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Xiaohui Yuan 

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Vulnerability, moral concepts, and ethics in interpreting

Xiaohui Yuan

University of Birmingham

Abstract

While many studies have been conducted to investigate types of role that interpreters take on to represent and advocate for vulnerable populations, interpreters' vulnerability and its source in this particular type of encounter are rather under-explored. Interpreting for vulnerable populations is conceptualised in this study as a distinct communicative context riddled with institutional, knowledge, and power politics that gives rise to emotive, nuanced, and subjective moral judgements on the obligation of care. Drawing from theories in vulnerability studies and from moral concepts, and employing the interpretative phenomenological analysis (IPA) methodology, the author, with three professional public service interpreters, explores the key factors contributing to their situational vulnerability, the driving forces motivating their decision to support agency, the adverse effects on the interpreters attributed to the situational vulnerability of moral distress, and how to recontextualise ethics guiding interpreting for vulnerable populations. This constitutes the first study theorising the public service interpreter's situational vulnerability, and how interpreters' decisions are influenced by the interdependency between facets of vulnerability and moral concepts.

Keywords: vulnerability, moral obligation of care, moral self, moral distress, interpreting for vulnerable populations, interpreting ethics

1. Interpreting for vulnerable populations: Vulnerability and moral obligation of care

The concept of vulnerability has been studied in a wide range of disciplines, from sociology and moral philosophy to feminist and political studies. The ontological condition of human embodiment renders vulnerability a resonant concern and theme threading across societies and times. Sellman (2005, 3) points out that, “despite our quest to be autonomous and independent, it is apparent that any individual is limited in her or his scope to reduce her or his vulnerability.” Drawing from influences from theorists such as Goodin (1985), Anderson (1999; 2010), and Nussbaum (2006), Mackenzie, Rogers, and Dodds (2013) propose a taxonomy of three sources (inherent, situational, pathogenic) and two states (dispositional and occurrent) of vulnerability with a view to enabling a more nuanced analysis of this perpetuating human condition. The proposition is pertinent to illuminating vulnerabilities involved in the interpreting activities under study in this special volume.

Mackenzie, Rogers, and Dodds (2013) compare the notion of inherent vulnerability to Fineman’s (2008; 2010) conceptualisation of universal human vulnerability. Such conceptualisation refers to the categories of vulnerability, such as corporeal vulnerability (Butler 2009), which are intrinsic to human embodiment, ineffaceable by any social or political force. In contrast, situational vulnerability arises in specific contexts, “and is caused or exacerbated by social, political, economic, or environmental factors; it may be short term, intermittent, or enduring” (Mackenzie 2013, 39). As a subset of situational vulnerability, pathogenic vulnerability encompasses all kinds of morally indefensible vulnerabilities that are particularly ethically problematic. Mackenzie (2013) highlights that pathogenic vulnerabilities may be induced when an act intended to mitigate vulnerability produces a paradoxical effect, aggravating occurrent vulnerabilities or creating new vulnerabilities.

In the context of interpreting for vulnerable populations, various forms and shades of vulnerabilities intertwine, rendering such communicative events particularly rich in complex and multifaceted human embodiments of vulnerabilities, needs, dependency, and moral obligation of care. For

example, non-institutional interpreting clients often have a combination of inherent and situational vulnerabilities induced or predicated by illness (patients), age (children), interpersonal violence (domestic abuse victims), or social and political oppressions (refugees). Vulnerability and dependency are interrelated and inseparable. Both are “ontological conditions of our humanity as embodied beings” (Dodds 2013, 183). Many forms of vulnerabilities, be it attributed to inescapable inherent corporeal deterioration or sudden exposure to socio-political oppressions and persecutions, are manifested in a loss of autonomy and control, causing the “vulnerable subjects” (Butler 2004, 82) to become dependent on others to protect them from anticipated dispositional risks or ongoing occurrent harms. By the same token, the need to depend on others brings on vulnerabilities in those whose welfare and interests are controlled by the powerful others. These powerful others are equally capable of causing further pathogenic vulnerabilities, compounding occurrent vulnerabilities with more harms. Thus, vulnerability and dependency have a form of reciprocal relationship (Scully 2013), and both call forth salient moral obligations of care and justice. Goodin (1985) articulates that the normative significance of vulnerability and dependency constitutes the primary source of our moral obligations, and the truth of human dependency and interdependency in society gives rise to many of our fundamental duties of caring for the vulnerable. Miller (2012) posits that needs arising from dependency constitute the key source of our moral obligations and further argues that we bear an important duty of care to respond to the vulnerable individual or group’s fundamental needs of safety, health, bodily integrity, education, social inclusion, and relationships.

Since human vulnerability, dependency, and interdependency give rise to compelling moral obligations of care, a pertinent question duly arises: who should bear the responsibility of ensuring care for vulnerable parties in interpreting-facilitated events? Goodin’s (1985) position on the social distribution of responsibilities of care could shed light on this question. He explains that anyone who is in a position to assist has the obligation to protect the vulnerable, but those to whom a person is most vulnerable bear the most obligations and responsibilities of care. People with power and authority have distinct

responsibilities for those who are especially dependent on them. The powerful, who have exclusive control over resources on which the vulnerable depend, are able to create opportunities to take advantage of those vulnerable people. The powerful are therefore obliged to be particularly prudent and cautious not only in guarding against the abuse of their power and privilege, but also in protecting those who are vulnerable to them.

Goodin (1985) conceptualises our collective and individual duties of care for others as being firmly rooted in the vulnerability of those others who are affected by our decisions and actions. His reflection on duties of care endorses a form of negative utilitarianism (Popper 1994) in which moral priority is given to preventing and rectifying the harm that our actions cause to others. If, as Goodin articulates, we all have responsibilities to protect the vulnerable, who can be impacted by our decisions and actions, where is the boundary of the interpreter's duties of care to their vulnerable clients (e.g., children, patients, refugees, violence victims, etc.) whose inherent, situational, and pathogenic vulnerabilities are at the mercy of the other powerful players in interpreting-facilitated events? In the practice of public service interpreting (PSI), this remains a highly controversial issue (Yuan 2022a), because interpreters are required (with rather strict stipulations) to disconnect, arising from existing interpreting codes of conduct (NRPSI 2016), from any form of care for the vulnerable that lies beyond the linguistic realm. The imperative can be problematic. How may the interpreters perceive the instruction to disconnect themselves from moral obligations when the consequences are a compound of inherent, situational, and pathogenic vulnerabilities for the vulnerable? Such scenarios are not uncommon in PSI in the UK (Yuan 2024, forthcoming).

In interpreting-facilitated events, the institutional clients (e.g., the doctors, the Home Office¹ interviewers, the police officers, the social workers, etc.) are the powerful actors that are in control of very often life-saving resources, and whose decisions and actions have direct and immediate impacts on vulnerable individuals. A child patient is completely reliant on a doctor's honest

¹ The Home Office is the UK equivalent of a ministry of the interior.

and correct diagnosis in order to be admitted to the necessary medical and social support resources. The doctor's obligations of care, however, could be impaired by a lack of institutional resources and support. Moreover, a discretionary act of non-diagnosis or a negative diagnosis submitted to undue institutional pressure would inevitably lead to protracted inherent vulnerability and potential further pathogenic vulnerabilities (Yuan 2022a). Such a consequence would not only mean that the child patient would not be able to access the critical treatment and care they need, thereby prolonging suffering, but that they would also face more challenges and difficulties in being diagnosed in the future owing to a negative result on their patient record, thus causing pathogenic vulnerabilities. A similar misfortune can also be experienced by asylum seekers in the UK (Yuan 2022b). Mackenzie (2013, 40) perceives asylum seekers as suffering primarily from situational vulnerabilities of loss of autonomy, separation from family, incarceration, and posttraumatic stress when they become subjected to ethnic or political persecution as a result of a sudden change in the higher socio-political environment. Their situational vulnerabilities, during their applications for refugee status, are likely to be compounded by further pathogenic vulnerabilities caused by the UK Home Office's overall hostile attitudes and approach to refugees and immigrants, by an immigration system and policies designed to keep people out, and by some individual interviewers unable to ask relevant questions, as demonstrated in Yuan (2022b). The resulting pathogenic vulnerabilities can include a range of aggravated suffering, from debilitating uncertainties because of a lack of legal status in the UK, subsequent new vulnerabilities associated with mental illness, to the most aggravated vulnerability of being deported back to their home country and the risk of being killed. In the context of asylum seeking, Goodin's (1985) enlightening and inspirational invitation for people to rethink our moral obligation of care for the vulnerable somehow gradually fades in its volume travelling through a cold system without a place for care. Where is the interpreter's moral boundary in these circumstances? Should the interpreter act to mitigate occurrent vulnerabilities and to prevent new vulnerabilities, as argued by Goodin? Or should the interpreter abide by prescribed professional ethics and draw a curtain over non-linguistic related vulnerabilities?

I propose in this article that interpreting for vulnerable populations constitutes paradigmatic events where interpreters are particularly susceptible to situational and pathogenic vulnerabilities induced by the unresolved contentions between moral obligation of care for the vulnerable and professional ethics, which are often stipulated in simplistic and uncompromising language. Interpreters' vulnerabilities will be exacerbated by witnessing first-hand their vulnerable clients experiencing new compounded vulnerabilities as a result of the behaviour of powerful institutional clients, characterised by a lack of care or abuse of care. Interpreters are vulnerable in such situations because they are guided by conflicting rules providing few concerted meanings, and interpreters, in attempting to follow these rules, risk harm to their careers or to their perceptions of the self as a moral being with integrity and a sense of justice. Decision-making in such delicate situations, devoid of effective guidance, constitutes a complex and dynamic process involving interpretation of and interaction between a variety of vulnerabilities. This process is not only considerably influenced by moral obligations of care for the vulnerable, as proposed by moral philosophers, but is also distinctly informed by how important the interpreter regards being a moral person as the truest representation of the self (Yuan 2022a). Therefore, when interpreting for vulnerable populations, interpreters seldom adopt simple and expected role-playing behaviour. On the contrary, their decisions and actions can only be understood at the intersection of vulnerabilities (including the interpreter's vulnerabilities), moral obligation of care, and the interpreter's moral self, that is, moral identity.

2. Interpreting for vulnerable populations: The interpreter's moral identity and moral distress

While vulnerability and moral theorists conceptualise morality or moral obligations of care as a social enterprise oriented towards humanity's shared vulnerabilities and interdependency, identity scholars delve into our

sociopsychological process, incorporating social moral obligations as an indispensable and prominent constituent defining the essence of who we are, which gives rise to our moral identity. Moral identity embodies the level of significance of acting as a moral person in achieving one's truest self. It reflects the degree of resonance one has with or responds to the social call for fulfilling moral obligations. Identity theorists (Stryker 2002; Burke & Stets 2009; Hardy & Carlo 2011) postulate that if one's moral identity occupies a prominent position in their identity hierarchy, their behaviour will be influenced by their alignment to moral obligations regardless of the contexts they are involved in, because only when they behave morally can they feel true to themselves and to their standards. On the contrary, if one's opportunities to act under the guidance of moral obligations are threatened and an individual is discouraged from taking the course of action in accordance with their prominent self-perception as a moral being, moral distress² will occur. In the context of interpreting for the vulnerable populations, a number of factors need to be considered— the interconnectedness between a range of vulnerabilities (the client's and the interpreter's), the interpreter's and the powerful institutional client's moral obligations of care for the vulnerable individuals who are affected by their actions, a possible lack of care (or abuse of care) from the powerful client owing to institutional pressure. A cocktail of these factors mix and produce particularly challenging moral dilemmas that exacerbate the stark contrastive courses of actions required of interpreters to either follow their own moral judgements, reflecting a marriage of moral self to moral obligations, or abide by strict professional ethics outlining expectations of absolute non-involvement. Therefore, interpreters are especially susceptible to moral distress when interpreting for vulnerable populations. Interpreters' moral distress constitutes a manifested situational vulnerability that can lead

² The definition of moral distress is often tailored dependent on the disciplines in which the concept is discussed. In nursing ethics literature, a widely accepted understanding is that moral stress occurs "when the nurse makes a moral judgment about a case in which he or she is involved and the institution or coworkers make it difficult or impossible for the nurse to act on that judgment" (Jameton 1993, 542). This definition is adopted in this study.

to harm to the interpreter's sense of self-worth, their physical and mental wellbeing, and reduced job satisfaction.

In this article, interpreting for vulnerable populations is conceptualised as paradigmatic communicative events where interpreters are highly susceptible to situational vulnerabilities that arise at the intersection of individual client's interrelated vulnerabilities, powerful institutional clients' moral obligations of care, and a possible lack of care (or abuse of care) attributed to institutional constraints. In such circumstances, an interpreter's decisions and behaviour are seldom straightforward box-ticking and role-playing exercises. On the contrary, an interpreter's decision-making involves a complex and emotive explorative process, where interpreters are often exposed to situational vulnerabilities of moral distress, in search for an appropriate solution to not just language barriers but also to ameliorating harms where possible.

In interpreting studies, a number of scholars have drawn on sociological or ethnographical frameworks to conceptualise an interpreter's role while facilitating communicative events. For example, Bahadır (2017) theorises interpreters as the *third* and the *stranger*—the active agents for social changes. Rudvin (2020) contextualises interpreting ethics in moral philosophy using Graham's (2011) propositions of four macro-areas. Offering examples from practice, training, and research, Skaaden (2019) probes the controversy in light of the interpreter's professional status, and concepts pertaining to the exercise of discretion and trust. Boéri (2023) proposes a meta-ethical model of interpreting, examining activist interpreting in the global justice movement. Dean and Pollard (2011, 155) develop the demand control schema, elucidating the construct of interpreting as co-created communicative encounter that hinges on "a continuing analysis of the dynamic context of the interpreting situation." Llewellyn-Jones and Lee (2014) postulate a dynamic role-space framework to illustrate situated interpreting performance and decisions. Mason (2009) proposes to move away from *role* and instead to draw on the notion of *positioning* with a view to exploring the constantly evolving dynamics underpinning interpreting-mediated encounters. Focusing on healthcare interpreting in Sweden, Tiselius, Hägglund, and Pergert (2020)

argue that distress in healthcare interpreting could be attributed to ethically and emotionally challenging interpreting situations and working conditions. These studies seek to understand the interpreter's role behaviours that contradict rule-based professional ethics devoid of reference to context or other key sociological and ethnographic constructs. Along the line of such enquiries, I endeavour to theorise the interconnectedness between vulnerability and moral concerns in the context of interpreting for vulnerable populations, and probe four significantly understudied areas:

- (1) What contributes to an interpreter's situational vulnerability when interpreting for the vulnerable?
- (2) How do interpreters make decisions when witnessing failures of moral care for the vulnerable?
- (3) What are the impacts of moral distress?
- (4) Why does interpreting ethics need to be recontextualised to provide meaningful guidance on interpreting for the vulnerable populations?

3. Research methods: Interpretative phenomenological analysis

Interpretative phenomenological analysis (IPA) constitutes a qualitative research approach that puts the lived experiences of individuals at the centre with a view to attaining a deep understanding of how they make sense of the world. Developed by Smith, Flowers, and Larkin (2009), IPA is underpinned by the philosophies of phenomenology that seek to understand the essence of first-hand experiences of individuals, and by the theory of hermeneutics, where researchers engage deeply in the process of analysis and immerse themselves in the participants' narratives, identify themes, and interpret the underlying meanings and patterns within the data. IPA recognises that each person has a unique subjective experience shaped and influenced by their socio-cultural and psychological contexts, and, therefore, IPA studies usually involve a small number of participants who share similar experiences with characteristics of a particular phenomenon of interest. IPA values the quality of data over quantity,

allowing for a detailed examination of each individual case. This reflects the idiographic nature/approach of the methodology.

IPA has been widely employed in social science disciplines but its usefulness for interpreting studies is under-explored (Yuan 2022a). In this study, with an interest in delving into the participants' subjective narratives of how they interpret events involving vulnerable individuals, the author seeks, through the IPA methodology, to bring to light the rich and nuanced meanings the interviewees attribute to their experiences, their thoughts, perceptions, and emotions.

Three female interpreters were recruited as the research participants. They were all active registrants of the National Register of Public Service Interpreters (NRPSI). Each of them had over 18 years' PSI experience. For confidentiality, the interpreters' names were replaced with pseudonyms, and personal information, such as language combination, nationality, and age, was anonymised. All the interpreters were professionally trained and were registrants of NRPSI with full status.³ In line with University of Birmingham's ethical procedure, written consent had been obtained prior to the interviews for video recording, and for the recorded content to be used for research and publication purposes. The interpreters were informed that they would be able to withdraw from the interviews at any stage should they wish to do so.

For data collection, semi-structured one-to-one interviews with open-ended questions were used to allow space for free-flowing thoughts and reflections, and uninterrupted articulations about perceptions, viewpoints, feelings, and emotions. The example questions included "please describe or could you recall interpreting events where there was power imbalance, and one party was a vulnerable individual?", "how did you see yourself in that event?", "what did you do when...?", "how did you feel about...?" Any leading question such as "did you feel angry?" was carefully avoided and ample

³ To be a full registrant with NRPSI, an interpreter must have passed level 6 Diploma in Public Service Interpreting exams, which is the highest level of public service interpreting qualification in the UK.

time for reflective thinking was given to elicit and encourage in-depth and rich insights. Further probing questions were developed spontaneously at the interviews based on the interpreters' responses and delineations to facilitate further examination of particular areas of interest.

Each interview lasted for approximately 90 minutes and all the interviews⁴ were video recorded to allow data to be revisited as necessary. Following the IPA research steps (Smith, Flowers & Larkin 2009; Smith & Nizza 2021), recorded interviews were first transcribed verbatim. Then the author read the transcription thoroughly several times, actively engaging with the data and paying attention to the overall structure of the interviews, descriptions of the experiences, and elaborations of personal viewpoints and emotions attached to those experiences. While (re)reading the transcription in a deeply engaged manner, the author made descriptive, linguistic, and conceptual notes (Smith, Flowers & Larkin 2009; Smith & Nizza 2021) in three different colours, alongside the interpreters' original wording, to record the author's interpretations making sense of the interviewees' subjective narratives. The three types of notes offer different but complementary functions assisting with clarifying and coding the author's interpretations. Descriptive notes highlight the key events and experiences that structure the description of the interpreters' thoughts. Linguistic notes underline particular or unique linguistic features characterising the descriptions of experiences, thoughts, and emotions, such as pronoun use and shifts, pauses, tone, repetitions, directness, voice volume, nonverbal language, and so on. Conceptual notes constitute the author's active evaluation, conceptualisation, and analysis of the descriptive and the linguistic notes, and the interviewees' subjective interpretations of their lived experiences. In the last step, the author extrapolated the interpreters' original comments with the associated notes and identified shared emerging themes threading through the three interviews.

⁴ The data discussed here are part of a larger study. The selected examples are relevant to the context under study in this volume, that is, interpreted events participated by vulnerable populations.

4. Emerging themes

4.1 Conflict between moral obligations for the vulnerable and professional ethics emerges as a key contributor to the interpreter's situational vulnerability

Moral philosophers postulate that the principle of protecting the vulnerable must be oriented towards and guided by the sorts of consequences produced by our actions and choices. If a vulnerable person is completely dependent on us to protect them from harm or to provide them with the vital resources for their welfare and interests, we then have an unshirkable moral responsibility to meet their needs (Sen & Williams 1982; Goodin 1985). In some cases, a person can be vulnerable to more than one individual. For example, at an interpreting-facilitated refugee application interview, the asylum seeker is not only vulnerable to the Home Office interviewer whose decision has a direct, immediate, and fundamental consequence, but also to the interpreter, since the interpreter's linguistic choices and role behaviours produce a significant impact on the outcome of the interview. In line with Goodin's (1985) propositions, the interviewer and the interpreter share collective responsibilities to protect the vulnerable. Goodin (1985, 140) further posits that "cooperative schemes for discharging collective responsibilities" should be organised to enable each responsible person to focus on their own special responsibilities, and highlights that each responsible person "also bears certain residual responsibilities under the scheme . . . to monitor the workings of the scheme to make sure that everyone who is vulnerable is in fact being protected." When a cooperative scheme is deficient, lobbying for adjustment/replacement or providing interim relief to the vulnerable until lobbying succeeds is suggested because everyone has some secondary responsibility to hold the primary responsible individual to account.

In line with the above stance, if the cooperative scheme between the interviewer and the interpreter for discharging their collective responsibility to protect the vulnerable asylum seeker proves to be deficient, either party has the moral duty to ensure protection of the vulnerable. In other words, if the

Home Office interviewer does not discharge their responsibilities properly for whatever reason, the interpreter does have the secondary responsibility to protect the asylum seeker from harm. This constitutes a distinct viewpoint from the perspective of moral philosophy. Furthermore, if the interpreter perceives acting as a moral being in all contexts to be the central meaning underpinning their deepest sense of self, they will answer the moral call and adjust or replace the dysfunctional cooperative scheme.

However, the above course of action is in stark contrast to interpreting ethics stipulating non-involvement. The contradictory expectations of moral actions versus non-involvement contribute to the interpreter's situational vulnerability as the interviewed interpreters have vividly described. All three interpreters are NRPSI registrants with an in-depth understanding of a professional interpreter's role and ethics. They highlighted throughout the interviews the importance of their remaining as language and cultural facilitators, wherever possible. Nevertheless, they also offered multiple examples⁵ where they had to "deliberately step outside [my] role" (Rebecca), "couldn't just interpret the words" (Wendy), and "sometimes you do have to intervene" (Amanda). The examples revealed that the tensions between recognising the moral obligations of care for their vulnerable clients and their acute understanding of the role expectations brought on situational vulnerabilities where the interpreters felt they had no choice but to violate role expectations or had to choose between acting as a moral being and sticking to ethical stipulations. The interpreters were, in the meantime, anxious about being criticised and putting their future work opportunities on the line. The examples demonstrate that the interpreters recognised, in those moments, that the cooperative schemes for protecting the vulnerable clients were dysfunctional, owing to the institutional clients' failure to fully discharge their responsibilities of care. The interpreters' moral selves, informed by a strong sense of moral obligations, prompted them to take initiatives to address the dysfunctionality. The redressive efforts demanded

⁵ All the quotations are taken from Appendix I.

moral actions contradicting their professional code, giving rise to their situational vulnerability.

4.2 Anticipated pathogenic vulnerabilities and the interpreter's moral self emerge as two driving forces for their decisions of care intervention in the form of agency-supporting

Rogers, Mackenzie, and Dodds (2012, 25) point out that “pathogenic vulnerability may be generated by morally dysfunctional interpersonal and social relationships characterised by disrespect, prejudice, or abuse.” In this study, all three interpreters depicted incidents illustrating such morally dysfunctional relationships between the institutional representatives and the individual vulnerable persons, and even between the institutional representatives and the interpreters, manifested in interactions characterised by disrespect and a lack of care on the part of the institutional representatives (i.e., the Home Office interviewer, the social worker, and the duty solicitor). Specifically, Rebecca observed a distinct lack of care shown in the interviewer’s behaviour as she took no interest in or note of the large amount of medication presented by the vulnerable asylum seeker, who reported that he had suffered from torture, in spite of the fact that the medication would be crucial evidence in his asylum claim in the UK. Furthermore, the interviewer was seen to rush through the interview process by pressuring the asylum seeker into providing brief answers and by interacting with Rebecca in a short and abrupt manner. The interviewer’s explanation, upon Rebecca’s prompt, explicating an intention to prioritise her personal interests above everything else, confirmed Rebecca’s concerns that the interviewer’s conduct would considerably jeopardise a fair chance for the asylum claim, and, as a consequence, would compound the asylum seeker’s inherent and situational vulnerabilities. The anticipated pathogenic vulnerabilities, repeatedly highlighted in Rebecca’s comments, played a key role in her decision to interpret with a view to supporting and encouraging the asylum seeker’s agency.

Rogers, Mackenzie, and Dodds (2012) emphasise that pathogenic vulnerability exacerbates a sense of powerlessness and undermines agency, and therefore, call for obligations of care in the form of fostering or restoring agency wherever possible. Rebecca's interpreting reflected such an approach as she tried to enable the asylum seeker's agency by urging him to provide as much information as possible, in contradiction to the interviewer's instructions. Interpreter Wendy also described her efforts to restore and empower agency in a group of mothers by prompting them to ask questions in order to make informed decisions. The anticipated pathogenic vulnerability, as a result of the social workers' interactional style aggravating a sense of powerlessness in the mothers, was reported as a driving force for Wendy's decisions. Wendy explained that she strived to restore agency by advising the mothers "don't sign anything until you've understood everything. You can ask questions. Make sure you know what's in this document." Interpreter Amanda described her initiative to remove the key contributor to her vulnerable client's pathogenic vulnerability, that is, the duty solicitor's incorrect advice, and then to connect the vulnerable client with a solicitor that Amanda knew would enable the vulnerable person's agency. In such a way, Amanda helped to eliminate the anticipated pathogenic vulnerability. This demonstrates Amanda's moral care for her vulnerable client.

Besides the recognition and concerns of anticipated pathogenic vulnerabilities to be inflicted on the vulnerable clients, all three interpreters highlighted how important acting morally is to the conception of the most authentic self. This is reflected in their self-introspective comments such as: "I thought that was the thing I had to do" (Amanda), stressing there was a lack of alternative moral choice in protecting the vulnerable asylum seeker; "It's wrong! If I didn't try to help, who would?" (Wendy), communicating a strong moral stance and a salient motive for moral actions; and "if you don't say something, if you don't do something about it, how on earth could you live with yourself? . . . But my conscience is clear" (Amanda), communicating the paramount importance of fulfilling obligations of care to one's sense of self-worth and value. The comments underline that moral identity constitutes a central aspect of the interpreter's authentic self, and it has provided an important motive driving moral actions.

4.3 Moral distress affects interpreters' emotional well-being, and there is a lack of acknowledgement and guidance

Moral distress refers to a psychological phenomenon experienced by individuals when they face difficulties or barriers preventing them from acting in accordance with their moral beliefs and values due to external or institutional constraints or conflicting rules. Moral distress can have significantly negative implications for an individual's emotional well-being. The internal conflict arising from struggling to uphold one's moral principles can lead to feelings of guilt, frustration, anxiety, and anger. These emotional responses can contribute to increased levels of stress, burnout, and decreased job satisfaction. The impact of moral distress extends beyond emotional well-being and can manifest itself in physical symptoms such as sleep disturbances, fatigue, and physical exhaustion.

Jameton (1984) highlights the detrimental effects of moral distress on healthcare professionals, emphasising the need for organisational support and ethical decision-making frameworks. Similarly, Hamric (2012) explores the impact of moral distress on nurses, identifying strategies to mitigate its effects and promoting resilience. Kherbache, Mertens, and Denier (2022) explore the impact of moral distress on physicians' mental health and job satisfaction. The findings reveal a significant negative correlation between moral distress and both mental health and job satisfaction, highlighting the need for interventions aimed at reducing moral distress and its adverse consequences.

Numerous other studies have examined the relationship between moral distress and well-being in healthcare settings, shedding light on the various dimensions of this complex phenomenon. However, the impact of moral distress on interpreters' well-being is considerably under-explored and deserves urgent attention. The moral dilemmas experienced by the interviewed interpreters, as reported, have had significant impacts on their well-being. Rebecca described the experience as "difficult," "distressing," "it was over 20 years ago, but I can still remember everything." Wendy highlighted that due to the experience, she "couldn't sleep at night thinking about those mothers and their children." She portrayed interpreting in those contexts as taxing and decided to move away

from PSI in general due to job dissatisfaction and having to “choose between being human and being professional.” By the same token, Amanda revealed that she does “not like to talk about it unless it’s in confidence,” showing her fear of being judged, which points to a possible feeling of guilt as a result of violating strict ethical stipulations.

Shown in this study, moral distress, as a result of pathogenic vulnerability in some interpreting contexts, has produced detrimental effects on the interpreters’ emotional and physical well-being. Interpreting researchers, professional associations, regulatory bodies, and policy makers need to develop an in-depth understanding of factors that contribute to moral distress in interpreting and offer appropriate support and guidance. The interviewed interpreters have reported a lack of recognition, support, and guidance on managing moral distress and its effects. Existing stipulations of interpreting ethics do not provide any meaningful guidance on what interpreters should do in situations where non-involvement leads to interpreters feeling that they are being asked to violate their own moral code or to enable something that they believe is wrong, such as when witnessing failure to protect the vulnerable and violation of moral obligations of care.

4.4 Interpreting ethics needs a nuanced understanding of the concept of vulnerability

A pillar of interpreting ethics centres on the expectation of the interpreter’s non-involvement with a view to not causing harm and achieving a fair representation of each interpreting user. This, nevertheless, is premised on the assumption that all parties relying on interpreting are competent social agents with full autonomy, capable of making independent and sound decisions with no compromising conditions. However, interpreting for vulnerable populations involves a particular type of context where vulnerability and needs of dependency give rise to moral obligations of care and justice. The “principle of protecting the vulnerable” (Goodin 1985, 112), which prescribes that we have a direct obligation to prevent harm and to protect the interests of those who are

vulnerable to our actions and decisions, gives cause for the need to develop an adequate conceptualisation of complex and nuanced vulnerability in theorising interpreting ethics.

Moral philosophers and needs theorists (Goodin 1985; Reader 2005; Wiggins 2005) give explicit moral priority to a vulnerable person's vital needs, without which the person in question will not be able to escape from harm nor lead a flourishing life. Such postulations warrant a reconsideration of what an interpreter's responsibilities are when an interpreting client suffers from inherent and/or situational vulnerabilities, whether the vulnerabilities are dispositional or occurrent. A nuanced and context-sensitive analysis of the complex layers of vulnerability in interpreting is essential. When a vulnerable person is unable to communicate in the language used by the powerful party, interpreting often constitutes the fundamental and only route for them to gain access to resources that are vital for their needs of survival and of protection from harm. A lack of theorisation of vulnerability in interpreting ethics fails to recognise a vulnerable person's vital needs beyond language assistance and potentially prohibits an interpreter from fulfilling their important moral obligations as a moral social being. To resolve this urgent inadequacy, which can cause pathogenic vulnerabilities for the vulnerable persons and situational vulnerabilities for the interpreters, interpreting scholars and professional associations can draw from Rogers, Mackenzie, and Dodds' (2012) recommendation of enabling agency and promoting autonomy as an appropriate response to the obligation of protecting the vulnerable, especially when agency is impaired and contravened by oppressive relationships or repressive socio-political institutions.

At the interviews, the interpreters offered interesting examples illustrating various inherent and situational vulnerabilities from which their clients were suffering. The interpreters showed their clear grasp of those vulnerabilities which had impacted their decisions. Their reasons for actions communicate loud and clear the moral obligations arising in the context and their behaviours demonstrated an effort to enable and empower agency in their vulnerable clients. However, their beliefs that they acted outside the scope of interpreting ethics reflect the influence of a distinct lack of consideration of vulnerability that defines the relational characteristics underpinning the interactions

involving vulnerable participants. This demonstrates that a specially tailored set of guidance regulating interpreters' conduct in events in which vulnerable persons participate is not only theoretically relevant but also, more importantly, pragmatically urgent. As Rogers, Mackenzie, and Dodds (2012, 32) highlight, "those who experience vulnerabilities of vital need are susceptible to harms that warrant responses from those with the capacity to respond." Interpreters, as socially responsible and moral beings, should not be excluded from the group/category of respondents in the name of non-involvement. Interpreters' capacity to respond to vulnerability needs to be carefully conceptualised and addressed in interpreting ethics as a responsible assistance in understanding the ways in which professional practices shape and influence parties' and interpreters' vulnerabilities and resilience.

5. Conclusion, limitations, and direction for future research

Interpreting, as a social practice, cannot and should not be divorced from fundamental moral concerns which are key for maintaining a functional social order characterised by fairness and justice. By the same token, interpreting ethics guiding professional conduct needs to be developed in synergy with key moral principles in society. Many existing ethical stipulations can be problematic in contributing to interpreters' situational vulnerability of moral distress when interpreting for vulnerable populations. This study finds that anticipated pathogenic vulnerabilities for the vulnerable clients and the interpreters' moral selves have surfaced as two predominant driving forces for the interpreters' care interventions in the form of supporting and restoring agency in the vulnerable clients. It is also discovered that moral distress in interpreting affects the interpreters' emotional and physical well-being, and their job satisfaction. Further research on this is urgently needed to gauge impacts, and to develop organised support and effective self-care strategies. Last but not least, it is suggested that an adequate and nuanced conceptualisation of the concept of vulnerability is necessary in theorising ethical guidance for interpreting for vulnerable populations. This is important to mitigate interpreters' situational

vulnerability of moral distress and to ameliorate the risk of any potential pathogenic vulnerabilities for the vulnerable clients. Vulnerability studies, such as Goodin's (1985) and Mackenzie, Rogers, and Dodds' (2013) postulations, are particularly pertinent illuminating various facets of vulnerability and its interdependency with moral obligation. Further research in this area will inform and improve professional practice in PSI. A major limitation of this research constitutes the small cohort of research subjects studied. In future research, a larger population of professionals that include male and female interpreters should be recruited to consolidate and allow further findings.

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Appendix 1. Data sheet

Rebecca:

Once I interpreted for this chap who tried to claim asylum, and he was not given the time to make his case. And I had to misinterpret it deliberately. The officer would keep saying "oh, you have to be succinct! you have to be brief!" And I would say: "you have to be succinct, and cover everything. You have to cover everything. This is your first chance. This is your only chance to say all that you have to say." He banged this big blue bag ... (Interpreter makes banging gesture) ... I can still see it ... it was like over 20 years ago ... on the table, with all the medications. He said he'd been tortured. He had, you know, he had a really really difficult case. She didn't even look at it. She didn't make any note of, you know, that he put those medications on the table. And at the end I asked her, because she was quite abrupt with me as well. I asked her if I had done anything wrong. You know. She just said "Oh, no, no. I just need to go and pick up my child from kindergarten." I said OK (interpreter looks shocked)... But that chap was not given the time to actually make his claim fully It's very distressing, very traumatic and unfair ... I know that I did more, more than I was supposed to do in helping him. I know I deliberately stepped outside my role. But I thought that was the thing I had to do. It was an asylum claim. I thought he had to to to to (hesitating and thinking) say to the officer everything he had to say that was relevant to his asylum claim, because this is what the decision was going to be based on. It's based on what he said, and then he would be penalised later on for saying things at a different stage that he did not say at the interview. Am I making sense?

And what impacted me was the fact that she didn't make a note of him banging that bag full of medications for her to see. So, the nonverbal communication didn't get reported, and it's still, still relevant to the claim. I think nonverbal communication ... It's also communication. I would make a point of watching what the officer wrote, but that's not my role ... it's distressing ... it was over 20 years ago, but I can still remember everything ...

Wendy:

I used to interpret in social service settings a lot. It's difficult. (The interpreter looks sad) Mothers were told that their children would be taken away from them but they did not have much of a voice at all. All these legal things were thrown at them and I could not imagine how could they take any of those on board...I couldn't just repeat the words. Sometimes, social workers just wanted to make the mothers sign the agreements and not ask many questions, or even any question, because they didn't have time. I always said to them: "don't sign anything until you've understood everything. You can ask questions. Make sure you know what's in this document." I was told off by a social worker. I suppose she could tell my interpretations were longer than what she said. But I couldn't just interpret the words. No one there to help the mothers. You are in a foreign country and your child is going to be taken away from you. And you cannot have a say or ask questions. Can you imagine the impact? It's so sad! It's wrong! Ok, I may not know the full story but things need to be explained properly and they need time to digest things. If I didn't try to help, who would? The social workers weren't interested. They had their own problems: resources, time, line-managers, etc.... etc.... (The interpreter looks distressed). It's awful. I couldn't sleep at night thinking about those mothers and their children ... I've moved into conference interpreting ... a few years ago ... I am lucky, I can do both. It's better paid and it's much less taxing. It's nothing like that. I don't have to choose between being human or being professional.

Amanda:

If they sought my advice, I would have said: "I'm a language expert. I'm not a professional, not a health professional." Sometimes some might say:

“Oh, can you explain it to the patient as well?” I’d say: “Well, if you explain it to me, I’ll explain it to the patient.” But I’m not. I’m not going to take that responsibility, yeah, of explaining my version. It’s. It’s not. No, it’s not. It’s too serious to be doing that, to assume that. As an interpreter, I don’t give advice...

I actually stopped somebody going into prison because he was being given the incorrect advice by the duty solicitor. I said to him: “I am not sure about the duty solicitor’s advice. I know a very good defence solicitor. I can ask him to look at your case if you would like me to?” And he replied: “Yes.” So I took him to the office of this solicitor that I worked with previously. I said, “Look, of course, you can never assume, but I’m pretty sure this is what happened in this case. He had been taken in because they said he had been violent against members of his family” and I said “I’m pretty sure they just had an argument, and the others thought, if we do this they’ll give him a bit of a scare, and we get our own back.” And yes, it was that. It wasn’t he had been violent towards anybody. It was just somebody trying to get back at him. But had he followed the advice of the duty solicitor by admitting saying that yes, he was guilty, for a lesser sentence, he would have ended up in prison... Well, I thought, Hmm, interpreting is not all about the language. There’s a lot more that is left unsaid. There’s a lot more beyond the words ... Sometimes you do have to intervene and give some information. Then what they do with that information is down to them. But you just have that feeling: if you don’t say something, if you don’t do something about it, how on earth could you live with yourself? I know I’ll get judged. So I don’t like to talk about it unless it’s in confidence. But my conscience is clear.

