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ELEMENTS TOWARD AN ECOLOGICAL APPROACH TO THE WORK OF INTERPRETERS WITH MIGRANTS: THINKING THROUGH THE RISKS INVOLVED IN THIS PRACTICE

"Bad translation!" was one of the first exclamations heard at the showing of a video excerpt of a medical consultation between a psychologist, an interpreter, and an Angolan patient, made by a Portuguese-speaking interpreter who was participating in a training course on "interpreting in health care."

"It's scary!" was the reaction of one doctor who, during one of these training sessions, discovered the gap that exists between what the psychologist says in French and what is translated into Portuguese for the patient.¹

Such gaps have long been identified by all those interested in translation, however. They lie at the very heart of the art of translation and, as such, have been the subject of numerous theoretical explorations, such as Barbara Cassin's work on the "barbarity" of the "untranslatable," which aims to "complicate the universal" and to resist the reduction of the pluralism of languages (2016). Does this mean that there is another kind of gap here? That the interpreters and caregivers I meet, on the contrary, adhere to a conception (both impoverished and politically problematic) of translation as identification and sameness, which must overcome differences and produce the same discourse in another language? Is there a different way of treating translation depending on wheth-

¹ During these training sessions organized by Orspere-Samdarra, we provide a rather literal translation of what was said in the other language, meaning that anyone can compare the statements with each other, even if he or she does not speak the language in question.

er one is situated within a poetic and literary framework that is open to creativity and even allows the translator his or her share of authorship, or within a social or medical framework attached to literal meanings, where interpretation is all that is required?

This separation between the two scenes is rather suspect. Just consider the role played by interpreters in ethnopsychiatry. During consultations in ethnopsychiatry, translation difficulties and misunderstandings are discussed collectively and openly by therapists, interpreters — who are so entirely integrated into the therapeutic system that they are renamed “ethnoclinical translators or mediators” — and patients, who are also transformed by the fact that their own expertise is recognized, in that the elucidation of the choice of words is just as much their business as that of the professionals (de Pury Toumi 2005). To call these interpreters “mediators” is to argue that they are not mere intermediaries, but that they make a difference to the situation and those people involved in it (Hennion 2015).

However, it must be noted that, compared with the consultations that I focus on here — those of the mobile mental health outreach team for vulnerable individuals (*Équipe mobile psychiatrie précarité*, EMPP) of the Centre hospitalier spécialisé (CHS) in the *département* of Savoie² — the practice of ethnopsychiatry is exceptional in many ways. While the latter tends to concern people who come to these consultations having exhausted other more traditional social and medical avenues, the EMPP is a common-law mechanism, and its consultations are intended for those who are in a situation of precarity. Interpreters are attached not to the EMPP, but to an association dedicated to “action to help the integration of immigrants and their families, along with access to rights and equality of opportunity.”³ They have not been trained in any particular clinical specialty. Finally, when they are called upon, it is always to support non-French-speaking migrants, often in emergency situations.

The disquiet that grips some caregivers when they watch the videos of these consultations may primarily be due to what they quite understandably see as a lack of expertise. While the ethnopsychiatric system internalizes the problems of translation, there is nothing like this in the consultations I have observed.

As for the criticisms made by some interpreters when watching these videos, they no doubt testify above all to the rather functional and instrumental conception of communication and translation that prevails in the situations I observe. The same thing is indicated by the expression used by one of the filmed interpreters I met: “*I’m a little cassette*.” However, even if one talks about one’s work in this way, this does not necessarily mean that there is a reduction in the gaps between the statements enunciated in

² This survey is part of the “RÉfugiés, Migrants et leurs Langues face aux services de Santé” [(REMILAS) (Refugees, Migrants and their Languages in Healthcare Encounters)] project funded by the ANR (16-Fasi-0003).

³ Extract from the website of the Association départementale pour le développement et la coordination des actions auprès des étrangers de la Savoie [(ADDCAES) (Savoie Departmental Association for the Development and Coordination of Action For Foreigners)]: <https://www.addcaes.org/qui-sommes-nous/>.

one language and those translated into another, as if there were a mechanical solution that would finally make literal translation possible. It testifies both to the modesty of the work of these interpreters, and to the felicity conditions in a role which, for those who practice it, consists in doing everything possible to erase themselves. Immediacy is not synonymous with the disappearance of mediators. On the contrary, it must be thought of as an effect of their optimal alignment (Hennion 2015). If a mediator is knocked off balance — for example, if an interpreter stumbles over the translation of a term, fumbles, or trips over his or her words a little too much — these stammerings and his or her attempts to negotiate them become more visible than the translated statement itself.

In this article, therefore, I will not try to reassure either of those worried viewers, nor will I raise the concerns generated by the existence of such discrepancies. Rather than highlighting what constitutes the specific art of these interpreters and emphasizing their mastery and virtuosity, for example by celebrating their bricolage skills, I would like to describe their activity in its very vulnerability — that is, in so far as it is always like walking a tightrope. In doing so, I seek to reflect both upon their art and upon the possibility of its failure. I will thus show how certain solutions that have been found to negotiate the difficulties encountered invariably run the risk of creating new problems. In other words, I will show that these eminently complex situations do not necessarily have a happy outcome, *a fortiori* one that is sustainable, but that the discomfort they cause should not be considered as a problem. My contribution as a researcher in this world of practices consists ultimately in thinking about this trouble — that is, exploring ways of “staying with it.”⁴

In order to do so, I will draw upon a methodological device that I have put in place: I returned to see the interpreters and caregivers filmed as part of the “RÉfugiés, MI-grants et leurs LANGues face aux services de Santé” (REMILAS) (Refugees, Migrants and their Languages in Healthcare Encounters) project and asked them to comment on the “traces of their activity” (Cahour and Licoppe 2010). More specifically, in the space allotted to me here, I will make use of an excerpt from a filmed consultation, and the discussions I had with the interpreter while viewing it.

The eminently composite nature of the interpreter’s job

The consultation brings together a psychiatrist, a Serbian couple who came with their child, and an interpreter of North Macedonian origin who speaks no less than seven different languages, including Serbian. The consultation lasts about thirty minutes. Although the interpreter and the psychiatrist already know each other and are used to working together, this is only the third time they have met this family.

⁴ As such, I place my work in continuity with that of Donna Haraway (2016).

After the consultation has been underway for three or four minutes, and before addressing issues of health more specifically, the psychiatrist runs through the “*material*” aspects of the couple’s situation (accommodation and “*paperwork*”).

The couple answers, the interpreter translates. She says that they are still housed in a reception center for asylum seekers (*centre d'accueil pour demandeurs d'asile*, Cada), and that they are awaiting a notification from the Office français de protection des réfugiés et apatrides (Ofpra) (French Office for the Protection of Refugees and Stateless Persons).

The psychiatrist then asks the child: “And you, do you go to school?”

The child does not answer, perhaps because he does not have time to do so, since the woman intervenes immediately: “*I wanted to ask you something else, can she give me a paper to give personally to Ofpra so that they don't ask us too much, so they don't question us too much, you know how it is when you go there [silence]. Surely you can write . . .*”⁵

At first the interpreter does not translate the request. She questions the couple in return: “*She [the psychiatrist] did it for the file, didn't she? The papers?*”

The woman responds, “[inaudible] *She [probably meaning the social worker at Cada] received a, I mean, a file . . . We received a file at Cada, but I don't understand what's written in it.*”

The interpreter addresses the psychiatrist: “*She wants to know if she can get a paper from you for the day she's going to go there, to give, I think you have, I . . .*”

The psychiatrist interrupts the interpreter: “*Well, it's already done.*”

Interpreter: “*It's already done, exactly, that's why I took the liberty . . .*”

Psychiatrist: “*Yes, yes.*”

⁵ So as not to make reading the text too cumbersome, I have not included the Serbian transcription of the couple's or the interpreter's words, but only the French (re) translation made by Amandine Potelle, a translator recruited as part of the REMILAS project. I use italics and a left margin to indicate what was said in Serbian. Translator's note: the translation of the text into English was made on the basis of that translation into French.

Without waiting for the interpreter's translation, the man intervenes: *"I'm sorry, I'm all over the place, I don't remember everything, I have absences, you understand. Since this ..."*

His wife interrupts him: *"He often gets lost during the conversation and doesn't know what we're talking about, and sometimes even ..."*

The interpreter asks before translating: *"Is this new or did it happen before?"*

The woman says, *"It used to happen before, but now it's really often."*

The interpreter comes back to the psychiatrist: "Yes, she means that now, lately, when we're talking he gets lost, he doesn't know what the subject is."

The psychiatrist nods while the interpreter speaks: "Yes, okay." She then adds, "Then we'll, okay, we'll see about that."

Without waiting for the psychiatrist to finish, the woman speaks again: *"Not always, but sometimes, you know, sometimes his head gets stuck."*

The interpreter translates: "It doesn't last long, but it happens."

The psychiatrist sets out the problems: "Okay. So there are two different things."

Taking advantage of a brief silence, the interpreter translates: *"Two different things, she says."*

The psychiatrist continues: "As for the Ofpra file, the papers to be provided, [...] I already made out a certificate on [date] which I sent to [the Cada social worker]."

The woman nods. Perhaps she recognized the name.

Psychiatrist: “For the Ofpra file. It’s on the side of the papers we’re going to say eh. So it’s . . .”

The interpreter translates: “*She says, as for the papers, not what you were asking about, she’ll tell us afterwards. For the papers you asked for, she says she sent everything. I issued a certificate [potvrda].*”

She adds in French: “certificate.”

The psychiatrist continues: “This is where I emphasized, to sum it up simply, the seriousness of your husband’s condition.”

At this point in the consultation, the wife and husband speak one after the other, without answering a question asked by the interpreter or psychiatrist as is the case the rest of the time. When the woman makes her request, the psychiatrist has just asked their child a question. When the husband mentions his health problems, the interpreter has not yet had time to translate the exchange she has just had with the psychiatrist about his wife’s request.

When they both speak successively without waiting their turn, it is to ask that the psychiatrist indicate in her certificate that the husband presents cognitive disorders likely to hinder the answers that he will have to give to the Ofpra officer. They make their request in two voices: even though what the husband says is not explicitly linked with what his wife said, it is like a justification of the request that she has made.

However, this request is not really heard by either the interpreter or the psychiatrist. Indeed, the question asked by the woman is quite embarrassing for the interpreter. When we viewed this excerpt together, she immediately exclaimed:

“She wants a paper for Dr. Gekiere [the psychiatrist] to send over there [she snorts]. They are . . . some families . . . It’s bogus! So that they won’t ask [them] too many questions. No, but really! [She speaks in an offended tone].”

When I question her further as to what she finds problematic, she reports that it is “*embarrassing*” for her to relay the woman’s request to the psychiatrist. Her reticence is moral in nature, not because she suspects this woman of trying to get a free ride but because, by translating her request, she would above all show her ignorance of the administrative procedures and would risk placing the psychiatrist in a difficult position. Because, to her knowledge, there is no such “*paper so that [they don’t] ask [me] questions*” in administrative existence. Only the “*medical certificate*” counts. In our interview the interpreter emphasized how she had taken great care to translate “*certificate*” using the exact term: *potvrda*.

As for the psychiatrist, she does not quite give the interpreter time to finish her translation. Considering that “*paper*” is just a vulgarized or approximate form of the term “*certificate*” and wasting no further time on it, she proves both her efficiency and knowledge in the field of certification (“*It’s already done!*”). In doing so, she only confirms the interpreter’s impression that her various anticipations were justified: the efficiency and knowledge of the psychiatrist, the inappropriateness of the woman’s request, and the administrative non-existence of this supposed “*paper*,” the term simply not being part of the psychiatrist’s vocabulary.

If neither the interpreter nor the psychiatrist really hears the couple’s request, it is also because it is obvious to them that, by mentioning his “*absences*,” the husband is changing the subject. Their difficulty in seeing that the husband’s words are continuous with those of his wife is no doubt due to the fact that, first, by speaking without waiting their turn, the man and the woman contribute somewhat to desynchronizing the exchange, and second, that at the very beginning of the consultation, the husband has already been taken up on this point by the psychiatrist. When the psychiatrist began her consultation, as she always does, by asking “*How are you doing?*,” the husband started to talk about his fears. The psychiatrist immediately proposed to organize the consultation in a significantly different order, starting with the “*paperwork*” – which then presents the wife with an opportunity to ask for the “*paper [papier] [so] they don’t question us too much*” – before talking about those “*thoughts*” that haunt the husband and have brought him to this consultation. Therefore, when the husband begins to speak about his health problems, it can only be understood as a repetition, or even as a kind of insistent dwelling on the subject that renders him incapable of grasping the correct order in which the consultation should proceed.

By insisting, a little awkwardly, on discussing with the interpreter these remainders that she had not really translated, I force her to unfold certain other elements upon which she focuses her attention and which I had not really seen. Rather than list them all here, I will only mention her concern to make sure the psychiatrist was aware of the brief aside she had had with the wife and to elicit the husband's expression — hence, once again, the reminder given to the husband, before giving any translation to the psychiatrist.⁶ Indeed, she knows that the husband finds it difficult to express himself and that his wife, on the contrary, is quick to “*always speak for him.*”

From a critical point of view, one might certainly consider that the interpreter is somewhat mistaken here — it is indeed possible to state in a medical certificate that an asylum seeker is not able to coherently answer questions put to him or her. It could also be argued that, by intervening as she does, the interpreter is interfering in matters that are not really her business.

But on the one hand, that would be to fail to see that she is well aware of this risk and seeks to avoid it. When she deciphers the embarrassment caused by the woman's request, she tells me that, if she could have, she would have taken this up further to let her know that her request was improper. If she held back from doing so, it was precisely in order to remain in her place as interpreter: “*I can't say to her 'But Madame . . . , I'm just [there] to translate.*” On the other hand, it would be to fail to see that the capacity or otherwise of each person to speak depends on the positioning of the interpreter.

What I would like to point out here is that these criticisms of the interpreter or limitations that might be pointed out are always made from an outside perspective, and as such always run the risk of failing to see that the interpreter's work involves not only the semiotic aspects of an interaction, but also its epistemic, relational, moral, organizational, etc. dimensions. Like all the other protagonists in this consultation, the interpreter must come to terms with these heterogeneous entities, and it is this heterogeneity that risks tripping her up at every step.

Perceiving linguistic affordances

The psychiatrist concludes this first part of the consultation devoted to the progress of the administrative process by summarizing what she has written in the certificate. She then moves on to health issues. Before following her, I would like to come back to the way the interpreter negotiates a difficulty in translation: the term “seriousness [*gravité*]” used by the psychiatrist escapes her.

⁶ The same concern is again manifested in the third excerpt from this consultation (see below).

Psychiatrist: "This is where I emphasized, to sum it up simply, the seriousness of your husband's health condition."

Interpreter: "*I put again... How do you say in Serbian? ... That it is bad for him what happened, what you said, that he has absences [izgubi]. That's it.*"

The interpreter hesitates, wonders aloud, and shares her difficulties with the couple, as if she were asking for their help. Although this request for help may seem incongruous since the wife and her husband do not speak French, it is nevertheless thanks to them that the interpreter will find a solution to her problem.

After having tried a very approximate first translation ("*it is bad for him what happened*") which obviously does not satisfy her, she resorts to a deictic ("*what you said*"), pointing out the fact that "*gravité*" is being used to translate a term used by the couple. All that remains for her then is to make the reference explicit: "*What you said [is that he has] absences [izgubi]*".

Izgubi is certainly not a translation of the French term "*gravité*." On the other hand, it does have the immense advantage of already being available in Serbian, whereas "*gravité*" is not (yet). In fact, it was used two minutes earlier by the husband, who was supporting his wife's request to the psychiatrist, pointing out that he had "*absences [izgubi]*" (see above).

The effect produced (the identity of the couple's and the psychiatrist's words) is certainly reassuring for the couple: namely, that "*what you said*" is indeed to be found in the certificate the psychiatrist wrote.

In showing how these things transpire, I am not trying to reveal or denounce something that is just an artifact or a fraud, by saying that "*gravité*" is not exactly *izgubi*. The interpreter knows this all too well. Rather, I intend to show how, on the one hand, to translate is to perceive linguistic "affordances." This notion, coined by the American psychologist James Gibson (2015 [1979]), refers to the possibilities of action offered by an environment. Affordances are not only subjective or mental (present in the mind of the person who perceives them) nor are they only objective, physical, or material (present in the objects and things in this environment). To use one of Gibson's own examples, the mailbox "affords letter-mailing to a letter-writing human in a community

with a postal system." But the affordance of the mailbox "does *not change* as the need of the observer changes" (Gibson 2015 [1979], 138–39, emphasis in original). Just because I do not have a letter to mail does not mean that the mailbox around the corner ceases to invite me to mail letters. On the other hand, because I do not have a letter to mail, I may not perceive this affordance, I may not be attentive to it.

In proposing the idea of linguistic affordances, I understand language as an "environment" with which the interpreter and the other protagonists are "transacting" (Dewey 1938). Some elements are grasped as footholds for orientation, as with the term *izgubi*. Others are not perceived and may then risk being written off. This is the case when the interpreter, like the psychiatrist after her, decides that the husband's mention of his "absences" belongs to another subject entirely.

The advantage of this ecological approach is that it shows how affordances, even though they are objective and do indeed exist, may remain unperceived. Every engagement in the world leaves behind it an irrevocable remainder.

Hauntings: Resistant remainders

The psychiatrist then turns to health issues. She begins by saying that she has a "very specific question" to ask, probably so as to make sure of the interpreter's full attention and precision, and then says, "When we last saw each other, I suggested that you try a medication that might help a little with the nightmares. So I wanted to know if there was even a small difference, or no difference at all. How are you doing with this medication, since there are drops and a tablet?"

Interpreter: "*The last time she gave you drops.*"

Husband nods, wife says: "Yes."

Interpreter: "*And a drug to take, is there, she says, a difference: a little, more than that, or nothing?*"

Husband: "*No, a small difference, there really isn't any difference.*"

Interpreter: *"Just a little?"*

Husband: *"A little, not much, because I have these nightmares and I don't sleep much."*

Interpreter: *"And for the nightmares, she gave it."*

Husband: *"Yes, that's what I'm saying."*

Interpreter: *"It didn't reduce them at all?"*

Husband: *"No, it has reduced them a little bit, but not that much."*

Interpreter: *"That's what she said a little earlier, she said that she put that your condition is getting more serious [inaudible]."*

The man nods. His wife intervenes: *"I noticed that too."*

Interpreter: *"And she put that on this paper that went to Paris."*

The interpreter then starts her translation for the psychiatrist.

I do not have the space here to dwell on the way in which, during our interview, the interpreter emphasized how much her translations and reminders to the husband aimed to respond to the need for precision, a need that she shares with psychiatrist.⁷

⁷ But it should be mentioned that, just because the interpreter and the psychiatrist share and divide up this same need, it does not mean that they necessarily agree. Having this in common is what unites and divides them at the same time.

I will note only one aspect of this sequence: the fact that, if not the term "seriousness [*gravité*]," then at least the verb "to get worse [*s'aggraver*]" here comes back to the interpreter. The interpreter then allows herself to make an interpolation and to go backward, signaling this temporal rupture with the help of ad hoc markers: use of the past tense ("*she said*"), explicit anteriority of the psychiatrist's words ("*a little earlier*"). What the interpreter had stumbled over does not really disappear: these are all remainders that haunt her and are likely to return to the forefront – when a better translation solu-

tion occurs to her, for example. Above all, it should be noted that the translation of the term she had been blocked on up to that point carries with it the context in which it was originally said. In doing so, it may also contribute to making the order of the consultation less legible. Whereas the psychiatrist has finished with the administrative procedure, the interpreter now comes back to it. The return of these remainders may allow the interpreter to create continuities, but it is just as likely to generate new discontinuities. What the interpreter finds at this point in the consultation is indeed a solution, but it may create another problem.

The ecological approach employed here invites us to depart from a finalist conception of the interpreter's work. The suggestion is not that it eventually turns out that the interpreter misses very little and that it is therefore possible to overlook the countless discontinuities and disconnections that distort these interactions. Rather, the above sequences show how much they are constitutive of the interpreter's work, and there is no longer any need to be afraid of the gaps and losses inherent in any translation. However, it is important to consider the risky nature of the interpreter's interventions. The interpreter always stands in a precarious balance. The footholds she manages to find in a given situation may slip away, and the solutions she sees may not be quite solutions. Every perspective on the situation necessarily leaves a remainder. ▀

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