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Characterising ‘Interpreting Problems’ in Two Public Service Settings

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Abstract

This chapter explores the notion of ‘interpreting problem’ by drawing on the functional analysis of two corpora of authentic interpreter-mediated encounters that took place in two public service settings in the UK. Corpus 1 is set in a police context and Corpus 2 in a medical setting, with both corpora featuring English-speaking service providers and Spanish-speaking service users. Among the categories of interpreting problems identified, this chapter places emphasis on: (1) intertextuality; (2) face-threatening acts; (3) indirectness; and (4) formulations. The analysis focuses on the service-provider to service-user directionality to pave the way for a discussion on how different professional discourses may present unique challenges when rendered across languages. Ultimately, this chapter illustrates the various ways in which the contextual features of the institutional setting where the communicative activity takes place as well as interpersonal and individual features can shape the nature of the interpreting problems that arise.

Introduction

This chapter explores the notion of ‘*translation problem*’, understood in its wider sense following the general approach taken in this volume (Nord, 1988/2005; González-Davies and Scott-Tennent, 2005; Pym, 2017; De la Cova, 2017). Nonetheless, the scope is narrowed down to explore what a translation problem might mean within a public service interpreting (PSI) context. The aim is to highlight this distinction because, whilst interpreting can certainly be regarded as a type of translational activity, “a special form of translation” (Pöchhacker, 2004: 9), certain features of interpreting make it rather different from other types of translational activities. Therefore, and in order to honour these differences, translation challenges in interpreting will be referred to hereinafter as ‘interpreting problems’ while adhering to the original operational construct of translation problem overarchingly adopted throughout this volume.

To take an even narrower approach to the scope of this discussion, the analysis focuses on a specific type of interpreting, namely PSI, also referred to as social or community interpreting. Compared to other types of interpreting, PSI is characterised by its dialogic nature, as it takes place in encounters involving at least two participants who engage in a dialogue in an institutional setting (e.g., healthcare, court, police, social services). Such encounters entail context- and encounter- specific challenges that shape how triadic talk unfolds, as discussed in more detail below. This exploration is made possible thanks to two corpus-based case studies featuring transcripts of authentic interpreter-mediated interactions that took place in two distinct public service settings in Scotland: a police context (Corpus 1) and a medical context (Corpus 2).

Corpus 1 was studied following a qualitative and descriptive analytical approach in Monteoliva-García’s doctoral thesis (2017), drawing on conversation analysis and interactional sociolinguistics. ELAN was the tool used to annotate the video-recorded interviews in the corpus. This tool made it possible to create synchronised annotations of both speech and embodied actions by different speakers for analysis.

Corpus 2 was analysed following an interactional pragmatics-based discourse analytical approach in Rodríguez-Vicente’s doctoral thesis (2021). The qualitative analysis software NVivo was used to support the triangulation of different data sets collected for this project.

- Corpus 1 consists of a set of two video-recorded interviews with two suspects related to the same case (2011) who were detained under Section 4(3b) of the Misuse of Drugs Act suspected

of being involved in the supply of controlled drugs. They were native Spanish speakers and, even though they could communicate in English, they sometimes had difficulties understanding this language and expressing themselves fluently; therefore, a qualified interpreter was called in. The interviews were recorded as part of investigative interview protocol in Scotland rather than for research purposes and are therefore untouched by the ‘researcher’s paradox’. They were shared as part of a larger corpus with the Police Interpreting Group at the Centre for Translation and Interpreting Studies in Scotland (CTISS), Heriot-Watt University, under a confidentiality and non-disclosure agreement between the then Lothian and Borders Police (now part of Police Scotland) to protect the sensitive and confidential nature of the data. The interviews were transcribed, deidentified and anonymised. The duration of interview 1 is 1:02:40 and the transcript consists of 1,321 segments (turns of different speakers). The duration of interview 2 is 00:52:25 and the transcript consists of 828 segments. Both interviews feature the PRICE interview model used in Scotland, which consists of separate phases with different purposes, including the formal phase (reading and checking of the suspect’s rights, information about the suspected offence, police caution); initial questioning about personal matters (aimed at building rapport and confirming information); questioning about the suspected offence; and the closing phase.

- Corpus 2 consists of three audio-recorded medical consultations between an English-speaking psychiatrist, a Spanish-speaking patient and three professional interpreters, with a different interpreter present during each consultation. These consultations were observed and audio recorded by the author following a lengthy process of ethical approval, ultimately granted by the relevant Health Research Authorities, between December 2018 and May 2019. The author attended the consultations as a non-participant, took fieldnotes and audio-recorded the sessions following all the participants’ provision of informed consent whereby they agreed to the researcher collecting the data. The duration of consultations 1, 2 and 3 is 01:00:03 (631 segments), 01:02:00 (681 segments) and 01:03:00 (512 segments), respectively, thus creating a corpus with a total of 1,824 English-Spanish segments to be analysed. The three encounters concern the clinical case of a Spanish-speaking patient with chronic kidney disease who attended a series of consultations with a psychiatrist to discuss the medical and psychological aspects of her care.

While the cases featured in the research corpora are from different settings, they are operationalised as belonging to the same translation genre: interpreting in a public service setting. From a functional perspective, both corpora share language use and mediation characteristics that can be systematically approached from the same theoretical perspective and guided by the overarching notion of ‘interpreting problem’. The main characteristics shared by the two corpora that encourage classification within a genre that may benefit from a joint analysis are explained below.

Firstly, the impact of the societal context within which the interpreting activity takes place and how it is expressed through the interpreter’s task. The interpreters in both corpora fulfil the function of linguistic and intercultural mediator between representatives of an institution offering a public service (safety and law enforcement, medicine) who speak the majority language of the native population, and service users who are migrants to Scotland from a Spanish-speaking country. Thus, both corpora offer examples of an “intra-social institutional context” (Pöchhacker, 2004: 14). Challenges resulting from such intra-social power imbalance, from the institutional nature of the encounters, and from how those features are enacted and expressed communicatively, are equally salient across both corpora.

Secondly, from the point of language description, both corpora feature interactional contexts where meaning is co-constructed through interaction in a live and largely non-scripted way. This spontaneous nature of the translational activity sees interpreters perform a multi-layered language transfer task that not only encompasses a semantic component but is also shaped by the features of orality (Hale, 2007). Such features may include variations in speed and/or register, proxemics and body language, intonation, pauses, back-channelling, dialects, participants’ capacity for self-expression, affect conveyed by non-linguistic means, spontaneity markers, repairs, overlapping and interruptions, among others. For the purposes of the ensuing analysis and discussion, an interpreting problem is considered not only to

encompass the semantic dimension of an utterance but also the orality features and wider contextual cues surrounding said utterance. Compared to the analyses of source texts for written translation, the interactive, evolving, and co-constructed nature of the ‘source texts’ (or, more precisely, source *utterances*) under study here needs to be acknowledged. Contrary to the pre-translation and translation stages for written texts, interpreters must make on-the-spot decisions without access to resources; all while being visible to all participants as they share a space with them.

Finally, from the viewpoint of the wider discourse format, both corpora feature dialogic communicative encounters in which communication unfolds *in* and *through* a series of interventions exchanged by participants who are collectively involved in meaning-making. Thus, the function of the interpreter is not limited to the transfer of semantic equivalents but also encompasses *facilitating communication* in its wider sense, as opposed to translating isolated sets of interventions. Only from this perspective can interpreting problems be perceived that go beyond the actual interpreting of a primary speaker’s intervention, for example, intertextuality, that might connect different points within an encounter or even across different encounters.

The first pages of this chapter have focused on the three overarching unifying factors that knit the two corpora together; that is, the interpreter’s societal function, the features of orality, and the discourse format. For the purposes of this study, this discussion will be taken as the conceptual foundation to jointly approach the systematic content analysis of Corpus 1 and Corpus 2, guided by the operational construct of interpreting problem. Furthermore, so that it is aligned with the impetus of this volume and the focus is on source texts, this analysis has considered potential interpreting problems in source utterances regardless of whether they revealed a problem in the corpora in the form of interpreting errors, hesitation or other cues that could be indicative or the problematic nature of the utterance.

The corpora that form the basis of this study had been studied previously following more descriptive approaches with a focus on interactional (Corpus 1) and rapport (Corpus 2) features. Approaching the two corpora using a joint inductive-deductive analytical approach of both source and interpreted utterances resulted in the identification of a wide range of potential interpreting problems, of which four are discussed in this chapter. A combined inductive-deductive approach is particularly relevant as part of an inquiry on interpreter-mediated data; on the one hand, this allows contextually-bound interactional features to ‘emerge’ from the data (*inductive*) and, on the other, the active consideration of previously researched analytical categories (*deductive*) can assist with the structuring of the inquiry. For space-restriction reasons, a focus on the institutional-representative to service-user directionality has been adopted to examine how different professional discourses unfold in interaction (Kong, 2014).

Given the characteristics of discourse, and despite this volume’s focus on source texts, some of the interpreters’ decision-making outputs when transmitting discourse to the service user are discussed below in order to illustrate the interactive nature of source content in dialogue interpreting.

2. Categories of Interpreting Problems

This section discusses four categories of interpreting problems identified following the coding and analysis of the data set. The first two interpreting problems were common to both corpora and are discussed in Sections 2.1 and 2.2. Sections 2.3 and 2.4 present two types of interpreting problems that apply exclusively or predominantly to one of the corpora: 2.3 to Corpus 2 (medical) and Section 2.4 to Corpus 1 (police).

In interpreter-mediated dialogues, each turn of a primary participant (a participant other than the interpreter) is the source text for the subsequent turn of another primary participant and/or for the interpreter’s turn, depending on whether interpreting is being delivered both ways in a more systematic way or sporadically and primarily in one direction. As a result of this interdependence, the excerpts below include the turns of every participant in the original recorded interactions.

2.1. Intertextuality

One of the most salient categories of interpreting problems identified in the corpora is intertextuality, understood in its broader sense as the interdependence of texts in relation to one another in a way that shapes the meaning co-creation and their due interpretation (D’hondt, 2009). For the purposes of this section, intertextuality is a situation in PSI whereby a participant presents information that refers to a previous encounter involving the two primary speakers (e.g., patient and doctor; interviewee and interviewer) but not necessarily an or the same interpreter. Intertextuality might take different forms. In police settings, intertextuality might feature more oral-like content referring to the past encounter while also including written information contained in reports or forms that emerged from or were used in previous exchanges. Similarly, in a healthcare context, the healthcare provider might refer to notes included in the patient’s medical history or to treatments that the patient may have agreed or disagreed with, which is particularly relevant in the cases of patients with chronic conditions. Despite the contextual differences, the unifying factor is the fact that familiarity with previously shared information between a dyad —police officer/suspect, healthcare professional/patient— facilitates and even conditions the understanding of an unfolding communicative event. Therefore, if there is no continuity in the allocation of an interpreter to a given case, and a new interpreter is introduced into a situation where there is already a degree of familiarity between a dyad which is expressed communicatively through intertextual references, the likelihood of an interpreting problem occurring may increase.

Examples of exchanges that have been identified in the corpora as an interpreting problem in relation to knowledge asymmetries between the primary participants and the interpreter are presented and discussed below.

The first example is taken from Corpus 1 (police). The cell sequence progression reflects the natural development of the interaction between the participants involved.

Police Officer	Suspect	Interpreter
<p>You were then asked if you wished to take up those rights and your answers were recorded on a form ((picks up form)) which I have here, ((/susp1, /docs)) okay? You were asked “do you wish me to intimate to a solicitor that you have been detained at this police station?” Your answer to this was “yes”. ((/susp1)) Is that correct? ((/int))</p>		
<p>[[(/docs)) [[(/susp1)) [[(/docs)) [[(/susp1))</p>	<p>[[(/int)) [[(/int))</p>	<p>[Te preguntaron [si querías que contactaran a un abogado [y tu respuesta fue que sí. [You were asked [if you wanted a solicitor to be contacted [and your answer was yes.</p>

Excerpt 1. Intertextuality in interpreter-mediated police interviews (Monteoliva-García, 2017)

This exchange includes routine questions asked at the beginning of suspect interviews to comply with the legal requirement of reviewing the suspect’s answers to a set of questions related to their rights to a solicitor. Those questions had been asked earlier that day before the interview, and the suspect’s answers had been recorded in a form without the interpreter being present. Furthermore, the police officer’s turn was uttered at a high speed despite its density. Its problematic nature can be observed both in the source utterance —semantic density and legal terminology— and in the interpretation itself: most of the information is omitted in the interpreter’s rendition.

Faced with such a problem and without proper briefing, an interpreter may summarise information, interrupt the speaker to ask them to chunk the information, ask for repetition, or render information with significant omissions, as shown above. In the police interviews, information density was identified most prominently in passages that were scripted or semi-scripted, i.e., statements or questions read out loud by officers from forms or otherwise recited by memory. The fact that those passages originate in written forms is a key feature in relation to intertextuality as an interpreting problem for the following reasons: the questions are asked in order to comply with a legal requirement; they tend to feature legal language; they include more information and complex syntax than other questions in the encounter; they are typically read out at speed; and they are preceded and/or followed by some introductory remarks, which adds information density to the turns.

The following excerpt, extracted from Corpus 2 (medical), further illustrates how intertextuality might pose a problem for interpreters in different settings.

Doctor	Patient	Interpreter
	Ehhh, a ver, la peritoneal sí, pero la otra no, [addressing interpreter] ¿cómo se llamaba la otra? <i>Eeee peritoneal yes but not the other one, [addressing interpreter] what was the name of the other one?</i>	
	[frowns]	Yes, for the peritoneal but not the other one, what is the name of the other one?
Does she mean the haemodialysis?		
	[Leans towards doctor] Sorry, the what?	
Haemodialysis		

Excerpt 2. Intertextuality in interpreter-mediated medical encounters (Rodríguez-Vicente, 2021)

As introduced previously, Corpus 2 transcriptions refer to the clinical case of a patient with kidney disease, a chronic, long-term illness. Throughout the consultations, repeated references were made to the same symptoms and treatments, one of them being ‘haemodialysis’. Given that this term is continuously mentioned throughout all Corpus 2 consultations, it may be assumed that, had the same interpreter been present at all the patient’s care sessions, they would have acquired a certain degree of

familiarity with this lexical field. However, a different interpreter was allocated to each of the patient’s consultations without receiving any briefing, meaning that the interpreters were unfamiliar with the patient’s clinical case and associated lexical repertoire on entering the sessions. This unfamiliarity prevented them from successfully drawing on contextual assumptions (Mason, 2006) to help them deal with this case-specific terminology. This affects interpreters’ ability to make context-adequate decisions when interpreting, particularly as these decisions have to be made on the spot.

The examples above indicate that, unless there is continuity of service and/or a briefing providing details about previous exchanges, the information presented will be new to the interpreter, but not to the other participants. This may not appear problematic, and the situation will be handled differently by different interpreters depending on their familiarity with the specialty or discourse genre. However, the features of utterances containing references to other encounters may pose a problem if they are presented at a high(er) speed and/or with fewer background details on the assumption that the information is known to the service user; if they draw on written documentation; or if they include specialised or technical terminology..

As a result of the features outlined above which tend to form a contextual network rather than appearing in isolation, the source utterances presented in this section can be considered interpreting problems from a functional perspective. Awareness of the interdependence between two or more texts, whether spoken or written, and their belonging to a set of related contexts is required for the interpreter to be able to interpret functionally.

2.2. *Face-threatening acts*

People’s awareness of self-image as they interact with others is relevant in all communicative situations, including interpreter-mediated interactions. Occasionally, people might perceive how their self-image, or social portrayal, does not receive the regard expected from other interactants, understood in the field of interactional pragmatics as face-threatening acts (Brown and Levinson, 1987). Faced with a face-threatening act (FTA), people may engage in self-preservation behaviours to advocate for their face needs (Monacelli, 2009) and restore the damaged interactional equilibrium. FTAs are frequent in PSI settings, where the interpersonal nature of triadic interaction is particularly salient, and even more so in encounters that are confrontational in nature, as shown in studies on facework in the context of court and legal interpreting (Jacobsen, 2008; Lee, 2013; Liu and Hale, 2017; Mason and Stewart, 2001; Pöllabauer, 2004). Far from a conduit or machine-like view of the interpreter, this chapter acknowledges the interpreter as a co-present participant with their own face and face needs, and as human beings who are able to identify emotions in primary speakers as well as feeling them themselves, particularly in response to social interaction (Rodríguez-Vicente, 2021). When an FTA occurs, it is highly likely that one or several participants involved in the interaction will experience feelings of discomfort to a variable degree, depending on the levels of face-threat potential and mitigation (through politeness strategies) involved. Interpreters embody not only primary speakers’ linguistic behaviours but also interactional personae, and they may adopt a wide array of strategies depending on which factors they prioritise; thus FTAs may well be profiled as an interpreting problem.

Throughout the analyses, FTAs and interpreters’ actions indicating facework were identified, in particular engagement in self-preservation behaviours in response to FTAs, which illustrates how FTAs in PSI might be profiled as a category of interpreting problem in its own right. In the medical context, there is an increased likelihood for FTAs related to healthcare providers’ delivery of bad news, dealing with sensitive information and/or asking patients to make difficult decisions, as shown in Excerpt 3 below.

Doctor	Interpreter
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<p>Somebody who is on dialysis might be considered for transplantation but there's lots of tests and assessment that need to be done to work out if it's possible. For some people on dialysis transplant is possible and is the best treatment. For other people on dialysis transplant is not possible. OK? I don't know which is possible for you.</p>	
	<p>Hay muchas personas que reciben diálisis. Muchas de ellas tienen la posibilidad de recibir un trasplante, pero antes de eso tiene que someterse a muchas pruebas para saber si es posible o no y el doctor no sabe cuál sería el resultado esto es hipotético entonces como él no sabe él no puede recomendar</p> <p><i>There are many people who receive dialysis. Many of them have the possibility of receiving a transplant but before that they have to undergo many tests to find out if it is possible or not and the doctor does not know what the result would be, this is hypothetical so since he does not know he cannot make a recommendation</i></p>

Excerpt 3. FTAs in medical consultations (Rodríguez-Vicente, 2021)

In this sequence, the doctor admits to the patient that they do not have a definitive answer as to whether there is the option of undergoing a kidney transplant. This is a high-stakes statement given that a transplant might be this patient's only chance of a cure. The potential of this news to cause the patient distress is, therefore, undeniable and the interpreter seems to perceive that, leading her to a shift in pronoun usage, changing from the normative first person to the third person: "Since *he* does not know *he* cannot make a recommendation". Through this shift, the interpreter changes her alignment towards the primary utterance, otherwise known as 'footing' (as understood by Goffman [1981] and applied to interpreting contexts by Wadensjö [1998] and others). This shift attributes an enhanced sense of utterance ownership to the doctor who articulated it. By clarifying that the FTA is uttered by the doctor, the interpreter distances herself from the emotional load of the primary utterance as well as from the potential distress that it might cause on the patient.

In the police interviews, information is frequently put to the suspects to challenge their account, especially towards the end of the questioning phase. Excerpt 4 below shows a statement by the police officer after the suspect stated that he was not dealing drugs. The police officer's statement is a direct challenge of the interviewee's credibility and face, and the interpreter's approach is similar to the one observed in the previous example from the medical context, a footing change from the first to the third person:

Police Officer (po1)	Suspect (susp1)	Interpreter (int)
I don't believe you.		
	((/desk, small shrug with one shoulder, /po1)) (2)	
		No te cree. <i>He doesn't believe you.</i>

Excerpt 4. FTA in interpreter-mediated police interviews (Monteoliva-García, 2017)

As observed in the previous examples, the linguistic and semantic features of the source utterances would not justify classifying such examples as interpreting problems. Nevertheless, their pragmatic features do make them problematic for interpreters as they are presented with choices, the most salient one being adhering to the normative first person or shifting to the less normative third person, as in the examples above, to protect their own face as a participant in interaction as well as other participants' faces.

2.3. Indirectness and ambiguity in primary utterances

The pervasive view that interpreters can perform as translation machines goes against the very nature of how the meaning of language is co-constructed in interaction. Occasionally, interpreters might find themselves facing the pressure of having to provide a perfect equivalent to a primary utterance even if it includes lexical, syntactic or pragmatic indirectness, polysemy and/or other linguistic aspects associated with lack of semantic and/or pragmatic clarity. This puts interpreters in a position where they must choose from a variety of potentially valid renditions, which entails having to exercise their agency to keep what they interpret to be the essence of the utterance by 'distilling' the meaning or maintaining the original lack of clarity. This problem was recurrent throughout Corpus 2. Excerpt 5 below offers an illustrative example of an interpreter dealing with a case of indirectness in the primary utterance which causes confusion in the patient.

Doctor	Interpreter	Patient
If there was a medication that would help with that, I would prescribe it		
	Si hubiera una medicación que le ayudaría se la recetaría	
		¿O sea que no la hay? <i>So there is none?</i>
	So, there is no medication?	
No. Not for loss of memory		

Excerpt 5. Dealing with indirectness in interpreter-mediated medical consultations (Rodríguez-Vicente, 2021)

At the beginning of Excerpt 5, the doctor makes explicit his sense of duty of care towards the patient by saying that if he were able to solve the patient's memory problems by prescribing a medication, he would do so. This statement is infused with a high degree of indirectness, which fulfils the pragmatic function of minimising imposition linked to being 'too direct' in stating an extremely sensitive issue. Nonetheless, this well-intended pragmatic move also poses a semantic challenge for the interpreter; the doctor's original comment requires the generation of an *inference* on the part of the receiver to make sense of the original remark. In this case, there is a 'double' receiver: the interpreter and the patient. As the interpreter is the direct recipient of the doctor's utterance, she is faced with the choice of either:

- (i) disambiguating the statement; or
- (ii) reproducing its indirectness.

Both options carry different potential from pragmatic and semantic points of view. Option (i) would not be faithful to the originally intended pragmatic aim of minimising imposition, however, it would perhaps unpack the meaning to facilitate the patient's understanding, who struggles with processing complex information due to cognitive impairment. Option (ii) is faithful to the originally intended pragmatic effect, but it potentially compromises the patient's accessibility to the actual semantic meaning of the original utterance.

The interpreter decides on the latter option, deferring to the patient the task of working out the logic of the doctor’s indirect statement. This seems to create confusion as the patient asks the doctor for a disambiguation statement. By reproducing the grammar-pragmatic features of the primary statement, the interpreter does not ‘interfere’ with the pragmatic quality of the primary utterance and enables the primary speakers to negotiate the meaning of the conversational implicature themselves. This presents a challenge from a functional viewpoint. It could, in fact, be argued that from the point of view of facilitating the patient’s comprehension, the interpreter refrained from engaging in proactive steps to facilitate the patient’s understanding. In the case of the situation reflected in Excerpt 5, the patient was remarkably assertive and did not hesitate to occasionally ask the doctor very direct questions, almost as a way of self-advocating for her own understanding. However, not all patients are equally confident to ask direct questions to an institutional representative in a position of power (Mason and Ren, 2012). Therefore, it can be concluded that a statement featuring lack of clarity, on the grounds of indirectness, for example, can pose an interpreting problem or not depending on the service users’ capacity to work out an understanding that only the interpreter has direct access to and agency over.

2.4. Formulations: recapping in police interviews

A salient category of interpreting problem was identified in the police corpus which stems from the evidentiary and strategic nature of language in investigative interviews. This category has been labelled “formulations”, drawing on Heritage and Watson (1979). Formulations feature information included in the interviewee’s answers provided earlier on in the interview that is presented to recap what has been discussed thus far. This strategy can confirm what has been disclosed, trigger further information and/or be used as a mechanism to challenge inconsistencies in the narrative, hence their key role in the police interview to construct a narrative of events (Nakane, 2014).

Compared to the examples of intertextuality provided in Section 2.2., all three participants are part of the same communicative encounter in which the recapped information had previously been disclosed. The importance of getting the details and the intent of the question or statement right is paramount, however. Regardless of the linguistic features of the source text, from a functionalist perspective, errors or omissions in interpreting formulations can render their strategic use invalid or less effective, or put words in the suspect’s mouth that do not reflect what they had actually said. An example of a so-prefaced formulation is shown below:

Police Officer
(0.7) So at the same time you bought the grass, and you bought ((/items, /suspl)) the herbal and you bought the hashish. You spent (.) five hundred on hashish↑ (.), seven or eight hundred on cocaine↑.

Excerpt 6. Formulations in interpreter-mediated police interviews (Monteoliva-García, 2017)

As illustrated above, the police officer is recapping by using the answers provided by the suspect previously in the interview, which is part of the evidence gathered about the suspected offence. The police officer’s turn includes a time reference (“at the same time”); several types of controlled drugs (herbal and hashish); and the amount of money spent, as reported by the suspect. There is typically a high degree of detail in such statements. Furthermore, it is presented as a so-prefaced question. In formal police interviews with adults, Johnson (2002) found that so-prefaced questions are used primarily to evaluate prior utterances and narrow down the focus of the conversation, which may in turn lead the interviewee to reformulate earlier turns.

3. Conclusions

This chapter has discussed and illustrated four salient categories of interpreting problems that were identified in either both corpora (Sections 2.1 and 2.2) or in one of them (Sections 2.3 and 2.4) by means

of examples of original interpreted interaction. PSI is a multi-layered, highly complex area of professional practice where different types of problems can arise. Whether or not source content constitutes a problem, however, is something more elusive and harder to define in a dialogic encounter than in a written text. As illustrated above, this is primarily due to the evolving nature of text and context in any dialogue-based interaction, and to the fact that text and context are shaped by each individual's state of mind, interests and agenda, among others, while at the same time each 'new' source text (segment) and the resulting recontextualisation shape individuals' actions and state of mind in that encounter.

Despite the more elusive nature of problems in interpreted encounters, this chapter contributes to validating the methodology proposed in this volume through identifying and profiling categories of interpreting problems across two corpora that belong to the same translation genre (PSI). These corpora are set in different institutional settings (police/medical) where different professional discourses are adopted. The analysis has shown that a systematic qualitative content analysis of corpora set in a PSI context is applicable insofar as the particularities of language use and the nature of language mediation in this setting are carefully considered, as discussed throughout the chapter. The categories stemming from the analysis are, thus, closely linked to these features. Furthermore, the authors found that a functional approach to the analysis of *primary* utterances aimed at profiling potential interpreting problems can be very helpful for approaching transcriptions of interpreter-mediated dialogic encounters and identifying categories that can be found across different PSI data sets, as well as others that are salient in a particular setting.

This chapter shows that what constitutes an interpreting problem is also highly shaped by the communicative and institutional features of the setting. The categories identified and discussed are helpful in that they illustrate typical interpreting problems as they unfold within their respective genres. From a theoretical point of view, the notion of IP should not be associated with the negative connotation of the term 'problem', though. Instead, interpreting *challenges* should be seen as an opportunity for interpreters, interpreting researchers and educators to actively consider the repertoire of resources available to find the most adequate solution to a translation problem. Occurrences of 'problems' are inevitable and an essential part of the fraught nature of the interpreting process, which mirrors the spontaneity of oral language, is ancillary to a regularly monolingual professional practice, and is part of a collective and real-time meaning-making process.

Following the analysis and discussion in this chapter, it is not realistic to attribute interpreters full responsibility for 'solving' interpreting problems. Instead, the multi-layered complexity of interpreting problems means that an interprofessional approach is necessary. Given that interpreters in public service settings liaise between parties to facilitate communication within a collective meaning-making process, solving interpreting problems occasionally requires the adoption of strategies that go beyond interpreters' decision-making processes around language equivalence. Such strategies might include service users' adaptations of their typically monolingual professional discourse to produce translatable interventions; service users' and interpreters' pre-disposition to work collaboratively; and, contrary to widespread belief, interpreters might even need to quickly engage in side-conversations, with everyone's awareness, to make sure that they are conveying the intended meaning. Similarly, interpreters need to be very mindful that the way that they exercise their agency to deal with problems might alter the course of both the direction of talk and the wider institutional journey of a service user. Thus, discussions on interpreting problems and possible solutions are very relevant both before and after an interpreter-mediated encounter.

In light of the above, a set of mechanisms and safeguards are proposed to help minimise the likeliness of interpreting problems in PSI encounters and to increase interpreters' ability to cope with the interpreting problems identified:

- *Training, pre-assignment briefing and preparation:* understanding the purpose of the encounter can help interpreters deploy the linguistic and interactional resources required to achieve certain communicative outcomes by ensuring that their performance is aligned with the service user's intentionality. Training in PSI and setting-specific interpreter training is, therefore, crucial.

However, interpreters can only prepare for an assignment to the extent that the information provided in the pre-assignment briefing enables them to do so, whether that briefing takes place verbally, in writing or both. Awareness raising on the complex nature of interpreting may also be required.

- *Post-encounter discussion or de-briefing:* some interpreting problems cannot possibly be 'solved' during the interaction. Instead, they must be clarified in retrospect with the service professional. These will typically be issues around cultural concepts engrained in the language, service user's attitude, misunderstandings or errors made by the interpreter that they may become aware of a posteriori.

Building on the analysis of the two corpora, emphasis is made on the fact that a deep understanding of the different layers of context behind interpreting problems occurrence is vital to effectively deal with them. Such layers go beyond what is merely 'linguistic' to encompass a range of individual, interpersonal, cultural and institutional factors. It is only through an integrated conceptual understanding of interpreting problems that complex, but effective strategies can be adopted. Identifying and categorising interpreting problems is essential, and it is equally vital to understand that all participants in interaction are responsible for minimising their occurrence and cooperating to solve them once they arise.

Transcription Conventions

Grey italics	Back translation
↓	Falling intonation
↑	Rising intonation other than a question
Bold	Feature of interest for analysis
[]	Relevant information beyond linguistic features mainly non-verbal – Corpus 2 (medical)
Bold grey italics	Feature of interest in back translation
Exclusive to Corpus 1 (police)	
(.)	Micropause
(n)	Longer pause: length of pause in seconds
[Beginning of overlapping actions
((non-verbal))	Text between double brackets: description of non-verbal features.
((non-verbal: verbal))	A colon is used to separate simultaneous verbal and non-verbal actions for the same speaker.
((/INITIALS))	/ indicates gaze direction. The speaker directs their gaze to an object or person presented after the slash.
((/away))	/away indicates that the speaker directs their gaze to an indeterminate point.

Primary Sources

Monteoliva-García, Eloísa (2017). The collaborative construction of the stand-by mode of interpreting in police interviews with suspects. Unpublished PhD thesis, Heriot-Watt University.

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