A FIRST SET OF GUIDELINES FOR PUBLIC SERVICE INTERPRETERS WHO UNEXPECTEDLY FACE CLIENTS WITH A DISABILITY

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Abstract

Service providers in healthcare, education or legal settings can unexpectedly be faced with language-discordant clients who moreover have sensory or cognitive disabilities and might have problems understanding or producing language. Disabilities or difficulties understanding are particular challenges in interpreter-mediated encounters. The aim of this article is to propose a set of guidelines that avoid time loss and frustration among the interlocutors and allow for smoother communication. We will focus here on two basic strategies that can help without the need for sophisticated equipment, namely plain language and gestures, leaving aside technological resources. In spite of many differences between them, language and gestures carry meaning through shared basic semiotic elements such as indexes, icons and symbols (Peirce, 1965). Moreover, when occurring simultaneously, language and gestures often have identical meaning. Gestures present the same meaning or pragmatic function (McNeil,1992), and consequently enhance spoken language. To obtain satisfactory results in an encounter with a disabled client, the 'best fit'

should be found between plain language and gestures. Specifically in this context, a happy balance should be struck between the economy of a message and its clarity. We will apply relevant insights to the two initial phases of an interpreter-mediated encounter: acquaintance and positioning. For each of these phases, we will review the linguistic strategies and the kind of gestures that may prove useful in different contexts of disability.

Keywords: interpreter training; disability; guidelines; compensatory strategies; plain language; gestures, economy; clarity.

1. INTRODUCTION

According to the European Disability Forum (EDF) there are estimated to be 80 million persons with disabilities in Europe. This figure takes into account people with sensory as well as physical, cognitive and psychic disabilities. All of these categories can include individuals who move between countries for reasons such as emigration, tourism, family visits or medical treatment.

In a context of language discordancy, a disability becomes an extra challenge. Service providers can face encounters with people with a disability. Consequently they may need assistance from an interpreter to communicate with the disabled person or his companion. However, in general, interpreter training does not prepare students for encounters other than with people without disabilities. Consequently, interpreters are often not aware of best practices for assignments where one of the clients has a disability that hampers communication. Interpreters have

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to make best guesses and find solutions on the spot, which is not the best option for the overall quality of the service provided to the disabled person.

Campaigning via forums such as the EDF and its international counterparts has led to bills recognizing and defending the right to participation of people with a disability. The U.N. Convention on the Rights of Persons with Disabilities (2008), more recently the European Charter of Fundamental Rights (2009) and the European Strategy 2010-2020 for Handicapped Persons, insist upon the right of people with a disability to participation, accessibility, etc. Consequently, in a language discordant situation, people with a disability have the right to an interpreter that others have.

The framework of the Erasmus Plus Project 2015-ES01-KA203-015625 on "Enhancing Communication" (https://ecplusproject.uma.es/node/1) offers an excellent opportunity to formulate best practices for interpreters who suddenly face a disabled client. An online course in Dutch on "Multi-modality and Interpreting for Special Target Groups" was developed at Ghent University (Belgium) so as to provide a set of guidelines. An overview of the online course was presented at the Malaga First ICIATC Conference, a few days after the European Days of Persons with Disabilities (3-10 December 2017). This paper is an additional outcome of the EC+ Project. It aims to make interpreters aware of more successful ways of working with disabled persons in spite of many difficulties.

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2. THEORY OF MULTI-MODALITY

Before we proceed in a practical way, we need a theoretical framework. The notion of multi-modality seems relevant here. Following Kress (2010: 15-16) and Jewitt (2014: 14) language is only one means among others of making meaning, and we should adopt a 'satellite' view of it. Meaning is created by means of other modes, too, such as images, gestures, music, action or color.

In communication, several modes are (…) used together, designed so that each mode has a specific task and function. Each of them offers specific potential and are, therefore, particularly suited for specific communicational tasks. The issue of 'access' therefore can benefit from the insight that humans may have different preferences for the temporal of the spatial, for image or speech, for the gestural or the domain of bodily movement as in dance and so on (Kress, 2010: 28; Jewitt, 2014:15).

Multi-modality, however, not only refers to the different 'modes' (speech, writing, body language, conventional gestures, eye contact, sign language, arm contact, etc.) and their corresponding signs, but also to the different media or channels (voice, hands, eyes, handwriting, pictograms on a tablet, etc.) that humans use to communicate when they talk to each other, point at something, use a text-to-speech writer, point to pictograms or use an eye-tracking device to select them on a screen, etc.

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All aspects of modes and corresponding signs are studied within a discipline that is called 'semiotics'. Kress' research stresses the social dimension of semiotics: in other words, how humans among semiotic resources search for the 'best fit', the most apt mode to carry a meaning (2010: 55). In addition, context, situated interaction and co-construction between interlocutors seem indispensable to understand why people prefer certain modes to communicate. Jewitt (2009, 34-36) therefore views Multimodal Interactional Analysis as the most apt theoretical framework to study multimodal communication.

When the basic mode, namely language, is hampered or excluded altogether, there are consequently other modes and kinds of signs that de-verbalize and allow us to transmit the same message. Jakobson (2000: 114) labels this so-called 'inter-semiotic translation' between verbal and non-verbal signs a 'transmutation'.

More technically speaking, and according to the American semiotician C.S. Peirce (1965, vol. II: 156-173), signs can be of three types: index, icon or symbol. Humans are able to implement the three of them through different channels or media, separately or simultaneously.

- An **index** is a non-arbitrary sign, since it point towards something. Indexes are used to show (with the eyes, head, finger or another body part) an object or person, or point to the orientation in time, in space or between persons. Its most well-known

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> verbal expressions are pronouns such as "I" or "this", adverbs such as "today" or "now", or even a name such as "Donald Trump". An example of a visual index is to point to the eye to mean "an eye".

- An **icon** is another non-arbitrary sign. It is based upon a sensory experience (auditory or visual) and its imitation, e.g. as an onomatopoeia in verbal language, as a drawing in the air or on paper to represent something, or in a more technological version, a photograph or a pictogram.
- A **symbol**, on the other hand, is an arbitrary sign. In language it uses a phonetic or graphic convention. Symbols can be used to refer to a real person or object, but also to abstract meanings, such as "friendship" in language.

When such indexes, icons or symbols have a **conventional meaning,** it means that they are shared by a socio-cultural community, and are a part of a grammar or vocabulary. Moreover, the human species is able to make itself understandable through signs that are **not conventional** and are not part of any language. Arm contact, for instance, has no conventional meaning. In a specific context, however, arm contact can gain meaning between certain interlocutors.

Transmutation allows the same meaning to be transmitted by signs that belong to different modes and media, either conventional or not conventional phonetic (speech), graphic (writing), visual (pointing, making gestures, drawing in the air), or tactile (braille writing). Gottlieb

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mentions for example how speech can be de-verbalized into pictograms (2005: 7).

There can be moreover a co-presence or an interplay between channels (Kress and Van Leeuwen, 2001:111-112; Pinar Sanz, 2005: 1-7).

Depending on the nature and the severity of their impairment, people with a disability make use of different channels and conventional or non-conventional indexes, icons and symbols to communicate with members of their family, companions, friends, etc. There can be an interplay of channels between them: speech or vocalizations, gestures, bodily behavior, pointing, drawing, even music.

For a service provider or an interpreter it is important to simply be aware that the audio-verbal mode, though the most commonly used, is only one among many. When, for some reason, audio-oral communication is impaired, we should bear in mind the rich semiotic resources of the human species, and find out which other modes and signs are separately or together the 'best fit' in the communication with a given person.

3. THEORY OF PARTICIPATION AND INTERACTION IN AN INTERPRETER-MEDIATED ENCOUNTER

A face-to-face conversation is a specific communicative practice, whose nature is fundamentally dialogic. In an institutional setting, however, encounters are often limited in time and follow a certain protocol, including note taking

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by the (public) service employees; they also show up asymmetries between the participants. In the dyad formed by the client and the employee, variations in parameters, such as gender, age, occupation, income, racial origin, qualifications or impairments determine the higher or lower status of the client versus the institutional interlocutor. A person with a disability traditionally occupies a low status position, while the institutional interlocutor can easily dominate the conversation.

There is an antidote to such asymmetries. It is called 'sensitivity' or 'responsiveness' (Hewett, 2012) and it is related to the notion of 'care'. 'Care' appears when institutional agents adopt an ethical standpoint based explicitly on the principles of participation and accessibility defended by international and national human rights conventions. In those cases, the institutional agent will attune more to the possibilities of the person with an impairment. On the linguistic level, attuning in this way is called 'accommodation'. Linguistic accommodation theory, which was coined by Goffman (1981), Giles, Coupland and Coupland (1991) and further developed by Fischer (2016) promotes the idea that interlocutors adjust to each other while speaking. Usually, interlocutors tend towards convergence and reach common ground. However, accommodation can come from one side only and, moreover, reach an extreme degree. The latter is called 'over-accommodation'. It seems clear that in any encounter with a disabled person, the service provider must be ready to accommodate in line with the possibilities of this person.

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Participation in an encounter with a person with a disability can be very different from an encounter between persons without disabilities. Even when they are adults, the persons with a disability can be accompanied by a family member or another companion. This means that there are not just two primary participants, but that a third one can assume the same status. This mediating third party can be a substitute for the person with a disability, they can ask questions and give answers in their place, helping but possibly also limiting the latter's' right to participation.

Service employees might, in some cases, want to speak directly to the person with the disability, without the family member or companion. This might be the case e.g. when there is a suspicion of sexual or other abuse. Only then will the person with the disability be able to open up. To this end, the service providers might need several accommodation strategies, such as a change of register towards plain language (in the verbal mode), or the use of gestures and body language, pictograms or photographs on paper or on screen (in the visual mode) while speaking. In other words, they have to reach out to multi-modal possibilities. Using such strategies, the service employees are able to establish common ground between themselves and the person with a disability. Asymmetry remains, because it is the service employee who controls the situation and makes the effort to accommodate or even to over-accommodate, but at least communication runs more smoothly. The person with a disability overcomes an important barrier and gets the opportunity to have a say.

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In an interpreter-mediated encounter with a person with a disability, a secondary participant, the interpreter, joins the encounter between the two primary participants. Therefore, the latter enters the room with a different participation status. In the context of working for an impaired client, however, the interpreter is supposed to adopt the ethical attitude of the service provider. This means that he, too, is expected to be sensitive or responsive. To a degree his professional identity is displaced by his membership of the service provider team. His status as secondary participant becomes vague. On the communicative level, the interpreter should accommodate both the limitations and possibilities of the client. Interpreters will, in particular, assess the need for alignment, i.e. re-using the phrasing and words of the person with a disability when speaking to them or when translating for the interlocutors. By doing this, they accommodate in an asymmetrical way, whilst proceeding to align twice with the person with a disability: both in the target and in the source position. They accommodate with the service employee much less and refuse any (strong) alignment with them. But then at least the service employee is able to assess the client's possibilities too.

If, due to a sensory or intellectual disability, the client is unable to communicate verbally in the usual manner, both the provider and interpreter have to over-accommodate the possibilities of the client and reach out for enhanced or alternative communication. In the online course and in this paper however, we work on the assumption that the people in question are still able to communicate verbally, be it in

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an enhanced way. The interpreter should ascertain which other modes (and signs) are the best choices for use in enhanced communication with their client.

4. THEORY OF INTERACTION IN AN INTERPRETER-MEDIATED ENCOUNTER

Much research has been conducted into interaction, both with and without interpreters. Here we will limit our attention to the basics of the subject, highlighting what could be a challenge for an interlocutor with a disability.

Studies by Sacks (1972), Sacks, Schlegoff and Jefferson (1974) indicated that interaction in (dyadic) encounters (with non-disabled persons) can have among others the following characteristics:

- While speaking, interlocutors grant each other turns.
- One interlocutor speaks a time.
- There are occasional overlaps between interlocutors; such overlaps usually remain brief.
- Turn-taking switches are not pre-defined.
- Turn-taking distribution is not defined in advance.
- The length of turns is not determined in advance.
- The length of the encounter is not determined in advance.
- It is not known in advance what each of the interlocutors will say during the encounter.
- An interlocutor can interrupt his own turn.

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- Interlocutors use strategies to keep a turn or hand it over.
- Interlocutors know repair strategies.

While all the above-mentioned characteristics remain relevant for persons with a disability, they may have difficulties taking and sustaining turns, especially in terms of the length of the turns or repair strategies. Moreover, it depends on the ethical conviction of the service provider in question whether or not they will grant more time and opportunities to the persons with a disability to take and sustain turns (or not). In situations where service providers fail to adopt a sensitive or responsive approach, turn switching remains critical for people with a disability, especially because they react more slowly and then the service providers take their turn too quickly. In this case, the rights to equality of the people with an impairment are at stake.[1]

When an encounter becomes triadic because language-discordant interlocutors receive assistance from an interpreter, turn-taking moves become more complex

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[1] See among others the following websites: https://www.csuchico.edu/arc/documents/10-commandments.pdf; http://www.equality-ne.co.uk/downloads/144_dont-know-what-to-say.pdf; http://mypowercareer.com/wp-content/uploads/2015/04/AODA-Training-Guide.pdf; http://www.afdo.org.au/media/1203/talking-to-and-about-people-with-a-disability.pdf; https://www.ddsb.ca/AboutUs/Accessibility/Documents/Accessibility%20Tips.pdf.

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when the clients have a sensory disability or have difficulty understanding, because of an impairment or other reasons. In adopting a "sensitive" approach, we propose the following guidelines:

- The usual turn-taking sequence is the combination A (service provider) -Interpreter-B (client)-Interpreter-A-Interpreter-B, etc. (A and B being the service provider and the client). When an interlocutor has a disability, there can be successive B-interpreter sequences because of the need for repetition to B. When the person with a disability speaks, the interpreter and the service provider should allow him talk at length and not take turns abruptly.
- Simultaneous communication (whispering) does not appear to be a valid option in this setting because of the confusion it might create. Interpreters should let turn-length follow the preferences of the client rather than their own.
- Interruptions and silences are ambiguous, as they can mean a pause, or the end of a turn. When a person with a disability is speaking, the interpreter should give them time to think and formulate their words and not interrupt them too quickly to initiate a new turn.
- Turn switches (especially from the interpreter to the client) should be accompanied by clear body language, such as body moves, eye contact, hand

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> or arm contact, and by addressing the clients by their name.
> - After each turn switch, the client should be given time to understand what the provider/interpreter now expects from them.

5. STRATEGIES FOR ENHANCED COMMUNICATION

When a service provider (and his interpreter) face a client with a disability, there are two basic strategies to enhance communication: plain language and gestures. According to Mc Neil (1992: 23), both should be seen as aspects of an underlying meaning-making process, in spite of their differences concerning a number of fundamental dimensions. In this chapter, we will review both strategies, bearing in mind that in the context of spoken language they are bound together and in time, mostly occur simultaneously (Mc Neil, 1992: 12). In the last chapter, we will examine how they can be utilized in interpreter-mediated encounters, in particular during the acquaintance phase and the positioning of the interpreter.

5.1. Plain language

Plain language as such does not make communication multi-modal, but invariably, it naturally precedes multi-modal enhancement of speech. Every natural language has a plain register. It is "clear, concise, well-organized language appropriate to the subject or field and intended audience" (https://www.plainlanguage.gov/about/definitions/).   In

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recent years, the use of plain language in written and spoken communication has received a considerable shot in the arm.

Even educated people may ask for an explanation in "plain language" when someone talks to them about a subject they are not familiar with. In Chile, for example, a request for such an explanation is asked with the idiomatic expression: "Explain it please with pears and apples". Our context however is when a service provider and his interpreter meet a client who appears to have a pathology of reception (deafness, blindness), who has difficulty understanding spoken language or who has a language disorder altogether (Crystal, 1980).

When working for a client with a disability, and observing problems of reception or production, such as frequent misunderstandings, disorders of fluency or articulation, or an overall lack of linguistic resources, the interlocutor (e.g. an interpreter) should evaluate what the client needs at that moment in time to understand accurately and define a strategy (see Stemmer and Joanette, 1997: 96-126). He should 'talk down' and convey the message in a clearer and more comprehensible manner and avoid cumbersome repetition. The service provider and the interpreter, as well as the client can achieve their communicative goal by making use of so-called compensatory strategies. We find classifications of such strategies e.g. in Blum-Kulka (1983), Færch and Kasper (1983), Kasper and Kellerman (1997) and Poulisse (1997). Though avoidance is the most fundamental strategy, simplification is reached by many

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other means. Kasper and Kellerman (1997: 9) stress that compensatory strategies are a component of any users' strategic competence.

The main features of such compensatory strategies for plain spoken language [2] concern interaction, prosody and articulation, structure and syntactical, lexical and pragmatic simplification. They are the following:

- Address the listeners directly, fully face-to-face and use words like "you" and "we" wherever you can.
- Structure your message (think of a beginning, middle, and end).
- Give information in manageable chunks.
- Put the most important information first.
- Use a normal tone of voice.
- Be clear and brief.
- Speak slowly and pause from time to time.

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[2] See among others the following websites:
https://www.plainlanguage.gov/resources/articles/plain-language-in-spoken-communication/,
https://www.communicaid.com/business-language-courses/blog/keep-simple-case-plain-english/,
http://www.askaboutireland.ie/libraries/public-libraries/jobs-careers/professional-development-/guide-to-communication-sa/6.-hoe-to-say-it-in-plain/,
http://www.wapatientsafety.org/downloads/GHC-Plain-Language-Toolkit.pdf).

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- Use a clear prosody, modifying your pitch (to make it lower or higher) according to the speech act you are uttering.
- Keep sentences short (15 to 20 words, but sometimes long sentences are okay).
- Be prepared to repeat and rephrase your sentences.
- Speak in complete sentences.
- Speak in active voice, with strong verbs, avoid passive voice.
- Speak in present tense, avoid past tenses.
- Use positive, rather than negative, words and constructions.
- Avoid long strings of nouns.
- Consider your language (define words that may be new to the audience, spell out an abbreviation or acronym the first time you say it).
- Avoid fillers such as um, ah, okay, you know, in fact, etc.
- Use popular, everyday words (with a frequency between 1/2000) even for medical subjects[3]; avoid

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[3] To help doctors, nurses or interpreters to adapt their jargon to their clients' literacy level, special dictionaries have been developed, such as the following:

- The University of Iowa has a website of Medical Terms in Lay Language. "Alternative Lay Language for Medical Terms in Consent Forms" (https://hso.research.uiowa.edu/medical-terms-lay-language#A)

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> difficult concepts as well as jargon, technical terms and foreign expressions (such as i.e., pro rata, grosso modo, mutatis mutandis).

- Re-use the same words instead of using synonyms.
- Avoid figures and percentages, rather use the expressions "a few", "a lot", "many…"
- Be concise and avoid verbosity (cut out unnecessary words).
- Express feelings to enhance speech acts: kindness, anger, satisfaction, jealousy, frustration, etc. Use emotion-expressing paralinguistic means to express e.g. surprise, relief, doubt, skepticism, disappointment, etc.

The overall success of such compensatory linguistic strategies relies on a good balance between clarity and economy (Poulisse, 1997: 51-52). Only then will the recommendations to be "clear" as well as "brief" not be contradictory.

- The University of Michigan has an electronic Plain Language Medical Dictionary (https://www.lib.umich.edu/taubman-health-sciences-library/plain-language-medical-dictionary).
- Ghent University has developed a multilingual dictionary of technical terms and popular words in seven languages. http://users.ugent.be/~rvdstich/eugloss/NE/lijst.html

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5.2. Gestures

When we address body language and gestures as a way of enhancing verbal communication, we are talking about multi-modality. Indeed, motor moves made by the face, fingers, hand, arms and the body create signs that trigger visual senses and invite to understand. Interpreters need to be very aware of body language in general and be able to understand it inter-culturally. Moreover, they should be mindful of their own body language, in particular, and know how to use it in varying cultural contexts. Axtell (1998), for example, provides us with an overview of worldwide gestures for greetings, touching and other functions.

As this article is not about modes for alternative communication, we do not include the gestures of sign languages. The gestures we are interested in are either conventional or non-conventional, but they cannot in any case be called a "language" and they offer no full alternative to spoken language. They appear during infancy and never disappear. They can be used either simultaneously with speech or independently.

Again Peirce's (1965: 156-173) categories of signs are relevant. In this context they can be applied to a large array of conventional or non-conventional gestures (see: McNeil, 1992:12-18; Capone Singleton and Shulman, 2014: 60-61).

- **Indexes or deictic gestures** appear to emerge before speech. They are non-arbitrary since they

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refer to something in the environment and rely on that context to convey meaning. Showing, then giving and then pointing appear before the first words. Deictic gestures are made with the body, and can be used in a conversation to show, to point to a person, an animal, an object or place, or to make a ritual request. Some examples in this category are: hand waving to greet, nodding the head for no, blowing kisses, shrugging, etc.

- **Icons or representational gestures** are another kind of early communicative gestures. They are also non-arbitrary and can be incorporated in dialogue to convey some aspect of the referents' meaning, so they can be understood without the referent in sight. The gestures draw something in the air, on the table, on paper, etc. or simulate the use or activity of someone or something, e.g. eating an ice-cream, drinking a cup of tea, playing the guitar, firing a bullet, swimming, rocking a baby, making a telephone call, reading a book, sleeping, typing on a keyboard.

- **Symbols and emblem gestures** are added later. Symbols are arbitrary and can be utilized in a conversation to express an abstract idea, an emotion or a speech act. In other words, they are conventional gestures with a universal meaning within a certain cultural environment. Some examples are the gestures for speech acts such as: okay, I agree (thumbs up), stop, come in, he is crazy, perfect, that's enough, that's a lot of money.

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> Emblems such as the famous "Italianate" gestures, can appear in absence of speech and communicate insults, praise, etc. (Mc Neill: 1992:38).

Other, non-conventional gestures are used by speakers mainly to organize their speech (e.g. counting first, second, third etc. on their fingers) or to insist on something (the so-called beat gestures). Mimicry, moreover, can enhance feelings that we communicate while speaking: anger, joy, grief, relief, irritation, skepticism or disbelief, surprise, boredom or impatience.

Since language and gestures are so closely linked and allow a speaker to present the same meaning in two simultaneous channels, is seems plausible that a gesture, for example, can enhance the linguistic dimension and, moreover, that a gesture can express on its own the same meaning as a spoken message. In children and adults with some spoken language impairment it is true that gestures provide a robust means of communication (Capone Singleton and Shulman 2014:66-67).

Body language and gestures can in principle be used with anyone except the blind. In the case of the visually impaired, body contact is possible but will remain limited if there is no intimate relation. Arm or hand contact may be used to communicate varying meanings, such as e.g. "stop" or "go" or "here".

Gestures can be spontaneous, e.g. in Mediterranean cultures, but they can also be purposefully used to enhance verbal communication and help a client to better

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understand. They can be a great help especially for the hard-of-hearing or deaf who do not know sign language, or persons who have difficulty understanding well, because they speak a contact language, or people with an intellectual disability or people who are cognitively impaired. However, we should not lose sight of the fact that extra gestures that accompany speech can cause a cognitive overload and can, as such, make it more difficult to understand than without gestures. So it is a resource that should be used with caution, not least because some gestures that are used in one culture can be offensive in another (Capone Singleton and Shulman, 2014:61).

Our guidelines stress the importance of gestures in audio-oral communication, but they also want to advise caution in their use to avoid overload. When meeting a client with a disability, service providers and their interpreters should make every effort to find the best fit between the economy and clarity of the message.

6. SPECIFIC GUIDELINES

After some general guidelines, we now briefly address the challenges that interpreters can face at different stages of an encounter and what they can do about it. Institutional encounters are made up of different stages, ranging from the briefing, preparation of the meeting room, the acquaintance, positioning, interaction (with its linguistic and ethical implications) to the closing and the debriefing. A lack of space, however, sadly prevents us from addressing all stages of interpreter-mediated encounters. Therefore we will confine ourselves in this paper to the

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opening of encounters, this is, acquaintance and positioning of the interpreter.

6.1. Acquaintance

The first moments of an interpreter-mediated encounter with a person with a disability are first of all a courteous ritual of greetings and therefore a moment of intense pointing gestures and other body language. Moreover, they are crucial moments of assessment that can have a great impact on the encounter as such. As a guideline, we would say that the interpreter needs to do three things:

- create trust
- assess the capabilities of the client
- decide whether enhanced communication is needed and if so, what kind (plain language, more explicit gestures, pictograms, etc.).

Consequently, the opening of the encounter is of crucial importance for the overall quality and satisfaction about the encounter.

When a service provider meets language discordant clients who belong to a vulnerable group, such as the target groups we address in this article, the interpreter should be the first to reach out and talk to the client, because he or she can address them in their language by their name and talk to them soothingly. The aim of this move is to take away any feelings of apprehension and fear and replace these by trust. It is, however, not clear that this brief exchange will be sufficient to create trust, and more time

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and effort might be needed. The interpreter can see how the clients react to his/her greeting gesture and to his/her words. The "pointing" is done when the interpreter identifies him/herself and also introduces the service provider, who stands next to him/her.

People with a disability, in many cases, have a companion by their side, usually a member of the family or friend. The provider and the interpreter cannot ignore this companion, and they, too, will be included in the "pointing" phase. Therefore, the interpreter has to talk to them as well, greet them and introduce them to the service provider. It might be wise to talk to the companions first as they may well provide the interpreter with some crucial, first-hand information about the abilities of the client and possible needs for enhanced communication. Some disabled persons are likely to explain how to communicate with them or even give you a card explaining how to communicate.

The interpreter uses these first verbal exchanges with the client to assess sensory, linguistic and, to a certain extent, intellectual abilities. From the companions' explanation he/she can already assess the extent to which he/she will need to adapt the language spoken with the client and how gestures or other resources can be useful.

In the meantime, the providers and companions can have an interpreter-mediated exchange to explain the reason for coming to the service.

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This brief introductory conversation allows the interpreter to assess both the possibilities and limitations that need to be addressed before the conversational component starts properly. We list a set of guidelines that vary depending on the type of impairment:

- If the client is hard-of-hearing, the interpreter may be able to work out that the client may be able to understand him/her if he/she talks slowly and clearly in plain language, and if he/she is brief and uses some gestures to enhance the message. However, he/she should avoid any overload for the client who has to listen carefully and interpret gestures at once. If the client is deaf, or hard-of-hearing, speech-to-text interpreting may be the solution, or a sign-language interpreter can be called upon.

- Although the client may be able to communicate orally, even though he is visually impaired, it might be advisable to use plain language anyway to make the message absolutely clear and easy to understand with less need for repetition and explanation. Arm or hand contact may be useful as deictic gestures for turn taking, but the visual impairment does not allow for much more.

- If the client is a child or a young person under 18, they may be perfectly able to communicate orally; plain language is always advisable for children under 12, and between 12 and 18 it depends upon the abilities of the child. Gestures, especially of the deictic (indexes) or representational (iconic) kind,

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may help. The use of symbolic gestures may be more problematic. It helps if the interpreter shares the client's culture. It might be useful to use photographs or pictograms to enhance the iconic dimension.

- If clients are adults who communicate in a contact language without knowing it well, they might understand plain language. The interpreter should try to make the message as simple, clear and understandable as possible. Deictic and representational gestures can help. Symbolic gestures may be more problematic, because there can be discordances between the emblems in the home and the host country's cultures. Here, too, it might be advisable to enhance the representational dimension and utilize photographs or pictograms to make the message more understandable.

- If clients have cognitive or mental impairment, they may be able to speak and understand, but their understanding will improve when they are addressed in plain language. Gestures, especially of the deictic and representational kind may be useful to enhance communication, but should be used with caution, since they can cause a cognitive overload. On the other hand, the client may have a repertoire of non-conventional gestures that the interpreter does not know how to interpret even if he/she shares the clients' cultural background. If people with a disability, however, carry an application with e.g. pictograms, with them, it

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might be easier for the interpreter to become familiar with this way of communicating.

6.2. Positioning

In interpreter-mediated encounters, public-service interpreters in Flanders (Belgium) have the duty to initiate the triadic exchange with a so-called "positioning" where they explain the four basic points of their ethical code: faithfulness, neutrality, discretion and the use of the first person singular.

However when the client has a disability, a series of challenges arise:

- The positioning takes too much time, especially when the client is hard-of-hearing. It may be preferable to show a slide, or to give the text to the client to economize on time, and moreover, keep the positioning brief.
- The positioning mentions concepts such as faithfulness, discretion and neutrality that might be difficult to understand for people who speak a contact language with difficulty, for children and especially for people with a cognitive or intellectual disability. Gestures moreover are not the best fit to express abstract notions. If plain language does not seem to be the solution either, it may be wise to simply skip their mention but nevertheless observe the principles of the positioning in one's behavior.

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- The positioning contains a meta-communicative message about the interpreters' use of "I" that might be difficult to grasp for the above-mentioned categories of people. Moreover, the use of "I" (without transition) when reporting someone else's speech might be confusing as well. Pointing gestures or body moves may be part of the solution.
- The positioning may be too abrupt and sound too official for a person with an impairment; it may even destroy all previous efforts to create a climate of trust during the acquaintance period. Therefore, it may be wise to economize on this meta-communicative message, but nevertheless to observe the principles of the positioning.

To both maintain the validity of the interpreter's ethical code and adapt to clients with a disability, we propose choosing the most suitable among the following guidelines:

- Explaining the ethical code is less important than observing it. There are other settings where interpreters do not clarify their ethical code but follow it all the same. Economizing, however, should not decrease the interpreters' adherence to it.
- The interpreter may ask his clients whether they know what an interpreter is or does, and clients may already know it. By doing this, the meta-communication remains at the level of the client. If

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clients are not able to explain it in their own words, the interpreter can describe it with simple words. Gestures can be used to point to the interlocutors.

- The interpreter can explain the positioning in plain language all the same. While he points to each of the interlocutors, he can say: "Hello, I am here to translate for you so X can understand you and you can understand X". He can avoid mentioning the other three points of the positioning. This brief presentation can happen when getting acquainted, or at the beginning of the triadic conversation with the provider.

- The interpreter can use a formula that is very similar to the traditional (e.g. Flemish) positioning text, only slightly shorter and put in terms that are easier to understand. This can be preferable when working with people who have a sensory but not an intellectual impairment. It can be enhanced with gestures or body language (gaze, body movement) to point at the interlocutors.

- Concerning the use of "I", the interpreter has to assess what is feasible. Finger gestures can be useful to point to the interlocutors. In some cases it might be useful to avoid making a difference between the service provider's "I" and the interpreter's "I" and rather to speak about "we" (and point to both) and "you" (and point to the client). Much like in usual conversation, the third person may be useful when the interpreter addresses the client saying, "He says that…" or

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> "The doctor says that…". Here too, the most important rule is to tailor the technique to the client's abilities. In any case, pointing gestures can help to create clarity between interlocutors.

The principal aim of the ethical code is to create a climate of trust between the interlocutors and the interpreter. But trust, as such, is more important than a formula. The client need not hear promises, but feel empathy. Since this is a context where service providers work with an attitude of sensitivity, responsiveness and an overall "duty of care", insisting too much on the positioning and the interpreter's neutrality would create distance and even mistrust. As it is vital that a climate of trust is created during the conversation, it would be better if interpreters, instead of swearing neutrality, present themselves as part of the provider's team. Such a role is more understandable to people who have difficulties grasping the complexities of roles. Consequently, our guideline in this context is to maintain all principles of the interpreters' ethical code, but at the same time to adopt a more empathic role in the case of interpreting for a person with a disability or a person with a cognitive impairment. The interpreter should be flexible in his positioning and evaluate the best way to allow the client to understand.

The interpreter, moreover, can seize the moment of the positioning as an opportunity to explain how he will work (e.g. use a speech-to-text device, work with pictograms or an application). It might be better to do this at the beginning, so as to give the client the opportunity to be

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mentally prepared for a certain way of working and not to be overwhelmed with an overload of new information even before the conversation.

7. CONCLUSION

This paper intends to be a first reflection about language-discordant service encounters where an interpreter meets a client with a disability. As there is no professional information or course material, our aim was to draw up a first set of guidelines for interpreters (and service providers) who unexpectedly have to work for clients with a disability. Indeed, guidelines for the interpreters' conduct seem useful to guarantee rights of a person with a disability in a language–discordant encounter. The service provider and interpreter should assess the possible limitations and utilize all possible resources for a quick, efficient and qualitative solution for enhanced communication.

The usual participation and interaction framework for interpreter mediation needs to utilize all options offered by multi-modality, i.e. the semiotic richness of human communication. When the audio-oral mode of communication is still an option, however limited this may be, other modes are available to enhance the conversation and accommodate both possibilities and limitations of the client, such as gestures, pictograms, photographs and, digital applications. The combination of plain language and gestures is usually of great help, but in a context of disability, it is important to strike the right balance

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between economy and clarity in both and to avoid an overload in the client.

Due to space limitations we could only address the opening of an interpreter-mediated encounter. Getting acquainted before the meeting is crucial, because it is now that assessments can be made and decisions taken. Working with a client with a disability, moreover, causes the interpreter to switch position to some extent. Since the interpreter shares the provider's ethics of "sensitivity", his priority is not to stand as a neutral, distant person between both interlocutors, but rather to adopt a role as an empathic person and helper of the service provider. The opening of the encounter becomes, above all, an exercise in creating trust and giving clients the feeling that provider and interpreter will together help them to have a say.

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