PART 3

Culture, Health and Interpreting

Introduction

In this section we will focus on the interconnection and intersections of culture, health and interpreting. Language, the currency of the interpreter's work, is an integrated component of culture and therefore we cannot separate one from the other. As interpreters, the languages that you comprehend, convert and convey will include also knowing the cultural worlds in which they live and from which they were created. This means that as interpreters, you are intercultural and interpersonal communication specialists – you work beyond the words to construct meaning that is culturally, contextually and situationally based. But don't panic, it will all become clear and not so overwhelming.

There are many definitions to answer the question, "what is culture" from a simple "culture is a way of life" to a more detailed and descriptive breakdown of all the components that comprise culture. But our favourite is by Madeleine Leininger's, the founder of the global Transcultural Nursing movement:

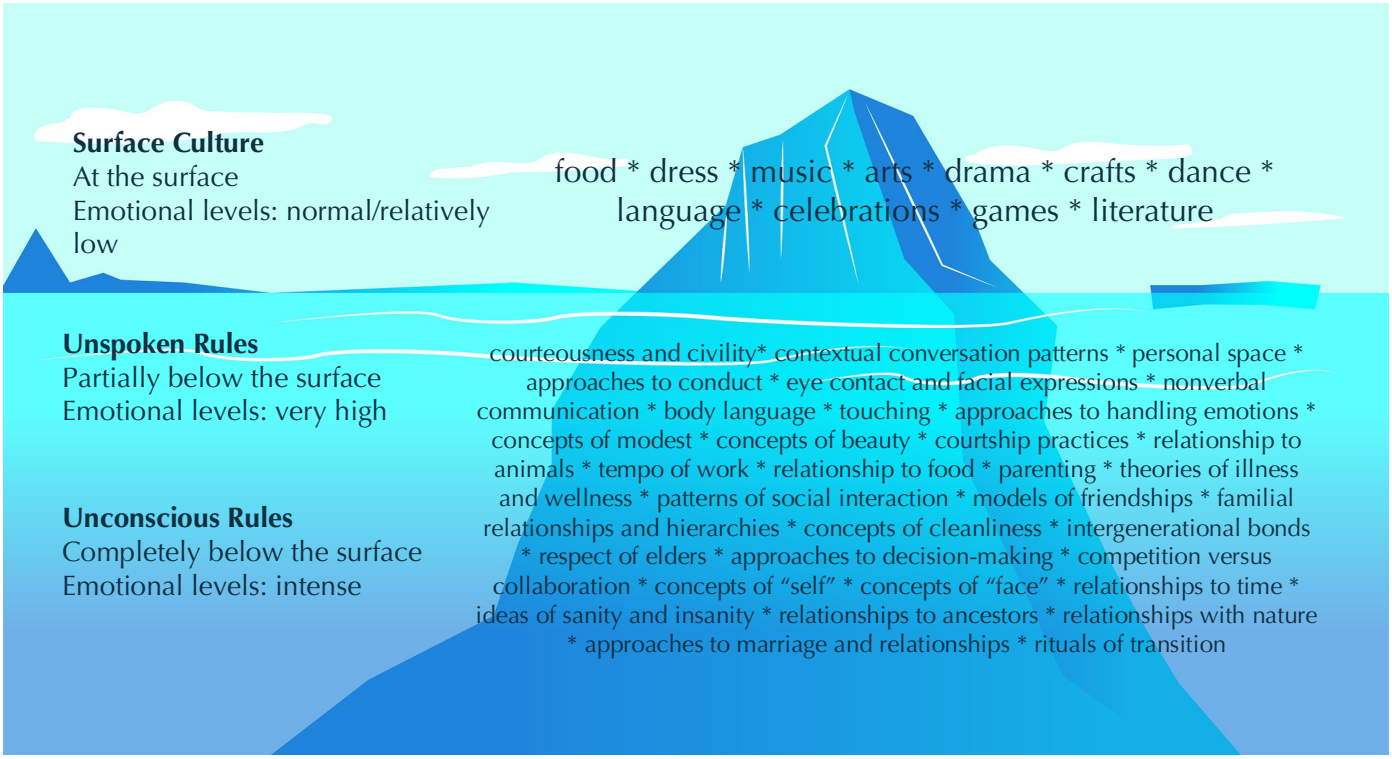
> *Culture refers to learned, shared, and transmitted values, beliefs, norms, and lifeways of a specific individual or group that guide their thinking, decisions, actions, and patterned ways of living.*
>
> Madeleine Leininger - 1981[xii]

Culture is a dynamic and evolving lifeway that is passed on and learned through generations. It is also:

- shared among those who agree on the way they name and understand reality
- often identified 'symbolically', through language, dress, music and behaviours, and language
- integrated into all aspects of an individual's life

The Cultural Iceberg

Most of who we are and why we do what we do is hidden



Understanding Culture

In an attempt to better understand the elements/factors that function as a part of culture and also function as areas of differences and similarities, various theorists have attempted to create categories of culture. One such theorist is Professor Geert Hofstede who defined 5 dimensions of culture (there later came to be 6 dimensions) where cultures connect or disconnect. Hofstede's investigation of the cultural differences of IBM employees from a number of different countries led him to establish these five major dimensions of national culture:

1. individualism/collectivism
2. power distance
3. avoidance uncertainty
4. masculinity/femininity (performance/quality)
5. short-term/long-term orientation
6. indulgence/discipline (added later)

Individualism vs. collectivism (**IDV**): "degree to which people in a society are integrated into groups." Individualistic societies have loose ties that often only relates an individual to his/her immediate family. They emphasize the "I" versus the "we." Its counterpart, collectivism, describes a society in which tightly-integrated relationships tie extended families and others into in-groups. These in-groups are laced with undoubted loyalty and support each other when a conflict arises with another in-group.	**Uncertainty avoidance index** (**UAI**): "a society's tolerance for ambiguity," in which people embrace or avert an event of something unexpected, unknown, or away from the status quo. Societies that score a high degree in this index opt for stiff codes of behavior, guidelines, laws, and generally rely on absolute truth, or the belief that one lone truth dictates everything and people know what it is. A lower degree in this index shows more acceptance of differing thoughts or ideas. Society tends to impose fewer regulations, ambiguity is more accustomed to, and the environment is more free-flowing.	**Long-term orientation vs. short-term orientation** (**LTO**): This dimension associates the connection of the past with the current and future actions/challenges. A lower degree of this index (short-term) indicates that traditions are honored and kept, while steadfastness is valued. Societies with a high degree in this index (long-term) views adaptation and circumstantial, pragmatic problem-solving as a necessity. A poor country that is short-term oriented usually has little to no economic development, while long-term oriented countries continue to develop to a point.
Power distance index (**PDI**): "the extent to which the less powerful members of organizations and institutions (like the family) accept and expect that power is distributed unequally." In this dimension, inequality and power is perceived from the followers, or the lower level. A higher degree of the Index indicates that hierarchy is clearly established and executed in society, without doubt or reason. A lower degree of the Index signifies that people question authority and attempt to distribute power.	**Masculinity vs. femininity**(**MAS**) (aka Performance vs Quality): masculinity is defined as "a preference in society for achievement, heroism, assertiveness and material rewards for success." Its counterpart represents "a preference for cooperation, modesty, caring for the weak and quality of life." Women in the respective societies tend to display different values. In feminine societies, they share modest and caring views equally with men. In more masculine societies, women are more emphatic and competitive, but notably less emphatic than the men. In other words, they still recognize a gap between male and female values. This dimension is frequently viewed as taboo in highly masculine societies	**Indulgence vs. restraint** (**IND**): essentially a measure of happiness; whether or not simple joys are fulfilled. Indulgence is defined as "a society that allows relatively free gratification of basic and natural human desires related to enjoying life and having fun." Its counterpart is defined as "a society that controls gratification of needs and regulates it by means of strict social norms." Indulgent societies believe themselves to be in control of their own life and emotions; restrained societies believe other factors dictate their life and emotions.
Source: https://www.hofstede-insights.com/		

That cultural differences in these areas exist is true and valuable to know, but the most important thing about culture is that it affects how we see the world. And this is an important learning for interpreters because it affects how we understand, comprehend, convert and convey the messages that we are there to interpret from speaker to listener, from doctor to patient.

Cultural and Communication

High Context vs. Low Context Cultures

The concept of high-context culture and the contrasting low-context cultures are terms presented by the anthropologist Edward T. Hall[xiii] in his 1976 book Beyond Culture. It refers to a culture's tendency to use high-context messages over low-context messages in routine communication. This choice of speaking styles translates into a culture that will cater to in-groups, an in-group being a group that has similar experiences and expectations, from which inferences are drawn. In a higher-context culture, many things are left unsaid, letting the culture explain. Words and word choice become very important in higher-context communication, since a few words can communicate a complex message very effectively to an in-group (but less effectively outside that group), while in a low-context culture, the communicator needs to be much more explicit and the value of a single word is less important.

Much of what we "see" in a culture or in the culture of "others" is just the tip of all there is to experience as we see in the Iceberg Model of Culture above.

Internal and External Context

This is the internal or psychological context that influences how we perceive of the world around us – and is formed by culture, value systems, the language or languages we speak, and our life experiences. In addition, internal context is also about our own innate personality traits. The internal context creates a frame that shapes our interactions with the world around us. Let's think about it as a decision tree. Our internal context, how we see the world, will determine the decisions we make in navigating our work. As interpreters, you need to understand that this influence is at play so that you do not blindly wander into territory that is off limits for you professionally. For example, an internalized religious context might lead to a desire to preach, but professional standards forbid you to do so. You need to be aware of the factors that motivate you and how they motivate you. This means being aware of internal context.

But context is also external, or situationally bound. Let's compare the role of the interpreter in a courtroom versus that of a healthcare setting to demonstrate how the contextual setting modifies the role of the interpreter.

An interpreter in a courtroom is never permitted to stray from their role of language conduit and can offer no clarification on any statements made. In other words, they are not permitted to contextualize the listener to what the speaker has said. Even though at times contextualizing is necessary. The interpreter must only extract the meaning of the message from both the verbal and nonverbal communication and restated it in the listener's language within the confines of courtroom protocols.

An interpreter in a healthcare setting, however, is permitted some margin for clarification whereby the interpreter is in fact contexting the listener. Let's use the example of a Cambodian family, recent immigrants to Canada, that have brought their child in for an examination because she has not been feeling well. As the examination begins, the doctor notices large welts on the body of the child and asks for explanation. He is told that the parents have been applying cups to the child's body to create an air vacuum. The doctor listens and then leaves the office to call the authorities. Had the interpreter been permitted to contextualize the situation they would have explained that the marks were a result of a traditional Cambodian "cupping" ritual believed to relieve infection and pain. In fact, the parents were acting in a very loving and caring way towards their child within the context of their culture. The doctor, however, approached the situation from the Western biomedical context and assumed child abuse.

Clarification in a healthcare setting is permitted within the ethical boundaries of the interpreter role because the situational context of healthcare is collaborative and is very different than the situational context of a courtroom, which is adversarial.

In understanding context, it is also important to remember that communication and cultural styles are defined by low or high context systems, once again, a critical element for students of interpreting. A low context system is one in which information is largely externalized and verbalized. A high context system, in contrast, internalizes information and relies on relationships and established rituals to convey messages. For example, let's compare and contrast a family home with a business. A family home is a high context environment that relies on relational status of the family members, and a shared and unspoken system of values, a set of rules, to communicate. A parent does not have a job title, it is assumed. They do not introduce themselves to the family, they are known. The *rules* are not posted, instead they have been internalized, often without awareness. By contrast, in most workplace settings, workforce members have titles, and are formally situated by a diagram of hierarchy known as the organizational chart. The *rules* are considered policy and are posted for all staff to read.

- Language is entrenched in our culturally based beliefs, perceptions, values and assumptions that form the way we see and understand our world. It is subjective.
- When an interpreter considers intervening due to an apparent culturally-based misunderstanding, or non-equivalent reference points they provide a necessary **framework** for understanding the message being
- No matter how much factual the information is that the interpreter shares, they MUST ALWAYS be aware that these interventions may also be introduce their own subjective beliefs and values
- These subjective realities vary from group to group, sub-group to sub-group and individual to individual.
- Regardless of how well an intervention is managed, it is always intrusive.
- Tread cautiously

Questions to Consider - Activity

1. What are some common beliefs around wellness and illness?
2. What are some common treatments and approaches?
3. What are the implications of traditional health practices in an interpreting session?
4. How would you explain any culturally diverse practice or belief during a session?

Information regarding traditional practices is extremely important and needs to be interpreted completely and accurately because:

- The Health Care Professional (HCP) needs to understand how a patient is viewing his/her own illness
- traditional herbal remedies have pharmaceutically active chemicals in them -so it's just as important for HCP to if a patient is taking a medicinal tea as a prescription drug

How Does Culture Impact Healthcare?

Culture frames and shapes how we perceive the world and our experiences, and that includes health and wellness. Including:

- How patients and healthcare providers view health and illness.
- What patients and healthcare providers believe about the causes of diseases
- How diseases or conditions are stigmatized
- The types of health promotion activities which are practiced or recommended
- How illness and pain are experienced and expressed
- The health-seeking practices of patients including how they ask for help, who they ask for help and even when they seek assistance
- Patient interaction with and expectations of healthcare providers
- The degree of understanding and compliance with treatment options recommended by healthcare providers who do not share their cultural beliefs.
- How patients and providers perceive chronic disease and various treatment options.
- Acceptance of a diagnosis, including who should be told, when and how
- Acceptance of preventive or health promotion measures (e.g., vaccines, prenatal care, birth control, screening tests, etc.).
- Perceptions of death, dying and who should be involved
- Use of diverse communication styles and non-verbal language
- Willingness to openly discuss symptoms with a health care provider, or with an interpreter being present
- Influence of family dynamics, including traditional gender roles, filial responsibilities, and patterns of support among family members (think of the individualist vs. collectivists spectrum)
- Perceptions of youth and aging

Different Approaches to Health and Healthcare

Culture also affects how we construct our different models of healthcare systems and the beliefs that are invested in these systems. While it is unlikely that any one culture or system exclusively uses one model, there are ways of believing that set an overall tone to the way in which health is perceived, diagnosed and treated. Here we present 3 different approaches but know that there are also others. These 3 approaches represent the key differences.

1. Biomedical Model of Healthcare
2. Social Model of Healthcare
3. Traditional Models of Healthcare

1. Biomedical Model of Healthcare

- Predominant model used by physicians in diagnosing diseases.
- Health constitutes the freedom from disease, pain, or defect, thus making the normal human condition "healthy".
- The model's focus on the physical processes, such as the pathology, the biochemistry and the physiology of a disease
- This model does not take into account the role of social factors or individual subjectivity and overlooks the fact that the diagnosis is a result of negotiation between doctor and patient. This means that the patient must also have some degree of involvement in assessing illness and wellness.
- The biomedical model of health focuses on purely biological factors, and excludes psychological, environmental, and social influences. It is considered to be the leading modern way for health care professionals to diagnose and treat a condition in most Western countries.

2. Social Model of Healthcare

- A population health approach reflects a shift in our thinking about how health is defined.
- The notion of health as a positive concept, signifying more than the absence of disease, led initially to identifying it as a state of complete physical, mental and social well-being.
- A population health approach recognizes that any analysis of the health of the population must extend beyond an assessment of traditional health status indicators like death, disease and disability. A population health approach establishes indicators related to mental and social well-being, quality of life, life satisfaction, income, employment and working conditions, education and other factors known to influence health.

3. Traditional Models of Healthcare

The World Health Organization:

"Traditional medicine is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness."

When adopted outside of its traditional culture, traditional medicine is often called complementary and alternative medicine. Some common threads seen in non-bio-medical healing systems.

Causes of Illness

- Humoral imbalance:
    - imbalance between hot and cold in a body can cause illness
    - balance restored by a hot treatment if the body has too much cold or a cold treatment if too much heat (think ice chips when a body has a fever)
    - hotness and coldness are not necessarily tied to temperature, it is an internal property e.g. a particular herb may be room temp. but considered hot because of its nature
- Spiritual Causes
    - belief that unhappy ancestors are causing them to get sick
    - belief that God is sending the malady as a test or a punishment
- Witchcraft

The HCP needs to take into account a person's humoral beliefs, because the treatment they prescribe may be seen in conflict with the perceived imbalance. Some forms of traditional medicine may include formalized aspects of folk medicine, i.e. longstanding remedies passed on and practiced by lay people. Practices known as traditional medicines include Ayurveda, Siddha medicine, Unani, ancient Iranian medicine, Irani, Islamic medicine, traditional Vietnamese medicine, traditional Chinese medicine, traditional Korean medicine, acupuncture, Muti, Ifá, traditional African medicine, and many other forms of healing practices.

Here is a link to a TED Talk on healing practices: https://www.youtube.com/watch?v=q9Tkb879dsY&t=361s

Critical Thinking

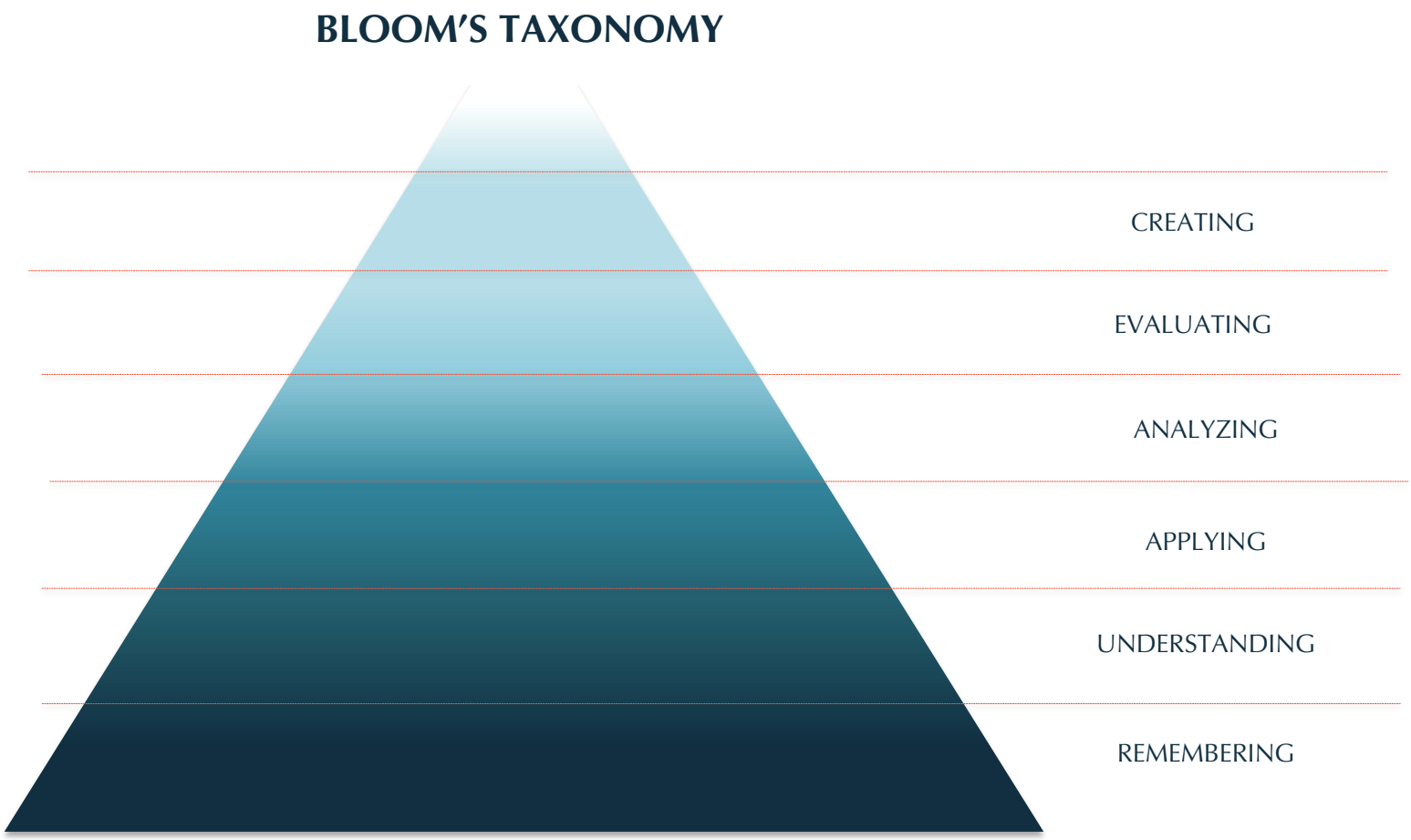
Critical Thinking is the process of actively and skilfully conceptualizing, applying, analyzing, synthesizing and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication as a guide to belief and action.

It is Higher Level Thinking

Critical thinking involves two components:

- A set of skills to process and generate information and beliefs, AND
- The habit, based on intellectual commitment, of using those skills to guide behaviour

Critical thinking is not just having information, or skill or even using those skills if the outcome or impact is unknown. Critical thinking is also not being critical. It is a process that allows one to move through a series of steps to be able to amalgamate groupings of knowledge and information and transform that knowledge into an evaluation, or recreation. Critical thinking is also about taking charge of your own mind which, in turn allows you to take charge of your life by examining your motivations for doing something. This is a very important skill for an interpreter to have.



"Bloom's taxonomy is a set of three hierarchical models used to classify educational learning objectives into levels of complexity and specificity. The three lists cover the learning objectives in cognitive, affective and sensory domains. The cognitive domain list has been the primary focus of most traditional education and is frequently used to structure curriculum learning objectives, assessments and activities.

The models were named after Benjamin Bloom, who chaired the committee of educators that devised the taxonomy. He also edited the first volume of the standard text, *Taxonomy of Educational Objectives: The Classification of Educational Goals" WIKIPEDIA:* https://en.wikipedia.org/wiki/Bloom%27s_taxonomy

Remembering

- Exhibit memory of learned materials by recalling facts, terms, basic concepts, and answers.
- Knowledge of specifics - terminology, specific facts
- Knowledge of ways and means of dealing with specifics - conventions, trends and sequences, classifications and categories, criteria, methodology
- Knowledge of the universals and abstractions in a field - principles and generalizations, theories and structures

Understanding

- Demonstrate understanding of facts and ideas by organizing, comparing, translating, interpreting, giving descriptions, and stating the main ideas
- Translation
- Interpretation
- Extrapolation

Applying

- Using acquired knowledge. Solve problems in new situations by applying acquired knowledge, facts, techniques and rules.

Analyzing

- Examine and break information into parts by identifying motives or causes. Make inferences and find evidence to support generalizations
- Analysis of elements
- Analysis of relationships
- Analysis of organizational principles

Evaluating

- Present and defend opinions by making judgments about information, validity of ideas or quality of work based on a set of criteria
- Judgments in terms of internal evidence
- Judgments in terms of external criteria

Creating (Synthesizing)

- Builds a structure or pattern from diverse elements; it also refers the act of putting parts together to form a whole (Omari, 2006). Compile information together in a different way by combining elements in a new pattern or proposing alternative solutions
- Production of a unique communication
- Production of a plan, or proposed set of operations
- Derivation of a set of abstract relations

Applying Critical Thinking

- Collect all information and facts possible
- Identify goals and relevant principles
- Note all possible options
- Identify all potential beneficial or negative results growing out of each option
- Review foundational skills or principles
- Identify any emotions that may bias or influence judgement
- Consult with colleagues
- Rank options
- Review and evaluate action taken

Critical thinking is about asking questions:

1. What's happening
Establish the basics and begin forming questions.

2. Why is it important?
Ask yourself why this is or isn't significant.

3. What don't I see?
Consider, alone or with others, if there's any crucial information or perspective you might be missing, or that the 'thing' in question is missing.

4. How do I know?
Identify how you know what you think you know, and how that meaning was constructed.

5. Who is saying it?
Identify the 'position' of the 'thing'–a speaker and their position on an issue, for example–and then consider how that position could be influencing their thinking.

6. What else? What if?
Ask, 'What else should we consider?' and 'If we consider it, how will it change X or Y?"[xiv]

Questions to Consider

How can we apply critical thinking as interpreters on these levels?

1. On a professional level
2. On a personal level
3. At the appointment level