

---

# **Allyship and ethicality in practice:** What does it mean and how do we do it?

---

George Major & Agustina Marianacci

2024 NZSTI Conference

---

---

# Scenario to consider



*You are interpreting with a LOTE speaker at Sexual Wellbeing Aotearoa (ex Family Planning). She is a migrant who has come to the clinic because she has a likely STI and needs treatment. The nurse practitioner gives a rather long explanation about how to proceed with the swabs and urine collection. When she's done, she gives the sampling equipment to the patient and asks if she has any questions. The patient shakes her head. You see her look down at the sampling equipment and frown. You are certain you have interpreted all the information accurately, but you have a feeling that the patient has not really understood it.*

What do you do?

---

---

*You are interpreting with a LOTE speaker at Sexual Wellbeing Aotearoa (ex Family Planning). She is a migrant who has come to the clinic because she has a likely STI and needs treatment. The nurse practitioner gives a rather long explanation about how to proceed with the swabs and urine collection. When she's done, she gives the sampling equipment to the patient and asks if she has any questions. The patient shakes her head. You see her look down at the sampling equipment and frown. You are certain you have interpreted all the information accurately, but you have a feeling that the patient has not really understood it.*

- a) Nothing. You have done an accurate interpreting job and it is up to the service user if she wants to ask questions
  - b) Ask the nurse practitioner to repeat the key bits of advice so YOU can be extra sure you interpreted it correctly
  - c) Ask the service user if she understands, or if there is anything else she would like to ask and you can interpret
-

---

Would your response be the same in this scenario for both patients?

**A** is a well-educated university lecturer who previously lived in NZ for a couple of years. She has excellent health literacy and is very assertive

**B** has recently arrived in NZ, doesn't ask questions, and is from a country where you know she would not be expected to take the samples herself

---

---

# There are no neutral choices

- Ethical decision-making means operating in the grey area
  - o Frequently multiple responses, all of which could be justified by our COE
- Doing nothing is also a choice
- All choices have consequences

So then how do we choose?

---

---

# The interpreter as an ally

**B** has recently arrived in NZ, doesn't ask questions, and is from a country where you know she would not be expected to take the samples herself

- The **ally model of interpreting** has been around in the field of signed language interpreting since the early 1990s
  - The ally interpreter recognises historical oppression of minoritised communities and “**strives to create greater balance in power**” (Witter-Merithew 1999, p.5)
  - "Awareness plus action" (Nieto et al., 2010, p. 127)
  - Making space for others to step into their own power
  - Constantly shifting alignment tied to different sources of oppression
    - Skin colour, language, gender, class...
-

---

## *What allyship is:*

- Awareness of own power
- Awareness of own bias
- Proactive
- Accountable
- Amplifying marginalised voices
- Comfortable with complexity
- Fluid

## *What it isn't:*

- A leader
  - A crusader
  - Paternalistic
  - Making assumptions
  - Speaking for others
  - Taking the spotlight
  - Disempowering
-

---

# Examples of allyship from research

Recent study of NZSL-English interpreting in a medicines advice setting

Role plays with registered pharmacists, deaf patients, and 5 skilled/experienced NZSL-Eng interpreters

**Awareness:** Deaf patients (regardless of education level) have often had limited opportunities to learn about health and develop ‘health literacy’ due to systemic barriers and oppression (Pollard & Barnett 2009; Witko et al. 2017)

**Action:** Expanding concepts for clarity, repeating, emphasising the most important parts of the message, checking understanding

---



**Interpreter**

**Pharmacist**

**Patient**

**NZSL, back  
translated**

*Int: The last thing I need to let you know about is very important*

**This medicine can take one to- one to two weeks before**

**English**

---

# Depression medication: Emphasising importance of information

## **Pharmacist (Wil):**

This medicine can take one to- one to two weeks before you start to feel anything, so don't stop taking it, thinking that it's not working

## **Interpreter (Shannon):**

*The last thing I need to let you know about is very important. With this medicine you sometimes feel like it's not working for one week, or two weeks. But don't drop it, you must continue taking it. Don't think it's not working and you can just drop it, you must keep taking it. Continue for one week, two weeks, keep going with it*

---

---

# Depression medication: Checking understanding

**Pharmacist (Wil):** There's a few side effects I would like to discuss with you

**Interpreter (Julia):** *When you take that pill, it's possible you might get other health problems, called 'side effects'*

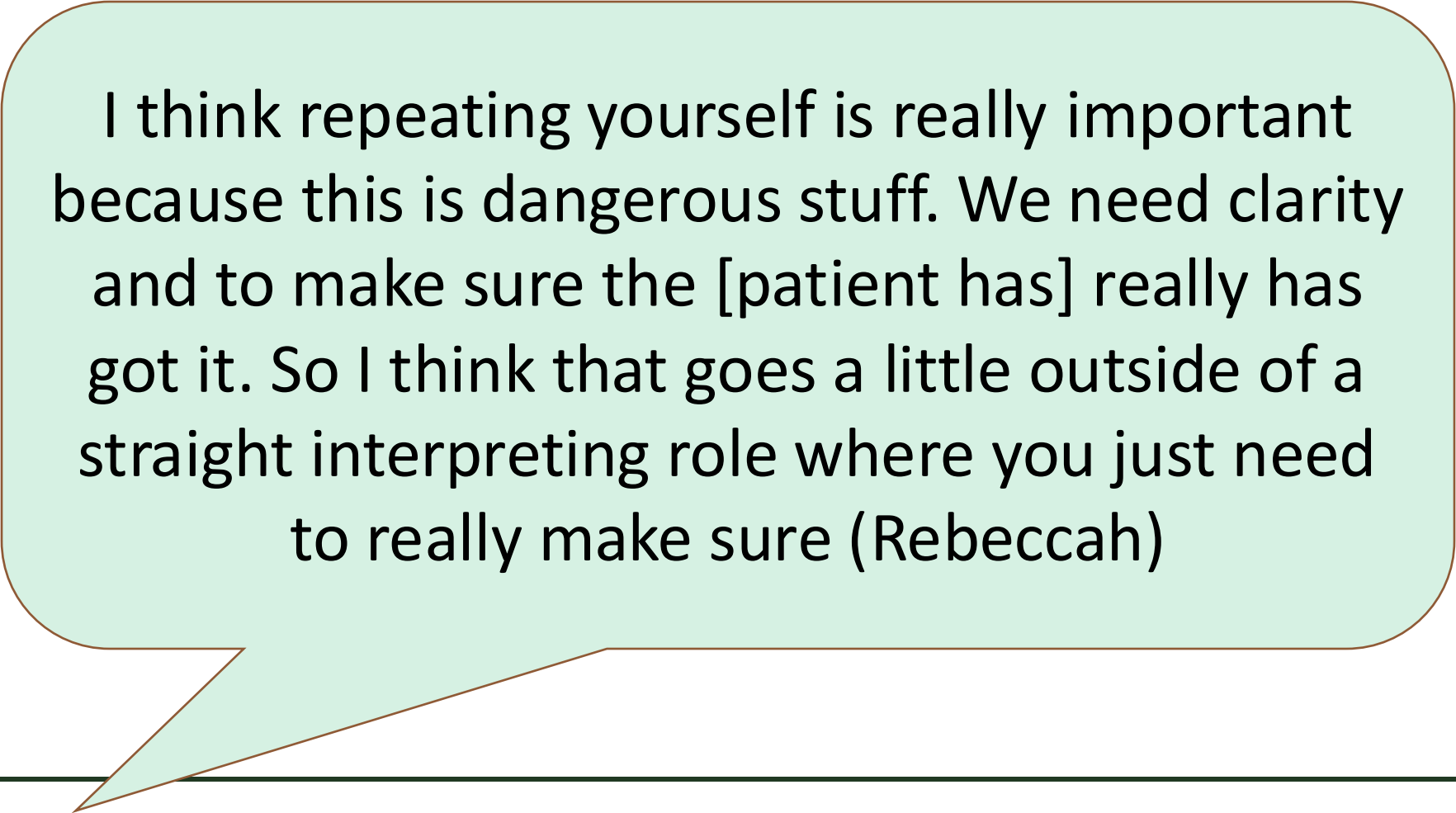
**Pharmacist:** Side effects don't affect everyone, but it's good to know what they are in case they do happen, and so they're not unexpected and you know how to manage them

**Interpreter:** *It won't certainly happen, but it's possible. It's really important that you understand this, so that if you do get side effects, you know what to expect, what to do, and how to manage it. All good? Is this all clear?*

---

---

What did the interpreters have to say about their role in these interactions?



I think repeating yourself is really important because this is dangerous stuff. We need clarity and to make sure the [patient has] really has got it. So I think that goes a little outside of a straight interpreting role where you just need to really make sure (Rebecca)

---

---

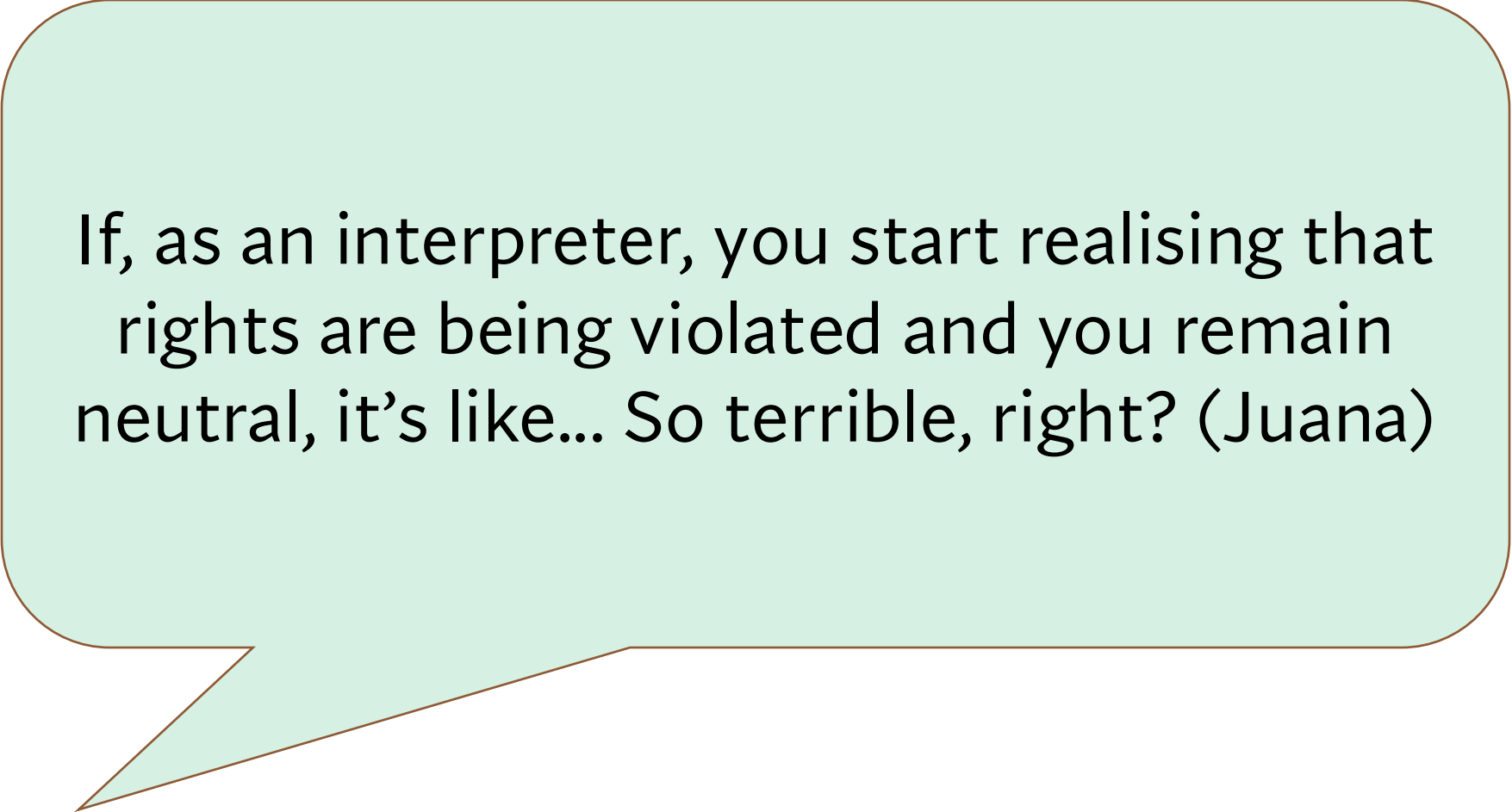
It's really reading the person  
and what their need is, what's  
gonna work (Donna)

I think just having that sort of  
meta awareness of knowing what  
they don't know and asking for  
it... keeping everybody safe  
(Shannon)

---

---

# What do service users have to say about allyship?



If, as an interpreter, you start realising that rights are being violated and you remain neutral, it's like... So terrible, right? (Juana)

---

**Agustina:** So you are telling me that the role of the interpreter has to do with support...

**Juana:** And information, right?  
Like, for empowerment.  
Because, ultimately, if you have information, you have the power to do anything, so it is power.

---

---

I have to go to the doctor. I'm the one getting a medical examination, I don't speak English, the doctor doesn't speak Spanish. So I always asked myself then: Who is more interested in this, the doctor or the patient? In this case, it's the patient, because I'm the one who's sick, I need to get better. And that man or woman who is interpreting for me is going to help me get my medical examination. (Alberto)

---



---

# Practical applications of allyship

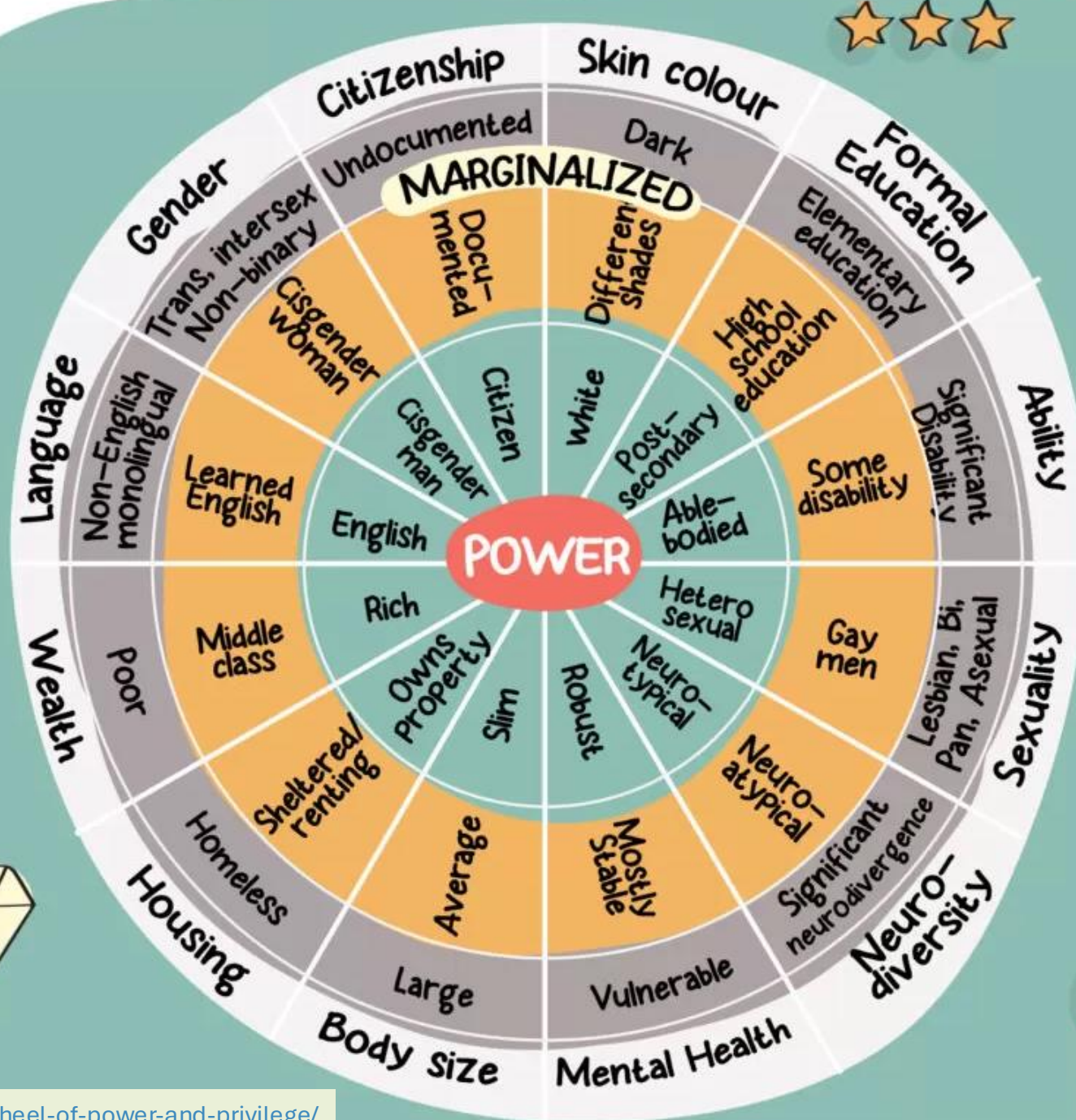


15 min

Scenario and group discussions

- 1) Read scenario
  - 2) Discuss with the group and choose a spokesperson
  - 3) Fill in the tables
    - First, characterise all parties in the interaction using the wheel of power and privilege:  
**How are power differences interacting with each other?**
    - Secondly, think about a range of possible actions/strategies based on the characterisations: **What are the consequences of each?**
    - It's okay to disagree about what is best! That's why we are asking for a range of possibilities
  - 4) Feedback to the room
-

Recipes for wellbeing



---

# New scenario

You are interpreting for a single mother of a child who will be undergoing hernia repair surgery. The mother, who needs to sign the informed consent form, has recently resettled in Aotearoa after four years living in a refugee camp. She used to be a teacher before she was forcibly displaced. She has already started taking English lessons, but can't speak enough English to understand the medical language of the consent form yet. She comes from a country with a completely different health system.

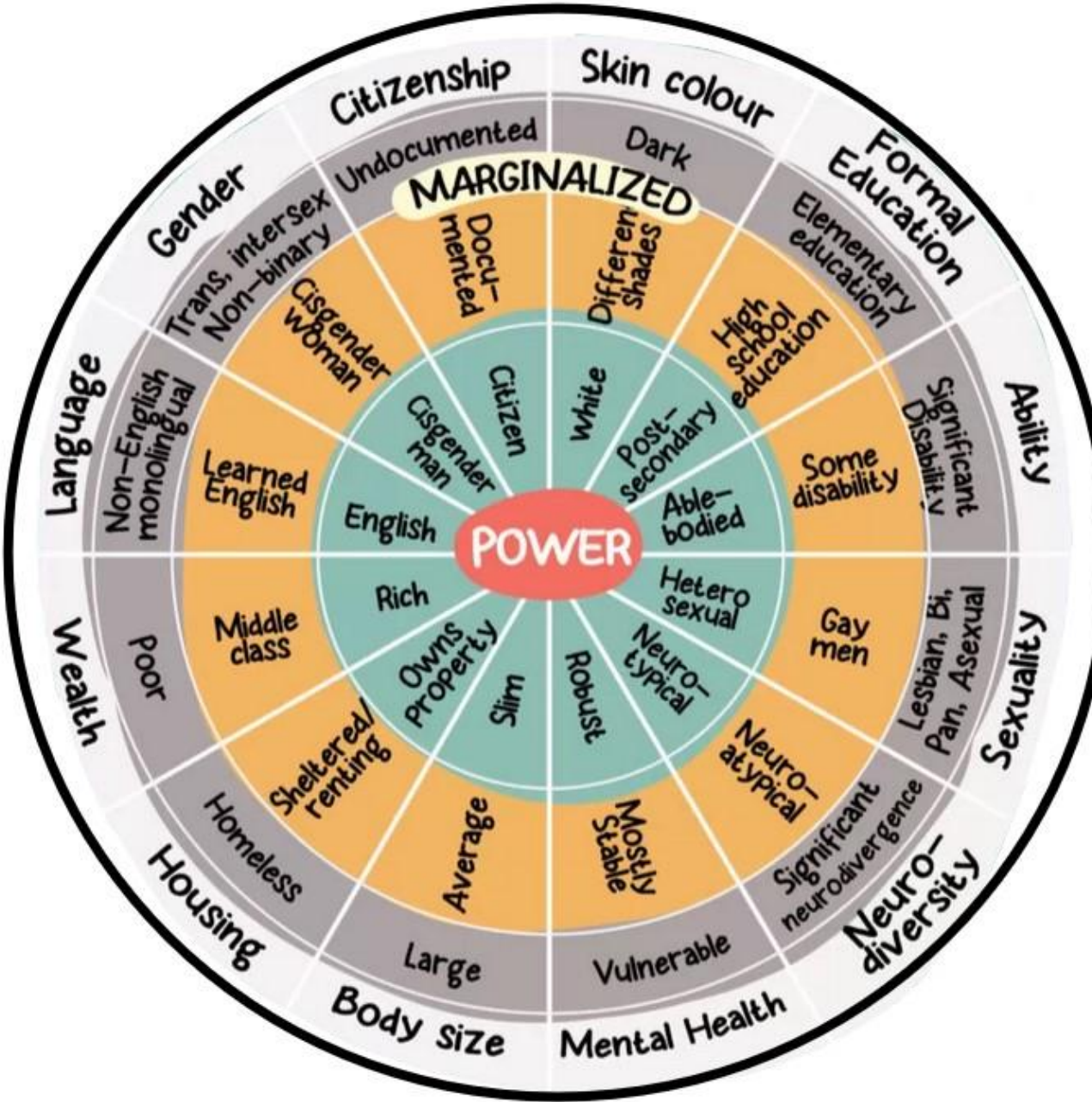
The nurse facilitating the process is towards the end of a long and stressful 12-hour shift. A different procedure was cancelled last minute, so the mother and child have been called in. For this reason, the mother is now getting rushed through the informed consent process. As an interpreter, you can feel that the mother is being pressured into giving consent quickly but doesn't really understand what is going on. You know you've interpreted everything that has been said accurately because you have interpreted this same process many times before.

---



Child will be undergoing hernia repair surgery. Mother needs to sign the informed consent form. Recently resettled in Aotearoa after four years living in a refugee camp. She used to be a teacher. She has already started taking English lessons. She comes from a country with a completely different health system.

The nurse is towards the end of a long and stressful 12-hour shift. A different procedure was cancelled last minute. The mother is now getting rushed through the informed consent process. You can feel that the mother is being pressured into giving consent quickly but doesn't really understand what is going on. You know you've interpreted everything that has been said accurately because you have interpreted this same process many times before.



---

# Reflection & discussion

|                 | Patient | Nurse | Interpreter |
|-----------------|---------|-------|-------------|
| Power           |         |       |             |
| Marginalisation |         |       |             |

---

# Reflection & discussion

| What can you do? | What would be the consequences? |
|------------------|---------------------------------|
|                  |                                 |
|                  |                                 |
|                  |                                 |
|                  |                                 |
|                  |                                 |

---

# Take away points

- LOTE speakers are not inherently powerless. They have agency.
  - Power differences can be found in absolutely all contexts if you think about it, so it applies to every interpreter (not just in the health setting!)
  - Allyship is not a green light to do whatever. We can be Ally interpreters whilst still embodying the key values and principles of our Codes of Ethics
  - Doing nothing/ following the CoE 'very strictly' is also a choice – no decisions are neutral
  - We need to broaden and deepen ethical discussions to encompass the complexity of our job and the consequences of the decisions that we make
-





*“What is ‘right’ in one context and one interaction between one set of participants with one combination of language/communicative skills and with one or several shared goal(s), is unlikely, if only one of those parameters changes, to be ‘right’ in another”*

(Llewellyn-Jones & Lee 2014 p.61)

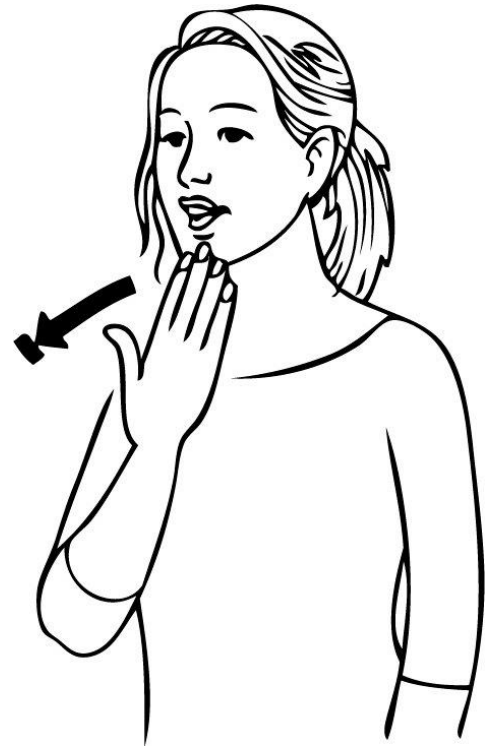


---

# Thank you!

- To all of the participants and actors in our research studies
- To NZSTI for this opportunity to share this workshop with you
- And to the funders of the medicines advice study (NZSL fund, MSD)

**NZSL**  
New Zealand Sign Language  
Board



---

# References

- Marianacci, A. (2022). “¿Y ahora quién podrá defendernos?”: *Exploring the Application of Ally Theory in Community Interpreting in Aotearoa From a Latin American Service-User Perspective* [Master’s thesis, Auckland University of Technology]. Tuwhera. <http://hdl.handle.net/10292/15117>
- Nieto, L., Boyer, M. F., Goodwin, L., Johnson, G. R., Smith, L. C., & Hopkins, J. P. (2010). *Beyond Inclusion, Beyond Empowerment: A Developmental Strategy to Liberate Everyone*. Cuetzpalin.
- Pollard, R., & Barnett, S. (2009). Health-related vocabulary knowledge among deaf adults. *Rehabilitation Psychology*, 54(2), 182-185.
- Witko, J., Boyles, P., Smiler, K., & McKee, R. (2017). Deaf New Zealand Sign Language users’ access to healthcare. *New Zealand Medical Journal*, 130(1466): 53–61
- Witter-Merithew, A. (1999). From Benevolent Care Taker to Ally: The Evolving Role of Sign Language Interpreters in the United States of America. *National Consortium of Interpreter Education Centers*, 1–10. <http://www.interpretereducation.org/wp-content/uploads/2014/04/From-Benevolent-Caretaker.pdf>
-