



Reading Between the Signs: Decoding Assumptions - Medical Appointment

It is impractical to ponder which specific words and signs should be chosen in interpreting the following statements into English or ASL. Too many variables exist, including the situations and the specifics of the clients involved. Given that our focus is on the differences in cultural values and communication styles, however, it is entirely appropriate to examine the assumptions that underlie some typical exchanges between Deaf and hearing consumers. By identifying common mismatches in communication styles and cultural presuppositions and by discussing our options and mapping out a possible strategy, we increase the chances that we will deal confidently with similar situations when they arise during our work as interpreters.

For the sake of flow, the parties' statements are presented in English, assuming an interpreter was present and interpreted back and forth literally, without making any cultural adjustments.

Hearing Doctor: You seem like the perfect candidate for this new medication that just came out. It should help lower your high blood pressure.

Deaf Patient: Wait, I am not sure. My friend took some new red pill for her high blood pressure and she told me it was awful. She had headaches, no energy, and was up all-night peeing. My other friend took some yellow pills and...

Hearing Doctor: (impatient) What I am telling you has nothing to do with your friends.

Directions: Read the dialogue above and answer the following questions.

What is the Deaf person's point in telling the story about his friends?

How does the doctor view this story?

As the interpreter, what are your options in this situation?

(If you need help answering these questions, see pages 66 and 201–202 in Reading Between the Signs for a discussion of how the peer group acts as the authority in Deaf culture.)