Making the most of settling for less

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Abstract

In many countries, training in community-based interpreting is relatively new, if indeed it exists at all. Programs range from language-enhancement courses centering on liaison interpreting exercises, through in-house courses for bilingual staff and off-campus continuing education modules, to university- and college-based curricula. The paper describes one such program, unusual in several respects, in which BA students in various university departments are given a basic grounding (60 hours) in community-based interpreting and are required to render service as volunteers in a variety of community-based settings. Without negating the importance of professionalization, this course is driven by a different agenda: to recruit academic institutions as agents of social change, and to instill in students the value and significance of community service. The paper is a personal account of the author's experience in conducting (for the first time) a community-based interpreting course, designed to foster social activism and political awareness, while maintaining acceptable standards and coping with the typically complex issues associated with this task. The author's observations are interspersed with excerpts from the students' own reports on their work as community-based interpreters in medical, public-service and child-care settings and their feelings about community service.

Biosketch

Miriam Shlesinger is Associate Professor in the Department of Translation and Interpreting Studies at Bar Ilan University, Israel. She was trained as a translator and conference interpreter and has been working as a freelance conference, courtroom and media interpreter for nearly thirty years. She is also a practicing literary translator. Following her doctoral research on working memory in simultaneous interpreting, her work has focused on methodological issues in interpreting research, on corpus-based translation and interpreting studies, and on community-based interpreting in healthcare and legal settings. She is a member of the Research Committee of the International Association of Conference Interpreters (AIIC), a former Board member of the European Society of Translation Studies (EST) and the editor, with Franz Pöchhacker, of *The Interpreting Studies Reader* (London/New York: Routledge 2002) and of *Interpreting: International Journal of Research and Practice in Interpreting*.

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Résumé
Dans de nombreux pays, la formation des interprètes communautaires est relativement récente - lorsqu'elle existe. La forme des programmes va des cours de perfectionnement linguistique (l'accent étant alors mis sur des exercices d'interprétation de liaison), en passant par les cours de spécialisation proposés au personnel bilingue des établissements demandeurs, ou par des modules informels de formation continue, jusqu'aux cursus offerts dans l'enseignement supérieur et à l'université. L'article décrit l'un de ces programmes, inhabituel par bien des aspects : il offre à des étudiants de BA (licence), inscrits dans divers départements universitaires, une formation de base en interprétation communautaire (60 heures de cours), complétée obligatoirement par un service bénévole dans la cité, dans le cadre d'établissements variés. Sans contester l'importance de la professionnalisation, ce programme a un objectif différent : inciter les institutions universitaires à jouer un rôle d'agent de changement social et donner aux étudiants le sens et la valeur du service communautaire. Cet article rend compte de l'expérience personnelle de l'auteur qui a dirigé un premier cours d'interprétation communautaire, destiné à conforter le militantisme social et une prise de conscience politique tout en respectant des normes acceptables de qualité et en affrontant les problèmes singulièrement complexes associés à ce type d'activité. Les observations de l'auteur sont accompagnées d'extraits des rapports soumis par les étudiants à l'issue de leur travail d'interprète communautaires en milieu médical ou dans les services publics et dans la protection et l'aide à l'enfance : ils communiquent leurs impressions concernant le service communautaire.

Keywords/ Mots-Clés
Community-based interpreting, training, institutions of higher education, role definition, empowerment

I. Introduction

> "One way could be for higher education institutions to become actively involved in solving the problems, and to think of this not just as problem-solving but as a challenge to higher education" (Martinsen 2002: 259)

As with the training of conference interpreters, so too with the training of community interpreters, the introduction of structured courses came in response to a growing awareness that makeshift solutions were no longer sufficient. Unlike the case of conference interpreting, however, it is the practitioners themselves, on the one hand, and the research community, on the other, that have been drawing attention to the urgency of adequate training and professionalization (Grbic 2007: 202), while the users of the service have, more often than not, been content with the status quo, and oblivious to the weaknesses of the existing "solutions". Trained

practitioners are still the exception to the rule in community-based[1] interpreting, with most of it being performed by untrained, *ad hoc* bilinguals. Moreover, even with the introduction of systematic training, employers do not necessarily make a point of preferring the trained over the untrained (Martinsen 2002). As indicated by Fiva (2006), for example, in a comprehensive study of the profession as practiced in Norway:

> What is clear is that, until recently, only a very small minority of interpreters had ever studied translation or interpreting in an institutional setting. However, since 2004 a number of basic courses in interpreting have been offered and a substantial number of interpreters have completed this course. I would estimate that about half of the much used interpreters in Oslo now have completed basic interpreting studies. What is surprising is that also in languages where there are a lot of certified interpreters, such as Arabic, Bosnian/Croatian/Serbian, Russian and English, many others (without interpreter training) are also working as interpreters in Oslo (p. 39).

In many countries where community-based interpreter training does exist, it is confined to accelerated, concentrated certificate programs conducted in non-academic frameworks (Schweda Nicholson 1994, Roberts 1997, Lotriet 2002, Angelelli 2004: 91-95, Mizuno 2006), often as part of a continuing education course (e.g. NetworkOmni's flagship eight-hour training program, Caring with CLAS: cultural competence in health care, based on the US Department of Health and Human Services' Office of Minority Health's standards for culturally and linguistically appropriate services[2]; cf. Grbic 2001) or even as part of a language enhancement program (Sandrelli 2001). This is not to imply that non-academic programs, usually launched in order to address an immediate need, are in any sense inappropriate or necessarily less effective than university- or college-based ones. And yet, the aspiration to situate community-based interpreter training in an academic environment has both practical and symbolic value (Michael & Cocchini 1997, Erasmus 2002, Martinsen 2002, Straker & Watts 2003)[3]. Thus, for example, in Sweden, longstanding paragon of the effort to put language minorities on an

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[1] Of all the terms commonly used in relation to this type of interpreting activity, the term "community-based" (Roberts 2002:161) seems the most suitable for the present context.
[2] http://www.networkomni.com/news/NetworkOmni_MMIA_CulturalCompetenceTraining_Release.pdf
[3] E.g. courses as the Cross-Cultural Health Care Program (CCHCP) "Bridging the Gap" program, offer a concentrated curriculum in a limited time-frame and are necessarily designed for bilinguals interested in becoming professional practitioners.

equal footing, where interpreter training has been "instrumental in developing professionalism and creating standards for quality interpreter services" (Niska 2007: 300), much of the training is coordinated by an academic institution.

The present paper will describe a university-based course in community-based interpreting, but one that stops short of full professionalization, and settles for a workable compromise between the (inadequate) "solutions" offered by untrained *ad hoc* interpreting, on the one hand, and the (arguably unrealistic) provision of fully trained professionals, on the other. Although focused on interpreting, the course was conceived as part of a much broader political agenda, with a twofold aim:

1. To encourage students to see themselves as potential agents of social change and to empower them by capitalizing on those skills that may be applied to reducing disparities in society, in general, and in their own (sub-)community, in particular;

2. To train students towards providing a much-needed service in community-based settings.

Of course, in an ideal world, one would like to see extensively-trained, full-fledged, well-paid professional interpreters wherever the need for interlingual and intercultural mediation exists; however, most societies set their sites lower, and seek ways of providing this much-needed service at a satisfactory level, but without imposing unrealistic demands on the system (cf. Pöchhacker 2006: 231). The course described here is one attempt to meet this need, while also imparting a set of values that extends beyond the interpreting experience per se.

II. Background

The term "ivory tower" designates a world or atmosphere where intellectuals engage in pursuits that are disconnected from the practical concerns of everyday life. As such, it has a pejorative connotation, denoting a wilful disconnect from the everyday world; esoteric, over-specialized, or even useless research; and academic elitism, if not outright condescension[4]. In stark contrast to this image, the academic setting has also given rise to initiatives, firmly ensconced on the university or college campus, aimed at bringing the proverbial ivory tower to a comfortable and accessible level, by placing academic knowledge at the disposal of the community

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[4] Wikipedia [accessed September 2007].

and actively seeking to serve as agents of social change. The U.S. organization Campus Compact, for example, describes itself as follows:

> Campus Compact is a coalition of nearly 1,100 college and university presidents, representing some 6 million students — who are committed to fulfilling the public purposes of higher education. As the only national [U.S.] association dedicated to this mission, Campus Compact is a leader in building civic engagement into campus and academic life. […] member institutions receive the training, resources, and advocacy they need to build strong surrounding communities and teach students the skills and values of democracy. Campus Compact's member institutions put into practice the ideal of civic engagement by sharing knowledge and resources with their communities, creating economic development initiatives, and supporting service and service-learning efforts […]. (http://www.compact.org/)

The course described below was launched by the Israeli counterpart of Campus Compact, Academy-Community Partnership for Social Change (http://law.huji.ac.il/eng/merkazim.asp?cat=625&in=531) and the Council for Higher Education in Israel, in response to a call for proposals. Specifically, the call was for courses designed to strengthen ties between academic institutions and the community. A course focusing on community-based interpreting seemed to fit the bill, and it was with this in mind that the proposal was submitted. Fortunately, it was one of the 10 (out of 49) courses chosen for the experimental program. Others dealt with a range of issues, among them dangers to the environment, detached youth, and violence in the family.

III. Taking the plunge

In Israel, as in virtually every multilingual country around the world, there has always been a need for interpreters – all the more so, since it is an immigrant society, par excellence, and one with a large indigenous language-minority. And yet, as so often happens, the assumption has been that anyone who speaks two languages may be used as a community-based interpreter, and that insofar as any training was provided, it would be confined to terminology and proficiency in the particular language pair. The notion of training as a vital part of professional socialization (Gentile et al. 1996: 70) had not yet taken hold. It was with this in

mind that the course described here was proposed. Any student in any department at any stage of studies was eligible to apply, provided s/he was highly proficient in Hebrew (the primary official language) and another language (preferably *not* English)[5]. The course was to consist of two classroom hours (90 minutes) per week for the full academic year (30 weeks), as well as four hours per week of volunteer work as community-based interpreters (for 25 weeks, starting in the tenth week of the course and extending into the summer).

Since there had never been a course in community-based interpreting before,[6] either in an academic institution or anywhere else, the underlying concept was largely unknown, and an effort had to be made to induce students to register for a program with a strange-sounding name. The fliers and posters advertising the course announced that there would be "no exams" and "no term papers" and that students would receive a small stipend. They also stressed, however, that each student would be required to devote 4 hours a week to serving the community. The response seemed to provide evidence of an untapped potential: fifty bilingual students signed up.

3.1 The student population

Forty-seven of those who registered completed the course. Only six of them – 3 Arabic speakers, 2 Russian speakers, 1 Spanish speaker – were students in the Department of Translation. The others were enrolled in a broad range of departments, including optometrics, criminology, literature, biology etc.

In terms of languages, the breakdown was as follows:

1. Arabic speakers – 18 students
2. Russian speakers – 12 students
3. Amharic speakers – 7 students
4. English speakers – 5 students
5. Spanish speakers – 2 students
6. French speakers – 2 students
7. German speaker – 1 student

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[5] The number of English speakers had to be restricted, in view of the limited demand for English interpreting in a society where most public service providers speak (or believe they speak) English at a level that is arguably sufficient.
[6] With the exception of courses in signed-language interpreting, where the term "community-based" is not used.

Applicants were not required to pass an entrance exam, other than an oral interview (often conducted over the phone) in each of their two languages. While serving to evaluate their proficiency, the interview was also used to gather basic information about each student's background and her/his motives for joining the course.

3.2 The syllabus

The syllabus of the 30-week (60-hour) course was divided more or less equally between theory and practice (cf. Niska 2002). It included four main theoretical themes, and three main practical components, as described below. In addition, once the students began their volunteer assignments, each lesson also included a debriefing, during which they were encouraged to describe their on-site experiences, to reflect on the relationship between these and the theoretical themes, and to share dilemmas and frustrations, as well as success stories.

The following four theoretical themes were covered at different stages throughout the course. They were selected both because of their intrinsic importance and their ability to generate discussion that would tie in with the students' experiences, once they had begun volunteering:

1. The significance of language rights – the link between language and identity, language and politics, language and empowerment, language and prospects of equality, language and culture; migration as a psychosocial stressor; latent prejudices against language minorities

2. Community interpreting – types, settings, history; the implications of intercultural differences; the concept of cultural competence

3. Challenges faced by the individual interpreter – role definition, issues related to "neutrality" vs. "involvement"; professional ethics; coping with stressful situations

4. The settings in which the students were likely to be working as community interpreters – the workings of the Third Sector[7] and of specific NGOs, as well as official bodies in which community interpreting is frequently required; patterns of interaction between professionals and volunteers.

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[7] Organizations in the Third Sector share the common characteristics of being non-governmental organizations which are value-driven and which principally reinvest their surpluses to further social, environmental or cultural objectives. It encompasses voluntary and community organizations, charities etc. (http://www.cabinetoffice.gov.uk/the_third_sector/)

The three main "practical" components in the course were:

1. Role-plays, simulating interactions in the settings in which the students would ultimately be volunteering;

2. Note-taking techniques and exercises designed to foster strategies for more effective interpreting and to bolster the students' confidence in their own ability to handle longer stretches of discourse;

3. Domain-specific terminology in the students' respective languages.

3.3 The off-campus component: volunteering

Far more than in the case of conference interpreting, programs for the training of community-based interpreters require a close relationship between the training institution and the institutions where the participants render service (cf. Gentile et al. 1996: 72). Since the primary aim of the course described here was to foster a closer link between the university, including its student body, and the community, each student was asked to specify the types of institutions/settings in which s/he would want to volunteer, as well as the preferred days and locations.[8] Thus, for example, students of criminology often opted for work with the police or with social service organizations while students of biology or optometrics were more inclined to prefer a medical setting. The overriding consideration, however, was the needs of the respective client institutions, and the language combinations required in each of them.

The arrangement eventually included the following institutions:

Type of institution	Languages	Number of students
Health care		
Municipal hospital	Arabic	4
Pediatric hospital	Arabic	5
Mental health clinic	Arabic	1
	Russian	1
Physicians for Human Rights (NGO)	French	1

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[8] This is not the place to elaborate on the intricate logistics of accommodating 47 students in 25 settings, and ensuring that the student and the service providers (as well as the clients) were in sync, and that everyone was satisfied with the arrangement.

Social services and police		
National Insurance Office (3 branches)	Russian	2
	Arabic	1
Ministry of Interior (Visa department)	Russian	1
Municipality – office of social services	Russian	2
	Arabic	1
Police	Russian	2
Immigrants and foreign workers		
Latin American Immigrants' Association	Spanish	1
Ministry of Absorption (7 branches)	Spanish	1
	English	3
	Amharic	4
	Russian	3
Office for Assistance to Foreign Workers (Municipality-sponsored)	English	1
Office for Assistance to Foreign Workers (NGO)	English	1
	Russian	1
Child care		
Kindergartens for children with special needs	Arabic	2
	French	1
Well-baby clinics (8 clinics)	Arabic	3
	French	1
	English	1
	Amharic	3

Each student was required to fill in a weekly report, describing her/his experiences, difficulties s/he had encountered, terms that been problematic, questions that had arisen, etc. These reports were a strict course requirement, and were designed to "invite reflection on the principles and assumptions that inform the practice" (Gentile et al. 1996: 70).

3.4 Impressions and insights

The role of theory notwithstanding, studying interpreting as a human activity and social phenomenon implies having recourse to empirical data (Pöchhacker 2006). In our case, the empirical data came from many sources, but the most enlightening were the weekly written reports filed by the students themselves and their oral presentations in class (whether spontaneous or planned), which provided the primary materials for class discussion, and brought out the clear links to the theoretical components. The following are some of the issues that emerged. The excerpts are all taken directly (and translated by me) from the hundreds of weekly reports accumulated during the year.

3.4.1 Terminology, language proficiency and intercultural differences

The handling of specialized terminology by interpreters not specifically trained in the relevant domain – or not trained in interpreting at all – is often cited as a source of confusion (e.g. Meyer 2001) and of misunderstandings (e.g. Flores et al. 2003). The course included several stand-alone modules in which the students studied in separate language groups, with specialists in the respective languages, and focused on the vocabulary specific to the domain in which they were working. And yet, terminological issues did pose a problem:

Erez (Arabic speaker, volunteering at a well-baby clinic):
> *I studied Arabic and I speak it pretty well, but it turns out there are a lot of words that I don't know, like **pacifier, chickenpox, blood count, nursing**. Sometimes I needed to stop and think, and sometimes I got stuck.*[9]

Worse still was the predicament of those who had volunteered to interpret into one language but found themselves – against our instructions and against their own

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[9] Students had access to an online consultant for each of their languages, but this could only be helpful after the fact.

better judgment – interpreting into another. The internal conflict (the students knew, after all, that they were not "supposed to" interpret into a language in which they were not fully proficient, but felt pressured to do so) was aggravated whenever a "difficult" word was used.

> Maya (Italian and French speaker, volunteering at Physicians for Human Rights, an NGO that offers medical assistance to [mostly undocumented] foreign workers):
>> *[…] I interpreted from Spanish and it was hard, cause I don't really know Spanish well enough, but I got the general idea and they were happy. I know I shouldn't have done it, but I couldn't say no.*

Terminological issues do not end with isolated words, of course. No less problematic were the challenges posed by the need, as the student saw it, to explain, to elaborate, to make sure that the service provider's utterances had been understood by the client, and vice versa.

> Tamar (Amharic speaker, volunteering at a well-baby clinic):
>> *The nurse wanted to know why I was saying so much when her answer had been very short. She didn't understand that there is no term for audiometry in Amharic and I had to explain what she was talking about. I also had to explain what it was good for.*

> Ayelet (Amharic speaker, volunteering at a well-baby clinic):
>> *The nurse said to come back in a month, and the mother didn't come, so the nurse was upset. I told her that some immigrants from Ethiopia don't have the concept of "month", and suggested that she should tell her to count four Sabbaths and then come back. It worked.*

The quandary of interpreting for someone who proclaims to understand "some" of what is being said, and implies that no interpreting will be needed may be unsettling, even for a seasoned professional, let alone for an inexperienced student.

> Bella (Russian speaker, volunteering at a municipal office for elderly immigrants):

[…] This woman said she knew Hebrew, but it turned out that she hadn't understood. Suddenly she wanted to know the meanings of some words they had used. It threw me off completely, because I thought she was following, so I didn't take any notes and I wasn't paying close attention.

3.4.2 Role definition

Not surprisingly, the most controversial reports, the ones that generated the liveliest classroom discussions and disagreements, were those that concerned the elusive boundaries of the interpreter's role and ways of negotiating between the more passive and the more active approaches.

Shana (French speaker, volunteering at a well-baby clinic frequented by foreign workers, mostly French-speaking):

This Filipino couple brought their baby (to the doctor). It turns out that they always put gloves on their babies' hands. The doctor said to stop, because it interferes with the baby's development. I interpreted this. The father said okay, the mother said no. I didn't know what to say. The father told me to tell the doctor that they wouldn't do it any more but then he told his wife that when they got home they could do whatever they wanted, and that the doctor had no right to tell them what to do. I didn't know if I should interpret this or not.

Niv (English speaker, volunteering at a well-baby clinic):

[…] The nurse asked the mother to be tested for HIV, and the mother started crying. The nurse asked me to explain to her that it was a standard procedure, and that she shouldn't be worried or offended, so I took her aside, and explained it until she calmed down. Maybe this isn't something I should be doing, but I felt it was the right way, especially since nobody else could have done it.

Maya (Arabic speaker, volunteering at a kindergarten for children with special needs):

I knew that the mother [who speaks only Arabic] wanted me to go with them to the clinic, because otherwise her husband controls everything and she doesn't know what's going on. But her husband said that he would go

with her and that it was enough. I tried to figure out a way to "invite myself" to join them, but it didn't work. I wish I could have gone, because the mother told me later that she still doesn't know what the doctor said.

Sawsan (Arabic speaker, volunteering at a pediatric hospital, oncological ward):

Two doctors were standing next to the patient and discussing the pros and cons of starting chemotherapy. The father wanted to know what was going on, but they weren't really talking to him, so I pretended not to be listening, and said I didn't know. I feel really bad about it, but I'm not sure what I was supposed to do.

Muhammad (Arabic speaker, volunteering in oncological ward of municipal hospital):

[…] I knew that if the doctors followed their usual pattern for making the rounds, going from room 1 to room 9 in sequence, two of my patients would wind up without an interpreter, because I had to leave soon, and "my" two patients were in rooms 7 and 9. I debated for a long time, and finally I asked the head nurse if the doctors would consider changing the sequence, and starting with rooms 7 and 9, so that "my" patients would have interpreting. The nurse told me not to interfere with their routine.

3.4.3 Breaking the rules

Every now and then, a student "confessed" to defying the rules that had been rehearsed in class; e.g. when the need for a more proactive role or an advocacy approach seemed to present itself.

Meital (English speaker, volunteering at the Municipal Office for Assistance to Foreign Workers):

[…] There was this Filipino worker who hadn't received her maternity allowance from National Insurance, and they were giving her the run-around. I went with her and it turned out that they'd sent the money to the wrong account. She'd never have managed to get that information without my help. My problem was that the clerk was very condescending towards my "client" and it made me very angry, so finally I told her off. I know I wasn't supposed to do that, but I couldn't stand the way she was talking.

Rasha (Arabic speaker, volunteering at a pediatric hospital):

> *I can't make myself talk in the first person, even though that's what we were taught in class. It makes me uncomfortable. Besides, there were some people there from my village, and I didn't want anyone to get confused about who was talking.*

Mark (Russian speaker, volunteering at the Ministry of Interior), on the other hand, had clearly internalized the dos and don'ts:

> *This woman kept asking me what she should write in the form to improve her chances of getting a visa. I know what kinds of answers people should give, but I told her I had no idea and she should just write the truth.*

Some reports of problems came from the service providers themselves (who were also asked to submit a written report, once per semester):

> *[…] Erez is a Jewish male, and most of the people who come here [to a well-baby clinic] are Moslem women. He tries his best, but they don't seem to be comfortable with a male interpreter, especially when it has to do with nursing and things like that. I think we'll have to ask you to send a female student instead. I hadn't thought of it when we asked for Arabic-speaking volunteers.*

The students' reports were not only about problems. Many felt the need to share their gratification at having made a real difference.

Lisa (French speaker, volunteering at a well-baby clinic):

> *[…] The doctor said he hadn't been able to get any information from them on their previous visit, because they spoke nothing but French. Their baby was losing weight and he didn't know why. When I arrived, they were very happy. They explained that the baby was allergic to milk and wasn't able to digest it. They doctor hadn't known this. Once it became clear, he was able to tell me what to tell them to do […]*

Dimitri (Russian speaker, volunteering at an immigrant absorption center in a northern city):

There was a storm and many of the immigrants wanted to report the damage to their homes, and to ask for help, but they didn't know what to do because nobody in the municipality understands Russian. When they found out I was there, they all came.

Yasmine (Arabic speaker, volunteering at a pediatric hospital):

[…] There were so many people there who really needed me that I stayed five hours instead of four. I knew it would be very sad for them if I left in the middle. They really need someone there 24 hours a day. One of the patients was being discharged, and she didn't understand what she was supposed to do – but as soon as I arrived, things worked out.

Hadil (Arabic speaker, volunteering at a pediatric hospital):

There was a family from my village in the oncology ward, and when they saw me working there, they tried to avoid me because I guess they didn't want people in the village to know what was going on. I waited for an opportunity and I went over to them and explained that in this work you never disclose information to others. They believed me and from then on, whenever they needed help, they came to me.

Tahani (Arabic speaker, volunteering at a well-baby clinic, reflecting on her role in interpreting a CPR workshop for young mothers):

This was the first time they had been able to teach this to Arab mothers because they never had an interpreter before. Imagine how good it felt for me to know that if their baby was choking, for example, they would know what to do, thanks to the workshop.

3.5 Unanticipated problems

Some problems did not become apparent until several weeks after the program had become fully operational.

3.5.1 Outreach

For the five Arabic-speaking volunteers (all female) at the pediatric hospital, the first few weeks were a disillusionment. Considering that it is the largest pediatric hospital in the country, with an annual "turnover" of over 50,000 patients, with

Arabic speakers accounting for almost a third of the patient population, we expected our five volunteers to be extremely busy throughout their four-hour stints. Much to our surprise, and theirs, all five reported being "bored", "not needed" and "frustrated". Clearly something was not working as planned: hundreds of Arabic-speaking patients (i.e. children and their parents) were receiving health care in a language that many of them did not understand well enough, and yet, they were not availing themselves of the readily available services of our student-interpreters.

Hadil (Arabic speaker, volunteering at the pediatric hospital):

> *The people who need us are all over the hospital, but we have to figure out ways of letting them know we're here, but without being intrusive. I walked up and down the halls and in and out of the outpatient departments, wearing my interpreter badge and looking for people who seemed to need an interpreter, but when I asked, they would say they understood Hebrew. I didn't know how to locate the ones who really needed me and how to convince them that it could really help.*

> *The problem was that we didn't have a fixed location, and the people (the patients and staff) who needed us didn't always know where to find us. The staff had a list of our phone numbers, but they hardly used it, because they're always pressured, and they don't take the time. Then I had an idea: Instead of walking the wards, why don't we set up a desk right at the main entrance, next to the information booth, with a very big sign in Arabic, saying: **Arabic interpreting available here + extension number xxx.** That way, both the staff and the patients will know where to find us.*

The change effected by this simple solution was dramatic. Within days, the number of requests for Arabic-speaking volunteer interpreters had risen sharply.

3.5.2 Explaining the boundaries

As Gentile et al. (1996) indicate, practitioners are often confronted, particularly in the early stages, with situations in which "rules of behaviour laid down for the organization for good and proper reasons may contravene some aspect of the professional conduct of the interpreter […] Training programmes must equip people to deal with these situations and resolve these dilemmas" (p. 72). Knowing that

many of the written documents (fliers, instructions, information sheets and even informed consent forms) were not available in Arabic and Russian, hospital staff regularly tried to recruit our students as *translators*. The staff's inability, whether real or feigned, to understand the difference between a volunteer interpreter and a professional translator often placed our students in an awkward predicament. This particular issue was the a cause of much discussion at most of the institutions where our students volunteered, and required an ongoing "informational campaign" on our part.

Arij (Arabic speaker, volunteering at the municipal hospital):
> *They asked me to translate (in writing) some instruction sheets and some fliers, but I'm not a translator, and I said I couldn't do it. I could tell that the nurse thought I was just being lazy.*

3.5.3 Emotional stress

Shlesinger (2007) discusses the psychological effects of coping with emotionally difficult materials in the context of an interpreting assignment, and notes that "The literature on the role of the interpreter reflects a lack of data regarding the emotional toll, although clearly the interpreter's ambiguous function does take a toll" (p. 160). An extreme example is the one reported in the literature surrounding the South African Truth and Reconciliation Commission, where stress management became a formidable challenge, as interpreters were expected to "maintain a professional distance at all times, however difficult it may be" (Wiegand 2000: 211). Quite a few of the students spoke of their difficulties in coping with the emotional strain – whether of the situation, per se, or of the conflicting role perceptions (e.g. being asked to perform tasks that they were not qualified to perform.) Several of them had had to deal with the death of patients whom they had come to know, and with other distressing situations. By the end of the course, it was clear that next year's program must include several lectures on coping with emotional stress, and that a psychologist must be available for debriefing, as needed.

Alex (Russian speaker, volunteering at a municipal nursing home)
> *Some of their stories are really terrible, and they want to talk to me even when I'm "off duty". I don't know what to say. I think we need to receive*

better preparation for this kind of thing. Maybe interpreters need to be trained in social work too.

3.5.4   Ideological dilemmas

Maya, an Arabic speaker, volunteering at a special-needs kindergarten, expressed concern of a different kind:

If I interpret for these mothers, am I empowering them or disempowering them? Shouldn't the state be providing services for them in their own language? In offering this kind of a solution, I feel like I'm collaborating in giving the state an easy way out. Why shouldn't a special needs kindergarten with 15 Arab children have an Arabic-speaking staff to match the Hebrew-speaking one? By providing this service, I'm making the mothers feel better in the short run, but maybe if I wasn't here, they would work up the energy to protest and to demand true equality. Am I really an agent of social change or am I perhaps perpetuating an injustice?

Perhaps the answer to Maya's uncertainties may be found in the approach promoted by Turner (2007), who speaks (albeit in a slightly different context) of "collaboration, co-construction, co-participation, co-production and co-operation". An open discussion of these issues with all of the stakeholders could probably lead to a more accepting attitude or at least, to a clearer understanding of the subtle distribution of power, as reinforced by differences in their knowledge of the languages being spoken.

IV. Musings

The experimental course described here was terra incognita, not only for the students but for everyone concerned. At the end of its first year, we have only now begun to reflect on its pros and cons, its strengths and weaknesses – and to plan its sequel.

4.1 The students

The impact of the course on its participants is reflected in their end-of-year papers, in which they were asked a series of questions geared towards summing up their experiences. Approximately 20% of the students indicated that they intended to continue volunteering in the same settings, even though the course was over. (This response was more common among those who had worked in places where they had established a personal rapport with the staff and other clients. Others admitted that they needed to use the time to earn money – and that if they could be paid for interpreting, it would be the best of both worlds.) Those students – the majority, in fact – who are themselves members of the language-minority community in which they had volunteered were particularly keen to continue serving as interpreters and helping in other ways as well.

In an anonymous evaluation sheet distributed at the end of the year – intended to elicit completely candid feedback, in addition to the other responses – one student wrote this: "I feel like an angel. The course gave me the feeling that I was making an enormous difference to my own community. This experience as a volunteer and this course have changed my life, and have been a turning point in my thoughts about myself and about my ability to help others."

4.2 The clients

Some clients were NGOs operating on a shoestring budget. Others, however, are well-endowed and have it within their power (and their budget) to introduce interpreting as an on-site or over-the-phone paid, professional service that would ease the burden on staff and patients alike. One of our aims in the course was to persuade institutional clients that the presence of interpreters was compatible with their own goals. It is our hope that this experience will enhance the prospects of "selling" interpreting as a professional service to be included in the budget of the hospital or the municipality or the National Insurance offices. While we have not yet conducted a full survey of our clients' interest in professional (paid) interpreting as a result of their initial exposure to it, the responses received so far seem to reflect a reluctance to include this service in their regular budget. Still, two hospitals have expressed a tentative interest in exploring a more regular, professional, paid arrangement – a beginning of sorts.

4.3 The lecturers

The course was taught by two lecturers, one of whom had never taught before but had done research in the area of healthcare communication. This lecturer also served as course coordinator, a role which turned out to be a massive responsibility, given the very complex logistics. From the academic standpoint, the lecturers made extensive use of the available literature (e.g. in particular, Michael & Cocchini 1997), complemented by brainstorming sessions and trial-and-error processes which continued even while the course was under way. The four themes and three "practical" components described in 3.2 above are the cumulative result of this process.

4.4 The university

A course involving such a complex network of students and institutions requires not only (wo)manpower but a considerable sum of money. The seed money received from the Council for Higher Education may have sufficed for the student stipends, but could not be stretched to the point of covering reimbursements of students' travel expenses, payments to guest lecturers and language coaches, payment for the work of the course administrator, and more. Without the support of the university, the course would have had to shut down. Success in impressing upon the university authorities the significance of a course such as this cannot be taken for granted; fortunately, the university administration did agree to provide a sizable supplement.

V. Conclusion

This paper represents an attempt to reflect on the workings of a community-based interpreting course administered to university students, and to examine its relationship to current knowledge of the field (based on the literature) while exploring the potential of the academic world to contribute to social change. In many ways, it is a program that "settles for less": no program can turn out full-fledged professional interpreters in a mere sixty classroom hours. And yet, as the initiator and lecturer in this program I suggest – with no claim to objectivity – that the course has made the most of a rare opportunity – the opportunity to harness the academic infrastructure, funding and prestige in the service of the community. It is

impossible to distance oneself sufficiently from a project of this kind, and one year is not long enough to allow for generalizations. Nevertheless, the feedback (a sample of which was cited here) from both students and clients points to the potential of such programs to achieve their goals while also providing a much-needed service. Like any experiment involving a multiplicity of variables, this one too has been immensely challenging. And like any program based entirely on human beings, it has also been immensely interesting, all the more so since it deals with a plethora of ambiguities and a range of perspectives.

As Tate and Turner ([1997]/2002) remind us:

> […] it needs to be better established during the education of interpreters that grey goes with the territory, and that would-be professionals had better learn to live with it, and indeed to embrace it. Being able to act competently within the grey zone is an integral part of their professionalism. Enabling trainees to get to grips with this – including learning the underpinning values and reaching an understanding of the complexity and multi-dimensionality of their practical application – will take time and probably substantial periods of apprenticeship (p. 382).

Is it the role of academe to contribute to a better world? Is it the role of Translation Studies and Interpreting Studies, in general, or of Community Interpreting Studies, in particular, to play a role in the political activism implied by this program? Can an academic, whose background centers on teaching and on research, play an effective role in creating links between campus and community? Our answers will surely vary, but the present paper is an attempt to direct attention to the questions.

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