outcome" of the conversation will be. "A conversation has a spirit of its own, and language used in it bears its own truth within it, i.e. that it reveals something that henceforth exists" (Gadamer, 2004, p. 345).

Simeon and this woman become neighbourhood 'relatives' through dwelling in language, trusting, discovering their connections [neighbourhoodness], speaking the same dialect, coming from the same country, being bounded by the same culture and traditions, experiencing [*Erfahrung*] fusion of their historical horizons, and carrying similar status as refugees in New Zealand. Perhaps Simeon becomes a surrogate brother/uncle/father/husband for her? This is customary in African culture. When her family arrive in New Zealand, he knows he and the woman have to cut their "umbilical cord"; as Simeon puts it: *"I think now we cut our telephones, I think I should cut mine, yeah."*

An interplay of the fusion of their historical horizons, the articulation of the engaging with their first language and the creating of trust touches Simeon deeply.

In the following story, we see how 'creating trust' between the client and interpreter comports more than just the translations of word-to-word, but rather becomes a therapeutic intervention. The transference and countertransference between the client and interpreter develops into a genuine dialogue and trust. Zilpha says:

> *My client is a young Columbian woman who is quite vulnerable and because of her own issues she was ostracised by her own community. She doesn't really have people or trust in other people. When we had an interpreter in the room initially the client was very suspicious. The interpreter was not from Columbia, but her native language was also Spanish like the client's.*
>
> *I think it was for my client probably confusing in the sense that someone speaks Spanish but is not from Columbia. She asked the interpreter where she was from and I could see the interpreter was quite mindful of the situation. She told the client where she came from but found it difficult at the beginning because the client did not open up. I think the interpreter initially blamed herself for the*

barrier, but as the session progressed the client gradually built a trust in the interpreter. At one stage the client was asking the interpreter why is she here and how did she end up in New Zealand. She also wanted to know how come the interpreter speaks Spanish. The interpreter answered her and gradually with this kind of brief period of exchanging information the client continue building trust. I think that really was for the interpreter rewarding to see the change because it's not a given anymore, people don't just trust you. You almost have to earn that trust and the interpreter really did earn the client's trust.

I also think what added to my client's confusion and created a dissonance for her was this double bind between: 'people who speak my language are not trustworthy' and 'this person who speaks my language but not from my country will be listening to all my personal details'. It was almost in a sense like exposure for the client to learn to trust. Not having to start with people in her own community, it was quite good and very helpful to have that specific interpreter - a stranger from a different cultural background but who can speak her language. The presence of the interpreter and being in a safe environment helped the client to gradually gain trust again.

The client is confronted with a double paradox when she meets the interpreter. She had fled from a country where Spanish (first language) was the official language of the oppressive regime. One could not trust Spanish speaking people. Then she met a non-Cambodian interpreter who spoke Spanish, and thus felt anxious and confused. She may have thought: *'people who speak my language are not trustworthy. But can I trust this person who speaks my language but is not from my country with all my personal details?*

They engage in conversation and exchange information about each other. The clinician stands aside, holding the safe environment while they continue creating trust. Both the interpreter and client benefitted. Trust grew. A safe therapeutic environment was created.

We have seen that trust finds its enduring essence through the bonds we create with trust(ing). "It defines our relationships and our relationship – our 'being tuned' – to the world. The 'being tuned' to the world [*Bestimmen*] image comes from Martin Heidegger, who talked more about mood [*die Stimmung*] than emotions or affect" (Flores & Solomon, 1998, p. 213). It seems that the authors' understanding of trust as a dynamic embracing of the world (being-in-the world) and created through interactions with others is similar to Heidegger's notion of mood and *Befindlichkeit*. There is an

attunement amongst the parties in a trusting dynamic *Mitwelt*. Trust(ing) is indeed a mood essential for *Dasein* to be-in-the-world and being-with.

It seems that 'trust(ing)' is a notion that dwells in the neighbourhood of *Befindlichkeit*, *Stimmung*, and moods. Trust cannot be taken for granted and it is not taking it for granted that makes it authentic even though, over time, it may fade into the background. As such, authentic trust "is an articulated emotional attitude that has wholly taken into account the arguments for distrust and has nevertheless thrown itself on the side of trust" (Flores & Solomon, 1998, p. 216).

I will discuss this notion of *Befindlichkeit*, which can be translated as moodedness or affectivity, further in Chapter Eight.

A Distrusting Connection

According to Flores and Solomon (1998), distrust leads to disharmony, alienation, and even paranoia. One might say that the absence of fear creates trust, i.e. walking down the street in a safe neighbourhood and taking for granted that nothing bad will happen. It seems that the presence of fear engenders the possibility of distrust.

Joseph, a clinician, introduces the reader to the notion of 'distrust' when he tells the following story of clients who do not want certain interpreters to work for them:

> *Sometimes the clients will say that they don't want a specific interpreter to interpret for them. The basis for that is lack of trust on the part of the clients. Sometimes the clients have some reason to feel that they cannot trust the interpreter who is most of the time part of the local community. Everybody knows everybody, so I think a lack of trust in an interpreter is to do with the closeness. And that's one of the problems with a small country like New Zealand, you have small groups and often people are people and they talk.*

> *The other thing is to do with lack of respect for the interpreter. I have had a case where clients have refused an interpreter because they've known him through their community and they've thought that he was dishonest. They thought he was doing things within their community, (whether it was true or not, I don't know), they believed that he was dishonest and they had no respect for him. Personally, they felt that they would be contaminated by allowing that person close to them here in the office.*

In fact I've had a number of those cases where clients have said to me that this interpreter is dishonest; this person is engaging in some sort of activities which are not legal. My response to this is that if you want to put forward a complaint you can, that's over to you. If you do, it will be dealt with. I've had a few complaints, not many but it's basically I think drawing a line between hearsay and a person who wants to make a formal challenge. When I receive a formal complaint, I then use the interpreter coordinator who is working here and she and I will work together and we will go through the process of interviewing each person and basically looking for an evidence-based position from which you can make a decision.

In the small refugee community, everybody seems to know about everybody else. Paradoxically, this closeness is the reason why some people find it difficult to trust others. Joseph believes this phenomenon can also be observed in a small country like New Zealand where one cannot easily disappear in the masses, as is possible in countries with bigger populations. But, perhaps he is also saying that people in New Zealand talk about others (gossip) more easily because everybody seems to know everybody else.

Joseph's experience with clients who do not want to use a specific interpreter relates to their seeing the interpreter as dishonest and thus they lose respect for him/her. Joseph is careful not to judge and advises the client to bring an official complaint about the interpreter. When he receives a complaint, he follows procedures to find out whether it is true or not. However, he is also aware of the closeness of communities amongst the refugees and even in New Zealand, which paradoxically lends itself to people talking about each other. Joseph's knowledge about this phenomenon helps him to separate hearsay from true evidence.

A Paradoxical Interplay Between Trust and Distrust

Interpreters often live amongst the refugees for whom they interpret. They are embedded within their community and as such familiar with the '*Mitwelt*' and '*Mit-dasein*' of the community. Further to my discussion of *Dasein's* characteristics in Chapter Three, we see that the possibility of being authentic or inauthentic lies in the fact that *Dasein* is always 'mine' (Heidegger, 2008a). This means that one can lose or

grasp it, but *Dasein* does not lose itself as one loses an object. Rather, it does so by falling concern. It forgets itself and becomes absorbed in terms of its current per-occupations. However, in its everyday existence, *Dasein* could also be in a mode of '*Indifferenz*'. As described in Chapter Three, in this mode *Dasein* is neutral and not subject to 'they' (Inwood, 1999).

But, because of their in-volvement with and in-clusion in their communities, the interpreters often experience that they are not simply interchangeable. This shows itself in their anxiety and guilt; an indication of *Eigentlichkeit* and tension between their authentic and unauthentic selves (Wilson, 2015). The tension between these two selves can further show itself because of variations in the role and experience of the interpreter when working with different clinicians and in different environments (i.e. psychotherapy, medical, courts).

Wilson (2015) concluded that this dynamic interplay between *Eigentlich* (authentic) and *Uneigentlich* (unauthentic) selves have an effect on personal well-being and quality of work. At times, the interpreter's authentic self might be so strong that it overrides (push aside, "weg-sein" – Inwood, 1999, p. 24) his unauthentic self (interpreting word-for-word routinely as expected by the clinicians, the they-self).

These unique positions may also have a negative emotional effect on the interpreter. Ruben describes this notion of 'care' for his community as a paradoxical experience:

> *I would like to tell you that, my job is not only an interpreter. I mean, I'm doing a lot of other work also. We are not employed as interpreters, we are just, contractors who do interpreting. So, you have to do other jobs, have to wear many hats in order to survive, in order to live, to pay your bills you know. That is a difficult part of our work – to be a fulltime devoted interpreter is impossible because you are not employed. And the other thing is, because we are interpreters and we are forerunners of the community, our community, needs help from us, so we do a lot of voluntary work for the community, like free interpreting, supporting kids settling in school and help with the community setting. For example, a refugee woman with eight children whose power has been disconnected because the bill has not been paid. Someone from the power company phoned her but they couldn't communicate because she does not speak English. So, she phoned me and asked for help. I cannot charge her for my services – I am not a private interpreter and she does not have the money. So, I got her details and phoned the power company to sort out her issue. Then I have to take her to WINZ [Work and Income New Zealand] to ask for more money to*

help her to pay her bill. And this is just one example… so maybe 60 percent of my work is free of charge.

Ruben describes how, in his role as interpreter, the expectations of him go beyond the client-therapist meeting. Once he becomes known within his community as someone who can translate 'their' language into English, he is seen as a valuable resource. When a woman with eight children has her power cut off, she knows she needs an English-speaking advocate. The person she turns to is Ruben. He did not ask for such a role; it is beyond his brief, but how can he say "No"? He knows she cannot afford to employ someone to do this for her. He remembers the eight children. He feels the call of his community; he cannot separate himself from the face of other (I will describe the 'face of the other' in more detail when discussing Levinas in the next chapter). He steps in and helps. This is not a one-off experience. Ruben estimates that 60 percent of his time is spent doing such voluntary work. No one outside of his community would appreciate this. Certainly, the service who called him in to do the initial interpretation would not recognise that this role would also place him at the voluntary service of the community.

The effect of the '*Mit-dasein*' paradox on Simeon, another interpreter, is that he withdraws from his community and feels that he has to avoid his clients. He tells his story:

> *It is hard to be an interpreter because, you find that the people you are interpreting for and who live together with you in the community are telling their life stories and personal things which you do not know about. And sometimes you have to break any type of relationship because when you meet them you recognise them as the person you interpreted for. And even if you just talk with someone in the community about life back home, you realise that other people think you are telling the person you are talking to their story because as an interpreter you know their cases. So, I don't visit people I have interpreted for anymore, especially those people whom I have interpreted for when they talked about their life stories and issues with doctors and psychologists. If I meet them in the mall, my strategy is just to greet them and avoid sitting down and talking about the past and their life. I try to avoid that. However, it is okay to go out with people I have interpreted for at the place where they learn English, because there it is not about their cases.*

Simeon avoids having a relationship with refugees in his community whom he has interpreted for at RASNZ (medical and psychological) because he knows their personal life stories. As an interpreter for medical and psychological services he knows the

individuals' personal difficulties and problems. Most people know him as an interpreter and he soon realises that, if talking in public with his RASNZ clients, others might assume that he is telling life stories which he is privy to have heard as an interpreter. He does not want to be in a position where his community does not trust him. The strategy to protect his integrity is, therefore, to avoid his RASNZ clients and not to have any relationship with them at all. However, he also has relationships with clients for whom he interprets at an educational institute. In this context, the clients do not talk about personal issues because they are only there to learn English. The professional relationship that Simeon has with a client seems to influence his ongoing relationship in the community.

It is not only individuals or a certain group of clients who take part in the play of Simeon's paradox. The effect that the community, as a whole, has on Simeon is shown in the following story. On the one hand, Simeon wants to protect his integrity and professional boundaries, yet he also wants to be part of his community:

> *There was this refugee who was accusing some of the workers of refugee services, not RAS, that they have stolen his goat. When it was time for the court he was refusing to be interpreted by any other interpreter but Simeon, because he said that I know him since the time he came to New Zealand. He also started building cases against other community members, interpreters, RAS workers and he always booked me to interpret for him. Because the community he belongs to is small, everybody knows each other and about his cases. So everybody was wondering and asking why that person is with me all the time? They start to say that I am part of his case. And that was a big challenge I faced, and I decided not to interpret for him anymore. So when the court case came up and he wanted me to interpret for him, I refused to do so, because I wanted to keep my personality.*

Simeon is well known, trusted, and has relationships with most of the people in this small community, whether personal or as their interpreter. Some of the people ask him continuously to be their interpreter and decline having another interpreter because they have known Simeon for a long time. They trust him with their cases. However, Simeon sometimes finds it very difficult to fulfil his role as interpreter. When confronted (without confrontation) by his community about a client who only wants him as an interpreter, they start associating Simeon with this person who has accused other community members. They suspect Simeon has something to do with the case and is

more than just an interpreter. Thus, it is a personal struggle for Simeon to separate his role as interpreter from his place in the community. In the end, he refuses to interpret for the client so that he can keep his personality and good name in the community. However, this may be at cost to his professional reputation. Simeon finds himself in a seemingly unresolvable position.

Leah also speaks of paradoxical conflicts with community members who do not trust her. They accuse her as someone who cannot keep secrets. They also accuse her of mis-using her power as an educated woman, one who has 'made-it' in New Zealand to deliberately block their applications for asylum/family reunification. She explains:

I am used to people who do not understand getting angry at me. For a long time, I was the only interpreter for specific languages in my community. I was going all the time to the new intakes at the refugee centre. I was called to the airport to escort refugees to the refugee centre and interpret for them for six weeks. I continue to interpret for them after the six weeks for follow up visits at the hospitals and everywhere.

So, and you know, when people don't have any education, anything which happens to them they think it is someone else who is the cause of it. So, for example, if anyone from the community applied for his relatives to come to New Zealand, and it is not successful, he blamed me. Because I worked all the time with them at the refugee centre, the refugees believed that I told immigration not to bring family members over. They believed that I have that power to tell who can come to New Zealand. So everybody in the community and any new person who came to New Zealand at that time was told to be careful with Leah, and don't talk to her. If you see her, run away. If they asked Leah to interpret for you, just say no, I don't want her.

You see, oh, it was too much! There was another man who came here, he was HIV positive at the refugee centre and his wife didn't know. I interpreted for them. The doctors told him that they want to inform his wife that he is HIV positive because she's not. He said no don't tell her, I will inform her myself. He didn't. And they left the refugee centre, they went into the community and the wife became very, very sick and was after 3 months diagnosed with HIV. She wondered where she got it from. Then the husband got sick as well, and was admitted to hospital. That was when the family found out that he was HIV positive for a long time. I don't know how the community came to know he was HIV positive, but the family accused me of telling the people in the community. I am a qualified interpreter and when you did the diploma like me it means that it's a proper certificate and so you become a professional. So you can't disclose anything anyway and you know if you do you get in trouble yourself. And in any

case, if someone talks about my health condition to others, would I be happy about it? Not at all. That is also another reason why I would not talk to anybody about someone's health conditions. And as I said before, I love this job a great job because you're meeting people and you make a difference. There are some people who need you in your community, so, for me interpreting is a good job.

So, that time, honestly, I was feeling very bad and I said I'm going to stop doing interpreting, I've had enough, I can't have stress all the time and people talking about me, so I said I'm going to stop from now. My husband is like a counsellor to me. He is a very strong man, he can tell you, don't do this, or do this and if you do something, he tells you don't do it, you'll get in trouble. So I always listen to him. He's like my, counsellor. And I do trust him 100 percent. And he said to me you're going to stop your job because of people? Because of gossips in the community? He said keep doing it and don't talk to anybody, you just go and do your job and come home and you'll see.

The cost of listening, carrying secrets and deeply private stories of other people in her community places enormous demands on Leah and carries hugely significant ethical responsibilities. Further, to know and not be able to take care [*Sorge*] of them but have to turn away from her 'dwelling' in-between them must have had a profound effect on Leah. Being accused of letting the secrets out and having to absorb accusations and anger, time and time again, has taken its toll: *I was feeling very bad and I said, "I'm going to stop doing interpreting, I've had enough, I can't have stress all the time and people talking about me."*

Leah wants to withdraw. Unlike Simeon, she cannot bear being criticised anymore. This multi-levelled standpoint, the 'in-being-twee' (two) in the middle of two paradoxical opposites is what Lampert (1997) described as the interpreter's position as both inside and outside the culture, neither just the one nor the other: always an in-between all. "Every interpreter has a multi-levelled standpoint: she has to 'perform the same act' as the original author, she had to make a validity claim in her own culture, and she has to stand aloof from both" (Lampert, 1997, p. 361).

Leah is like a chameleon trying to resist changing colours when the surface changes or danger threatens. She is like a chrysalis trying to hold back the life cycle and transformation to a Monarch butterfly. It seems that it is almost impossible for the interpreters to be in a mode of *Indifferenz*. Avoiding public places is therefore a means, for some interpreters, of not having to dwell in a concernful mode, as is the case for

Simeon (*"this is how I protect my personality"*) and Leah (avoiding public shopping malls) in case they meet clients or community members who might want assistance and use them as translator 'instruments'.

Leah's paradox, however, resolves because she turns to her husband. He is her confidant and gives her sound advice. She talks and listens to other people in her community. She continues:

> *Now everybody likes me! If they don't see Leah as an interpreter they don't go to the hospital. That's what happened.*
>
> *After a couple of years, half or 75 percent of people from my community came to apologise to me. They said they were told by these people when we come to New Zealand that you are a very bad person and that you stop people from coming into New Zealand because you have that power to tell immigration not to let people into New Zealand. They said that they were very, very sorry.*
>
> *Honestly, I feel good, it's a rewarding job and, because I had psychologists who work at RAS who help me and give me some advice and tell me what to do. And I learned a lot from my husband and I even learned from my community, where they come. Some of them don't have any education and if they don't even understand themselves what they say – they just believe anything. So, I have to forgive and just help people; it's a rewarding job, helping people who are in need and who don't know what to do and who don't even understand how the New Zealand system works. And I say to myself, I don't care. As long as I help people. It satisfies me very much. And honestly, I'm so proud of me!! Because I did help a lot of people and I even helped the people to find jobs here in New Zealand, so it's okay, it's alright.*

In Leah's moment of crisis (being mistrusted and accused of wrong doing by her community), she reaches a "point of contact" and "genuine dialogue happens" (Lambert, 1997, p. 361). Not only does the fusion of her professionalism and personal values 'protect' her from cultural gossip, but also the fact that she sought help and listened to her community. Through listening to others, Leah experienced the opening up of potential growth. Listening (specifically to her confidant) enables a basic trust, and even hope, that helps her to overcome her deep-seated fear. In listening one turns to the other in a way that opens genuine dialogue. As a hermeneutic effort, listening seeks to create a relationship between two different worlds. Fiumara (1990) summarised the process as follows: "Listening is the attitude which can unblock the creative resources immobilized by the rigidity of (the) traditional… it is the readiness to tear away

ideologizing modes of reflection which define and constrict the ways of coexistence" (p. 165). By listening, Leah managed to learn by unlearning at the same time.

In writing and re-writing, waiting and interpreting and re-interpreting the transcript, I was also interpreting my own experience of Leah: I learned by unlearning my original prejudice of her. She is no longer this powerful cultured person whose goal was to liberate the uneducated, but more of a teacher who can learn from her people:

> **Look through the bush to see what is in the bush**
>
> I look through your kaleidoscope
>
> and see in the mask of many colours
>
> a black diamond:
>
> professional, translator of languages, educator
>
> keeper of secrets…holding on
>
> Yet, accused by the uneducated of being spreader
>
> of the hidden, concealed truths
>
> Then, I listen to your story
>
> I look through the bush of Africa
>
> and see in it a teacher:
>
> learning from her community
>
> the uneducated become the educator
>
> the educator being educated
>
> and together they speak an unconcealed language
>
> *Philip*

Both trust and distrust are characteristic of *Dasein's* being in-the-world. Flores and Solomon (1998) referred to Heidegger's notion of 'being tuned' (attuned, mooded) to explain trust(ing) which they call Authentic trust. There are many ways to be open and engaged (being-) in-the-world. A bout of anger, for example, is intensely focussed and loud. Trust, on the other hand, is not like this. It is always a more general "being tuned" (Flores & Solomon, p. 216), even if its object is specific (trusting my partner to lock the door when she leaves).

Authentic trust wilfully overcomes distrust because of its acceptance of evidence for distrust. To be attuned to others with a mood of trusting reveals our 'throwning' into the world and the ability to create possibilities of Being-with.

It seems that *Dasein's*' thrownness' lies at the heart of creating trust. Trust(ing) is a part of a relationship (or culture) even if it seems to be not in play at all. As said before, trust is created (and damaged) through dialogue and conversation. The atonement through dialogue is not only linguistic. Trust is embodied in our physical presence to one another.

Looking Back at the Whole Picture of Connecting and Trust(ing)

One cannot *not* be involved. As a researcher interacting with the transcripts, I did not initially 'get' what was hidden in the following story told by Simeon. It was only after I had written the above poem about my connectedness with Leah that the moment of understanding revealed itself in Simeon's story:

> *Sometimes, someone is creating a case, and it is hard because other people, like the psychologist don't know it, but I feel it, and it is difficult to tell the people that I feel that the person is building another case which is not his. And because I am interpreting, I am not allowed to and cannot say that I feel this person has a hidden agenda, that this person is lying and building a case to get other things. That is the hardest problem for me when interpreting, when I know the person is not telling the truth but I cannot tell the psychologist that this person is lying. Unless maybe I am asked, but nobody asked me if I trust this person? And if the psychologist asks for my opinion I will try to give a balance between what I know the community know about him and what he is saying. Yeah, because sometimes people do exaggerate and make things bigger than what the problem or issue is. Especially those ones who live in the community: they experience some small problem here, but tell everybody it is a big problem, like what they have experienced back home. But on the other hand, they might do this because they try to push forward by getting extra help. But most of the time it is an exaggeration of their case.*

Simeon's knowledge and understanding of his community's political and social background, as well as his instinctual 'feeling' about when people are 'not telling what is there', contribute to the most difficult problem he experiences as an interpreter. He compares this 'feeling' with when you meet someone and you sense that he/she does

not like you. Simeon is describing a 'feeling' which is much deeper as a cognitive knowledge and observation of others and events. It is possible that he is referring to a cultural concept of 'feeling'. I have discussed African cosmology in my Master's thesis (Britz, 1992) and have cited Schweitzer (1985) who quoted a traditional healer to explain this notion:

> You see, we Africans believe a person is controlled by the intestines, unlike the whites. The whites believe the whole of the human body is controlled by the brain…my intestines tell me. (p. 33)

Simeon knows when a refugee has a hidden agenda, or perhaps continues with an exaggeration of his/her situation to receive more privileges, but he is not allowed to tell the clinician what he knows. He has to interpret word-for-word and, unless the psychologist asks him about collateral information or whether he trusts the refugee, he cannot disclose this 'knowing'. In over ten years of interpreting, no psychologist has ever asked for his opinion. A smart clinician would make use of Simeon's 'feeling' about the clients.

Reading the transcript of our conversation, I was 'pulled up short' and the 'gap/horizon' between myself and Simeon merged. My own experience [*Erfahrung*] working with interpreters reminds me again that understanding is 'a historically effected event' and that the task of interpretation is "to make something alien accessible" (Gadamer, 2004, p. 299). Simeon's strategy is to avoid any contact with clients outside therapy: "You *have to break any type of relationship, yeah I didn't visit people anymore."* This statement prompted a connection between my past and present understandings and I realised that that this is exactly what I do in the small community where I live and practice as a psychologist. I feel sad and sorry for Simeon who is actively isolating himself; yet the sadness and sorrow are also for myself. He teaches me to ask the interpreter about his/her opinion of the client and, in doing so, deepens my understanding and interpretation of what is said and not said. He shows me that the interpreter knows much more than just another language.

> **I say nothing……**
>
> Ask me….!
>
> and I will tell you
>
> what they are up to
>
> on the inside and outside
>
> of their stories
>
> But no one
>
> ……. asks me!
>
>
> **I ask nothing…**
>
> To keep my emotions masked
>
> I will not tell unless been asked
>
> That is my strategy
>
> to keep my personality
>
> in my own community
>
>
> *Philip*

Summary

This chapter describes relationships and the inherent being-with-others co-existence of being human. It exemplifies Heidegger's notion that *Dasein* is essentially 'being-with'. Even in the absence of others, being-with is always a characteristic of *Dasein*. Other people (e.g. my community) are always being-there with me in their presence or absence. One cannot *not* be in relation, or *not* be connected or *not* be involved.

Trust shows itself as a dynamic aspect of relationships. I have shown how trust is a social skill implemented by interpreters to encourage communication and dialogue between the clinician and client. Trust is also an emotion, shaped by culture and tradition and

bonds created between people. Paradoxically, this closeness can lead to distrust which creates disharmony, alienation, and anxiety.

The interpreter's position is in the middle between the clinician and client. Both need the interpreter to make something alien understandable. The interpreter is also with and in a community and, in most cases, is the only source of help, information, and guidance for the community members.

The position of interpreters as counsellor, as well as a voluntary community worker, becomes clearer. But paradoxically, members of the community and even clinicians do not always trust those who are the keepers of secrets and the only ones who really know what is said and done. Despite the effect on their personal well-being and quality of work, they cannot *not* be involved. Even though some interpreters pay a heavy price (isolation, stress, health) for being with and for their community, they cannot be indifferent. They care. This notion introduces the next chapter of responsibility to the other.

Chapter Seven: The Face of Other

Celan: "I am you when I am I." (cited by Levinas, 1998, p. 99)

Introduction

The interpreters within this study showed they could not be indifferent. They cared. They felt a deep sense of responsibility to the people in their community. To understand this sense of responsibility better, I turned to Levinas. As discussed in Chapter Three, Levinas' vision is about the moral responsibility of one human being to another and, through this encounter, a relation to all others (society), which manifests itself through justice. The responsibility to the other is an ethical responsibility (Levinas, 1985).

The following themes in the data emerged from my understanding of Levinas' writings.

The Face of the Community: Responsibility for the Other

In the following story, Ruben describes how through his role as interpreter and interpreting, he takes responsibility for his community. He says:

> My brain is almost like an interpreter machine. An interpreter machine is the same as driving a car. You don't drive a car thinking what I am going to do with my left arm or left leg. Or is my right leg doing the right thing, we just drive automatically. I mean we are driving it because our body and brain and everything is doing it - there is a network of driving. And it is the same with interpreting - I have got a good languages section in my brain. It's a machine which has been stimulated by doing this interpreting work. I stimulated the language centre in my brain because of my work so that is a big thing of how I better myself. That is it! Because I was doing interpreting for a long time, and I don't know whether I was listening or, I don't know why I was speaking different languages but I was helping people. I was translating wherever I go, and supporting people. I became a community man and a health worker because of my interpreting machine.

Ruben is in command of many languages and has done interpreting for such a long time that it is almost second nature. He uses a metaphor of driving a car to explain how automatic and almost mechanical interpreting has become for him. In doing so, he realises that he not only listens to people, but also helps them in many different ways.

Through being an interpreter, he becomes responsible to his community by acting to the appeal of others (community) in doing something good for them. He becomes a community man and a health worker.

Is this what Levinas is saying about being addressed by the otherness of the other? The call of the other makes one feel responsive and thus takes one hostage. One acknowledges the other to the extent that one considers oneself hostage. The appeal of the other orientates me to the other and I respond without any intervening of my thinking. I react to this appeal with an undeniable responsibility to do good for the other. This act happens out of goodness itself (van Manen, 2014).

In discussing Sartre, van Manen (2014) summarised human consciousness as an 'event' that happens to Being; it is the 'out-in' - 'there-here' notion of Existence. The Being cannot be defined in terms of his or her present character, factual being, or existence. A human is always able to transcend his or her situation and this constitutes the existential of human freedom.

Ruben is ethically responsible by implementing his 'freedom' to transcend his situation from interpreter to social worker, care-giver, health worker, advocate etc. He is concerned for his people because of his consciousness; that is what he does and this is what gives him meaning.

For Levinas, authentic living means to acknowledge and act upon our sense of obligation toward others; individually and collectively. It is about the meaningfulness of human existence, of how we live, act, and work which amounts to having a sense of generosity and devotion to others, "a sense of responsibility that points to a past and a future that are present in every experience we have and in every act we perform" (Morgan, 2011, p. 181). In the following story Dan, a clinician, acknowledges this sense of responsibility some interpreters have to their clients. He says:

> *For me some interpreters are such lovely people and such respectful caring people that I think, even after three sessions with a client, it is quite possible that some of those interpreters are having a more beneficial effect on the clients than what I am with all my learning. It's just a very simple thing of having a feeling deeply to be understood and appreciated. I mean I can show respect and valuing and all the usual stuff which is genuine but it's only based on half knowledge or a quarter knowledge compared to the interpreter who has much more, much*

deeper understanding of the client; you know, where they're at, and where they've come from.

The respect and care [*Sorge*] that some interpreters have for their clients gives the clients a deep sense of appreciation and meaning, much more than what Dan can show them. Even though, as a clinician, Dan shows respect and is sincere in validating his clients, he realises that his 'learned' approach has a lesser effect of meaning to the clients. The interpreter's responsibility comes from appreciation of a past and a future that are present in the room in the very act of interpreting (being an interpreter). The interpreter has a much *"deeper understanding of the client…where they're at, and where they've come from."*

To have some understanding of interpreting for the community (whole) opens up the possibility to understand interpreting for the individual (smaller part). Buber's writings introduce me to the link between caring for the community and caring for the individual. His main focus, as discussed in Chapter Three, is about the human's nature for a need to confirmation in his/her being by the other. It is through genuine dialogue that this sense of self-being is passed from one person to another. I have also mentioned in Chapter Three how Buber and Rogers are similar in the approach of client-centered therapy. Levinas' ethical phenomenology guided me further in this process of deepening my understanding of 'the face of the other'.

The Face of Therapy

Buber (1996) argued that the 'I' is never single and describes human nature as essentially an inter-human condition. As discussed in Chapter Three, Buber (2002) says that 'real living' happens when the "I-You" meets in genuine dialogue [*Zweisprache*]. Human life and humanity come into being in genuine meetings, which Buber (1998) called "making present" (p. 59).

Usually interpreters start the dialogue; they turn to the client; they meet them outside the clinician's office and start a conversation. Some clinicians let the conversation go on as they enter the office and may also enter the dialogue. Yet others feel that the

connectedness between the interpreter and client (the turning to each other) is a threat to their own Ego ('I'); to the position as clinician supposed to be in control of the session.

To be engaged in a genuine dialogue [I-you relation; *Zweisprache*] with one's client is the goal of all face to face talk therapies, regardless of the intervention model one uses. With such a dialogue rapport, empathy, and trust are built. One would assume that it is impossible to converse in a genuine dialogue with a client through a third person interpreting what is said. The situation will change from a '*Zweisprache*' to a '*Dreisprache*' [in German '*Drei*' means three], but it seems that some interpreters and clinicians manage to create just such unique dialogue. I will refer to this '*Dreisprache*' as an 'I-you-we' relation because it seems that such a relationship can only come to fruition in the context and event of interpreting. The interpreter creates the 'I-you-we' relationship by entering into an event of in-between position. As mentioned earlier, the I-It relation is defined by the subjective experiencing of objects and things. One can say that the interpreter might be observed and experienced both by the clinician and client as an I-It relationship, whereby the interpreter is the translator of words from one language to another. However, as Buber (1996, 2002b) stated, when the 'I' meets the 'It' in dialogue the individual 'It' can become a 'You' and can experience and create 'real living'.

The interpreter seems to be simultaneously an I-It (translator of words from one language to another) and I-you (dialogue between clinician and refugee). Joseph, a clinician, describes this unique experience as 'like slipping into a warm bath':

> *I was working fairly recently with a female interpreter. She is highly trained, highly capable, highly focussed on the code of being an interpreter and, being able to tell from her behaviours, from her mannerisms, from her relationship with me and the client and her responses, from her intonations, she was outstanding in terms of doing everything correctly. She was doing it at a pace that allowed the client to communicate, a pace that I could feel comfortable with. It's like slipping into a warm bath. You just feel comfortable. You've still got the challenges of the interview but you feel absolutely confident that this person is here for you and for the client and that they're doing what they're meant to be doing, they're going to make it work. You feel a sort of understanding – that this person has a deeper feeling for people and for the process of what's going on.*

Joseph describes his experience of an interpreter who gets it right. The interpreter finds the balance between being there for the client and the clinician simultaneously. She controls the pace of the conversation and interpretation in a way that feels comfortable for both the clinician and the client (the temperature of the water in the bath is just right, so to speak). She creates a dialogue with the client and with the clinician, and in doing so transforms the I-It relation to an I-you-we relation.

Judea, another clinician, similarly confirms this notion of '*Dreisprache*' (I-you-we) when experiencing being with an interpreter in session as almost similar to what Buber (1998) described as genuine '*Zweisprache*' (I-you): the interpreter accepting the others as partners in dialogue and affirming them as persons. In describing the essence of how the interpreter, in all truth, turning back and forth to the refugee and herself opened up the inter-human 'I-you-we' relation, she says:

> *I work wherever possible with specific interpreters that I know. I do this because I have a connection with them, without a doubt. And you know that connection is developed very much in the early days when I met them for the first time. So, it's really about what I'm observing. I'm watching how they are with the client and how the client is responding. I can tell if a client hasn't really connected with a certain interpreter. So I won't use that interpreter again for that particular client. And you know also important is if the client likes the interpreter or not and generally over a period of time you'll know if a group of clients like a particular interpreter.*

Judea seems to create the '*Dreisprache*' by choosing the right interpreters for the right clients. She uses her own connectedness ('I-you') relation with an interpreter to decide which client will suit which interpreter. What she means is that if she experiences a rapport with the interpreter, it is more likely that the interpreter will have the same effect on the client. But this is not necessarily a given and, if she observes that a client does not connect with a specific interpreter, she will not ask the interpreter to engage with the client again. As in the case of Joseph's interpreter, it seems that the clinician finds balance between the interpreter and client, and this allows the event of '*Dreisprache*' to unfold. Judea continues with her story:

> *My session just goes with ease when there is a connection between me and the interpreter, and the interpreter with the client. If I've got an interpreter that I know the client is struggling with, then I, in a way, to a certain extent will struggle with them too, because I don't necessarily think that I'm going to be getting the right answers back. It's how they are delivering the questions and how they're*

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bringing them back to me. So, the ease I feel in my session is in a way down to the interpreter and how they're working with the client. Is the client open to the interpreter, are they feeling a connection with them? Do they have the same connection with the interpreter as what I have? That's really important. Yeah just a nice feeling, you know them and you've got a rapport, you know when you're connected with somebody. You know, I wonder really how much information is lost in translation when the client isn't comfortable with the interpreter. So, I think that's paramount, how they feel with them, yeah.

In this narrative, Judea explains how the 'I-you-we' dialogue unfolds. She describes the second phase of the event as when the client might experience the same connection with the interpreter as what she has. If this does not happen and there is some mis-connection between the client and interpreter, then she will also struggle with the interpreter and feel the disconnection. It seems that the 'way' the interpreter is interacting with the client; the 'how' they ask the questions and 'how' they deliver the answer back to the clinician is very important. The feeling of connection, how each other feels about the other is paramount and *is* the translation. Without the feeling of comfort, contentment, and connection with each other, Judea knows that much information is lost in translation.

Judea's colleague, Rachel, describes working with a good interpreter as a 'flowing' experience:

Working with a good interpreter is like in some ways they're not in the room. I mean obviously, they are in the room and they're making a big difference but it kind of feels like it flows, like similar to having a normal session between myself and a client. Like yesterday, the interpreter that I used yesterday I thought was quite good. It just felt it was so easy - she engaged with the client and she engaged with me. She seemed to really work at mirroring my emotions, like when I said to the client 'well done' she would do it back with my facial expression to the client, like she genuinely means that.

It seems Rachel is saying that she and the interpreter flow into one to such an extent that there are only two faces in the room. It becomes similar to a normal session between herself and a client where both speak the same language and do not need an interpreter. The interpreter accepts the other as a partner in genuine dialogue and, in doing so, affirms the others (clinician and clients) as persons. By 'mirroring' emotions, the interpreter gives confirmation to the other in her being by the other and wishes to have a presence in the being of the other. Self-being is passed from one person to the

other within genuine dialogue (Buber, 1998). A free sense of acceptance to speak their mind whenever needed allows the flow in therapy, and Rachel gets the sense of a true dialogue, a '*Zweisprache*' as if the interpreter was not in the room.

As seen in Chapter Three, Buber (1998) argued that the dialogue will be a failure when one is concerned about one's own effect as speaker. Further, if one tries to bring attention to one's 'I', and thus does not enter the ontological authenticity of the being of genuine dialogue, the dialogue is a failure. The turning away from the I-You can have a damaging effect on the dialogue.

Dan, a clinician, finds it difficult and emotionally challenging not to be recognised as the clinician in the room where he is supposed to be in control conducting therapy. The encounter is being facilitated by the interpreter for the purpose of therapy, but it seems the clinician felt a bit excluded from the relationship. This is his story:

> *One or two of the interpreters were very empathic and caring and it was natural for clients to turn initially to the person who speaks their own language so, there's almost an ego challenge too. I mean, I'm used to being sort of, of importance in the room so to speak or at least equal importance to the client and then, sharing, not just sharing attention, but when it gets to the point that the client is relating very closely to the interpreter, if they, kind of hit it off and feel understood and I'm kind of this third party in the background rather than the foreground. It was emotionally challenging and I was trying to manage that by not being egotistical about it at the time.*
>
> *I mean I learned to appreciate the role that the interpreter is actually playing by helping the client. The clients have a sense of being directly understood without any barriers and often the interpreter is from the same country, if not the same ethnic group and it's just relief from the client that here's an interpreter who knows quite a bit about what they've been through. Whereas for me, their immediate impression or suspicion is that I know nothing about their country, nothing about their culture and nothing about what they've been through.*

Dan feels that he has no face to 'be seen' in this interaction. The possibility of genuine dialogue ['*Zweisprache'*] and hospitality between the interpreter and client in responding to each other is unique and powerful. The interpreter's responsibility to the client and the turning of the client to him (away from Dan) makes Dan wonder if the client is suspicious of him, perhaps even looking down at him because he does not know their language, culture, and what they have been through. But it also shows his relative

'disregard' for the interpreter. A paradox exists because, without this person, he cannot contribute at all. His past prejudices about his own importance are getting in the way. He appreciates and accepts the role of the interpreter yet there is a tinge of resentment in knowing he will always, to some extent, be the third party in the room.

Zilpha, another clinician, describes her experience of working with an interpreter. She is dealing with the third face in the conversation differently from Dan by engaging in a dialogue '*in the back of my mind, running along at the same time*' when communicating with the interpreter and client. This internal dialogue helps her to make sense of the refugee's face '*because I'm not getting any feedback when I'm speaking*'. Further, she is aware of what she is saying might not be interpreted in the way she means:

> *It's sort of I'm having this dialogue in my mind when I work with an interpreter.*
> *Like there's something in the back of my mind sort of running along at the same*
> *time because of the third person in the room. I mean, usually when we speak to*
> *a client without an interpreter you can sense whether what you're saying is*
> *making sense. If you can see it on the client's face that what you say doesn't*
> *make sense, you can change or explain things and explain it differently from*
> *quite early on. Whereas with an interpreter you don't have that. So, I think that*
> *dialogue in my mind is to do with whether I'm making sense here, would that be*
> *interpreted in a way that makes sense for the client, because I'm not getting any*
> *feedback when I'm speaking.*

Is Zilpha saying that she is not 'seen' by her client, in fact that there is no seeing of each other at all? Creating her own language in the back of her mind seems to help her client sense he is 'being seen' or to imagine her own seeing of the client responding to her questions and comments.

Levi, a clinician, is also aware of the tension and dynamics at play when three people meet. She approaches the notion of three faces in therapy differently from Joseph and Zilpha. She knows the client responds better when the clinician and interpreter speak with one 'voice'. She says:

> *I feel that the client responds better where they can see that the dynamic*
> *between clinician and interpreter is as one as it possibly can be, comfortable well*
> *oiled. And that hopefully is still kind of one voice coming to the client. I think that*
> *if the client feels that there's some kind of power differential, some kind of*
> *tension between the interpreter and clinician, we've kind of lost the plot before*
> *we've started you know. So my view is that, we do our work through the*

interpreters and that dynamics is the reality of how we work, and it's actually a very rich one!

Levi places high emphasis on her relationship with the interpreter before they engage with the client. She is aware of the potential dynamics of power differentials between the authority figure (clinician) and interpreter. Furthermore, she is also aware of a possible power struggle between the clinician and interpreter which might create a tension in the room. In fact, she says that if the relationship with the interpreter is not *'comfortable well oiled'* then working effectively with the client is impossible. The client will sense the tension and this will negatively influence the process of therapy. A well-oiled relationship with the interpreter shows itself through the dynamics of working through the interpreter, speaking with one voice. For Levi, this is the essence of being with an interpreter in a therapy session with a client. It is a profound and *'very rich'* interrelationship.

Joseph and Zilpha have acknowledged the importance of the connection between the interpreter and client and found this complex triad frustrating and time consuming. In the context of working with families, this connection between the interpreter and client is also important for Levi:

> *I work with the children and adolescents, which means I'm also working with the families, so I'm working with adults as well, but I really look for an interpreter who can relate well to children, who's not going to scare them! Because if I do have a child in here, then they've suddenly got two adults or maybe even three because mum or dad might be there as well. It is quite intimidating for the child and it's really important that the interpreter can make a child or adolescent feel comfortable.*

Levi is aware that the client (usually a child) might find therapy intimidating with two adults present, in addition to parents who are often present as well. It is therefore important that the interpreter can relate with children well enough to put them at ease. Of greater value for her, however, is having a very good relationship with the interpreter. Levi sees herself as one with the interpreter. The relationship is such that she can see when the interpreter is accurately interpreting her body language and tone. She describes this as follows:

> *What I really value is (and I've got this relationship with some of our interpreters where we've worked together long enough) that we've developed a way of working together and we're a really good pair. I can see the interpreter actually,*

interpreting my body language and my tone. It's really interesting because we know each other well enough and I can see when she's doing that.

If I say something like 'they are my arm or my voice', that kind of puts them in a secondary position and I don't mean that because I really do see it as a partnership. Me and the interpreter. We are doing this work together. Particularly with kids I find that that's really important. So I mean they are the ones who have got the kid first, they will have seen the kid before I will have. They'll have convinced the kid to come over here. You know, that entry at the classroom doors, saying hey I want you to come and see my colleague Levi. That's really important. Yeah, they are more than my voice in this context… they are 100 percent me. In therapy the interpreter becomes me first. It's a very unusual context!

Levi experiences interpreting as best when she and the interpreter become 'one', not in the sense of a physical presentation and voice, but as a merging interaction of what Levinas (1998) described as that of substitution which he paraphrases using Paul Celan's "I am you when I am I" (p. 99).

The relationship with the other(s) is non-symmetrical because the 'I' does not wait for reciprocity from the other. In fact, it is exactly insofar the relationship between the 'I' and the other is not reciprocal that the 'I' is a submission to the control of the other (Levinas, 1997).

I have discussed in Chapter Three how the face of the other is a command to care for the other. The uniqueness of the connection of a face to face meeting is the essence/ex-sistence of meaning which will guide all meaning that might follow. The expression of the face calls for or demands an ethical response-ability to the other. When the clinician, interpreter, and client come face-to-face these notions expressed by Levinas help shed light on what happens. It is as if Levi is saying that she and the interpreter become one 'face' in therapy and, in becoming so, the client faces only one 'face' in the room

Ruben describes this blending process of substitution as follows:

When I interpret I am talking as a first person. When the client tells me something, I am becoming this client and say to the clinician: "I am having this and this" - so I'm becoming a client. And when the clinician talks I am becoming a clinician and say to the client: "I'm going to do this operation for you" - so I'm becoming a clinician. I'm in actual fact doing double work you know, I am a client and a clinician. I am a health consumer and I'm a provider because I am a conduit

for both of them. Two sides. And that's a very, important thing you know which we just take for granted, it's a big thing you know, it's a big mission. It's a big reward from both sides – for the clinician and the client.

In this story, Ruben explains how he interprets by using the first person 'I' for both the clinician and the client. Ruben 'is' the client when speaking to the clinician; he 'becomes' the clinician when addressing the client. Thus, he has a double role and responsibility as consumer and provider talking to each other. He seems to be describing himself as a chameleon. He moves metaphorically taking on proxy roles or different guises through the use of his interpreting voice. It is a demanding skill. But both the clinician and client find this way of interpreting beneficial.

The expression of the other's face is meaning-giving perhaps even more than the (linguistic) translation of the language spoken by the interpreter. In the context of a therapeutic relationship, Zilpha experiences the otherness of the other in the call of the refugee's face and responds to this appeal with a response-ability. Van Manen (2014) described this as an ethical experience, an ethical phenomenology which means that "…in the experience of alterity I am addressed in my ethical responsibility to this other person who makes an appeal on me" (p. 232). The affects it elicits does not stand in parallel with sensations like colour or tonal intensity. The face is not something that is seen, observed, deciphered, or understood; rather it is somebody to whom I responded (Critchley & Bernasconi, 2002). In the following story Zilpha explains the expressions of the face of the other in her own words. She says:

Sometimes I do pick up that non-verbal tension between the client and the interpreter - a subtle facial expression, a subtle tension and judgement on the interpreter's face when the client talked about something that can be quite shameful. When this happens, when I pick it up I struggle during the session. And also the client may notice that and have the urge to say something to the interpreter but they can't at the time because, you know, the session still goes on. It puts me in a situation feeling quite uneasy, uncomfortable as well. These feelings I sometimes pick up or the subtle cues are very difficult to quantify and qualify. I think in general it's actually quite a good experience working with interpreters. It really helps clinicians develop those skills that otherwise wouldn't have developed like relying a lot on non-verbal cues, beyond verbal language.

Even though she does not understand the language spoken between interpreter and refugee, Zilpha is able to respond to the interpreter's face and senses the vulnerability in the room at that moment. Levinas (1998) defined

> sensation, [as that] which [forms] the basis of sensuous 'experience' and intuition, [yet] is not reducible to the 'clarity' or the idea that one draws from it… a sensation is vulnerability—enjoyment and suffering—whose status is not reduced to the fact of placing itself before a spectator-subject. (p. 63)

Zilpha feels uncomfortable and, in turning to the client, senses that the client feels the same suffering. She finds it difficult to describe these cues but recognises that it is a skill (internal language) that one develops when working with interpreters. Using this skill in a situation where three faces are to be seen, helps Zilpha to be appropriated (become a subject) by the other(s). Her capacity to respond is achieved through the interpreter and her own internal ethical language.

To use the 'butterfly' metaphor again: language, dialogue, saying, listening are the events that are happening in the showing of *Dasein* and I-You relation. Working with refugees, the interpreters are the event in what is showing – they represent the swan plant (Asclepias) where the Monarch butterfly chooses to lay her eggs, they represent the events of transformation from caterpillar to chrysalis to butterfly. The interpreters are the language, dialogue, saying, and listening; and are being all of this on multi-levelled ways, always in the making of a 'I-you-we' relations.

The Face of Tension and Conflict in Interpreting

In Chapter Three I mentioned that the appeal of others can create tension and might confront one to make a decision on how to act. This normally happens when the other asks something that one cannot provide, or the appeal of the other might be in conflict with one's own values. This is what Levinas described as the conflict between the ethical and moral. The ethical is prior to consciousness. It is absolute and is one's intentional relation to the world and the other. The moral is relative. It is always in the consciousness and needs to be interpreted and reasoned according to regulations of rules and codes of conducts. This dilemma between ethical responsibility and moral duty is, at times, difficult to manage and it affects all the role-players in the triad of

clinician, interpreter, and client. Clinicians have a moral duty, as in the case of Bilah, to make sure the client gets her medication as prescribed. Joseph struggles between ethical responsibility and moral duty when he knows that procedures and code of conduct do not allow the interpreter to practice. He also knows that the (cultural) way the interpreter, who is a respected elder in his community, carries his ethical responsibility, does not necessarily benefit all the clients in a therapy setting. We see that the interpreter struggles with the appeal of the client on him versus his role as interpreter and moral code of conduct that he has to follow by not advocating for the client against the decision of a clinician to focus on the client's health and not housing problems. The clinician has a moral duty of care for the client, and the interpreter has to follow a code of conduct when interpreting. Even so, moral consideration and decision making in the ethical notion of Levinas always takes its departure from the appeal the other makes on the 'I'.

In the following story Bilah, a clinician, describes how this conflict between moral duty and ethical responsibility play between herself and the interpreter with her ethical responsibility focused on the client:

> *There was one case where I worked with an interpreter and I actually stopped the intervention because the interpreter wound the client up. It had already been established that the client was unwell mentally and the reason we'd gone in was to encourage the client to take medication. I'd made that clear to the interpreter at the beginning that we're going in to encourage this client to take some medication, that's the whole reason why the interpreter was there. But when we went through, the interpreter was more wanting to get the client to talk and was getting engaged in a discussion with the client. I didn't know what the interpreter was doing, I didn't know what he was saying to the client, but he was literally walking around the room, laughing with the client, engaging in a conversation with her, just holding the pot of medication.*

> *I had no idea what was going on. All I could see was that the interpreter was talking to the client and laughing when the client was laughing and then looking at me saying this client needs to be assessed for her mental health. I told him that she had been assessed, please offer the medication and see if she's willing to take it. But, I wasn't getting any clarity and interpretation from the interpreter of what the client is saying. That was quite an uncomfortable situation and it went on for about 10 minutes. So I ended up stopping the intervention and asked the interpreter to come out of the room with me. Well, unfortunately, what we then had to do, because the client was still not taking the medication that she*

needed, was we had to go back in and give her intramuscular medication. I told the interpreter just to say to the client the nurses are going to give her an injection and then leave the room again. He did, left the room and all went well with the client receiving her injection. I was able to debrief with the interpreter very briefly, thanked him for coming and explain to him that I stopped the intervention because I felt that he was actually making things worse. The interpreter seemed fine with that and left.

You know, for the client's sake, we were aware as staff that we were getting to the point that we had to do something. She had been refusing the medication for the last couple of hours and we decided to get an interpreter to encourage her to take medication. But the interpreter's interaction with the client just prolonged her not having the medication. It's always better if you can include the client in actually taking medication orally, rather than having to enforce intramuscular. Yeah so this was a bad experience for me.

Bilah's main concern and duty is to ensure the client gets her medication. The client refuses, or perhaps has not understood what and why she has to take medication. The situation reaches a point where staff feel they have to do something else to encourage the client to take her medication. They call for the help of an interpreter to encourage her to comply; it is also best practice to include the client in taking medication orally. Bilah gave the interpreter clear guidance about his duty and reason for his intervention with the client. However, it seems that when the interpreter meets the client face to face, he experiences an appeal from the client addressed to *him* who now has decentered his world. He reacted in goodness; spontaneous, immediate, and unmediated by his consciousness and moral duty. "*But when we went through, the interpreter was more wanting to get the client to talk and was getting engaged in a discussion with the client.*" It is as if the interpreter was taken hostage by the client and, in that happening, he did not fulfil his task at hand. This complex clash between the interpreter's ethical responsibility and Bilah's moral obligation toward the client created a tense and unpleasant predicament. Bilah decides to respond by asking the interpreter to end his intervention with the client, and gives him clear instructions about what to do next. He conducts his duty within the guidelines given and the client received her medication intramuscularly. In responding in goodness to the client, the interpreter may have been confronted with a situation wherein he could not be equally just and unconditionally available to all parties. Even though he was briefed on what he should do, as a non-clinician he may not have understood the best course of action for the

client. But, perhaps the interpreter might know best. From Bilah's point of view the interpreter's interaction with the client inadvertently made a situation worse. In this case, however, the situation resolves when the interpreter is able to accept his moral responsibilities toward the client and Bilah.

In the following story, Joseph describes his dilemma between ethical responsibility and moral duty. He says:

> I was working with an interpreter and a client from his community and culture. The interpreter was more of a paternalistic figure in his role as he was also a mentor to the refugees from his country coming into New Zealand. He saw himself as in a multifaceted role, which is fine. But as an interpreter he found it very difficult to literally interpret without giving advice, without believing he should give guidance and going outside of the role. I also wasn't confident that the communications were accurately translated. As I said, I put this down to probably the interpreter's understanding of the role. He had been appointed to the role of mentor by his community but it was not sponsored (a paid role) by Immigration or any other organisation. It is one of those cultural community appointments, attributed to him because of his status, age, and importance in the community. His role as interpreter was, however, a contractual paid role like all the other interpreters. But he did no training in interpreting himself.

> This was really a difficult and frustrating situation for me as a clinician. I never talked to him about this because I felt a lack of confidence to address that with him. My dilemma was that I had to, and did, respect his given role in and for the community. I also believed that he was acting in good faith in the interpreter's role - he was doing what he believed was correct and right and proper. So, I tended by default just to let it go and not use him.

> The other thing was, I also offered him training as all interpreters do through RASNZ but he declined. I think probably given his age he didn't feel it was something he wanted to do, he didn't want to go back to studying and probably wasn't very confident about what he might be going into. So, in a way I felt I didn't want to undermine his role as an elder within the community. I thought it was best just to let him go rather than to tackle it. I also think there's the other fact and that is the thing of age. I think that everybody knows because of this person's age he's not going to be around forever and so in a way it's that thing of allowing the dignity of continuing and concluding without being challenged by any of that process.

> So, he went by his own terms and is no longer a contractual interpreter. He is now used if people are really desperate and can't find anybody, particularly for

quick interchanges. But he is not really used much at all as an official interpreter. Of course, he continued being an elder and mentor for his community.

Joseph's difficulty with the interpreter is that he is primarily an elder and mentor in his community and, secondarily, an interpreter. It is his right and duty as an elder to give advice and guidance to his people which he does when being an interpreter in session with clinicians. Joseph's ethical responsibility is driven by his modest respect for the elder and his community. He knows the elder is acting in good faith, but he is also critically aware that this situation is not helpful for him as a clinician having to perform his role. His moral duty toward the client is relative and according to a certain code of conduct. The tension and conflict between Joseph's ethical responsibility/subconscious understanding and moral duty speaks for itself. He feels inadequate and lacks the confidence to respond in a manner that is in the best interest of the others (client and interpreter, and himself). Paradoxically the interpreter does not take up Joseph's invitation for training (the company's moral duty to interpreters), and the conflict resolves itself. This story reveals that moral decision making always starts from the appeal the other makes on the 'I' (Levinas, cited by van Manen, 2014).

Through my own experience of supervising interpreters, I have become aware of their struggle with this dilemma and the conflict of moral and ethical responsibility. Ruben describes the predicament as follows:

Sometimes clients come with difficulties, say for example they are depressed, but have an own impression of what is wrong with them. I mean, they come to see the clinician, thinking that if my housing situation is sorted then the depression will go away. This might be a contribution to their depression and mental health problem, but it is not everything around the depression. This is where I get into difficulties, because I am in between the clinician and clients. We must respect that, the housing situation has to be addressed because we know it's a problem, they have got a housing problem and it's very important - it's a basic need, shelter, you have to have it. But the clinician mainly concentrates on the most important thing for him – the client's mental health, and focus on treatment like medication, sleep and therapy. The very important issue for the client is housing and I am in between. And I'm not allowed to do anything, because I am just interpreting. The clinician does not deal with housing problems – that is for WINZ to sort out. The clinician will say to the client that I am going to give you medication and refer to psychotherapy. Then the client gets angry with me because they think I am not translating to the clinician what they are saying. And

I can't tell the clinician what to do, because he is the clinician and treating the depression – I am just the interpreter.

The complexities inherent in mental illness impact Ruben's feelings of responsibility. The client's appeal, in a holistic sense, touches him in ways that he feels must be addressed. His response derives from a sense of deep respect for the client's needs; he knows that shelter is a basic fundamental need and right for all human beings. Ruben experiences responsibility to act in goodness which is not self-centred or measurable in terms of utility. The clinician, on the other hand, focuses on a different responsibility toward the client; to treat the depression in the best way possible. The clinician has advised the client previously that he cannot help with housing difficulties, because his role is to address the mental health issues. Ruben's conflict between what he 'feels' he should do and what he cannot do is evident: *'I'm not allowed to do anything, because I am just interpreting. I am just, in between, just the machine, passing messages. Passing message'.*

Summary

In this chapter I have explored the notion of responsibility experienced by the interpreters towards the other. This responsibility for others differs from Heidegger's notion of '*Sorge*' which places the focus on *Dasein's* authentic mine-ness. Levinas' ethical responsibility focuses on the other, in particular the face of the other. The face of the other 'calls' *Dasein* to care. For Heidegger, *Dasein* seeks the otherness out there in the world; whereas for Levinas, alterity comes to one from the other. It is the 'other' who captures one and 'demands' responsibility.

The respect and responsibility that the interpreters show and receive from their community may give the client a deep sense of appreciation. The interpreter's face is a familiar one in the clinician's office and outside in the bigger world. It is a face the client can turn to for help and more holistic understanding. Sometimes clinicians find it difficult to be 'ignored' by the client because he/she engages more with the interpreter who speaks his/her language. There is perhaps a tinge of resentment by the clinician who experiences being the third party in the room. Some clinicians, however, place high emphasis on the face-to-face relationship with the interpreter because this helps the

merging of their 'faces' into one during consultation/therapy with a client. It is as if the clinician and interpreter speak with one voice. But it is difficult for the clinicians to find words to describe the complex and dynamic interrelationship between themselves and the interpreters. It is to respond to the other's face in such a way that the possibility of genuine dialogue opens up. For Levinas (1985), the responsibility to the other is the infinitive responsibility.

Chapter Eight: Discussion

This chapter offers a hermeneutic circle that gathers the parts to re-look at the whole. It brings philosophical understanding and data together. Looking back at the whole, I can see that I have moved through three circular stages of movement in the hermeneutic circle as I have continued to grow in my understanding of the phenomenon. Within this study, parts of the interviews were analysed against the whole, and then refocused back to the parts with heightened insight.

Turning in the Hermeneutic Circle

First Turn: Tension Between the Parts

I started this thesis with the intention of understanding the interpreter's experience working with refugees in New Zealand. For most of my professional career, in South Africa and New Zealand, I have worked with interpreters in clinical and research settings. During 2011, I had the opportunity to supervise interpreters at a refugee centre in New Zealand and it was during these sessions that I started to 'wonder' how they do interpreting. I engaged in a hermeneutic literature review as a springboard to thinking and researching. I became attuned to new possibilities emerging from already-read literature (Smythe & Spence, 2012).

I have given the reader a glimpse of my own historical horizon and understanding of interpreting. An article from Ngugi wa Thiong'o (2009) on the complex and dynamic mental exercise of translating and interpreting languages resonated and challenged my thinking. I have tried to understand how I translate between two languages in my head, which then guided me to the question of 'how do interpreters do interpreting?' during therapy. I discovered the conversation between Carl Rogers and Martin Buber (Anderson, & Cissna, 1997) wherein they discuss the mutual understanding of client-centred focus. Language and culture showed themselves when I read Antonissen (2008) article on the complexity of interpreters' task during the TRC hearings in South Africa.

My own cross-cultural contact with New Zealand emerged and I remembered being invited to give a talk on cross-cultural psychology to my peers. I had decided to use the

CBT model which is well established and taught in all psychology departments of New Zealand universities. I used the model to define culture and cross-cultural interactions. When I learned that my interpretation resonated well with the Māori health model, I felt a positive comportment with the system in New Zealand. These reflective interactions and the reading and re-reading of literature kept me wondering about how interpreting is done.

True to the nature of interactive possibilities and interpretive nature of the dynamic cyclical and ever-expanding movement of the hermeneutic circle, the research process grew (Dreyfus, 1991; Gadamer, 2004; Heidegger, 2008a; Smith et al., 1995). After I had interviewed and analysed the data of four interpreters, I started to understand the phenomenon by viewing the whole in terms of the detail and vice versa. The tension between parts and whole started to play which pulled me deeper into the circle of understanding and interpreting.

Second Turn: The Paradox of Language, Tradition and Connection with Other

Stage two emerged with a collective statement from the interpreters' data: interpreting happens in-be-tween people and is much more complex than just word-for-word translation of language. The role played by the clinician during interpreting sessions created a dynamic of tension for the interpreter. This was exemplified by the interpreter who said that he is 'forced' to go beyond word-for-word translation and provide cultural and social interpretations. In doing so, he protects and supports his clients to feel safe in the situation, and teaches and guides the clinician to practice culturally safely. For this participant, interpreting is to facilitate the process by explaining cultural and social traditions to the clinician. This shows that the 'gap' between the client and clinician, as well as the clinician and interpreter, paradoxically narrows.

This paradox caused a dilemma for me; do the clinicians then also need to be included in the study? How can I not bring in the clinicians given the effect his/her role has on the interpreter? This created anxiety in me and I was unsure how to resolve it. [Later in this chapter I describe the notion of *Dasein's* characteristic of *Befindlichkeit*

(mood/affectivity). From this perception, one can say the clinician's affectivity or moodedness has an effect on the interpreter. It seems that the opposite is also true]. I was pulled into the paradox and could not see through the bush. It was after supportive discussions with my supervisors and reading Levinas, Buber, and van Manen that a true sense of relief occurred when I made the interpretative leap by asking clinicians how does the experience of interpreting present itself to them when working with refugees and interpreters?

The reflection of clinicians working with interpreters adds to translate and merge the horizons of interpreter, clinician, and client. It helps to understand better the way to interpreting, that which will become the communication, the common language. The result of exploring the paradoxical relation-ness between the clinician and interpreter presented within the three data chapters revealed language and tradition, always in connection with other people, and the face of other to explain the responsibility to and appeal of others on oneself.

Language, Tradition, and Connection with Other

Referring back to Chapter Five, I discussed Gadamer's (1970) notion that one's experience of the world is always linguistic, and it is because of language that we have a world. Language gives humans the freedom and power to communicate their concerns and plan their future.

Benjamin learned the language of the countries he fled to as a refugee in order to survive and get by because there were no interpreters available. Heidegger (1982b) linked the language people speak and the way they communicate to the landscape (earth) in which they are living. I was amazed when an interpreter explained to me the difference between French from Africa and French spoken in France. A new understanding of language emerged which resonates with Heidegger (2008b) who said we hear language because we belong to it. I realised that my native language is Dutch-of-Africa.

Not only is language linked to the environment wherein we live, but also to the tradition [historical horizon] of the people who speak, hear, and belong to the same language.

"Tradition is the historical authority that infuses and influences our thinking and acting" (van Manen, 2014, p. 132). Through language a world unfolds; Language speaks by pointing, reaching out to every region of presence-ing, letting what is present in each case appear in such regions or vanish from them. Accordingly, we listen to language in such a way that we let it tell us its saying. Regardless of the sorts of saying we engage in, whenever we hear something we find ourselves caught up in a hearing that lets itself be told – a hearing that embraces all apprehending and representing. Thus, it is the nature of language to show the way (Heidegger, 2008b).

I have shown the reader how Simeon and the female refugee he was interpreting for in a school setting, started a conversation during breaks. Their conversation developed and through their native language bears its own truth and reveals something that henceforth exists. We have seen that this interplay of the fusion of their historical horizons, and conversation, touched Simeon deeply.

It seems that the interpreters understand this phenomenon when interpreting. The clinicians also try to find words to explain the 'language' spoken by the interpreters. This process introduces the notion that through interpreting emerges a unique language. This reminded me of Gadamer's (2004) famouse phrase: "*Being that can be understood is language*" (p. 470, author's italics). The clinicians found it difficult, if not impossible, to describe what this 'language' is. It happens in the 'saying' between the interpreter, clinician, and client. It is a conversation emerging, and in the saying the 'gap' narrows.

Heidegger's notion that *Dasein* is essentially 'being-with' guided me to understand the in-be-tween position of the interpreter. The dynamic clinician-client-interpreter triad can create tension for the interpreter when clinicians expect him/her to only do word-for-word translation. There is the possibility of resentment by the clinician who experiences being the third party in the room. Much gets lost in interpretation when the interpreter is not given a 'voice' that is free to facilitate the interpretation process and allowed to provide cultural guidance.

Most of the interpreters live in the same community as some of their refugee clients. The cost of listening, carrying secrets and the deeply personal stories of people in their community, places enormous demands and significant ethical responsibility on the

interpreters. Furthermore, members of the community and some clinicians do not always trust the interpreters which adversely affects well-being. Yet, interpreters cannot be indifferent because they care. They felt a deep sense of responsibility to the people in their community; an ethical responsibility of "…being-for-the-other *before* oneself…" (Levinas, 1985, p. 12).

The 'face of the other' was used as a metaphor to deepen the understanding of this responsibility. Having some understanding of interpreting for the community (whole) also opened the possibility of understanding interpreting for the individual (smaller part). Buber and Rogers (Anderson, & Cissna, 1997) introduced the dynamic genuine dialogue between the 'I' and 'you' which resonates with what the clinicians say happens in therapy sessions when the interpreter merges in such a way that there seem to only be the clinician and refugee in the room. Some clinicians place high emphasis on the face-to-face relationship with the interpreter because this helps the merging of their 'faces' into one during therapy with a client and they speak with one voice. It was difficult to find words to describe this phenomenon, and clinicians described it as 'slipping into a warm bath', 'the interpreter becomes me, they are my arm and voice', 'when this happens it is like a well-oiled machine', when I interpret I do it in the first person… I am becoming the client', and 'it is beyond verbal language'.

The Thesis of My Thesis

I wrote the following when my supervisors gave me a piece of paper and asked, 'so, what is the thesis of your thesis?'

> *My ability to speak different languages gives me the possibility to think and understand differently. Moreover, it gives me the possibility to interpret that which another language cannot always describe. It gives me the 'freedom' to create new words and understanding. It gives me the way to explain my culture to aliens. It gives me a sense of belonging to others who speak the same language as me in a strange and new country. I have become aware that what I am doing in silence and in my mind when translating between two or more languages, is paradoxically the same as what interpreters do when they interpret in a therapy session. The interpreter explains and makes that which is said (or not said) in a different language understandable. This 'opening up' gives each*

one in the room (clinician, refugee, and interpreter) the possibility of understanding and learning from each other.

The way of interpreting is all about relationship and understanding that which is alien. The interpreter's ability to communicate with both parties in their own language opens the possibility of understanding. The relationship between the clinician and interpreter is built and established on trust. The interpreters dwell with his/her people and have a different trust relationship with them. It seems that, of the three groups involved, the interpreters carry the heaviest burden of trust.

This is the thesis of my thesis: The interpreter's 'in-be-tween' relationship with others is creating/showing a way to understanding.

As the horizon of understanding continues to recede, and keeps us in questioning mode, a dialogue emerges. The notion of 'way-making' arises. To make a way in the interpreting relationship is to build bridges of trust. Sensing ourselves is always, in this context, sensing ourselves with client, and/or clinician, and/or interpreter and also sensing the relationship between the other two and me with each. The notion of moodedness/affectivity [*Befindlichkeit*] reveals. There is an attunement amongst the parties; a mood of sensing ourselves which may or may not be a mood of trusting, of feeling safe, of feeling able to be heard. Further, because of the mood the interpreter, clinician, and client are 'affected', touched and interested in the others in the room. There is always communication between them, already communicating even though speech/language has not been used. Each party probably understands what they are supposed to be doing. The mood encompasses all of that. So yes, trust is a key part of this mood but there is also much more provoking this mood. Perhaps trust is the announcement that the way is working well?

I have shown that trust as a moodedness/affectivity is that which the interpreter 'is' for the refugee and the clinician in a therapy session. Further, trusting is essential to well-being, and distrust might lead to disharmony and alienation.

Befindlichkeit

Heidegger coined '*Befindlichkeit*' which combines the ideas of 'situatedness' and of 'feeling' – of where and how one finds oneself. The German '*finden*' means to come

across or find something. The prefix *be-* made '*befinden*' refers to intellectual finding i.e. to experience, get to know. The reflexive '*sich befinden*' can be directly translated as "to notice that one is in a place" (Inwood, 1999, p. 130). The Afrikaans word '*bevind*' carries with it a sense of surprise and discovering. For instance, I am driving on a country road that I have never been on before and around the corner I '*bevind*' myself in a small town called Bloemhof.

Gendlin (1978-79) described how *Befindlichkeit* differs from the usual translation of feelings, affect, and moods; Heidegger's notion of *Befindlichkeit* "denotes how we sense ourselves in situations" (p. 2). We sense ourselves living in situations with others, with an implicit understanding of what we are doing and with communication between us always already involved. Further, *Befindlichkeit* already has its own understanding. We 'find ourselves' already in certain modes or state of mind (Gelven, 1989, p. 82). *Befindlichkeit* attunes *Dasein* to be affected by things and affected in certain ways. I am always in some sort of mood which influences what matters to me (Inwood, 1999).

As discussed in Chapter Three, Heidegger (2008a) revealed that we exist as *Dasein* (being-in-the world). To study the human existence is to let it speak for itself and reveal its truth. There is no human life possible without the world and vice versa. For Heidegger, the Cartesian split between the mind and external reality is a myth. He was not interested in the knowledge that we attain through logic alone, but rather to address the "felt understanding that often resides in an implicit, unarticulated manner, without which we would not experience our (or others') words as true or untrue" (Sharma, 2011, p. 178). The possibility of disclosure of *Dasein's* being-in-the world through cognition is, for Heidegger, not sufficient. Rather, the primordial disclosure of mood/state of mind [*Stimmung*] is much more effective (Heidegger, 2008a). '*Stimmung*' is alternately translated as attunement as the original meaning of '*Stimmung*' means the tuning of a musical instrument (Sturgess, 2016). Mood, in this sense, is not, as commonly understood, a passing internal state that we possess for a brief period (Sharma, 2011).

According to Gendlin (1978-79), Heidegger's understanding of mood refers to something both inward and outward, but before a split between inside and outside has been made. Moods, according to Freeman (2014), are not mental states that arise

outwardly and are caused by our situation or context. Instead, moods are fundamental modes of existence that disclose the way *Dasein* is and 'finds oneself' [*sich befinden*] in the world. "…moods are the lenses through which things, people, animals, events, and aspects in the world matter to us" (Freeman, 2014, p. 446). Moods are a kind of readying for the disclosure of the world/clearing. It seems that the possibility to attune to a mood [*Stimmung*] and find oneself, in other words, the possibility of *Befindlichkeit*, affects our whole Being and discloses to us how we are in the world in the here-and-now. *Befindlichkeit* manifests itself through *Stimmung*. Gendlin (1978-79) conceptualised *Befindlichkeit* as "how we sense ourselves in situations" (p. 2). We are always situated, in situations, in context, in an environment, living in a certain way with others. Even though experiencing is never random, but always situated in a mood (Sharma, 2011), our historical and cultural context have a profound impact on our understanding and experiencing of the world (Heidegger,2008a). Authentic language becomes possible when we are attuned to our mood in a certain situation and able to understand the implicit 'message/clearing' of our mood (Sharma, 2011).

Dreyfus and Wrathall (2007) described *Befindlichkeit* as a disposition that names the dimensions of being-in-the-world that structures the affects: moods, feelings, emotions. It is through affect that things have value for us. Heidegger linked this affectivity to the pre-intentional disclosure of being-in-the-world as a whole. In other words, it is through my mood that the world as a whole is opened up as mattering in a certain way. This means that when I am bored, it is the world as a whole that is boring. When I am excited, I am warmly attuned to things as a whole, hence I can find particular things as enchanting.

Referring to my discussion and picture of the leopard in Chapter Three, when I am in the wilderness I look 'through the bush to see what is in the bush'. I am attuned to the bush and am mooded to the very openness of a possibility to 'see' the leopard. I am not *in* space but rather through being attuned, *am* space. I am the clearing and, as such, in the mode of being positioned toward the leopard, allowing it to matter. When I saw it first, I might experience a 'wordless' in awe for what I see! By virtue of language the leopard emerges meaningfully when I say: "there, next to the tree on the right side in the grass." Similar, is the interpreter attuned to the client and clinician and through speaking/language being-together, always already together.

To be attuned through mood constitutes how we find ourselves. Moods make manifest 'how one is' and in this "how one is". Moods are not mental states; rather a condition for the possibility of mental states, emotions, feelings, beliefs, desires, etc. To be attuned through mood is both a condition for the possibility of beliefs, emotions etc., and influences our beliefs and feelings. Lastly, being attuned through mood cannot be in isolation from the world, environment, and the particular situation in which it manifests itself. Our affective states cannot be separated from the context, history, and *Dasein's* thrownness. Our experiences immediately reveal the world to us insofar as one's existence is already bound up with the world. "I exist *as* being-*in-the-world* and against the background horizon of practical, social, historical, and cultural meaning" (Freeman, 2014, p. 452).

According to Gendlin (1978-79) authenticity requires the bringing oneself before how one already is, how one is 'being-here' as disclosed in a mood. This thesis has revealed that when there is a mood of trust in the therapy room amongst the clinician, interpreter, and client, the possibility of authenticity emerges. Thus, a skilled clinician or interpreter would discern a mood of trust that did not feel authentic and wonder why that might be. Without exploring what the mood discloses one cannot be authentic. Authenticity is fundamentally grounded in *Befindlichkeit* and – it is understanding/experiencing. Being-here (that is to say, the human being) is the possibilities insofar as it is Befindliches. One's authentic possibilities are only those disclosed in *Befindlichkeit*, for only *Befindlichkeit* and its implicit understanding (which it always already has) discloses how we are thrown into the situations in which we find ourselves (into which we have lived ourselves).

I have shown, for example, how Simeon 'feels' that a client was lying to the clinician to gain benefits to which he was not entitled. Ruben describes this kind of connection as 'someone gets it'. All aspects of the connection between him and the Iraqi client merge together, the body language, facial expression, acceptance and mutual respect, creating a feeling that everyone senses in that situation.

However, I have also shown that the inability to be attuned to the other creates distrust. This has a negative effect on the interpreters' well-being. Simeon, for example, isolated himself and Leah did not want to continue her work as an interpreter.

Befindlichkeit (Verse 1)

When all my words are out

and that which cannot be said stays in…

When I am lost in my talking,

lost in understanding…

…I find myself attuned to a mood,

like a soundwave to my ear,

together music we hear

I find myself mooded

which says it all

Philip

Third Turn: Tension Between the Whole and Parts

A third turn occurred at the very end of the study when I looked back at the whole and pondered the thesis of my thesis. I experienced another insight that I had not 'seen' before. Ruben's story about the Iraqi woman re-emerged and made me ponder the two body therapists who participated in the study. Ruben could not speak her language but was attuned to her with respect and trust. The body therapists' work is primarily with the body and when I re-read their stories I could see that the attunement through our body can also be interpreted as one of *Dasein's* moodedness.

I have decided to stay within the structure of an academic thesis and not add new data in the final chapter. However, the 'new' data was there all the time, concealed and hidden away. In discussions with my supervisors, I have included this as an appendix (see Appendix H) because it shows how the cyclical hermeneutic thinking is a dynamic, never ending, unconcealment of understandings and possibilities.

What My Thesis Reveals

I have shown in my thesis the complexities of the lived experiences of interpreters and the difficulties of the relational aspects of their role in clinical settings. Brisset et al. (2013) discuss the tensions and complexities arising with respect to trust, control and power between the clinician, interpreter and client. This was evident in my example of Dan, a clinician, who finds it difficult and emotionally challenging not to be recognised as the clinician in the room where he is supposed to be in control conducting therapy. In conversation, the client looks at the interpreter (away from Dan) which makes Dan wonder if the client is suspicious of him, perhaps even looking down at him because he does not know their language, culture, and what they have been through. Another example comes from Benjamin, an interpreter who says he was 'forced' by external factors (miscommunication, lack of time spent with clients, lack of understanding and information) to go beyond word-for-word translation and started to interpret the cultural and social notions as well. For him interpreting means to facilitate the process. Further, Brissett et al. (2013) suggest organisations need to recognise the role of the

interpreter in order to address the trust, control and power balance between the three parties.

My thesis highlights the importance of non-literal translation and how it contributes to effective, meaningful and accurate communication in the clinical setting. I have shown that:

- Clinicians need to first build a relationship with the interpreter before they can effectively work together
- The interpreter understands much more than the 'words' spoken. He/she grasps the cultural nuances which hold much 'knowing'. A wise clinician makes room and space to 'hear' this
- The client needs to trust the interpreter before he/she will tell his/her story. Thus, interpreters need a chance to build a relationship with clients
- Ethnic communities are small and there can be tensions for both client and interpreter in telling/knowing too much
- Interpreters can be deeply impacted by the stories they hear. They need an opportunity to debrief
- Much is lost in word-to-word translation, which does not seem to be appropriate for psychotherapy

Discussion

This study has revealed insights about the 'lived' experience of interpreters and clinicians working with refugees. The experience of clinicians working with interpreters deepened the understanding of how it is to be the interpreter of what the client 'says' and how that understanding is invited and received. In this section I will discuss the implications for practice which, in turn, need to inform the education of both clinicians and interpreters. I will then offer suggestions for ongoing research.

Implications for practice; to be fed through to education

The study shows the nature of the relationship between the interpreter, client, and clinician; and what interpreters give to this relationship. Effective relationship can only happen if the interpreter is invited into the dialogue and trusted. They can then give the gift of words of insight (Heidegger, 1982b). These words of insights may reveal themselves as what is worthy of thought.

If I use '***Dasein***' as a metaphor, then the interpreter in a therapy session is the '*Dasein*' for the clinician and client. The interpreter is the 'being-there' and 'being-with-in-the world' of both. He/she becomes the 'here and there' simultaneously and, in doing so, creates through language the possibility for the clinician and client to understand that which is alien to them.

If I use '**language**' as a metaphor, then the interpreter is the language/voice for the clinician and refugee. The interpreter may be in command of many different languages. An interpreter compares his ability to interpret to a 'machine'. It happens automatically and perhaps even without having to think how to interpret. Without an interpreter, the clinician and refugee would not be able to communicate. We have also seen that the interpreters are the 'language' for refugees outside the therapy room. An interpreter describes how he was helping a refugee sorting out her WINZ and electricity bill by phoning on her behalf all the different companies involved. The interpreter gives a 'voice' to the refugee through which he/she can gain respect, self-protecting, and self-concealing power.

This study has revealed the lived experience of interpreters and clinicians; it goes far beyond the 'machine' of language translation. It has shown the tension between the two parties, and the positive aspects and dynamics interpreters bring to the therapy and clinical sessions. Most interpreters know what clinicians do not know about the client and they are a source of information and understanding of the clients' cultural and historical horizons. They live amongst the clients and care for them beyond their contractual duty of interpreting. Further, I have shown that interpreting is much more than word-to-word translation. It is about relationships and the dynamics of conversations that sometimes do not need words.

If I use '**care [*Sorge*]**' as a metaphor, then the interpreter is that 'care' for the refugees. I have shown how the interpreters care for their community beyond their call of duty to interpret.

Further, some interpreters put specific emphasis on caring for their client in the therapy room. I have shown how the interpreter is 'forced' to explain the cultural and social interpretations of the client. Again, interpreting is much more than word-to-word translation. It is to facilitate the process. Wise clinicians have accepted that their 'learned' approach to therapy has a lesser effect on the client. The interpreter's ability to 'care' is because of their being-*in-the-world*-with-the-refugee, and against the horizon of practical, social, historical, and cultural meaning.

If I use '**the face of the other**' as a metaphor, then the interpreter is the face of the other. He/she 'becomes' the otherness (alterity) of the others in the clinical session. Levinas (1998) said that alterity comes only from the other and the responding to the other is, for Levinas, the infinite ethical responsibility. The face of the other 'demands' a response from the other. I have shown how some interpreters, as observed by clinicians, merge with the client in such a way that it seems there are only two 'faces' in the consultation room, that of the client and clinician. I have shown how some clinicians find it difficult and perhaps even resentful when the client turns to the interpreter's 'face' in conversation. Furthermore, I have shown how the interpreters respond to the face of the other outside their contractual responsibility.

If I use '**trust**' as a metaphor, then the interpreters are being attuned to 'trust(ing). Trust is a virtue of someone who is dependable, responsive, and responsible (Flores & Solomon, 1998). I have shown how trustworthy the interpreters are. The ability to trust and be trusted opens possibilities in relationships. Trust(ing) is a verb, but also an emotion (mood/attuned). One must 'do' trust and maintain it through ongoing dialogue, understanding and continuous interpersonal contact (Flores & Solomon, 1998).

I have shown that clinicians place high emphasis on having to trust the interpreter and, once the trust is established, they tend to stay with the interpreters they trust. We have also seen how trust as an attunement adds to a genuine dialogue between the client and the clinician. As such, an authentic mood of trust emerges which the skilled clinician

and interpreter embrace. If the mood of trust did not feel authentic, they might wonder why and mistrust might emerge. It is not only trust between the clinician and interpreter, the study has also shown how the interpreter created trust between him/herself and the client.

According to Flores and Solomon (1998), the inability to be attuned to the other creates distrust and leads to disharmony and alienation. Everybody knows each other in the small ethnic communities and we have seen how this can create tension for the interpreter, client, and clinician. To carry private stories of other people in one's community places a responsibility and ethical demand on the interpreters. We have seen how the distrust from community members affects the well-being of interpreters. Some withdraw from their community and others want to stop interpreting altogether. It is, therefore, important that interpreters get opportunities to debrief, receive supervision and guidance on how to look after their own well-being.

If I use '**space**' as a metaphor, then the interpreter is the space in a therapy session. I have shown how the clinicians (specifically the body therapists) use the interpreter to create 'space' and a '*habitus*' (Casey, 2001). This allows an atmosphere of contentment and safety for the client to relax so that the clinician can do his/her work.

Furthermore, Heidegger (2008b) argued that human beings exist meaningfully in the space of conversation and discourse. We have seen how an interpreter creates this space for a client whom he met in an English language class. How an interpreter walks with a young child to the therapy room, creating a space of acceptance and how the clinician respects this space and allows the interpreter to continue talking and be-with the child once they have entered the clinician's room.

Finally, if I use '**mood**' [*Befindlichkeit*] as a metaphor, then the interpreters are the moodedness or affectivity for both the refugee and clinician. To be attuned to a mood, make manifest how one is, cannot be in isolation from the world, environment and the particular situation in which it manifests itself (Heidegger, 2009). I have shown how the interpreters attuned to a mood of silence with the body therapists. Another clinician told us how the interpreter in a therapy session is mirroring her emotions: "… *like when I said to the client 'well done 'the interpreter would do it back with my facial expression to the client, like she genuinely means that.*" The interpreter accepts the other as a

partner in genuine dialogue and, in doing so, is affirming the others (clinician and clients) as persons. By 'mirroring' emotions, the interpreter gives confirmation to the other. The interpreter seems to be so attuned to the other that a genuine dialogue emerges. As such, according to the clinician, a flow in therapy follows and it is as if the interpreter was not in the room.

Van Manen (2017b) described a conversation as a certain mode of togetherness, a certain way of sharing a world, of understanding and trusting the other, of experiencing a shared sphere, and each other's company. This special relational sphere is what makes a conversation what it is. We can speak or we can be silent because we feel totally immersed in this shared conversational space.

I have shown how interpreters create such a mode of togetherness, understanding, and trusting in a sphere where speaking or absence of words form part of a shared conversational space with the client and clinician.

To be attuned through mood has an underlying revelatory dimension in that it effects how things appear to us (Freeman, 2014). A wise clinician will consult with an interpreter and ask him/her about his/her intuitive 'feeling' for the client.

Implications for research

The findings of this study point to three directions which might be worthy of further research. The first is to research how refugees experience use of an interpreter. As mentioned before, this might be complicated both for ethical reasons (Schweitzer & Steel, 2008) and from a linguistic perspective. One way to deal with this could be to recruit refugees after some years of settling in New Zealand who by then have mastered a command of the English language.

Another area for exploration is how other disciplines and professionals such as education, courts, and medical (hospital settings) experience using interpreters. This may reveal different interpretations of the 'experience of working with interpreters'.

One further idea could be to draw on a co-operative methodology in which interpreters and therapists work together to discern best practice strategies. This may also provide different insights into the phenomenon of the meaning of interpreting.

Limitations

My quest for understanding the interpreter's experience working with refugees brought me back to Heidegger's philosophy and my decision to embark upon a hermeneutic phenomenological investigation. I arrived at the question about interpreters' experience because of my historical horizon shaped by things such as being a clinical psychologist working with refugees and supervising interpreters, my culture and upbringing, traditions and customs. I was trained at a South African university – the country of my birth – with a strong systems theory, phenomenological, psychodynamic, and psychoanalytical (object relations) orientation to its programme. My training, experience, and interest in phenomenology, languages, and psychological anthropology helped me explore throughout my career the notion of understanding and implementing psychological principles within a cross-cultural context.

As such, I have worked with interpreters for many years in different settings. However, I am not an interpreter and in my opinion the variation in the quality of the experience of interpreters and research design may be a limitation to my study. An alternative philosophical worldview and research approach, such as critical social theory or grounded theory, would have asked different questions and uncovered different meanings corresponding with that specific philosophy. The findings of my study are limited to the philosophical approach that underpinned the study.

Another limitation may relate to the scope of this study and the participants taking part. The number of participants and stories are small in comparison with other stories of potential participants available for such research. Similarly, the research has been conducted at a particular point in time and all participants were in some way or another associated with RASNZ. It is anticipated that other findings could have arisen had these parameters been different. It also needs to be remembered that all participants were from the North Island and, as such, this research might be deemed to have a regional

rather than a national focus. Further, New Zealand is a multicultural society represented by many different languages. We have seen that language and culture is interwoven. The interpreters participating in this study were from different African countries, three clinicians were New Zealanders, three from Great Britain and two from Asian origins. Other findings could have emerged had the culturally and linguistic composition of the participants been different. Another limitation, I believe, is that not all health professionals such as social workers, medical doctors, and psychiatrists were represented in this study.

Another limitation, if not the greatest, is the absence of the voices of the refugees. They are the third party in the dynamic triad of the dialogue and the 'other' side of the interpreter's position of in-between. I have struggled with how to let them speak and tell their stories, but had to let go of the idea because interpreters would be essential. Further, as Schweitzer and Steel (2008) mention, specific ethical challenges face researchers working with refugees. As such, I believe the inclusion of refugees is sufficiently complex to warrant being a research project on its own.

Finally, the interviewing in phenomenological research may also have been a limitation. The emphasis was on letting the 'story unfold' and as such I started interviews with a question that gave the participant an opportunity to talk freely about his or her experience. This process of listening and spontaneous unfolding needed little intervention from me. There were times, however, when I might have missed moments where further questioning may have taken us on a different path and clearing. My limited interventions were only to ask questions that ensured we did not stray too far from the research question and to keep our focus on 'how' participants experienced the way of interpreting. The tension between staying focused and letting things show themselves is part of being-in a hermeneutic circle of understanding which paradoxically will always bring forth further possibilities of that which might reveal itself.

There is no expectation that the results of this study will be generalised to all organisations who work with interpreters or to provide rules, theoretical notions, or guidelines that would guide practice. However, the findings of this study may be transferable to individuals or groups if they identify with the themes uncovered; thus

providing, in turn, a way of bringing understanding and insights to the practice of interpreting.

Summary

Interpreters are creating a 'language' which simultaneously interprets the traditions and spoken language of the refugee so that the clinician can truly understand the client's way of saying. The interpreter can then reverse this process for the refugee in order to understand what the clinician means in his/her saying. This 'language' finds its way and shows itself in a true connection of trust between the clinician and interpreter.

From my own limited experience of having to ask someone who is bi-lingual to explain what the other person means, I can only assume how it might feel to be totally dependent on an interpreter to help me understand and to make sense of the (new) world in which I find myself. Understandability means that I not only understand implicitly what I am doing, but that others do; and that I am understandable to them and they to me. Thus, the basis of communication lies in the nature of our being as being-with, and without it there would be no world, no situations for us to be-in.

Being in this in-be-tween position resonates with *Dasein's* characteristic of being there within the world. *Dasein* means the possibility, the condition of oriented being here and being over there (Heidegger, 2008a). Interpreters are in that 'position' of looking through and in the bush, creating a possibility to 'see' something. *Dasein* is care, similar to how the interpreters care for their community. They are the 'connection' of their community with the other and represent the face of the clinician as well as the refugee. Further, *Dasein* is *Befindlichkeit*, a disposition that names the dimensions of being-in-the-world that structures the affects: moods, feelings, emotions (Dreyfus & Wrathall, 2007). It is through one's affectivity [moodedness] that the world as a whole is opened up as mattering in a certain way. This means that when one is anxious, it is the world as a whole that is anxious; when I am depressed, I am attuned to a depressed world. It is my understanding that interpreters create a *Befindlichkeit* for clinicians and refugees. They are the 'moodedness' through which the clinician and refugee experience and see the world of therapy and the bigger, new land in which the refugees are settling.

Further, interpreters move beyond trustworthiness when they create trust through genuine dialogue and care for their community and the other. Trust in this sense is similar to Heidegger's notion of affectivity or moodedness [*Befindlichkeit*]. It seems that the interpreter, by nature of being-with-others-in-the–world, creates an attunment of trusting amongst the parties. It further seems that trust(ing) is a mood essential for *Dasein* to be-in-the-world and being-with.

Looking back at the whole I realised that Ruben, an interpreter, provided an indication that this attunment through dialogue is not necessarily linguistic. When he was called by emergency medicine to help with interpreting for an Iraqi mother and child, he went to help even though he could not speak the client's Arabic. He listened, not saying much and not understanding much of the language. But being-there-with-her, Ruben created a connection between them, an acceptance and she trusted him. In Ruben's own words, "…language is not only a spoken language." Language also includes body language, facial expression, and mutual respect. Ruben describes respect, acceptance, body language, listening, and tone of voice as virtues that one must have to be an interpreter. It seems that a good deal of trust is embodied in our physical presence with one another.

Lastly, I have given the reader an overview of the three turns I have made in this hermeneutic circle of thinking. True to the nature of hermeneutic phenomenology, the horizon of understanding continues to recede and the nature of hermeneutic thinking and the circle is infinite and ever expanding.

It is my hope that the reader might experience [*Erfahrung* and *Erlebnis*] a similar cyclical movement of understanding.

Interpreters are being-there, caring night and day

Lonely alone the refugees sit in darkness of the night…

trying to see the shaping of stillness

to hear the rumbling sound of silence

Slowly the night turns her face to them…

gently she curls up against their backs

safely in her arms she holds them tight

Quietly they listen to the rumbling sound of silence

to the mystery of darkness

looking at the shape of stillness

The rustling trees put the sound of silence to rest

The shape of stillness cracking…

through which the bird's voice is calling

Slowly the sun turns his face to them…

gently embracing the night

warmly showing a new day breaking

Philip

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Appendices

Appendix A: AUTEC Approval

A U T E C
S E C R E T A R I A T

6 August 2013

Shoba Nayar
Faculty of Health and Environmental Sciences

Dear Shoba

Re Ethics Application: **13/135 Interpreters' experiences of working with refugees in New Zealand.**

Thank you for providing evidence as requested, which satisfies the points raised by the AUT University Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 5 August 2016.

As part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online throughhttp://www.aut.ac.nz/researchethics. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 5 August 2016;

- A brief report on the status of the project using form EA3, which is available online through http://www.aut.ac.nz/researchethics. This report is to be submitted either when the approval expires on 5 August 2016 or on completion of the project.

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this. If your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply there.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

Kate O'Connor
Executive Secretary

Auckland University of Technology Ethics Committee

Cc: Philip Britz pbritz@ihug.co.nz

Appendix B: Psychological Support

AUT UNIVERSITY **STUDENT SERVICES**

MEMORANDUM

TO	Philip Britz
FROM	Kevin Baker
SUBJECT	Psychological support for research participants
DATE	14th May 2013

Dear Philip

I would like to confirm that Health, Counselling and Wellbeing are able to offer confidential counselling support for the participants in your AUT research project entitled:

"Interpreters' experiences of working with refugees in New Zealand."

The free counselling will be provided by our professional counsellors for a maximum of **three** sessions and must be in relation to issues arising from their participation in your research project.

Please inform your participants:

- They will need to contact our centres at WB219 or AS104 or phone **09 921 9992 CityCampus** or **09921 9998 North Shore campus** to make an appointment
- They will need to let the receptionist know that they are a research participant
- They will need to provide your contact details to confirm this
- They can find out more information about our counsellors on our website:**http://www.aut.ac.nz/students/student_services/health_counselling_and_wellbeing**

Yours sincerely

Kevin Baker

Head of Counselling

Health, Counselling and Wellbeing

Participant Information Sheet

Date Information Sheet Produced:

dd mmmm yyyy

Project Title

Interpreters' experiences of working with refugees in New Zealand

An Invitation

My name is Philip Britz and I am interested in understanding interpreters' experiences of working with refugees in New Zealand. I will be undertaking this research as part of my PhD qualifications at AUT. You are invited to take voluntary part in this research by sharing your experiences with me.

I am recruiting up to 20 interpreters who are contracted by refugees' resettlement centres in New Zealand (Auckland, Hamilton, Wellington and Christchurch); who can converse in English and who have worked with refugees for a minimum of three months.

Whether you choose to accept this invitation and participate, or not, will neither advantage nor disadvantage you personally in any way.

What is the purpose of this research?

The central aim of my research is to discover the meaning of interpreters' experiences, to increase awareness regarding the role of interpreters and to inform the practice of using interpreters working with refugees in New Zealand. It is hoped that the process of sharing your stories, will empower you by giving an opportunity to have your voices heard and the complexity of your role uncovered.

How was I identified and why am I being invited to participate in this research?

I will give presentations of the proposed research project to management, clinicians and the interpreters' co-ordinator at refugees' resettlement centres throughout New Zealand who will assist with recruitment. You may have been approached and given information about the study by a colleague who knows me, or by other participants in the study. When you have read this sheet and decided to participate, I would like you to contact me directly.

What will happen in this research?

Once you have indicated that you are willing to participate and have signed the consent form, a meeting will be scheduled for an interview of approximately 2 hours. The interviews will be at a place that is private, confidential and agreed on by both of us. In Auckland, my office at Mangere Family Doctors, or an interview room at AUT or RASNZ might be suitable to conduct interviews. Similar suitable rooms will be arranged if the interviews are conducted in other centres. You will be asked to tell me stories about your experience that relate to the research topic. For instance,

I will be asking you to tell me about the interpreting that you did the day before, or tell me about the time you felt you made a difference as an interpreter.

The interviews will be digitally audio recorded and then transcribed. I might want to have a follow-up meeting with you to clarify or gather more information. This interview will take no more than 1 hour of your time. Once all interviews are completed a copy of the narrative will be given to you for verification and comments about its inclusion in the study. Remember, your participation is voluntary and you are free to withdraw from the study at any time without having to give a reason for doing so.

What are the discomforts and risks?

Sometimes, when one is asked to talk about your experiences you might start to remember past experiences and memories that are upsetting and might even cause some discomfort. This is normal, and I would like you to tell me if this happens so that I can support you.

How will these discomforts and risks be alleviated?

If you find upsetting past memories occur as a consequence of participating in the research, three free counselling sessions to help you deal with these can be arranged at AUT Counselling   Services. You need to let the receptionist know that you are a research participant and provide her with my details. The contact details for the counselling centres are: Building WB219, City Campus, AUT, phone 09 921 9992 and Building AS104, North Shore Campus, AUT, phone 09 921 9992. You will find more information about their counsellors and services at the centre's website:

http://www.aut.ac.nz/students/student_services/health_counselling_and_wellbeing

For those of you living outside Auckland, three free sessions will be provided from a local provider. You need to let me know if you want to see a counsellor, and I will provide you with the counsellor's details with whom you can arrange an appointment.

What are the benefits?

As an official interpreter there will be no direct benefits to you from participating in this study. However, I have found that some people who take part in research of this nature found it empowering and see it as an opportunity to have their voices heard. You will be part of a research project that contributes to the knowledge and understanding of an area in which there is currently little understanding. You will help to uncover the complexity of your role as an interpreter so that we can enlighten other professionals, managers and organizations about the range of experiences that are aspects of being an interpreter working with refugees.

How will my privacy be protected?

Interviews will be conducted in a place where you feel assured of privacy and confidentiality. All recorded and written material will be confidential to me, the project supervisor and the typist who will sign a confidentiality agreement. You will choose your own pseudonym, which will be used on all material to protect your identity. Recorded and written material will be kept in a secured location at AUT premises which only myself and research supervisors will be able to access. All materials will be professionally destroyed 6 years after the study's completion. Every attempt will be made to avoid identification of any person or place in reports prepared from this study.

What are the costs of participating in this research?

The only cost involved for you is your valuable time. This amounts to plus or minus 2 hours for the first interview and could be up to another hour if there is a second interview. You will also have to put time aside to read through your transcribe and discussion afterwards. All in all, your time involved add up to about 3 hours.

What opportunity do I have to consider this invitation?

I really appreciate you taking the time so far to read this information and for considering being a participant in my study. If you would like to participate, please contact me within 3 week of receiving this information sheet. I look forward to hearing from you.

How do I agree to participate in this research?

If you have any questions about this study or information sheet, please don't hesitate to contact me by phone or email. If you leave a message and contact details on my mobile phone I can ring you back. Once you decided to participate a meeting time and place will be arranged that suits both of us. At this first meeting we will go through and complete the Consent Form which will be signed prior to the interview.

Will I receive feedback on the results of this research?

A copy of the summary of the research findings will be given to you. However, if you would like feedback on any aspect of the research, or the results, then we can discuss how this will occur at our initial meeting.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Shoba Nayar, _shoba.nayar@aut.ac.nz_ , 09 921 9999 ext 7304.

Concerns regarding the conduct of the research should be notified to the Acting Executive Secretary of AUTEC, Madeline Banda, _ethics@aut.ac.nz_ , 09 921 9999 ext 8316.

Whom do I contact for further information about this research?

Researcher Contact Details:

Philip Britz, _pbritz@ihug.co.nz_ , 021 041 7410

Project Supervisor Contact Details:

Dr Shoba Nayar, _shoba.nayar@aut.ac.nz_, AUT, Private Bag 92006, Auckland

Appendix D: Consent Form

Consent Form

Project title: *Interpreters' experiences of working with refugees in New Zealand*

Project Supervisor: *Professor Liz Smythe*

Researcher: *Philip Britz*

O   I have read and understood the information provided about this research project in the Information Sheet dated …………………

O   I have had an opportunity to ask questions and to have them answered.

O   I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.

O   I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.

O   If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.

O   I agree to take part in this research.

O   I wish to receive a copy of the report from the research (please tick one): YesO   NoO

Participant'ssignature: ……………………………………………………………

Participant's name: …………………………………………………………..

Participant's Contact Details (if appropriate):

…………………………………………………………………………..

…………………………………………………………………………..

…………………………………………………………………………..

…………………………………………………………………………..

Date:

Approved by the Auckland University of Technology Ethics Committee on:

*AUTEC Reference number:*13/135

Note: The Participant should retain a copy of this form.

Confidentiality and Privacy agreement

Project title: *Interpreters' experiences of working with refugees in New Zealand*

Project Supervisor: *Dr Shoba Nayar*

Researcher: *Philip Britz*
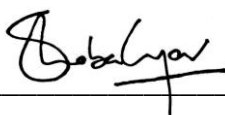
I, _Shoba Nayar_____ (full name)

of_55 Manapakkam High Road, Chennai, India_____ (address)

Agree that any information about this research project provided to me will –

1. Not be disclosed by me except for the purpose of fulfilling my duties as a typist.
2. Not be disclosed by me after I cease providing services for this project.

I acknowledge that confidentiality of participants in this research project is paramount and information provided by the researchers and participants is received subject to strict obligations of confidentiality.

Signature: _____

Print name: Shoba Nayar
_____

Date: 11-3-2014
_____

Witness Signature:
_____

Print name:
_____

Date:
_____

Please do not
staple this
form

AUT
UNIVERSITY
TE WĀNANGA ARONUI O TAMAKI MAKAU RAU

AUCKLAND UNIVERSITY OF TECHNOLOGY ETHICS COMMITTEE (AUTEC)

EA2

RESEARCH PROGRESS REPORT OR APPLICATION FOR AMENDMENT

Once this form has been completed and signed, please read the notes at the end of the form for information about its submission to AUTEC.

NOTES ABOUT COMPLETION

❖ Responses should use clear everyday language with appropriate definitions being provided should the use of technical or academic jargon be necessary.

❖ The AUTEC Secretariat and your AUTEC Faculty Representative are able to provide you with assistance and guidance with the completion of this report or application.

❖ Comprehensive information about ethics approval and what may be required is available online at http://aut.ac.nz/researchethics

❖ The information provided in this form will be used for the purposes of granting and monitoring ethics approval. It may also be provided to the University Postgraduate Centre, the University Research Office, or the University's insurers for purposes relating to AUT's interests.

To respond to a question, please place your cursor in the space following the question and its notes and begin typing.

Project Information

AUTEC Application Number

13/135

Current Expiry date

26/03/2016

Are you making an annual progress report?   ☒ Yes ☐ No

If you have responded 'Yes" to this question, please complete part B of this form

Are you making an application for amendments?   ☒ Yes ☐ No

If you have responded 'Yes" to this question, please complete part C of this form

What is the approved title of the research?

If you will be using a different title in documents to that being used as your working title, please provide both, clearly indicating which title will be used for what purpose.

Interpreters' experiences of working with refugees in New Zealand

Has the title altered since ethics approval was given?   ☐ Yes ☒ No

If the answer is 'Yes', please answer the following question, otherwise please answer section A.5 and continue from there.

What is the proposed new title for the research?

Who is the applicant?

When the research is part of the requirements for a qualification at AUT, then the applicant is always the primary supervisor. Otherwise, the applicant is the researcher primarily responsible for the research, to whom all enquiries and correspondence relating to this application will be addressed.

Liz Smythe

Has the applicant altered since ethics approval was given?   ☒ Yes ☐ No

If the answer is 'Yes', please answer the following, otherwise please answer section A.6 and continue from there.

Who is the new applicant?

When the research is part of the requirements for a qualification at AUT, then the applicant is always the primary supervisor. Otherwise, the applicant is the researcher primarily responsible for the research, to whom all enquiries and correspondence relating to this application will be addressed.

Liz Smythe

In which faculty, directorate, or research centre is the applicant located?

Faculty of Health and Environmental Sciences, AUT

What are the applicant's qualifications?

Professor, Programme Leader DHSc,

What is the applicant's email address?

An email address at which the applicant can be contacted is essential.

Liz.smythe@aut.ac.nz

At which telephone numbers can the applicant be contacted during the day?

09 921 9999 ext. 7196; 021351005

Progress Report

Please complete this section if you answered 'Yes" to section A.2

Has the recruitment of participants commenced?   ☒ **Yes** ☐ **No**

Has the recruitment of participants been completed?   ☐ **Yes** ☒ **No**

Has the collection of data commenced?   ☒ **Yes** ☐ **No**

Has the collection of data been completed?   ☐ **Yes** ☒ **No**

Has data analysis commenced?   ☒ **Yes** ☐ **No**

Has data analysis been completed?   ☐ **Yes** ☒ **No**

Has the writing up of the findings commenced?   ☐ **Yes** ☒ **No**

Has the writing up of the findings been completed?   ☐ **Yes** ☒ **No**

Has any publication of findings occurred?   ☐ **Yes** ☒ **No**

If the research is for a qualification, is it on schedule to finish before its expiry date?

☒ **Yes** ☐ **No**

If the answer is 'No', please explain why and indicate when the research is likely to be completed. Otherwise, please answer section C.1 and continue from there.

Ethical issues that have arisen

Were there any previously unforeseen risks and if so, how have they been managed?

No risks have arisen

Were there any conflicts that may have arisen and if so, how have they been managed?

No conflicts have arisen

Were there any complaints and if so, how have they been managed?

No complaints have arisen

Were there any problems with the approved research protocols and if so, how have they been managed?

No problems with the approved research protocols have arisen.

Application for Amendments

Please complete this section if you answered 'Yes" to section A.3

Please ensure all applicable revised documentation such as Advertisement, Participant Information Sheets or Consent Forms are attached to this application.

What amendments to the recruitment protocols are needed?

In describing the notion of method in research, Heidegger says: "Like every other scientific method, phenomenological method grows and changes due to the progress made precisely with its help into the subjects under investigation" (Heidegger, 1982, p. 21).

By moving deeper into the phenomenon through being with the experientially recognizable and accessible descriptions, I started to re-live my own experience (*Erfahrung* *1) working as a clinician with interpreters for many years, and an element of wonder emerges. I discovered the extraordinary in the ordinary, and as Van Manen (2014) puts it, when this happens: "we become aware of the phenomenal phenomenality of a phenomenon!" (p. 31). In doing this phenomenological research, with the indistinguishable activities of writing, reflecting, reading and writing again (Heidegger, 1971; Satre, 1963; Barthes, 1986), I started to see myself by observing the phenomenon (Van Den Berg, 1972) and realized that the only way to understand phenomenology is by doing it (Merleau-Ponty, 1962).

Van Manen (2014) describes two kinds of states of being present (presence) – the lived presence (immediate now), and the reflective presence (the now mediated). He goes further by saying that: "…phenomenology is the project that tries to describe the prereflective meaning of the living now" (p. 34). However, the paradox is that we can never describe the lived presence, because the moment we try to capture the 'now' in oral or written form, it becomes objectified and a reflection of what was. My lived presence was the interviews (immediate now) with the participants; my reflective presence was the writing of my experience (*Erfahrung*) of the interviews in my diary, the (re-)reading of the transcripts, the hermeneutic interpretation of the scripts, and the discussions with my supervisors.

This interplay between object and subject, the relationality of lived self-other (Van Manen, 2014) did guide me in my reflection in asking how self and others are experienced with respect to the phenomenon that is being studied i.e. experience of interpreting. Levinas (1996) describes the ethical relation and notion of alterity – (the state or quality of being other or different/otherness) as the experience of the otherness of the other. In Rötzer (1995) Levinas explores this notion of

being 'called/addressed' by the other as becoming (involuntary) a hostage to the other: "One acknowledge the other to the extent that one considers oneself hostage. I am hostage to my other" (p. 59). In fact, being addressed by the otherness of the other is a duty and can be a burden: "Every feeling as a state of mind presupposes being a hostage" (p. 60). Experiencing this response allows one to have experienced one's 'response-ability' (Van Manen, 2014). It is an involuntary responsibility because, according to Levinas, one feels responsible to the other you meet, even before one may want to feel responsible. This notion of involuntary experience (*Erlebnis* *2) of ethical responsibility is fundamental for Levinas, not only to the experience (*Erfahrung*) of human relationship, but also to the experience (*Erlebnis*) of the self.

Van Manen (2014) summarizes Levinas's notion of the relationality of lived self-other as follows:

> 1) In the encounter with the other, I have felt an appeal that was directed at me. 2) The appeal orients me to the other who addresses me. 3) My response to the appeal is unmediated by my intentions or thinking. 4) My response is passively felt and noncognitive, in the sense that I did not ask for the experience of feeling addressed. 5) The appeal touches me and converts my immediate response into a realization of undeniable responsibility. 6) Feelings "moved" by the appeal moves me into action; I must do something; often I have already acted before thinking what to do. 7) I experience my responsibility to act as an appeal for doing something good for the other. 8) This goodness is not self-centred or measurable in terms of utility; in the words of Levinas, "only goodness is good (p. 117).

My interpretation of above relationality; and by becoming more aware of the phenomenality of interpreting; guide me to the understanding of the paradoxical relationess between the clinician and interpreter: If it wasn't for the clinician's lack of knowledge of the refugees' and interpreters' language (and culture), then the call (address) by the other (-ness) of the interpreter may not have happened/existed. The clinicians' lack of knowledge of the language of the interpreters gives meaning to the interpreters' knowledge of the clinicians' language. This is not necessarily a reciprocal (-ity) relation of mutual dependence, action or influence, but, as Levinas pointed out, that of an ethical relation of alterity: the experience (*Erlebnis*) of the otherness of the other. (Van Manen, 2014). All the participants describe a relationship of alterity with their clients, including the clinicians they work with.

After I have interviewed 4 interpreters and read the transcripts and written the interpretive leaps, I was 'pulled up short' and the 'gap/horizon' between myself as clinician and the interpreter merged. My own experience (*Erfahrung*) working with interpreters contributes to what Gadamer (2004, p. 299) says about understanding as: "…essentially, a historically effected event" and that the task of interpretation is "to make something alien accessible".

My experience (*Erfahrung*) with interpreters has deepened my understanding of their experience (*Erlebnis*), and perhaps even the interpretation and understanding of interpreting. This guides me to wanting to explore the other clinicians' experience (*Erfahrung* as well as *Erlebnis*) of interpreting; of working with interpreters. I therefore believe that the phenomenological exploration and reflection of clinicians working with interpreters will enhance this study and add to 'translate' and 'communicate' the horizons and deepen the understanding of the interpreters and interpreting, which will become the communication, the common language.

To link with Heidegger (1982), my above interpretive leap, phenomenological analysis and growth /progress made in my research so far has changed, and guided me to the next question namely: how does the experience (*Erlebnis* and *Erfahrung*) of interpreting present itself to clinicians working with interpreters and refugees.

*1 *Erfahrung*:

Contains the word *Fahren* = to go, voyage (i.e. a ship is sailing), travel, navigate, ascend to heaven. The knowledge gained from participating or observing events or activities, through navigating, going on a voyage/travel. Inwood (1999) describes an *Erfahrung* as: "an experience as, or of, an external, objective event and the lessons learn from such an event" (p. 62).

*2 *Erlebnis*:

Contains the word *Leben* = life, to live, life-giving, alive. Experience something from within - from one's subconscious or gut feeling, something life-giving, alive, living through something, and lived

experiences. Inwood (1999, p. 62) says: "An *Erlebnis* is an experience with an intense effect on one's inner life".

What amendments to the data collection protocols are needed?

The new group of participants (clinicians working with interpreters) will be recruited through word of mouth and through professional networks and societies (i.e. NZ Psychological Society). The researcher plans to present the proposed study to the CEO's, operational managers, team leaders, interpreter co-ordinators and clinicians (psychologists, occupational therapists, body therapists, social workers, psychiatrists, nurses, general practitioners) working at refugees' resettlement centres in New Zealand. Participant information sheets for clinicians (appendix 1) and contact details (e-mail and telephone number) of the researcher will be handed out with the request that they give it to potential participants and to contact the researcher should they be interested to form part of the study. The researcher will not directly approach potential participants; that will be done through a third party as indicated. Once contact has been made with a potential participant, an interview with the participant will be arranged.

Between 5 – 10 participants (clinicians) will be recruited. The combination of between 5 – 10 participants (interpreters) will add up to a total of between 10 – 20 participants which is suitable for a doctoral study using a hermeneutic phenomenological methodology.

All other relevant criteria for the clinicians are the same as for the interpreters as per approved Ethical Application 13/135.

What amendments to the research aims are needed?

Nil amendments needed, the research aims stay the same

What amendments to the research methodology are needed?

Nil amendments to the hermeneutic phenomenological research methodology are needed.

What changes are there to the proposed research outputs?

No changes to the proposed research output

What other amendments to the research are required?

Information sheet for clinicians (Appendix 1) and consent form for clinicians (Appendix 2)

References

Please include any references relating to your responses in this report or application in the standard format used in your discipline.

Barthes, R. (1986). *The Rustle of Language*. New York: Hill and Wang.

Gadamer, H.-G. (2004). *Truth and Method.* (2nd ed., J. Weinsheimer & D. G. Marshall, transl.) New York: Continuum. (Original work published 1960).

Heidegger, M. (1971). *On the Way to Language.* New York: Harper and Row.

Heidegger, M. (1982). *The Basic Problems of Phenomenology.* Bloomington: Indiana University Press.

Inwood, M. (1999). *A Heidegger Dictionary.* Oxford, UK: Blackwell Publishers Ltd.

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Rötzer, F. (1995). *Conversations with French Philosophers.* New York: Humanity Books.

Satre, J. P. (1963). *In Search of a Method.* New York: Vintage Books.

Van den Berg, J. H. (1972). *A Different Existence.* Pittsburgh: Duquesne University Press.

Van Manen, M. (2014). *Phenomenology of Practice: Meaning-Giving Methods in Phenomenological Research and Writing.* Walnut Creek, CA: Left Coast Press.

Checklist

Please ensure all applicable sections of this form have been completed and all appropriate documentation is attached as an incomplete form will not be considered by AUTEC.

Have you discussed this form with your AUTEC Faculty Representative, or a member of the AUTEC Secretariat? ☒ *Yes* ☐ *No*

Is this form related to another ethics application? If yes, please provide the application number of the other application. ☒ *Yes* ☐ *No*

Are you seeking ethics approval from another ethics committee for this research? If yes, please identify the other committee. ☐ *Yes* ☒ *No*

Section A	*Project information provided*	*X*
Section B	*Progress Report information provided*	*X*
Section C	*Amendment details provided*	*X*
Section D	*References provided*	*X*
Section E	*Checklist completed*	*X*
Section F.1 and 2	*Applicant and student declarations signed and dated*	*X*
Section F.3	*Authorising signature provided*	*X*

Spelling and Grammar Check (please note that a high standard of spelling and grammar is required in documents that are issued with AUTEC approval)

Attached Documents (where applicable)

Participant Information Sheet(s)	*X*
Consent Form(s)	*X*
Questionnaire(s)	
Indicative Questions for Interviews or Focus Groups	
Observation Protocols	
Recording Protocols for Tests	
Advertisement(s)	
Researcher Safety Protocol	
Hazardous Substance Management Plan	
Any Confidentiality Agreement(s)	
Any translations that are needed	
Other Documentation	

Declarations

Declaration by Applicant

Please tick the boxes below.

☒ *The information in this report or application is complete and accurate to the best of my knowledge and belief. I take full responsibility for it.*

☒ *In continuing this study, I agree to abide by established ethical standards, contained in AUTEC's Applying for Ethics Approval: Guidelines and Procedures and internationally recognised codes of ethics.*

☒ *I will continue to comply with AUTEC's Applying for Ethics Approval: Guidelines and Procedures, including its requirements for the submission of annual progress reports, amendments to the research protocols before they are used, and completion reports.*

☒ *I understand that brief details of this report or application may be made publicly available and may also be provided to the University Postgraduate Centre, the University Research Office, or the University's insurers for purposes relating to AUT's interests.*

Liz Smythe

Signature	_Date_

Declaration by Student Researcher

Please tick the boxes below.

☒   _The information in this report or application is complete and accurate to the best of my knowledge and belief._

☒   _In continuing this study, I agree to abide by established ethical standards, contained in AUTEC's Applying for Ethics Approval: Guidelines and Procedures and internationally recognised codes of ethics._

☒   _I will continue to comply with AUTEC's Applying for Ethics Approval: Guidelines and Procedures, including its requirements for the submission of annual progress reports, amendments to the research protocols before they are used, and completion reports._

☒   _I understand that brief details of this report or application may be made publicly available and may also be provided to the University Postgraduate Centre, the University Research Office, or the University's insurers for purposes relating to AUT's interests._

Philip Britz   20/08/2014

Signature	_Date_

Authorisation by Head of Faculty/School/Programme/Centre

Please tick the boxes below.

☒   _The information in this report or application is complete and accurate to the best of my knowledge and belief._

☒   _In authorising the continuation of this study, I declare that the applicant is adequately qualified to undertake or supervise this research and that to the best of my knowledge and belief adequate resources are available for this research._

☒   _I understand that brief details of this report or application may be made publicly available and may also be provided to the University Postgraduate Centre, the University Research Office, or the University's insurers for purposes relating to AUT's interests._
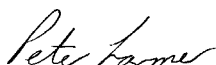
Pete Larmer   **28/08/2014**

Signature	_Date_

Notes for submitting the completed report or amendment for review by AUTEC

Please ensure that you are using the current version of this form before submitting your form.

Please ensure that all questions on the form have been answered and that none have been deleted.

Please provide _one_ printed, single sided, A4, and signed copy of the form and all related documents.

Please deliver or post to the AUTEC Secretariat, room WA 505F, fifth floor, WA Building, City Campus or email to ethics@aut.ac.nz. The internal mail code is D-89. The courier address is 55 Wellesley Street East, Auckland 1010.

A U T E C
S E C R E T A R I A T

8 September 2014

LizSmythe
Faculty of Health and Environmental Sciences

Dear Liz

Re: Ethics Application: **13/135Interpreters' experiences of working with refugees in New Zealand.**

Thank you for your request for approval of an amendment to your ethics application.

I have approved the minor amendment to your ethics application allowing interviews with an additional group of participants and have noted that the applicant has changed from Shoba Nayar.

I remind you that as part of the ethics approval process, you are required to submit the following to the Auckland University of Technology Ethics Committee (AUTEC):

- A brief annual progress report using form EA2, which is available online through http://www.aut.ac.nz/researchethics. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 5 August 2016;

- A brief report on the status of the project using form EA3, which is available online through http://www.aut.ac.nz/researchethics. This report is to be submitted either when the approval expires on 5 August 2016 or on completion of the project.

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this. If your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply there.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

Kate O'Connor
Executive Secretary
Auckland University of Technology Ethics Committee

Cc: Philip Britzpbritz@ihug.co.nz; Shoba Nayar

Participant Information Sheet

AUT
UNIVERSITY
TE WĀNANGA ARONUI O TAMAKI MAKAU RAU

Date Information Sheet Produced:

Project Title

Interpreters' experiences of working with refugees in New Zealand

An Invitation

My name is Philip Britz and I am interested in understanding interpreters' experiences of working with refugees in New Zealand. I will be undertaking this research as part of my PhD qualifications at AUT. I am a Clinical Psychologist who has worked with refugee clients in New Zealand for the past 5 years. I am from South Africa; English is not my mother tongue. Since childhood, interpreting across languages has been my lifetime experience. You are invited to take part in this research by sharing your experiences with me of working with interpreters related to clients who are refugees.

I am recruiting up to 10 clinicians who are contracted by refugees' resettlement centres in New Zealand (Auckland, Hamilton, Wellington and Christchurch); who can converse in English and who have worked with interpreters for a minimum of three months.

Whether you choose to accept this invitation and participate, or not, will neither advantage nor disadvantage you personally in any way.

What is the purpose of this research?

The central aim of my research is to discover the meaning of the experience of therapy where an interpreter is involved both the perspective of the interpreter and the therapist who draws on their skills. The purpose is to increase awareness regarding the role of interpreters and to inform the practice of using interpreters working with refugees in New Zealand

How was I identified and why am I being invited to participate in this research?

I will give presentations of the proposed research project to management, clinicians and the interpreters' co-ordinator at refugees' resettlement centres throughout New Zealand who will assist with recruitment. You may have been approached and given information about the study by a colleague who knows me, or by other participants in the study. When you have read this sheet and decided to participate, I would like you to contact me directly.

What will happen in this research?

Once you have indicated that you are willing to participate and have signed the consent form, a meeting will be scheduled for an interview of approximately 1 hours. The interviews will be at a place that is private, confidential and agreed on by both of us. In Auckland, my office at Mangere Family Doctors, or an interview room at AUT or RASNZ might be suitable to conduct interviews. Similar suitable rooms will be arranged if the interviews are conducted in other centres. You will be asked to tell me stories about your experience that relate to the research topic. For instance, I will be asking you to tell me about the session with an interpreter that you did the day before, or tell me about the time you felt you made a difference working with an interpreter.

The interviews will be digitally audio recorded and then transcribed. I might want to have a follow-up meeting with you to clarify or gather more information. This interview will take no more than 1 hour of your time. Once all interviews are completed a copy of the narrative will be given to you for verification and comments about its inclusion in the study. You are free to delete or change any data. Remember, your participation is voluntary and you are free to withdraw from the study at any time prior to the completion of data analysis without having to give a reason for doing so.

What are the discomforts and risks?

Sometimes, when asked to talk about your experiences you might start to remember past experiences and memories that are upsetting and might even cause some discomfort. This is normal, and I would like you to tell me if this happens so that I can support you.

How will these discomforts and risks be alleviated?

If you find past memories occur as a consequence of participating in the research in a manner that is upsetting, three free counselling sessions to help you deal with these can be arranged at AUT Counselling   Services. You need to let the receptionist know that you are a research participant and provide her with my details. The contact details for the counselling centres are: Building WB219, City Campus, AUT, phone 09 921 9992 and Building AS104, North Shore Campus, AUT, phone 09 921 9992. You will find more information about their counsellors and services at the centre's website: http://www.aut.ac.nz/students/student_services/health_counselling_and_wellbeing

For those of you living outside Auckland, three free sessions will be provided from a local provider. You need to let me know if you want to see a counsellor, and I will provide you with the counsellor's details with whom you can arrange an appointment.

What are the benefits?

As a registered clinician there will be no direct benefits to you from participating in this study. However, I have found that some people who take part in research of this nature found it empowering and see it as an opportunity to have their voices heard. You will be part of a research project that contributes to the knowledge and understanding of an area in which there is currently little understanding. You will help to uncover the complexity of the interpreters' role, and the advantages and challenges for the therapist in working through an interpreter, so that we can enlighten other professionals, managers and organizations about the range of experiences that are aspects of 'interpreting' when working with refugees.

How will my privacy be protected?

Interviews will be conducted in a place where you feel assured of privacy and confidentiality. All recorded and written material will be confidential to me, the project supervisor and the typist who will sign a confidentiality agreement. You will choose your own pseudonym, which will be used on all material to protect your identity. Recorded and written material will be kept in a secured location at AUT premises which only myself and research supervisors will be able to access. All materials will be professionally destroyed 6 years after the study's completion. Every attempt will be made to avoid identification of any person or place in reports prepared from this study.

What are the costs of participating in this research?

The only cost involved for you is your valuable time. This amounts to plus or minus 1 hour for the first interview and could be up to another hour if there is a second interview. You will also have to put time aside to read through your transcribe and discussion afterwards. All in all, your time involved add up to about 3 hours.

What opportunity do I have to consider this invitation?

I really appreciate you taking the time so far to read this information and for considering being a participant in my study. If you would like to participate, please contact me within 3 week of receiving this information sheet. I look forward to hearing from you.

How do I agree to participate in this research?

If you have any questions about this study or information sheet, please don't hesitate to contact me by phone or email. If you leave a message and contact details on my mobile phone I can ring you back. Once you decided to participate a meeting time and place will be arranged that suits both of us. At this first meeting we will go through and complete the Consent Form which will be signed prior to the interview.

Will I receive feedback on the results of this research?

A copy of the summary of the research findings will be given to you. However, if you would like feedback on any aspect of the research, or the results, then we can discuss how this will occur at our initial meeting.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Professor Liz Smythe, *Liz.smythe@aut.ac.nz* 921 9999 ext. 7196

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Kate O'Connor, *ethics@aut.ac.nz*, 921 9999 ext. 6038.

Whom do I contact for further information about this research?

Researcher Contact Details:

Philip Britz, *pbritz@ihug.co.nz* 021 041 7410

Project Supervisor Contact Details:

Professor Liz Smythe, *Liz.smythe@aut.ac.nz*, AUT, Private Bag 92006, Auckland

Approved by the Auckland University of Technology Ethics Committee on *type the date final ethics approval was granted*, AUTEC Reference number *type the reference number*.

Appendix H: Additional Data

Connection of the body to thought and language

Eugene Gendlin, a humanistic psychological thinker, was part of Carl Rogers' research group at the University of Chicago. Working from a client-centered tradition, Gendlin developed a way of thinking about human experience that connects the physical body to language and thought. He was interested in the processes that allow humans to make contact with themselves and create meanings that are not merely relics of language but resonate within their physical bodies. Gendlin's philosophy, applied to humanistic therapy, helps us understand the process through which the client engages with his or her experiencing. "In reconceptualising the role of the body in language and thought, Gendlin has arrived at a uniquely holistic vision of human functioning that unites contemporary philosophical thought and psychotherapeutic practice" (Sharma, 2011, p. 190).

Gendlin (1962) distinguished between experience and experiencing by contrasting his idea of experiencing with Rogers's (1959) definition of experience. Rogers definition refers to physiological and physical events of which the person is aware (or could be aware). According to Sharma (2011) Gendlin (1962), described experience(ing) as "an implicitly meaningful, organic stream of processing that can be directly referred to and felt by the individual in his or her body. It is a 'felt datum', but it is not simply an emotion" (p. 181). Experiencing focusses on the activity unfolding process, and the 'feel' of the situation that the person experiences is more personal in terms of meaning than emotion. It seems that, like trusting as described above, experiencing is the 'mood' and the attunement (being-tune) to the world/situation in which the individual is dwelling. It lies beyond linguistics and is the continuous receptivity of our bodies toward the world. In other words, *Dasein's* attunement toward its own body creates a mood of experiencing beyond language and thought and reveals another 'throwness' into the world with more possibilities of being-with-others.

Body, language, and thought are intertwined and at play in Gendlin's philosophy. The body has its own wisdom and plays a distinctively role in language and thought. "…our bodies are such that they absorb all the training, all the language, all the social forms, all the culture, everything we read, and then they still imply more" (Gendlin, 1990, p. 214).

Subjectively, according to Gendlin (1990), we experience our body as much more than the physiological function of the five senses. We experience the world through our bodies, carrying with us our pervious experiences, along with our current situation everywhere we may be. The situation organises our experiences as such that our bodily interaction with the world effects our being before we can conceptualise them (Gendlin, 1973). As our bodies are able to detect more subtleties in a given situation than our logical structures, it has the possibility to imply our next action, speech, thought, and feelings. It seems that our bodies have the possibility to alter the present moment. 'Implying' in this context refers to the inchoate sense; in other words, the experiencing has just begun but not yet completely formed. This experience is most noticeable when we find ourselves still lacking the form and language to say what is implied (Gendlin, 1962, 1991). It is not separated from language, but words can only describe a small amount of the vast intricacy that is implied by the bodily experience. Using metaphors is a special kind of language that we can use to describe the situation in which we are dwelling. Metaphors create new, more complex symbolisations of experiencing by drawing on familiar symbols (and their associated bodily sense) and applying to them a new experience which might have been regarded as even unrelated. Using a leopard as a metaphor to describe the notion of *Dasein* is an example of this special kind of language. Poetry is also a metaphor to open up a new possibility of understanding the situation and notion to which it refers. It seems that when the 'right' words or metaphors resonate with the 'bodily felt sense' it brings about change/understanding with the possibility to carry forward into a new kind of experiencing.

The challenge for the hermeneutical phenomenological researcher is to remain attuned to the phenomenon's showing while seeking to hold his/her ongoing interpretations open for further thinking. Our experiences are greater than our capacity to articulate them. Yet, poetry has a way of showing that goes beyond what can be "said".

A thought – in summary, Heidegger's philosophical understandings of the ontological nature of our being-in-the-world are critical to this research. These understandings provide the philosophical underpinning for the thinking that has occurred within this research process, as well as influencing the depth of engagement with the phenomenon (Sharma, 2011). It should be noted that the presentation of understandings from Heidegger, followed by Gadamer, is an attempt to acknowledge the scholarship of these

philosophers. Their ideas on many occasions build on and substantiate the other. In this way, there are many interrelated ideas. Like Heidegger, Gadamer's writings have influenced my understanding of phenomenology and an ontological appreciation of relationship as the essential phenomenon in this research.

The bodily felt sense implies a progression toward further experiencing. "This bodily implying suggests a step in the direction of growth and movement, pointing toward a way to freshly articulate our situation in a meaningful manner that carries our experiencing forward" (Sharma, 2011, p. ?). Further, when we are attuned to our bodily experiencing, the situation we are in opens to us with its implicit mood [*Stimmung*]. Directed by this mood, we are able to sense (attuned to) the right slot at the moment to 'fit' in. Once this happens, our experiencing can carry forward and continues to function implicitly as a way to find meaning in our words (language) and thoughts (Gendlin, 1991). It seems that the 'felt sense' comes to us through our bodies, which cannot in full be expressed in language or thought, but has an implicit effect on our possibility to experiencing the world. My understanding of Gendlin shows the way to Heidegger's *Befindlichkeit* as described above. One might even interpret Gendlin's notion of bodily experiencing as a 'mood' like trust. Similar to trust, our 'felt sense' of the body is created through an attunement with-in a situation we find ourselves and in-between others. As a mood, body experiencing discloses the world, reveals our 'throwness' into the world and enables us to respond to others within it.

Gendlin (1978–79) gave the following example of what sometimes happens during psychotherapy to explain the 'bodily felt sense':

> During a psychotherapy interview, the patient quite often says something, then stops, senses inwardly for half a minute or a minute, then says: "No, what I said isn't quite right. I can't say how it feels, yet, but it's different than I said."
>
> At such times, it is quite clear that more than just thoughts and words are being worked with. If the patient had only thoughts and words, there would be nothing to check against, nothing to indicate that a statement that seemed right and true is, after all, not right. The statement may still be true, may still describe events, behavior, but the patient has something else there which is felt directly, and that cannot yet be said. Although the patient does not know what that is, it is definite

enough to indicate with certainty that it is not … what the patient had just said it was. (p. 5)

I would give the example of the stories told by the two body therapists who participated in the study. Body therapists do not use language as such to do their work. Through massaging the traumatised client, they acknowledge the body as a 'mood' which opens the possibility to healing through its 'felt sense'. We have seen how important it is for Naftali that the interpreter helps the client to be at ease and relaxed. Naftali 'allows' the interpreter and client to talk/attune while he is in the background 'busy' on his computer. This is his story:

> *You know, my work is with the body and mind, and it's important to find the balance. So, I only need some background information to help me work with the body; it's like 50 percent background and 50 percent body work. I'm not a psychologist and do not do talk therapy. As I said before, it is important that my client feels safe, relaxed, and connected.*
>
> *Once the client is on the table and I start work on him we do not talk much. So, the main role of the interpreter is actually to relax the client and make them feel comfortable and connected. Quite often I'm using interpreters like as a chaperone. The idea of having a chaperone is so that the main person feels at ease. What I mean is that I am often at the peripheral of the contact and communication between the interpreter and client. It's just developed that way. That's how I've found my computer as a resource and so I, I use it in that way… I 'work' on my computer and the interpreter and client talk to help the client to relax. And it really needs to be somebody who can speak their language and from their culture - it can be a mother with their child, that's good you know. So that's the idea behind how I use my interpreters. More like a chaperone. The interpreter is there to translate, but the quality and ability of making the person feel relaxed and settled is much more important. That's what you want for somebody to make the clients feel totally relaxed because then they are more open to change and treatment.*
>
> *The interpreter will fetch the client from the reception area and when they come in I'll greet them and I'll let the interpreter gauge a little bit. I purposely work on the computer. I'll just say you guys can have a little bit of a chat, while I work purposely on the computer. Then the interpreter and the client will have an informal chat because I am seen as being busy. That's how I start off the session. I don't know what they are talking about… it's just so that the client starts to relax. Because sometimes they don't know the interpreter so it allows them to bond a bit. Yeah that's what I've noticed. And then I kind of gauge as well, yeah*

I suppose gauge or assess my interpreter too – this is with new interpreters – to see if they can make small talk. So this is how I assess new interpreters. He'll be able to make small talk, make the client feel at ease and they'll be chatting away and then I'll come back to them and then I'll start to ask them more formal questions. Once that's done, and depending on the interpreter - if it's an experienced interpreter they kind of know, and if I forget to ask a question, they prompt me about asking certain background information. It's a bond with the interpreter because they know what I'm doing. Once we stop talking, then there's a different aspect and dynamic. I like my interpreters to sit quietly and observe and then, because I put my hands on for about 15 seconds, and then we sit down and watch and that's where I just observe the client, watch how my intervention makes changes or doesn't make changes. I'll be able to record that on the computer and then I'll chat with the interpreter about various things that might help put the client more at ease and more at rest. We just have a conversation, like a side conversation while the client will be laying down there so they'll be getting sort of like, some confidence, um subconscious information you know, we'll be talking about things in regard to settlement for the interpreter, how they found it coming into New Zealand, what troubles they had, so the client on the table can be listening indirectly to the story. The interpreter translates what we are talking about while we are talking, so that the client can understand. It's like meta-communication, I talk to the client but I don't. I talk about, the importance of doing exercises and how it will help them and I'll relate it to the interpreter so the client there will hear this and possibly they will take it in so I repeat it a few times and just occasionally I'll come back to them and ask how they're feeling. It takes a little while, *probably after about 10 sessions to make the interpreters familiar with my type of work… then they know me and they know my mannerism and vice versa… I know the interpreter well, yeah.*

Judah, another body therapist, does massage work on her interpreters so that they can 'feel' and 'know' what the clients might experience. With this bodily experiencing the interpreters 'know' how to help the clients attune to their bodily 'felt sense' during massage. Judah also recognises how her interpreters improve as they follow her advice to her clients. This is how she says it:

Another phenomena I work with is referred pain. 85 percent of body pain is not where you think it is. So you know you might be feeling something in the wrist but it could actually come from your shoulder blade. The interpreters have to understand a whole new way of thinking. Referred pain is something that a lot of people aren't used to. So again that is a new phenomenon that they have to understand. That is why I often will work on each interpreter so they understand what it's like to be worked on and that just gives them much more of a developed understanding. While I am working on them I will talk about referred pain and

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posture because these are the two big things, referred pain and posture are the two main elements of the session.

We also discuss and do education on postural positioning, home care, and stuff like this. These are all things that the interpreter has to become quite versed in. You know, the interpreters actually do it themselves at home. They're really taking on board what we're telling the client. It's quite amazing to see that the interpreters are very engaged in the session. I mean how they listen what I teach the clients and then practice it as self-care themselves. You can see how they change their posture over time and it's lovely to see how they sit really well. They talk about this and say: 'I used to slump but now since we've been doing this I sit and you know I listen to the advice that you give the clients and I'm using it a lot at home'. It is quite lovely to see how well they are.

Above examples show the innate wisdom that we can access through our bodies and channel through language. Gendlin has demonstrated that the Cartesian split between thinking and feeling has obscured our understanding of both phenomena. It is not in the scope of this thesis to explore Gendlin and others' philosophies on how (or not) the body and mind functions as one. His unique holistic approach of human functioning recognises the body in discourse around language, and thinking. The experiencing of the above therapist confirms such a possibility.

Befindlichkeit **(Verse 2)**

When I cannot find my words

and that which cannot be said stays in…

When I am lost in a place,

merging with space…

…I find myself attuned to my body,

like a soundwave to my ear,

together music we hear

I find myself mooded

sensing it all

Philip