

Mapson R and Major G (2021) Interpreters, rapport and the role of familiarity, *Journal of Pragmatics* 176: 1-13

<https://doi.org/10.1016/j.pragma.2021.01.020>

Interpreters, rapport, and the role of familiarity

Abstract

This paper explores one of the conditions that can foster interpreters' ability to process meaning: their familiarity with the primary participants. Discussion focuses on how latent networks (Watts, 2003) inform the interpretation of relational work (Locher and Watts, 2005) and rapport management (Spencer-Oatey, 2000/2008). The relationship between familiarity and interpretation of relational activity is illustrated through the juxtaposition of two independent studies. Data in the first study were generated through semi-structured group discussions involving eight experienced British Sign Language/English interpreters to identify contextual influences on their choice of interpreting strategies around im/politeness. The findings from the first study are complemented by an interactional sociolinguistic analysis of relational practice within healthcare. In this second study, observational recordings of two naturally occurring general practice consultations, interpreted between Australian Sign Language and English, were supplemented with reflective interviews with the participants. Familiarity emerged as a strong theme across both studies. Familiarity provides the background knowledge enabling interpreters to better understand both the content and the intent of participants' language. The knowledge afforded by familiarity reduces interpreters' cognitive load and may therefore facilitate their greater focus on the relational aspects of the interaction.

Keywords: Interpreting, rapport, im/politeness, familiarity, British Sign Language (BSL), Australian Sign Language (Auslan)

1. Introduction

Dialogue interpreting (also called liaison interpreting) in which interpreters are working between two languages and between two or more clients, is a complex activity that involves relaying information, coordinating the dialogue (Metzger, 1999; Wadensjö, 1993) and managing clients' expectations (Angermeyer, 2005). It is therefore an activity that requires interpreters to have a skillset that encompasses more than proficiency in two languages, leading Pöchhacker (2004) to conclude that this form of bi-directional interpreting concerns managing the dynamics of interpersonal interaction even more than the transfer of information. Despite this, the focus of much interpreter training, and the literature on translation and interpreting studies, tends to concentrate on translation skills and message transfer rather than embracing the multiple interpersonal tasks in which interpreters engage (Allsop and Leeson, 2002). However, the way interpreters manage rapport with and between their clients can be considered as crucial to the success of interpreted interaction. This can be particularly the case in healthcare, a context in which signed language interpreters are commonly engaged. Within healthcare, rapport between clinician and patient is noted as a key contributor to patient compliance with treatment (Bultman and Svarstad, 2000; DiMatteo, 2004) leading to improved health outcomes (Bultman and Svarstad, 2000; Clarkson, 2003; Dieppe et al., 2002; DiMatteo, 2004; Roberts and Buskey, 2007; Schofield and Butow, 2004; Silverman et al., 2005). If interpreters are unable to reflect the rapport building techniques of the clinician and the patient, this may therefore ultimately impact on patient well-being.

This article focuses on interpreters' ability to engage in their clients' *relational work*, that being "the 'work' individuals invest in negotiating relationships with others" (Locher and Watts, 2005 p.10). Specifically, we detail how their engagement in relational work is predicated on their familiarity with those clients and the context in which they are interacting, a facet of interpreting that has been under-researched to date. Interpreters' familiarity with clients, where discussed, is usually done under the concept of interpreter continuity (Napier, 2011) whereby an interpreter attends a series of related appointments. However, there is a lack of research evidence to support the value of this practice, which can be problematic to achieve due to the procurement arrangements through

which interpreters are employed. Interpreters often interpret for clients of whom they have no prior knowledge, and no existing relationship. In these situations interpreters lack the shared history, described as *latent networks* by Watts (2003), that are created through previous encounters. This deficit can challenge their ability to engage in *rappport management* (Spencer-Oatey, 2000/2008), or the process of establishing and maintaining relationships, with and between those clients.

The article combines two studies that were originally conducted independently, one in Australia and the other in the United Kingdom. Both studies concern interpretation between signed and spoken languages, and both illustrate a direct connection between interpreters' familiarity with clients and context and enhanced quality of interpretation. The spoken language in each study is English, but the signed languages differ, with British Sign Language (BSL) used in the United Kingdom and Australian Sign Language (Auslan) used in Australia¹. While these signed languages co-exist alongside the dominant spoken languages of each country, those who use them do not always share the same cultural norms as English speakers (Kyle and Woll, 1985). The signed languages have their own distinct grammar and what has been described as a more involvement-oriented culture in comparison with the spoken language communities of Western cultures (Mindess, 2006). For the purpose of this article we explore: 1) how familiarity informs interpreters' ability to engage in their clients' relational work, and 2) what this looks like in interpreted interaction. We draw on detail from the two studies described to explore how interpreters who work with source and target languages in two different modalities manage rapport between their deaf and non-deaf clients. These two studies make important connections between interpreting studies and the key focus on im/politeness within the field of pragmatics, and provide a valuable insight into intercultural pragmatics in action.

¹ British Sign Language and Auslan share historical roots and form a sign language family that also includes New Zealand Sign Language. The term BANZL has been coined to refer to this family of languages (Johnston, 2003).

2. Background

Traditionally, interactional management and relational work was not seen as a part of the interpreter's role in interaction, with interpreters considered as conduits "transparent, invisible, passive, neutral, and detached" (Mason and Ren, 2012 p.235). This model often persists in the expectations of interpreters' clients (Leeson and Foley-Cave, 2007) although research in recent decades illustrates how the conduit model is incommensurate with the reality of interpreted interaction. Discourse-focused studies provide evidence that interpreters are ratified participants within interaction, whether or not they wish to be (Metzger, 1999), who co-construct the unfolding interaction with participants (Bolden 2000; Sandrelli, 2001; Davidson 2002; Gavioli and Baraldi 2011; Roy, 1993; Wadensjö, 1993). Studies illustrate how interpreters actively engage in relational work (Dickinson, 2014/2017; Major, 2013; McKee and Awheto, 2010) and pursue the goals of their clients, such as clinical goals in the health setting (Bolden, 2000; Davidson, 2001; Major, 2014).

Being interpreted may impact on a speaker's positive self-image, or 'face' (Goffman 1967) with interpreters unwittingly disrupting behavioural norms (Janzen and Shaffer, 2008), which can be evident in the more controlled turn-taking that interpreters may instigate (Hoza, 2001; Major, 2014). It is likely to be this active interaction management that leads Monacelli (2009) to describe interpreting as an inherently face-threatening activity, with Theys et al. (2019) suggesting that clinicians fear their loss of direct communication in interpreted healthcare interactions and may be challenged by their loss of overall control. Tuning into the relational work of the primary participants in an interpreted interaction can be particularly challenging for interpreters (Spencer-Oatey and Xing, 2003). Although the interpreting in Spencer-Oatey and Xing's study was undertaken by a bilingual PhD student rather than a qualified interpreter, this view is supported by data from the highly trained and experienced interpreters in the UK study that will be explored in the current paper. Other studies also indicate that commonly used strategies for relational work and im/politeness are pervasively omitted (Albl-Mikasa et al., 2015), and these omissions are potentially motivated by interpreters' lack of awareness about the function of these discourse markers (Hale, 2007). Similarly, Goodman-Delahunty and Howes

(2019) note interpreters impacting on the establishment of rapport in police interviews and the increased complexity of relational dynamics. In the court setting, interpreters' omission or softening of participants' deliberate discourse strategies such as face threats can affect legal outcomes (Jacobsen, 2008; Mason & Stewart, 2001), with police interviewers noting the increased complexity of relational dynamics and interpreter impact on establishing rapport (Goodman-Delahanty and Howes, 2019). Theys et al. (2019) provide further evidence of the large number of omissions of patients' and clinicians' emotional content in interpreted healthcare interactions as well as interpreters' impact on paralinguistic features resulting in a decrease in the sensitivity expressed. These decisions, conscious or otherwise, may be driven by interpreters' lack of contextual knowledge about the people they are interpreting for.

The concept of latent networks (Watts, 2003) provides a useful frame for considering how familiarity and relationships work in interpreted interaction. Watts (2003) describes how latent networks are created through past encounters and are, essentially, a shared history between people. The relational work through which these relationships develop can be conceptualised quite broadly (Locher and Watts 2008) and may be influenced by general cultural norms supplemented by those that are more localised and associated with a specific community of practice (Kádár and Haugh 2013). Locher (2015) highlights how these localised norms can be co-present with those that are more widely shared. However, interpreters can struggle to discern what behaviours are attributable to either general cultural differences, localised community of practice norms or clients' idiosyncrasies (Hale 2007). Where interpreters work with clients on a regular basis, as they might do in an employment context as *designated interpreters* (Hauser and Hauser, 2008), they adapt to specific community of practice norms (Dickinson 2014/17). However, many of the situations in which interpreters work occur on a less frequent basis, where the concept of latent networks can be more helpful in capturing the familiarity that develops.

For interpreters, latent networks can be a source of knowledge that informs relational work and management of rapport. The rapport management competencies of contextual awareness and interpersonal attentiveness are both enhanced by prior knowledge (Spencer-Oatey and Franklin, 2009) and inform the

social attuning that occurs during the emergent network of each subsequent interaction (Watts, 2003).

Latent networks can be complex in interpreted interaction, as there may be various latent networks between the different parties involved. Discussions within the interpreting studies literature frequently relate to work in the medical domain where familiarity manifests in the continuity of the same interpreter attending a series of appointments for a patient. Perez and Wilson (2006) note that this minimises information sharing, which can be particularly beneficial when personally sensitive information is involved, while Napier (2011) identifies deaf people's preference for familiarity with their interpreters. In this article we use the term *familiarity* rather than *continuity*, as it encompasses the relationships between the interpreter and their clients as well as interpreters' knowledge of the context and familiarity with the activities that take place within it. This conceptualisation mirrors that of Hsieh et al. (2010), who highlight how, in healthcare interpreting, familiarity additionally promotes trust between the healthcare provider and the interpreter, which is developed over time. Llewellyn-Jones and Lee (2013) note that even when meeting for the first time, the way the interpreter presents themselves – e.g. blending in with interactional norms – can help participants start to build trust and rapport.

Theys et al. (2019) suggest a direct relationship between trust issues and the interpretation of emotional content in healthcare interactions. There is further evidence that healthcare providers value interpreter continuity because it enhances interpreters' knowledge of appropriate terminology and that it reduces how intrusive they perceive the interpreter to be (Schofield and Mapson, 2014). Schofield and Mapson (2014) illustrate how lack of familiarity with an interpreter can be disconcerting for healthcare professionals, who describe how they would feel the need to use additional strategies to check that the patient understood what was happening and could feel it necessary to re-establish rapport with the patient in ways that would be un-necessary if the interpreter was part of a shared latent network with them. The authors go on to note that discomfort at working with an interpreter may be particularly prevalent for less experienced clinicians, who may be more easily distracted by the interpreter or feel as though they are being audited by them. Data from all these studies suggest that well-

established working relationships between interpreters and clinicians can result in improved quality of patient care.

The benefits of latent networks in interpreting are not exclusive to healthcare environments. Two studies of workplace interpreting (Bristoll, 2009; Dickinson, 2014/2017) reveal how continuity informs the way interpreters handle small talk and humour, both of which are key devices for building rapport (Holmes and Stubbe 2003; House, 2010; Mullany, 2004, 2006). Dickinson (2017 p.129) goes on to illustrate how continuity affords the interpreter a “fine-grained understanding” of what is happening in the context in which they are working. McKee and Awheto (2010) discuss the role, responsibilities, and relational considerations facing a te Reo Māori/New Zealand Sign Language/English interpreter in a funeral setting involving both Māori (indigenous New Zealanders) and Pākehā (New Zealanders of European descent) participants. They outline how the interpreter actively engages in relational work by guiding Māori Deaf participants on cultural protocols after they had taken leadership roles that were new to them, thus saving face for all involved.

Within the interpreter role-space model (Llewellyn-Jones & Lee 2013, 2014), which views the interpreter role as dynamic and adaptable, the axis of ‘participant alignment’ describes the degree to which participants align, or are seen to align, with participants. They note that by positioning their alignment as equally as possible, interpreters can encourage connection and a shared construction of meaning between participants. It is reasonable to expect that the more familiarity interpreters have with participants, the better they are able to attend to these “fine-grained” interactional moves.

Interpreters’ nuanced understanding of how people relate may be particularly valuable in clinical situations. Medical studies reinforce the importance of rapport development in healthcare interactions (Bultman and Svarstad, 2000; Clarkson, 2003; Dieppe et al, 2002; DiMatteo, 2004; Roberts and Buskey, 2007; Schofield and Butow, 2004; Silverman et al., 2005) and the benefits this can have for patient satisfaction, to compliance with healthcare advice and treatment instruction, all ultimately leading to improved health outcomes.

However, despite the importance of interpreters establishing and maintaining rapport with and between clients (Hsieh and Nicodemus, 2015; Major, 2013; Schofield and Mapson, 2014), there is evidence that the relational aspects of interpreting often go overlooked, in favour of information or content-related communication (Albl-Mikasa et al., 2015; Dickinson, 2014/2017). A further challenge that may impact on interpreters' reflection of relational work is the potential for negative pragmatic transfer, or contrasting cultural perceptions about appropriate forms of language. Takahashi (2000) indicates that negative transfer, from a person's first language into their second (or other) language, is more likely to occur in situations when familiarity is lacking. Mapson (2014) states that only 13% of the BSL interpreting profession at the time came from home backgrounds where BSL might be their first language. Therefore the potential for negative pragmatic transfer from English into BSL could be quite influential, which could increase the likelihood of face-threatening perception by interpreters' clients².

The studies reviewed here indicate that although interpreters may need to actively engage in rapport management as part of their work, there are several obstacles to their ability to do so. Interpreters' lack of familiarity with their clients and the context of the interaction is one such obstacle. A more detailed understanding of the enhancements that familiarity can bring to the quality of interpreting, provided by the research detailed in this article, may help to encourage a greater focus on this within the interpreting profession and initial interpreter training.

3. Method

This article reports on two independent studies, originally conducted with different methodological approach and foci, which are brought together in this article to illustrate why, and how, familiarity plays a key role in the interpretation

² Signed language interpreters, the majority of whom are second language learners of the signed language, rarely develop native-like pragmatic fluency within the relatively short duration of their initial interpreter education programmes.

of rapport building and relational work. We explore: 1) how familiarity informs interpreters' ability to engage in their clients' relational work, and 2) what this looks like in interpreted interaction. The first study was conducted in the United Kingdom and explored issues of im/politeness, rapport and how these are managed and mediated by interpreters. The second study, which took place in Australia, independently identified similar issues within the context of naturally occurring interpreted healthcare interaction. In this paper, we thus revisit these studies and re-interpret them in light of the research questions.

3.1 The UK Study

The UK study (Mapson, 2015a) was a qualitative exploration of what interpreters recognise as im/politeness in BSL, the influences they take into account when interpreting im/politeness into English and the strategies they report using for this.

The eight interpreter participants all had in excess of 10 years of professional experience at the time of the study. The decision to recruit experienced interpreters was informed by earlier pilot studies that indicated richer data would be generated by those having more extensive experience on which to reflect. They were all British nationals and based in the south east of England, the area of the UK with the greatest proportion of BSL/English interpreters. Participants were selected through a combination of purposive and snowball sampling, with some individuals previously known to the interpreter providing further contacts. The interpreters were divided into two gender-balanced groups, with each individual selecting their own pseudonym. The first language of the members of each group differed, as illustrated in Table 1. The different language backgrounds did not impact on the data reported here, but were relevant to their learning, understanding and articulation about im/politeness in BSL (detailed in Mapson 2015b).

Table 1: Interpreter participants in the UK study

BSL as L1	English as L1
Henry	Angus

Jean	Emma
Maurice	Olly
Pippi	Vivienne

Pilot studies indicated that interpreters' discussion around im/politeness and rapport was not an easy subject for participant reflection. Data were therefore generated in a series of three two-hour semi-structured discussions with each group over a six-month period. This allowed participants time to reflect on issues discussed in each session and become more observant about the issues they encountered in their professional practice, leading to richer data in subsequent sessions. The researcher's identity as an interpreting practitioner helped ensure that all participants knew one another and were comfortable interacting in their groups. Discussion centred on what they considered to be im/politeness in BSL, how they learned about it in their first and second languages together with their experiences of reflecting im/politeness in their professional practice (see Appendix A for sample questions). These conversations were further stimulated by viewing short videos of two deaf people making brief requests and apologies in BSL, which were based on data from a preliminary study involving deaf participants describing and demonstrating im/politeness in BSL. The scenarios (outlined in Appendix B) were influenced by those reported in Blum-Kulka et al. (1989) and Hoza (2007). All interviews were video recorded to capture the visual nature of the data generated and to facilitate transcription.

Data from the series of group interviews were analysed and then fed back to all participants, some of whom attended a one-off composite group session, while the three who could not attend were contacted individually via Skype. The feedback from these sessions generated further data for analysis, resulting in approximately 16 hours of video-recorded data.

Data were analysed thematically using a combination of the thematic network approach described by Attride-Stirling (2001) and guidance from Braun and Clark (2006) and Charmaz (2006). The iterative process of data generation allowed for an initial coding to happen before the following session for each group. These codes were refined throughout the duration of the data generation and analysis. As suggested by Spencer-Oatey (2013), initial coding was conducted based on

participants' first order (common sense) perceptions of im/politeness. No definition of impoliteness or politeness was provided to participants in advance. This initial coding was followed by further analysis from a theoretical perspective, drawing on the concepts of rapport management theory (Spencer-Oatey, 2000/2008) and latent networks (Watts, 2003). Coding followed an 'in vivo' approach, adopting participants' choice of terminology to facilitate their voice being retained. One such code was that of 'familiarity', a topic that was recurrent in the participants' discussions. It is data from this theme that is explored here.

Ethical approval was obtained through the standard procedures used at the School of Education at the University of Bristol. Participant involvement was voluntary and informed consent obtained in advance.

3.2 The Australian study

The Australian study comprised of both naturally occurring and role play interpreted interactions involving Australian Sign Language (Auslan) and English in a health context. A fine-grained interactional sociolinguistics approach was used to examine relational work within this setting (Major, 2013). Ethical approval for the study was given by the Royal Australian College of General Practitioners as well as the Macquarie University Human Research Ethics Committee. Informed consent was obtained from all participants, and pseudonyms are used in the reporting of this data to protect the identity of participants.

Firstly, two naturally occurring interactions were collected in a general practice context (that is, interpreted GP visits that would have occurred whether or not the researcher was involved). Driven by the striking relational work apparent in this data, supplementary role play data was later collected (see Major, 2014; Major and Napier 2012 for more details). In this article we will focus on an extract from one interaction from the naturally occurring data, in which participants had strong pre-existing working relationships, in order to explore how this familiarity can impact on moment-by-moment interactional behaviour and interpreter decision making.

The data examined here involves a female interpreter (Sarah), a female deaf patient (Pamela), and a female GP (Dr Taylor). Sarah, aged between 30-39, is a

professionally accredited and very skilled interpreter, who had eight years community interpreting experience at the time of participating in this study. Pamela is a fluent Auslan signer, aged between 40-49. Dr Taylor did not have time to answer background information questions on the day of recording. All three participants had worked together regularly for over two years at the time, and Pamela reported to have been seeing Dr Taylor for over seven years. She has diabetes and so has frequent, routine GP visits to monitor blood sugar levels and medication. All three report to love working together, and they get along extremely well. Although actual screenshots cannot be shown for reasons of confidentiality, figure 1 indicates the seating layout in the interaction, which was the positioning preferred by all participants.

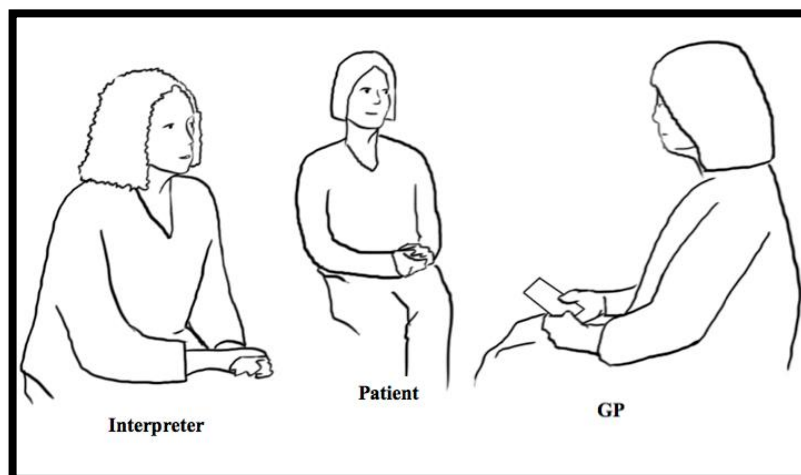


Figure 1: Seating arrangement at the GP appointment

The recording is 19 minutes and 14 seconds in duration and focuses on monitoring of Pamela's diabetes. It was recorded on two digital video cameras, with the researcher (author 2) waiting outside the room, in order to intrude as little as possible on the dynamics of the interaction. In the weeks following the recording, Pamela and Sarah were interviewed to gather their perspectives on the interaction. Data were transcribed in detail (see appendix C for the transcription and glossing conventions used), and a fine-grained discourse analysis of the entire recording was conducted to understand, in very rich detail, how relational work plays out in situated, discursive interaction.

3.3 Methodology

These two qualitative studies are both approached from an emic perspective, with both researchers also bringing a professional practice perspective as qualified sign language interpreters.

The data presented here illustrate how familiarity informs interpreters' ability to engage in their clients' relational work, and what this engagement looks like within authentic interpreted interaction. Data from the UK were revisited to distil the key issues relating to the influence of familiarity. This was straightforward as familiarity emerged from the thematic analysis as the underpinning influence on the way im/politeness is interpreted. The extended data extract from the Australian study has been selected to provide the fine-grained detail of how familiarity informs interpretation and the way their familiarity manifests itself in the interpreter's decision-making. This extract is not an outlier, but rather a representative sample of patterns found throughout the dataset.

4. Results and discussion

In this section, we will first discuss the key themes arising from the UK data, and then illustrate how the influence of familiarity reported by UK participants plays out in naturally occurring interaction from the Australian data.

4.1 The influence of familiarity

The interpreter data from the UK study set revealed seven intersecting influences on the way im/politeness is mediated in interpreted interaction. In participants' terminology, these include influences concerning 1) the environment, 2) the consequences of the interaction, 3) the intention of those involved, 4) the visibility or intrusiveness of the interpreter, 5) self-preservation by the interpreter and, 6) the degree of sophistication of the participants (see Mapson, 2020, for further details). The latter referring partly to the educational background of the deaf person but also to how experienced both deaf and non-

deaf participants are at engaging in interpreter-mediated interaction. However, the seventh influence emerged from the data as the key component that underpins all other influences and which has a major impact on the way interpreters handle im/politeness and rapport. This is the influence of familiarity, and it is this influence that is the focus of this article. For example, it is not the influence of consequence per se that influences interpreters' decision-making, but their knowledge and understanding about potential consequences. Likewise, with the influence of sophistication, it is interpreters' knowledge of and prior experience with the participants that underpins their decision-making. Data indicate that this familiarity has a beneficial impact in terms of accuracy of interpretation, facilitating swift decision-making, reducing the cognitive load and enabling the interpreter to focus on rapport and relational work rather than informational content.

The influence of familiarity is so fundamental that the UK participants found it difficult to consider interpretations of any of the short video clips that were used to prompt their discussion because of the lack of context available.

(1) Pippi

“The way I would voice it would depend on what I knew had happened previously, so their relationship with their manager, or mate, or whatever.”

Pippi's comment exemplifies the benefit to the interpreter of interpreter continuity (Napier, 2011) and latent networks (Watts, 2003). It highlights how interpreters' familiarity with clients and context is integral to their social information gathering (Spencer-Oatey and Franklin, 2009) on which much of their rapport management will be based.

As with much discussion around rapport and being polite, participants' discussion was often framed by incidents where politeness was perceived to be lacking or was difficult to discern. Olly's comment about a workplace context in

extract (2) helps reveal the benefits interpreters derive from familiarity with clients and context. These challenges will be present when interpreting between any language pair in which the way seniority is indexed differs. However, this is further complicated by the fact that individuals can have very different ways of expressing their authority, generating further problems for interpreters who lack any baseline understanding of what is 'normal' for that person.

(2) Olly

“I was thinking about something that happened recently where I was struggling to know. So the Deaf person had seniority, but I was struggling to know how they *used* their seniority because I didn't know them well enough. [...] because I didn't know what they *usually* do, I didn't know if today was any different, or I didn't know if today was the same, and I needed to keep building their typical picture. And what *is* the picture? And it's really tough. You need to see things more than once to understand those things because they're complicated [...] It's *so* multi-faceted.”

This situation illustrates the key competency of contextual awareness (Spencer-Oatey and Franklin, 2009) necessary for managing rapport. The knowledge interpreters accrue from familiarity with clients and context enables them to produce more accurate interpretations. This contextual awareness promotes sensitivity to interactional issues, so where it is lacking, it impairs interpreters' ability to monitor the accuracy of their target language production, as Olly went on to explain.

(3) Olly

“You can do anything with it [the interpretation], but you don't know how right it is, or how close it is to what the person wants, if they haven't told you.”

Olly's comment implies that time is a critical element. Relationships develop over time and where the familiarity of established relationships is lacking interpreters may find it more difficult to monitor their own output. Takahashi (2000) suggests

that negative pragmatic transfer is more likely to occur in situations where L2 users are less familiar with sociopragmatic norms. For the majority of sign language interpreters in the UK, BSL is not their L1 (Mapson, 2014), which could mean that interpretations into BSL become more English-influenced as well as lacking the social attuning (Spencer-Oatey and Franklin, 2009) that familiarity would afford.

Familiarity with their clients and the context assists interpreters in the speed of their decision-making, especially when interpreting simultaneously, which is frequently the case in signed language interpretation. In extract (4), Emma relates familiarity to her ability to be more selective with her choice of interpretation despite the pressure of time.

(4) Emma

“There’s so much that comes with that package, and that message that you’re getting in that moment, that you know about because of previous appointments and how that person is with life in general, that enables you to make that really quick decision.”

Emma relates this understanding explicitly to rapport between her clients by explaining how familiarity enables her to be more selective because of “knowing relationships, you know *how* people talk to one another” (Emma, continuation of interview). Her comments acknowledge the connection that familiarity has with the speed of her decision making and the lexical choices she makes. In essence, interpreters’ familiarity with their clients and the context provides an invaluable source of *information gathering* (Spencer-Oatey and Franklin, 2009), informing them about individuals’ personalities and discourse styles.

However, data illustrate how the affordance of familiarity is not restricted to promoting accuracy in the interpretation; it also reduces the cognitive load that interpreters experience when working. In extract (5), Jean compares the difference between working in situations where latent networks exist, and those where this familiarity is lacking.

(5) Jean

“I think that it's the cognitive load that is the biggest difference for me. And just, um, knowing what they want you to do, or how to behave, and how you fit in with their workplace or meeting or whatever is going on. And that is really the biggest difference. And I think it just makes our jobs easier [...] knowing that you're doing something that's absolutely right rather than thinking about it all the time, or making those judgements all the time. That's the biggest difference to me.”

This reduction in cognitive load frees up capacity for interpreters to focus more on interpersonal attentiveness (Spencer-Oatey and Franklin, 2009) and relational work between their clients. The self-reported data suggest that where familiarity is lacking, interpreters may tend to focus more on informational content rather than the way their clients are relating to each other. However, this may be detrimental in situations where interactional goals are predominantly relationship oriented (Spencer-Oatey, 2005). Interpreters' comments evidence their enhanced ability to tune into im/politeness and the relational elements of interaction when they know more about the people and context. Interpreters' involvement in latent networks with their clients informs their understanding of what is happening and enable them to reflect this more accurately.

4.2 How these findings play out in situated interaction

We have chosen to illustrate some of the themes arising in the UK data with one sequence from the naturally occurring Australian data. The fine-grained interactional sociolinguistic analysis in the Australian study reinforces the trustworthiness of the discussion data generated in the UK research. The naturally occurring data provide a relatively rare insight into the influence of latent networks in authentic situated interaction. In Pamela's diabetes consultation, discussion focuses on her medications and prescriptions, an upcoming blood test, and Pamela's children. As well as the serious transactional talk, the interaction also switches frequently to small talk and humour. Although familiarity was not explicitly asked about in the interviews following recording, as it was not the focus at the time, the impact of familiarity nonetheless comes

through strongly both in the interview data as well as evidence from the discourse itself.

The sequence shown below is from the very end of the diabetes-related appointment, in which the patient's blood sugar levels and medication were discussed. Closing sequences are often times when rapport work is reaffirmed and can lay important relational groundwork for future encounters (Defibaugh, 2018). It is important to note here that the interpreter not only facilitates relational work between the patient (Pamela) and the doctor (Dr Taylor), she also engages in it herself, albeit subtly and within a more restricted interpreter role. These have been reported on elsewhere in more detail (Major and Napier 2019; Major in preparation). All participants move fluidly between the serious transactional talk and the rapport building talk.

Extract (6) below occurs after Dr Taylor has prepared prescriptions for Pamela, and they have been joking about an issue with Pamela's insurance company (see Major, in preparation for detailed analysis of rapport-building humour sequence). This extract begins as Dr Taylor indicates a shift back to transactional talk and signals that the appointment is coming to an end. She reminds Pamela that she needs to do a fasting blood test, as discussed earlier in the appointment.

(6): Closing sequence

D = Dr Taylor, P = Pamela (patient), S = Sarah (interpreter)

1	D	perfect alright [mid next month we will do a fasting	[blood test please
2	P		[THERE++=
3	S	[PERFECT: REMEMBER NEXT MONTH [MID JUNE=	
4	P	=[+++++ ((nods head while pointing)) GOOD::=	
5	S	=[ANOTHER BLOOD-TEST BUT REMEMBER NOT-ALLOWED=	
6	P	= ((with voice)) KNOW USED-TO THAT YES]
7	S	= FOOD GOOD UP-TO-THEN yep yep i'm used to the routine:]	
8	D	((perfect)) GOOD	
9	P	((with voice)) THANK-YOU [very much + FOR TODAY=	
10	S	[THANK-YOU thank you very much=	
11	D	[you're welcome ((pats PT's knee))	[and make=
12	P	=[((indicates GP)) THANK-YOU INTERPRETER YOU	
13	S	=[for today doctor and thank you	[to the=
14	D	=sure if her scalp	[any doubt? bring her in
15	P		[((points up)) ((points to back of head))=
16	S	=interpreter AND MAKE SURE [(.) ((points to back of head))=	
17	P	=[((with voice)) HAVE-A-LOOK GOOD ((shakes head)) no problem=	
18	S	=[NOT-YET HEAL ((nods head)) BACK MUST=	
19	P	=no problem]
20	S	=yep no problem]	
21	D	((perfect)) GOOD	
22	D	(((taps PT on knee)) ((gesturing)) have a lovely weekend	
23	P	[GOOD HAVE	[THANK- ((pointing at GP)):=
24	S	[GOOD PERFECT-(((nods head)) thank you and-=	
25	P	=[((looks at Sarah)) YOU((GP)) SAME YOU((GP)) SAME YOU((Sarah))]	
26	S	=[NICE WEEKEND same to you doctor ((nods head))]
27	D	best of luck	
28	S	((smiles and nods at GP))	

Like the interaction as a whole, this sequence is fast-paced with much overlapping talk. While cross-modal interpreting is often simultaneous (so inherently more than one language is being used at the same time), here the simultaneity represents much more than just the interpreting process. Dr Taylor and Pamela's talk often involves overlapping minimal feedback and more substantive talk, as well as moves to connect directly by accommodating at times to each other's mode of language (signed versus spoken).

Dr Taylor's signal of a shift to transactional talk from the preceding rapport-oriented humorous exchange (line 1) is interpreted by Sarah in lines 3, 5, 7. During this interpretation Pamela responds with minimal feedback (line 4) and then overlaps with her response in line 6 "*((with voice)) KNOW USED-TO THAT YES*" (she simultaneously says in English "I know, I'm used to that"). Here she shows her alignment to Dr Taylor by responding with her use of spoken English in addition to Auslan. Pamela's use of voice is not necessarily clear to listeners, but it is used with purpose, and is the first of many such instances in this brief sequence. It is notable here because, across the interaction as a whole, Pamela tends to use her voice more in rapport-building sequences and less in transactional sequences (Major, 2013). How clearly understood Pamela's voice is to Dr Taylor is unknown, but the content is also conveyed through Sarah's interpretation in line 7 "yep yep i'm used to the routine". Additionally, the intent is likely very clear in context, and Dr Taylor reciprocates accordingly in line 8 with simultaneous use of the English word 'perfect' and a thumbs up gesture that clearly indicates 'good'.

In addition to functioning as information receipt tokens, the responses in lines 6 and 8 may also represent relational work. Here the participants have chosen to accommodate to each other's mode of communication and create a direct connection instead of relying solely on the interpretation. In such instances, interpreters have been seen to sometimes background their role and not interpret, in order to encourage this direct communication and rapport building (Major and Napier, 2019; Major, 2013). In line 8 (and also 11), for example, Sarah does not interpret the doctor's response, even though there is time to do so. Presumably her familiarity with the participants and the situation tells her the doctor's responses need no interpretation. At other times, as when Pamela uses

her voice, Sarah may be interpreting for clarity and is using her familiarity with the participants and their interactional goals to drive this decision-making.

In line 9 Pamela responds, again using her voice to clearly direct her utterance to Dr Taylor: “((with voice)) *THANK-YOU* very much + *FOR TODAY* (so effectively the doctor hears ‘thank you very much for today’); then immediately in line 10, this time without voice, she thanks Sarah: “*THANK-YOU INTERPRETER YOU*”. Sarah interprets both of these utterances into English (lines 10, 13, 16), while at the same time Dr Taylor says ‘you’re welcome’ to Pamela and pats her knee while the two are smiling at each other. In lines 11 and 14 Dr Taylor reminds Pamela about an issue with her child’s scalp and encourages her to bring her child in for an appointment if needed (picking up on a brief discussion from the very beginning of the appointment). Again, Pamela responds using both Auslan and her voice (lines 15, 17, 19), which is interpreted simultaneously by Sarah, and again Dr Taylor responds directly to Pamela with a gesture indicating ‘good’ (line 21).

Pamela starts to respond to her in line 23, but here Dr Taylor interjects with another attempted direct communication in which she says ‘have a lovely weekend’ while gesturing wildly with her hands (in a nonsensical manner in Auslan). It is possible here that people who do not share latent networks could take this sort of action as intending offense (e.g. a hearing person mimicking signed language). However, in this context, Dr Taylor’s rapport-driven intent is clear to Pamela, who quickly looks at Sarah for an interpretation, then responds, smiling (line 25): “*YOU((GP)) SAME YOU((GP)) SAME YOU((Sarah))*” (Translation: Same to you doctor, same to you. And to you Sarah”). Pamela smiles again, then stands up (breaking eye contact with the doctor) and packs up her things. Dr Taylor closes with “best of luck” (line 27) which Sarah responds to directly with a smile and a nod. After this Pamela comments it is time to turn off the camera, and the interaction is finished.

This entire sequence illustrates a strong focus on rapport-oriented relational work, which is likely afforded by participants’ familiarity, and the high level of trust that they have built up over years of working together. Both Dr Taylor and Pamela try to accommodate to each other’s mode of communication as a strategy to reduce social distance and build/maintain rapport. Sarah’s familiarity with her clients informs her decision not to intrude on the direct communication

between them, except where clarity is needed. While a new interpreter to this interaction could have done an accurate and acceptable job of conveying the health information, it is very unlikely that they would understand all of the nuances and the intentions behind Dr Taylor and Pamela's actions here.

Pamela's behaviour exemplifies the comfort that deaf people can develop with interpreters with whom they work regularly. She also demonstrates this by referring to both Sarah and Dr Taylor as "wonderful" several times during her follow up interview. When asked to elaborate, her responses showed that she clearly valued both professional and rapport-oriented behaviour in both interpreter and doctor. Of the interpreter and doctor she said:

"Sarah is fantastic, she makes me understand and she's flexible and it's really smooth. She's both friendly and professional"

"Dr Taylor is always very focused and professional and encouraging. Maybe she goes home and then complains, I don't know! But at work she never shows any kind of bad attitude or anything"

In terms of Sarah's professional role as the interpreter, we can see that the shared latent networks afford her quick decision making in her interpreting. The simultaneously interpreted interaction is fast-paced but Sarah is able to quickly judge which attempts at direct communication need interpreting and which do not, as well as participants' intentions. Emma's comment in the UK data on the importance of familiarity is illustrated here by Sarah knowing *how* people talk to each other and what they are trying to achieve, which allows her to quickly make decisions about how she can most effectively facilitate this.

Data from both the UK and Australian studies indicate that familiarity is generally a positive benefit, both to interpreters and the people they work with. It is important to note that we refer to decisions based on familiarity that still embrace interpreters' professional ethics, such as staying impartial (not giving opinions) and conveying information accurately. Interpreters still need to be cautious that over-familiarity does not lead to decisions that disempower clients, such as speaking for them. With this caveat in mind, we believe that familiarity enables people to behave more naturally and fosters the development of trust. For interpreters, familiarity is the underpinning influence on the interpretation of

im/politeness and rapport and thus likely allows them to be more accurate. Familiarity relates to more than interpreters' familiarity with the context or environment. It also includes how well they know the people who they are interpreting for and their knowledge about what has gone on previously in their relationship with each other. This knowledge significantly impacts their ability to mediate rapport and relational work.

5. Conclusion

Interpreting Studies literature highlights how face-threatening interpreted interaction can be (Monacelli, 2009). The dialogue coordination that interpreters are involved in (Wadensjö, 1993) is one aspect of this potential face threat to other participants. Another potential source of this face threat may be the lack of attention interpreters give to the strategies their clients use to promote rapport (Abi-Mikasa et al., 2015). If interpreters' primary focus is on informational content rather than the way people are relating to one another, this is unlikely to assist the development of rapport between their clients and is likely to make the interaction less comfortable for them. Research indicates that the face threat generated by interpreters can be mitigated when the people involved in an interpreted event are more familiar with each other (Hsieh et al., 2010; Schofield and Mapson, 2014). Despite this, there has been a lack of research with a focus on the affordance of familiarity and continuity of interpreter provision.

The two studies detailed here, from different continents, adopt different methodological approaches that both reveal the benefits of familiarity to interpreters and the people they work with. Data from authentic interpreted healthcare interaction in Australia supplement and reinforce the findings from interviews with interpreters in the United Kingdom. These multiple perspectives reveal a number of benefits to interpreters, including greater knowledge of the information that participants are likely to refer to, as well as the relationship between those participants and the ways in which they typically interact. Of the seven influences identified as influencing interpretation of im/politeness and rapport management in the UK data, the key underpinning influence is that of familiarity. A limitation of the research presented here is that the two studies

were designed and conducted independently with different foci; future studies on familiarity in different settings/ countries could be aligned from the beginning in order to provide more easily comparable data.

Interpreters' familiarity with their clients and the context in which interaction is happening provides numerous benefits to them and the quality of their work, and has consequential benefits to their clients. In addition to enhancing the accuracy of the content of information exchange it also enables interpreters to tune in to their clients and relay the relational activity between them. Data presented here indicate how interpreters' involvement in latent networks informs their decisions on when to step back and allow that relational activity to occur directly.

Interpreters need to recognise that cognitive load will be greater when interpreting without the affordance of familiarity. This is a factor particularly relevant to novice interpreters, who are more likely to be engaging in work with clients who are unknown to them, but will also apply to more experienced interpreters working with new clients. Interpreters would therefore benefit from being prepared for this, developing resilience to cope with the additional cognitive load involved. Incorporating the findings from this research within the content of initial interpreter education programmes could ensure that student interpreters acquire a deeper understanding about the affordance of familiarity, the challenges of working in contexts where that familiarity is lacking and greater awareness of the cross-cultural differences in how rapport is managed. For interpreting studies more generally, familiarity is an important factor to take into consideration in the evaluation and analysis of interpretation quality and provides a useful focus for future research into dialogue interpreting.

For some of the situations in which interpreters work, such as the healthcare context illustrated in the Australian study, this relational work can be crucial, having significant impact on patient health outcomes. Where interpreters are known to both clinicians and patients this helps all parties feel more comfortable with the process of interpreting and the impact of having an interpreter involved. This paper highlights in particular the value that minority language users who engage with public services place on rapport with the both interpreter and provider. The value of interpreter continuity therefore needs to be recognised by

service providers, with steps taken to ensure that procurement arrangements for interpreters facilitate continuity of provision rather than prevent it.

The findings from this research foreground the context-specific nature of dialogue interpreting. Examining how familiarity informs interpreters' work contributes to the pragmatics literature through enhancing understanding of how im/politeness is evaluated within intercultural interaction and by highlighting the importance of familiarity for relational work.

Acknowledgements

The two studies reported here were undertaken as doctoral research at the University of Bristol by Rachel Mapson, and Macquarie University in Sydney by George Major. The authors would like to express their thanks to all the research participants, and to their doctoral supervisors, Rachel Sutton-Spence, Helen Woodfield, Jemina Napier and Maria Stubbe.

References

Albl-Mikasa, Michaela, Elisabeth Glatz, Gertrud Hofer, and Marina Sleptsova (2015) Caution and compliance in medical encounters: Non-interpretation of hedges and phatic tokens, *Translation and Interpreting*, 7 (3): 76.-89

Allsop, Lorna and Lorraine Leeson (2002) 'Professionalism, Philosophy and Practice', *Newsli* 42, 4-6

Angermeyer, Philipp (2005) 'Who is 'you'? Polite forms of address and ambiguous participant roles in court interpreting', *Target* 17 (2): 203-226

Attride-Stirling, Jennifer (2001) Thematic Networks: An Analytic Tool for Qualitative Research, *Qualitative Research* 1 (3): 385-405

Blum-Kulka, Shoshana, Juliane House and Gabriele Kasper (eds) (1989) Cross-cultural Pragmatics: Requests and apologies, Norwood, NJ: Ablex Publishing

Bolden, Galina (2000) Toward understanding practices of medical interpreting: Interpreters' involvement in history taking. *Discourse Studies* 2(4): 387-419

- Braun, Virginia and Victoria Clarke (2006) Using thematic Analysis in Psychology, *Qualitative Research in Psychology* 3 (2): 77-101
- Bristoll, Simon (2009) ““But We Booked an Interpreter!” The Glass Ceiling and Deaf People: Do Interpreting Practices Contribute?’, *The Sign Language Translator and Interpreter*, 3 (2): 117-140
- Bultman, Dara and Bonnie Svarstad (2000) Effects of physician communication style on client medication beliefs and adherence with antidepressant treatment, *Patient Education and Counseling* 40 (20): 173–185
- Charmaz, Kathy (2006) *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*, London, Sage Publications
- Clarkson, Petruska (2003) *The Therapeutic Relationship* (2nd ed), London: Whurr
- Davidson, Brad (2001) Questions in cross-linguistic medical encounters: The role of the hospital interpreter. *Anthropological Quarterly* 74(4): 170-178
- Davidson, Brad (2002) A model for the construction of conversational common ground in interpreted discourse. *Journal of Pragmatics*, 34(9): 1273-1300
- Defibaugh Staci (2018) Caring as Competent: Small Talk in Medical Visits. In: *Nurse Practitioners and the Performance of Professional Competency. Communicating in Professions and Organizations*. Palgrave Macmillan, Cham
- Dickinson, Jules (2014) *Sign language interpreting in the workplace*, Exeter: Douglas McLean Publishing (reprinted by Gallaudet University Press 2017)
- Dieppe, Paul, Ann-Marie Rafferty, and Alison Kitson (2002) The clinical encounter: the focal point of patient-centered care, *Health Expect* 5 (4): 279–28
- DiMatteo, M Robin (2004) The role of effective communication with children and their families in fostering adherence to pediatric regimens, *Patient Education and Counseling* 55 (3): 339–344

Gavioli, Laura and Claudio Baraldi (2011) Interpreter-mediated interaction in healthcare and legal settings: Talk organization, context and the achievement of intercultural communication. In *Interpreting*, 13(2): 205-233

Goffman, Irving (1967) *Interactional Ritual: Essays on Face-to-Face Behaviour*, Garden City NY: Anchor Books

Goodman-Delahunty, Jane and Loene Howes (2019) High-stakes interviews and rapport development: practitioners' perceptions of interpreter impact, *Policing and Society* 29(1): 100-117

Hale, Sandra (2007) *Community Interpreting*, Basingstoke: Palgrave Macmillan

Hauser, Angela and Peter Hauser (2008) The Deaf Professional – Designated Interpreter Model in Peter Hauser, Karen Finch and Angela Hauser (eds) *Deaf Professionals and Designated Interpreters: A New Paradigm*, Washington DC: Gallaudet University Press, 3-21

Holmes, Janet and Maria Stubbe (2003) *Power and Politeness in the Workplace*, London: Pearson

House, Juliane (2010) 'Impoliteness in Germany: Intercultural encounters in everyday and institutional talk', *Intercultural Pragmatics* 7 (4): 561-595

Hoza, Jack (2007) *It's not what you sign, it's how you sign it: Politeness in American Sign Language*, Washington DC: Gallaudet University Press

Hsieh, Elaine, Hyejung Ju and Haiying Kong (2010) 'Dimensions of Trust: The Tensions and Challenges in Provider-Interpreter Trust', *Qualitative Health Research*, 20 (2): 170-181

Hsieh, Elaine and Brenda Nicodemus (2015) Conceptualising emotion in healthcare interpreting: A normative approach to interpreters' emotion work, *Patient Education and Counseling*, 98 (12): 1474-1481

Kyle, Jim and Bencie Woll (1985) *Sign Language The study of deaf people and their language*, Cambridge: Cambridge University Press

Jacobsen, Bente (2008). Interactional pragmatics and court interpreting: An analysis of face. *Interpreting*, 10(1): 128–158

Janzen, Terry and Barbara Shaffer (2008) 'Intersubjectivity in interpreted interactions: The interpreter's role in co-constructing meaning', in Jordan Zlatev, Timothy Racine, Chris Sinha and Esa Itkonen (eds) *The Shared Mind: Perspectives on Intersubjectivity*, Amsterdam: John Benjamins, 333-356

Johnston, Trevor (2003) BSL, Auslan and NZSL: Three signed languages or one? In A. Baker, B. van den Bogaerde and O. Crasborn (eds.), *Cross-Linguistic Perspectives in Sign Language Research: Selected Papers from Theoretical Issues in Sign Language Research (TISLR)*, 2000 (pp. 47– 69). Hamburg: Signum

Kádár, Dániel and Michael Haugh (2013) *Understanding Politeness*, Cambridge University Press, Cambridge.

Leeson, Lorraine and Susan Foley-Cave (2007) 'Deep and Meaningful Conversation: Challenging Interpreter Impartiality in the Semantics and Pragmatics Classroom', in Melanie Metzger and Earl Fleetwood (eds) *Translation, Sociolinguistic and Consumer Issues in Interpreting*, Washington DC: Gallaudet University Press, 45 – 68

Llewellyn-Jones, Peter and Robert Lee (2013) Getting to the Core of Role: Defining Interpreters' Role Space, *International Journal of Interpreter Education* 5(2): 54-72

Llewellyn-Jones, Peter and Robert Lee (2014) *Redefining the Role of the Community Interpreter: The concept of role-space*, Lincoln: SLI

Locher, Miriam (2015) Interpersonal pragmatics and its link to (im)politeness research, *Journal of Pragmatics* 86: 5-10

Locher, Miriam and Richard Watts (2005) 'Politeness theory and relational work', *Journal of Politeness Research* 1 (1): 9-34

Locher, Miriam and Richard Watts (2008) 'Relational work and impoliteness: negotiating norms of linguistic behaviour' in D Bousfield and M Locher (eds), *Impoliteness in Language. Studies on its Interplay with Power in Theory and Practice* (pp. 77-99), Berlin: Mouton de Gruyter

Major, George (2013) *Healthcare Interpreting as Relational Practice*, Macquarie University doctoral thesis

Major, George (2014) "Sorry, could you explain that"? Clarification requests in interpreted healthcare interaction. In B. Nicodemus and M. Metzger (Eds), *Investigations in Healthcare Interpreting* (pp. 32-69). Washington, D.C.: Gallaudet University Press

Major, George and Jemina Napier (2012) *Interpreting and Knowledge Mediation in the Healthcare Setting: What do we really mean by "accuracy"*, *Linguistica Antverpiensia, New-Series-Themes in Translation Studies* 11: 207-225

Major, George and Jemina Napier (2019) "I'm there sometimes as a just in case": Examining Role Fluidity in Healthcare Interpreting, in Meng Ji, Mustapha Taibi and Ineka Crezee (eds) *Multicultural Health Translation, Interpreting and Communication* (pp. 183-204). Abingdon: Routledge

Mapson, Rachel (2014) *Who Are We?* *News/i* 87: 13-15

Mapson, Rachel (2015a) *Interpreting Linguistic Politeness from British Sign Language to English*, University of Bristol doctoral thesis

Mapson, Rachel (2015b) *Paths to Politeness: Exploring how Professional Interpreters Develop an Understanding of Politeness Norms in British Sign Language and English*, in Barbara Pizziconi and Miriam Locher (eds) *Teaching and Learning (Im)Politeness*, Berlin/Boston: de Gruyter Mouton, 155-184

Mapson, Rachel (2020) Intercultural Im/politeness: Influences on the way Professional British Sign Language/English Interpreters mediate Im/polite language, in Dawn Archer, Karen Grainger and Piotr Jagodziński (eds), *Politeness in Professional Contexts*, Amsterdam: John Benjamins, 151-178

Mason, Ian and Miranda Stewart (2001). Interactional pragmatics, face and the dialogue interpreter. In Mason, Ian (Ed), *Triadic Exchanges: Studies in Dialogue Interpreting* (pp.51-70). Manchester, UK & Northampton, MA: St Jerome Publishing

Mason, Ian and Wen Ren (2012) 'Power in face-to face interpreting events', *Translation and Interpreting Studies* 7 (2): 233-252

McKee, Rachel and Stephanie Awheto (2010) Negotiating interpreter role(s) in a trilingual Maori context. In Rachel McKee and Jeffrey Davis (Eds.), *Sign language interpreting in multilingual contexts*. Washington D.C., Gallaudet University Press, 85-118

Metzger, Melanie (1999) *Sign Language Interpreting: Deconstructing the Myth of Neutrality*. Washington, D.C: Gallaudet University Press

Mitchell, Ross and Michael Karchmer (2004) 'Chasing the mythical ten percent: Parental hearing status of deaf and hard of hearing students in the United States', *Sign Language Studies* 4 (2): 138-163

Mindess, Anna (2006) *Reading Between the Signs: Intercultural Communication for Sign Language*, Boston MA: Intercultural Press

Monacelli, Claudia (2009) *Self-preservation in simultaneous interpreting*, Amsterdam: John Benjamins

Mullany, Louise (2004) 'Gender, politeness and institutional power roles: Humour as a tactic to gain compliance in workplace business meetings', *Multilingua* 23 (1/2): 13-37

- Mullany, Louise (2006) "Girls on tour": Politeness, small talk and gender in managerial business meetings, *Journal of Politeness Research* 2 (1): 55-77
- Napier, Jemina (2011) "It's not what they say but the way they say it." A content analysis of interpreter and consumer perceptions of signed language interpreting in Australia', *International Journal of Sociology of Language* 207: 59-87
- Perez, Isabelle and Christine Wilson (2006) *Translating, Interpreting and Communication Support: A Review of Provision in Public Services in Scotland*, Scottish Executive Social Research, Blackwell
- Pöschhacker, Franz (2004) *Introducing Interpreting Studies*, London: Routledge
- Roberts, Lisa and Sally Bucksey (2007) Communicating with patients: What happens in practice? *Physical Therapy* 87 (5): 586-594
- Roy, Cynthia (1993) 'The Problem with Definitions, Descriptions and the Role Metaphors of Interpreters', *Journal of Interpretation* 6 (1): 127-154
- Roy, Cynthia (2000) *Interpreting as a discourse process*. Oxford, United Kingdom: Oxford University Press.
- Sandrelli, Annalisa (2001) 'Teaching Liaison Interpreting', in Ian Mason (ed) *Triadic Exchanges: studies in dialogue interpreting*, Manchester: St Jerome Publishing, 173-196
- Schofield, Mark, and Rachel Mapson (2014) Dynamics in Interpreted Interactions: An Insight into the Perceptions of Healthcare Professionals, *Journal of Interpretation* 23 (1): article 3
- Schofield, Penelope, and Phyllis Butow (2004) Towards better communication in cancer care: a framework for developing evidence-based interventions, *Patient Education and Counseling* 55 (1): 32-39
- Silverman, Jonathan, Suzaanne Kurtz and Juliet Draper (2005) *Skills for communicating with patients* (2nd ed), Oxford: Radcliffe

- Spencer-Oatey, Helen (2005) 'Rapport management theory and culture', *Interactional Pragmatics* 2 (3): 335-346
- Spencer-Oatey, Helen (ed) (2008) *Culturally Speaking: Culture, Communication and Politeness Theory* (2nd edition), London: Continuum
- Spencer-Oatey, Helen and Peter Franklin (2009) *Intercultural Interaction. A Multidisciplinary Perspective on Intercultural Communication*, Basingstoke: Palgrave MacMillan
- Spencer-Oatey, Helen and Jianyu Xing (2003) 'Managing Rapport in Intercultural Business Interactions: A Comparison of Two Chinese-British welcome Meetings', *Journal of Intercultural Studies*, 24 (1): 33-48
- Takahashi, Tomoko (2000) 'Transfer in Interlanguage Pragmatics: New research agenda', *Studies in Languages and Cultures* 11: 109-128
- Theys, Laura, Demi Krystallidou, Heidi Salaerts, Cornelia Werrmuth and Peter Pype (2019) 'Emotion work in interpreter-mediated consultations: A systematic literature review', *Patient Education and Counseling*, 103: 33-43
- Vine, Bernadette, Gary Johnson, Jennifer O'Brien and Shelley Robertson (2002). Wellington Archive of New Zealand English transcriber's manual. (Language in the Workplace occasional papers no.5). Wellington, New Zealand: School of Linguistics and Applied Language Studies, Victoria University of Wellington.
- Wadensjö, Cecilia (1993) 'The Double Role of a Dialogue Interpreter', in Franz Pöchhacker and Miriam Shlesinger (eds) (2002) *The Interpreting Studies Reader*, Abingdon: Routledge, 354-370
- Watts, Richard (2003) *Politeness*, Cambridge: Cambridge University Press
- Watts, Richard, Sachiko Ide and Konrad Ehlich (eds) (1992) *Politeness in Language: Studies in its History, Theory and Practice*, Berlin: Mouton de Gruyter

Appendix A : Interview questions from the UK Study

Sample questions taken from the interview schedules of the three group sessions in the UK study.

Session 1

Where does your knowledge about polite language in BSL come from? How did it develop?

Is this different from how you developed knowledge about politeness in English?

What do you think of as polite language in BSL? What does it look like?

What particular non-manual features of BSL are used for politeness?

Did your initial interpreter training include anything about politeness?

Have you experienced any subsequent interpreter training/CPD that has either focussed on politeness or incorporated it within other topics.

Are you aware of politeness in relation to your interpreting work? How does that awareness manifest itself?

Session 2

Have you identified any issues relevant to discussion of politeness since our first session?

The following questions relate to the viewing of video clips of requests and apologies in BSL:

- Which of these two pen requests do you consider the most polite? Why is that?
- Would you reflect these two requests for annual leave in the same way? What influences would you take into account in your interpretation?

- What are the similarities and differences between these two requests for a lift to the airport? What factors would influence your interpretation of them?
- Are these two apologies for submitting a report late polite? How do you identify this? What might influence your interpretation of them?
- What factors would you take into account when interpreting this apology about causing car damage?
- How might each of these clips be interpreted?

Are there strategies that you employ consciously when working from BSL into English in relation to comments like these?

Would the gender of the deaf person, or the person they are interacting with, make any difference to the way you interpret polite comments?

Does the status of the deaf or hearing client influence your language use?

Session 3

Do you have any issues you'd like to raise that have come to mind since Session 2?

Do you have any more thoughts about the strategies you adopt when interpreting polite language and the influences you take into account when selecting what strategies to use?

Do you interpret politeness into English differently for hearing people who are familiar or unfamiliar with the deaf individual, or deaf people in general? If so, how do you do things differently, and why?

Does your own prior knowledge of clients and/or context influence how you interpret politeness? How?

What are the limitations on your adaptation of politeness from BSL to English? Why?

Are you conscious of issues relating to gender in your work? This could be either your own gender or that of your clients. How does this influence your interpretations?

Do you think you tend to 'do' politeness differently to other people you work with?

Have your thoughts on interpreting politeness changed in any way since we started these sessions?

Appendix B: Scenarios for discussion (UK data)

Recordings were made of two deaf individuals making the following utterances in BSL.

A request to borrow a pen.

A request (to an employer) for taking annual leave at short notice.

A request for a lift to the airport early on Saturday morning.

An apology (to an employer) for handing in a report late.

An apology (to an employer) for damaging their car in the staff car park.

Appendix C: Transcription and glossing conventions (Australian data)

The transcription system created for this study draws on: Vine, Johnson, O'Brien, and Robertson 2002; Dickinson 2014; Metzger 1999; Roy 2000³.

English only	
lowercase text	English
Auslan only	
UPPERCASE TEXT	Auslan
HYPHENATED-WORDS	Represents one sign in Auslan
OKAY+	Sign is repeated
Both English and Auslan	
((laughs)), ((obscured))	Non-linguistic feature; depicting sign in Auslan; transcriber's comment
<i>((laughs)) okay</i>	Non-linguistic feature that carries on over talk
<i>((perfect)) GOOD</i>	Speaking and signing (or gesturing) at the same time
okay:	Word/sign is held
(.)	One second pause or less
(okay)	Best guess at an unclear utterance
A: [okay]	Overlapping talk

B: [RIGHT]	
okay= =right	Indicates a continuous utterance even though it is on more than one line

³ Only the conventions relevant to the data extract are included here; a full list of transcription conventions can be found in Major, 2013.