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Zendedel, R.

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Informal Interpreting in Dutch General Practice



Rena Zendedel

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The research described in this dissertation was conducted at the Amsterdam School of Communication Research (ASCoR), University of Amsterdam, the Netherlands. The research was funded by the Netherlands Organisation for Scientific Research (NWO Graduate Programme).

Informal Interpreting in Dutch General Practice
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Amsterdam School of Communication Research (ASCoR)
Department of Communication, University of Amsterdam
PO Box 15793
1001 NG Amsterdam
The Netherlands

Informal Interpreting in Dutch General Practice

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aan de Universiteit van Amsterdam
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Faculteit der Maatschappij- en Gedragwetenschappen

To Ludwien Meeuwesen

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Preface

Let me start this dissertation with a riddle: “How many interpreters does it take to change a light bulb?” The answer is: “None. A good interpreter adds nothing, removes nothing, changes nothing.” If only it would be so easy to follow this rule, this dissertation would probably never have been written. Interpreting is not a clear-cut task, as languages aren’t clear-cut either. Let me illustrate this by providing an example from Italian, one of my favorite languages. “Che figata!” Literal translation: “What a fig!” Meaning: “Cool!” Quite a difference, right?

Another example comes directly from the data of this dissertation. An elderly Turkish-Dutch migrant woman visits her GP with complaints about stomach pain. Her daughter does the interpreting. The GP asks the patient whether she still uses birth control. The woman giggles and says something at first glance totally incomprehensible. “What is he saying, daughter? The sun comes up and goes under. We do not lay down and stand up together”. After discussing this phrase with several research assistants of Turkish origin, it became clear that this was an indirect way of letting the GP know that the patient did not have sexual intercourse with her husband for a long while, which makes the use of birth control unnecessary. Thus, a very implicit answer, probably because the woman is embarrassed to discuss this topic in front of her daughter, or to discuss it at all, as sexual topics are usually not openly discussed in the Turkish culture.

Both examples illustrate the potential challenges for interpreters, who are expected to transfer meaning from one language into another, and meaning, as we saw in the examples above, is not straightforwardly encoded in words. It takes an understanding of the entire context to be able to provide a good translation of what is said. Moreover, medical interpreting, which is the scope of the present dissertation, is usually done under considerable time pressure, which makes the interpreting task even more difficult. It is my passion for languages and reverence for the job of interpreters that provided the energy to continue this research project, which started with an ambition to improve the communication between health care providers and migrant patients who don’t share the same language.

This dissertation is about informal interpreting, that is, non-professional interpreting, when the interpreters are usually family members of the patients who accompany them to the medical consultation to help them to communicate with their doctors. A lot of what is written in this dissertation is about the role of informal interpreters: What are they supposed to do? What are they expected to do? And what are they actually doing? You will find out that there are no straightforward answers to these seemingly straightforward questions and that by answering these questions, more contradictions are exposed. This might be the

very core of scientific investigation: posing and answering questions only to come across new questions to be answered. I have learned a lot during the process of investigating this fascinating phenomenon and I really hope that the results of this dissertation can be used for the improvement of interpreter-mediated medical communication.

Have fun reading!

Rena Zendedel, 15 May, 2017