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Interpreting and Dyslexia, How to Cope

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“Interpreting and Dyslexia, How to Cope”: Examining reoccurring problems for Dyslexic interpreters and supporting strategies to reduce them.

Elaina Snow

Western Oregon University

An action research project submitted to Western Oregon University
In partial fulfillment of the requirements for the degree of: Master of Arts in Interpreting Studies
April 2020



**WE, THE UNDERSIGNED MEMBERS OF THE GRADUATE FACULTY OF
WESTERN OREGON UNIVERSITY HAVE EXAMINED THE ENCLOSED**

Action Research Project Title: Interpreting and Dyslexia: How to cope.

Graduate Student: Elaina Snow

Candidate for the degree of: Master of Arts in Interpreting Studies

*and hereby certify that in our opinion it is worthy of acceptance as partial fulfillment of
the requirements of this master's degree.*

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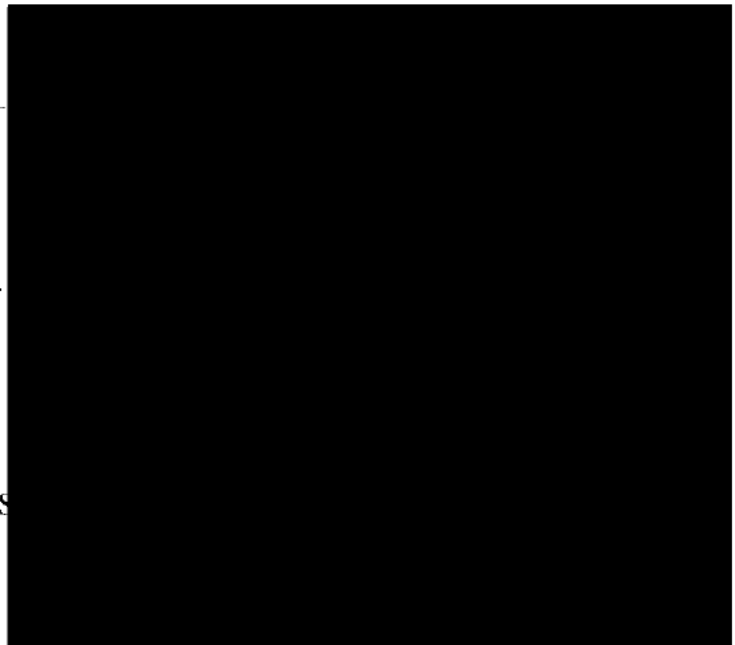
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ACKNOWLEDGMENTS:

I can not begin to thank the people who helped me with this paper, and my journey through the interpreting field, and master’s program. I have learned so much about myself, the field, and my interpreting work throughout this.

First, I would like to thank my family Diana, Dan, and Jordan Snow for always being there to support me when no one else believed in me-sometimes not even myself. Thank you for not giving up on me in elementary school all the way to completing my masters program now. I truly would not be the person I am today without you guys. I love you.

I also want to thank my best friend and interpreting colleague Caitlin Masterson. Thank you for all the emotional support from dance parties in the living room, helping me proofread my work, and letting me bounce ideas off you. I loved that you are locked in with me on this journey.

Elisa, thank you for always responding to me so quickly, and at all hours of the night when I didn’t know where to go with my project. Or needed to take a drastic turn. I would spend my time freaking out and one conversation with you puts everything into a reality check, calms me down, and can keep me moving forward.

Amanda thank you for always being there and showing me, I know what I am doing even if I did not know it then. You instill inspiration and confidence in me that helps me do big, great, scary things.

Erin, Sarah, Vicki: Thank you for everything! You have helped me grow exponentially from starting undergrad in the interpreter training program to now finishing up my masters. I appreciate your ongoing encouragement, support, and words of wisdom.

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ABSTRACT:

This action research project is about how Dyslexia influences the physical and cognitive aspects of the interpreting process. Dyslexia is a spectrum and does not influence everyone to the same degree. Therefore, this study will be limited to testing several strategies provided by a variety of interpreters on only one participant, myself, who has Dyslexia. I applied a variety of coping strategies for different cognitive and physical aspects of Dyslexia to my interpreting work. Next, I found a common theme between interpreters that have Dyslexia. Once I figured out a common theme, I picked a few strategies to test and compared the accuracy from the original interpretation to the accuracy once the strategy was implemented.

Keywords: Dyslexia, interpreting, cognition, coping, strategies

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CHAPTER 1: INTRODUCTION

These days we no longer think of interpreters as machines using the conduit model to interpret. The conduit model is a way of thinking of interpreters as a passive conveyer of messages like a telephone (Wilcox & Shaffer, 2005), that they are only there to interpret the message with no influence, and essentially invisible to the interaction. As researchers are studying the process of interpreting, they need to be able to take a holistic approach to not only the process, but the human errors that occur too. One topic that has seldom been addressed in the interpreting field is interpreters who have disabilities. This could include physical disabilities such as Parkinson’s, Cerebral palsy, or cognitive disabilities such as Bipolar Disorder and Obsessive-Compulsive Disorder. These disabilities would each impact the interpreting process in a different way; as such I will be focusing on just one cognitive disability: Dyslexia. In this project when I refer to interpreting, I will be talking about English/American Sign language interpreting. Interpreting is the act of taking meaning from one spoken or signed language into another spoken or signed language, while mediating culture and grammar. Janzen (2005) states: “I would contend that interpreters who interpret between English and ASL are working with two languages that have very differently constructed grammars, used by two groups of people whose cultures also differ greatly in at least some respects” (p. 71).

STATEMENT OF THE PROBLEM:

In this action research paper, I will report on research about Dyslexia and how it influences the interpreting process both cognitively and physically for one interpreter. Being an interpreter with Dyslexia, I find that the Dyslexia affects my work in a number of ways. For example, I sometimes struggle to find the correct words to use. I often mix up words that sound

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the same or have similar meanings both in everyday life and during work. My understanding and processing of what others say or sign to me in everyday conversations can become skewed or misunderstood even when not interpreting. Another example is that I struggle when a process or a sequence arises in the source message. These are just a few examples of how Dyslexia can influence my work as an interpreter. I chose to look at this disability, because unlike in other practice professions, such as teaching or nursing, the interpreting profession currently has little to no research on the influence of Dyslexia on our work as interpreters.

Before I move on to the purpose of this study, I would like to explain why this research is important to me personally, and for other people like me. I grew up knowing I was different, I was diagnosed with Dyslexia and other learning disabilities by second grade. When I was in elementary school, they told my mom I would need a modified diploma to graduate high school, I would need to find tutors and extra supports at home, and college was out of the question. That is when society started to define what I could and could not do with my life. My mom did not agree and told the school I would graduate with a standard diploma. She told the specialists that in addition to what my parents were doing for me, it was their job to find supports to help me become a successful adult. This is just one example of how people with Dyslexia are being barred from schools, work, and society in general. With the correct supports they can join in and live successful lives. This research will provide the bare minimum of strategies that interpreters with Dyslexia can use to engage in the interpreting field and have every opportunity to join on an equal playing field.

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THEORETICAL FRAMEWORK:

That brings me to the framework that this action research paper will be centered around. I will be focusing on disability theory. Within disability theory there are two sub categories, the social model, and the medical model of disability. The social model of disability started to arise during a disability rights movement in 1975. However, it was Mike Oliver who coined the term “social model.” During that movement, an organization named The Union of the Physically Impaired Against Segregation (UPIAS) defined the difference between “impaired” and “disability.” Paul Hunt founded this organization in 1972 by having disabled people form a group to confront disability issues. UPIAS (n.d.) discusses:

Impairment as lacking part of or all of a limb, or having a defective limb, organ, or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. Physical disability is therefore a particular form of social oppression. (As cited in National Disability Arts Collective & Archive, n.d.)

This aligns with interpreters with Dyslexia because interpreters with disabilities are being oppressed, and not allowed in the field with reasonable accommodations. According to a web page by the University of Leicester (2015) the medical model can be explained as:

This medical model approach is based on a belief that the difficulties associated with the disability should be borne wholly by the disabled person, and that the

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disabled person should make extra effort (perhaps in time and/or money) to ensure that they do not inconvenience anyone else. (2015, The social and medical model of disability, para. 3)

When people think about Dyslexia, they tend to think of it as a reading disorder; that it is a problem the individual must manage alone. The social model could be considered the opposite of the medical model. University of Leicester (2015) also states: “The social model is more inclusive in approach. Pro-active thought is given to how disabled people can participate in activities on an equal footing with non-disabled people” (2015, The social and medical model of disability, para. 4). This action research project will be focusing on the social model. We must stop thinking of interpreters with disabilities as people who have barriers they must overcome alone and start thinking of how we can better support these interpreters. Although it is impossible to be with a person with Dyslexia inside their head, through the lens of the social model, we can spread awareness of what Dyslexia truly is, and how to support people with Dyslexia.

Moreover, my feeling of being different did not stop after I graduated high school. Once I entered college and started taking ASL classes and later interpreting classes- I noticed how easy it seemed for people to acquire new skills quickly. I did everything I was told. I went to Deaf events, I made Deaf friends, I practiced, but still it did not seem like enough. I was scared to bring up my disability to people in my cohort for the fear of being perceived as dumb. Often that left me with the choice of staying quiet in class or taking the chance. Often, I chose to be quiet. I have come to realize what a disservice I did to myself, and my cohort because I did have valuable information to share and a different perspective to bring to the table. Now, that I have graduated and am working as an interpreter, I have been approached by a young student with

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Dyslexia who wants to become an interpreter. This young student is afraid that it is not possible because of their disability. The medical model of disability theory that society has used for so long has failed us. I want to change that perspective as we move to a more progressive view in the social model. It is not our job as the disabled people to manage it ourselves, but the interpreting field’s duty to be sure we can participate equally. Just as I believe that my classmates could have learned from me, I think the interpreting field can learn from interpreters with disabilities. I believe if we start using the social model of disability and finding these supports for interpreters with Dyslexia or any disability, we can expand our field by seeing new perspectives from interpreters, understanding use of language, and improve our work.

The purpose of this study is to find out how message equivalency can be improved in interpreters with Dyslexia. The main question of this action research is not only how Dyslexia influences the interpreting process, but what supports exist to minimize this influence. This was done by figuring out common themes’ interpreters with Dyslexia faced through open-ended questions on a survey. I took some of the strategies given by these anonymous interpreters and applied them to myself. To assess if a strategy was successful, I looked to see if the message equivalency improved or diminished based on the strategies used. Afterwards, I had a “tool box” full of different strategies for myself and other interpreters to use for their own practice. I believe that this research is important because Dyslexia cannot be cured; it is a life-long cognitive disability. However, we can learn to manage our own careers through coping skills and strategies. Additionally, others can learn how to work with interpreters or consumers that have Dyslexia by learning about appropriate supports we can implement as a profession.

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CHAPTER 2: LITERATURE REVIEW

Before we can talk about Dyslexia, we need to be able to define what Dyslexia is. The common belief about Dyslexia is it is just a reading disorder. But Dyslexia can influence our personal and professional lives because it influences the way we interact with others, and the way we understand the world. The Merriam-Webster dictionary defines Dyslexia as “a variable often familial learning disability involving difficulties in acquiring and processing language that is typically manifested by a lack of proficiency in reading, spelling, and writing” (Dyslexia, n.d). However, Dyslexia influences more than just reading, writing, and spelling abilities. According to Dictionary.com Dyslexia is: “Any of various reading disorders associated with impairment of the ability to interpret spatial relationships or to interpret auditory and visual information” (Dyslexia, n.d.). As noted by these definitions about Dyslexia, it influences more than just reading ability and can hinder someone in a multitude of ways.

Moreover, Roderick and Fawcett (1995) worked on a control study with children comparing Dyslexic children to their non Dyslexic peers. They noted that there were significant deficiencies not only in phonological areas, but equally having deficits in other areas as well. Roderick and Fawcett state: “it is evident from those tasks on which Dyslexic children performed significantly worse than their RA controls that are indeed significant phonological deficits, but these occur in parallel with deficits in processing speeds, motor skills, and balance” (Roderick & Fawcett, 1995, p. 10). This is just one example where we can see tested data of Dyslexia influencing more than just reading abilities.

Moffatt-Feldman (2015) explains more about how Dyslexia influences the cognitive aspect of learning languages, including signed languages. According to Moffatt-Feldman:

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Dyslexia is defined as a language processing disorder...It is understood that difficulties occur due to the brain's conflict over processing auditory and visual information (ibid). Individuals with dyslexia can exhibit symptoms of weak short-term and working memory, slow processing speeds, poor phonological processing ability and difficulty with syntax and grammar. (Miles, 1993 as cited in Moffat-Feldman, 2015)

We have come to understand the interpreting process the more we research it. One way of understanding interpreting would be to look at Ingram's semiotic model (1974). This model explains how interpreting requires extra effort to understand the meaning/encode, decode meaning of what is being said, interpreting with extra paralinguistic demands, and working with forms (how the message is coming to the interpreter and back out).

The interpreting process requires interpreters to simultaneously or consecutively process depending on the situation, to process language both visually and auditory, remember sentences in the short term, figure out the meaning of what is being said, and switch grammar structures between languages (Cokely, 1992; Colonomos, 1997; Gile, 1995). There are many kinds of cognitive models and paradigms for interpreting that explain what interpreters do. They have been evolving overtime as we learn more about interpreting. I will not be making an exhaustive list of all these models and paradigms, but I will explore some of the main concepts to explain what the process looks like for interpreters.

An early paradigm for interpreting was called “the helper model.” The helper model was often friends, neighbors or family members who interpreted (Frishberg, 1986 as cited in Wilcox

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& Shaffer, 2005). These people that volunteered were not trained or paid. This ideal also suggests that Deaf people could not care for themselves without a helper (Frishberg, 1986 as cited in Wilcox & Shaffer, 2005). This idea is no longer the common belief. Deaf people are just as capable of doing everything a hearing person can.

Another paradigm that came after the helper model is the conduit model. This was the idea that interpreters were thought of as a machine simply passing the message from one person to the next. Wilcox and Shaffer (2005) suggest that the helper model was thought of as intrusive, and interpreters should do nothing to interfere with Deaf people’s autonomy. Moving to this paradigm is a step in the right direction from the helper model, but still does not take into account that interpreters are humans too, that make errors.

Moreover, the interpreting field started to understand cognitive interpreting models. Wilcox and Shaffer (2005) implies that Cokely (1992) created the sociolinguistic model to move away from the conduit model paradigm. This model suggests that interpreting is a parallel process, but some parts happen simultaneously and not sequentially (Stewart, Schein, & Cartwright, 1998 as cited in Wilcox & Shaffer, 2005). Here researchers noted that interpreting has a cognitive aspect, and there is more to take in about what is happening during that process.

The Colonomos pedagogical model (1997), which focuses on meaning equivalency, came next. According to this model, the interpreter must find the meaning from the original source, analyze it themselves, and put an equivalent message back out into the target language without relying on the source messages words (as cited in Wilcox & Shaffer 2005) In this cognitive model we see that the interpreter has to think for themselves about what they are hearing/seeing. This is the opposite of the conduit paradigm thought process where they just sign what they hear.

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In this model the interpreter has to make meaning from what they understand is being said/signed.

If interpreters are trying to work through the interpreting process while dealing with extra struggles, it might be wise to find solutions to help with language processing times. In addition, there are some other ways Dyslexia can influence someone personally and professionally.

According to the Mayo Clinic website (2017), some ways Dyslexia can influence people are noticeable at different ages. Before school age these can include: talking late; slow to learn new words; problems with forming words by reserving words or mixing up words that sound similar; problems remembering names, colors, letters, and numbers; and trouble with rhyming. During school ages people with Dyslexia may experience: low reading levels for their age, problems processing/understanding what is being heard, having difficulty forming correct words or answering questions, trouble with sequencing, difficulty with seeing and hearing differences in letters in words, struggling to sound out unfamiliar words, trouble with spelling, avoiding reading activities, and taking a long time to do reading and writing activities. Teens and adults have the above problems but also include: struggling to summarize a story, trouble with math, having a hard time understanding figurative language such as “piece of cake,” and problems with memorizing. Moreover the Mayo Clinic (2017) suggests that all these possible effects on a person can influence them personally and professionally because it will hinder their education. It may also hinder their social development by having the person feel anxiety, aggression, and withdrawn from their peers. When people are limited in their education and social development, it will stop them from reaching their full potential. These possible language deficits are important to note in interpreting work. Interpreters encounter all types of language and discourse. If an interpreter does not understand where they have language deficits, then they can drastically skew

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the meaning of an interpretation without even knowing it. Skewed meaning results in the message being misinterpreted, whether intentional or unintentional. As dictionary.com stated Dyslexia may influence the use of space; Dyslexic people often mix up their left and right. This is important for interpreters to know because they can drastically skew the message when mixing up left and right or the use of space in an interpretation. Use of space is important in American Sign Language because it connects concepts, compares things, places subjects to be referred to later in the message, and helps with verb agreement (for example, ASK-HER, GIVE-HIM). American Sign Language cannot work without this use of space. According to Lucas (1990) who writes,

In fact, the signing space can be conceived of as representing an abstract three-dimensional space. The verb 3-CL:BE LOCATED-AT-x locates the car (since CAR is the subject of that verb) in a three-dimensional space. Loci in signing space ahead of the fingertips represents positions ahead of the vehicle. The space besides the palm represents space to the side of the vehicle...(Lucas, 1990, p. 194)

As this explanation indicates, ASL users use space to refer to other subjects in the message. By skewing spatial features, parts of the message may be skewed. This type of skewing can influence people’s lives, whether skewing simple directions that make them late or even life altering mistakes at a doctor’s appointment.

Some other factors to note in this study are connected to fingerspelling and parameters in ASL and why these factors are important. Fingerspelling is an important part of ASL because it indicates names, subjects that may not have signs yet, important terminology to know, such as medications or vocabulary in classes. According to Moffatt “However, having dyslexia is a clear

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hindrance in fingerspelling comprehension. This in turn can cause an anxiety fueled learning journey shown by over half of respondents stating they had a negative emotional response from fingerspelling in front of peers” (Moffatt, 2015, p. 22). When interpreters struggle to understand, produce, or are even scared to do fingerspelling in front of peers, that will in turn make the interpreting process harder. That is why we need a strategy to help eliminate the problem or lessen the effects of it.

When thinking about parameter mistakes which include the handshape, movement, location, non-manual signs, and palm orientation of a sign, having just one of these off can change the sign to a new sign, which would be confusing. For example, the sign for MOM and DAD are the same except for location MOM is on the chin where DAD is on the forehead. Think about this in terms of English. If someone was telling a story about them and their dad on the lake, and mid story they say my mom in place of dad, that might be confusing about who was with them at the lake. This applies in ASL as well.

Therefore, the reason I picked this specific learning disability is because not only does it affect my interpreting work, it influences a portion of the world’s population. About 5-17% of people have Dyslexia as mentioned by University of Michigan’s “Dyslexia Help” (2019) website.

Other practice professionals have noticed the influence of Dyslexia on their work and have done research on how to cope with it. These professions include teaching and nursing. Thinking back to the medical model of disability people are often skeptical about professionals who have Dyslexia. It is common for people to believe that Dyslexia is connected to one’s intellect. In an article discussing Dyslexia in the nursing field, Murphy (2008) states that:

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According to Wright there is a broad perception amongst healthcare professionals that associates dyslexia with unsafe practice. For example, staff raised concerns about the potential to confuse medical terminology and the accuracy of interpreting information at speed. This perception, which is debated at length in the literature, creates an immediate negative impression of the disability and therefore any associated strengths of being dyslexic are rarely known or acknowledged. (Murphy, 2009, p. 342)

In addition, it was noted that when practice professionals have the proper supports those with Dyslexia do better in their careers compared to those who do not have Dyslexia. According to Wright (2000):

There does not appear to be any evidence to suggest that people with dyslexia cannot cope with studying or becoming a qualified nurse or midwife. What little evidence there is suggests that students with dyslexia do go on to become nurses but are better students and practitioners when given appropriate support. (As cited in Murphy, 2009, p. 342)

This same idea can be applied to the interpreting field. Currently, we have no supports for interpreters with Dyslexia. The medical model prevails, and interpreters must fend for themselves.

Furthermore, because Dyslexia has a stigma many people do not feel comfortable disclosing that they have Dyslexia. However, those that do disclose that information believe that they have an advantage compared to their non-Dyslexic peers. One example of this can be seen in the article by Riddick (2003) when explaining about the teaching profession and Dyslexia. As suggested by

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Riddick, “Teachers also felt being dyslexic was an advantage in giving them insight into using alternative teaching strategies and really being motivated to help struggling children” (Riddick, 2003, p. 395). Just like the interpreting field we all approach the work in different ways. If interpreters can implement a social model when thinking about interpreters with Dyslexia and giving interpreters appropriate supports, they will be able to see the work differently which could allow for different perspectives and effective communication. To go along with Dyslexia being an advantage Riddick (2003) states: “Two (one trainee, one newly qualified teacher) were ambivalent. They thought it made them a better teacher but at the cost of having to work harder and feel more insecure” (p. 394). This is looking more through the lens of the medical model. The school system has put it on the teachers to find the best way to become an effective teacher. If the schools offer more support than the teachers could focus on teaching without having to deal with additional barriers.

Interpreting is a lot of work. Humphrey’s (2015) work focuses on stress and burnout rates of interpreters. The author suggests “sign language interpreting is extremely demanding work – emotionally, intellectually, physically, and ethically” (Heller et al., 1986, p. 432, as cited in Humphrey, 2015, p. 5). We must manage two messages for equivalency, observe backchanneling to be sure we are understood, and monitor a variety of demands. The demand control schema (Dean & Pollard, 2013) is a way for interpreters to explain and compartmentalize things occurring in their work. Demands are not demanding, but simply a fact that is happening. Demands fall into four categories: environmental, interpersonal, paralinguistic, and intrapersonal. These can be called EIPI for shorthand. Controls are a list of all possible options interpreters have. The options can be on a spectrum of conservative to liberal (Dean & Pollard,

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2013). When thinking about better support for interpreters with Dyslexia we need to look at coping strategies for working with people who have Dyslexia.

In the article by Child and Langford (2011), the authors mention how nursing students with Dyslexia felt about working with mentors. Often students felt that their mentors did not understand their needs or how to support them. Child and Langford (2011) state:

Some mentors did not always have appropriate expectations of students’ practice, and therefore missed important learning opportunities. Many mentors did not understand the importance of the time frame for completing documentation, adding additional stress to the students’ learning and practice experience.

Interviewees also felt clinical mentors and staff lacked understanding about the problems affecting people with dyslexia. They wanted the university to send information about dyslexia to the clinical placement areas. (p. 44)

This is a perfect example of why it is important to focus on a social model of disability when focusing on interpreters with Dyslexia. Even if you do not have Dyslexia you may mentor, team, or interpret for someone who does. Therefore, we must have supports, coping mechanisms, and strategies for people with Dyslexia. If the interpreting field does not understand Dyslexia, how can we expect to work with people who do have it? Our field is about successful communication that means for both the hearing and Deaf consumers, but also between teams, mentors, and colleagues.

As we can see from the literature Dyslexia is not connected to someone’s intellect, but the processing of what is being heard/seen by the Dyslexic person. We can also see there is a lack of understanding from non-dyslexic people about what Dyslexia is, and how to work with

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people who are Dyslexic. It has been shown in other practice professions that Dyslexic professionals can excel in their careers if given the chance and proper supports.

CHAPTER 3: METHODOLOGY

In this action research project, I collected data by using several different methods. My first method of collecting pre-data included self-monitoring during interpretations, practice sessions where I had a colleague collect data on what they see, and a notebook where I listed examples of things such as skewed meaning, use of space, fingerspelling mistakes. Next, I used the information I had from my research on Dyslexia, and what I noticed in my work to create a survey to see if this is common for other interpreters with Dyslexia. I collected data by sending out a snowball survey for interpreters with Dyslexia on social media. Before I could send out my survey, I had to get approval from the institutional review board (IRB). After I received approval the survey was sent out. I collected information about their interpreting process such as “Do you have a problem setting things up in space?” If they responded with yes, then the survey asked open ended questions where they described situations, stories, anything they need to get their point across. This survey also asked for their coping mechanisms for each question they responded yes to. Once I have enough data on the disability itself, my work, and other interpreters, I started looking for commonalities that manifest in interpreters with Dyslexia and strategies they use that overlap.

For my post data collection, I interpreted an original work sample from a TED Talk, this was my normal interpreting with no strategies applied. I reviewed the video I was looking for: fingerspelling accuracy, use of space, processing time, and parameter mistakes. I took the coping strategies from the survey that I picked from the list that interpreters mentioned. I applied the strategies to myself using the same source text that I used for the original interpretation. I made several work samples using the same text for each strategy I wanted to test out.

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When I looked at fingerspelling my first strategy was to look at my right hand and place my left pointer finger on my right wrist while fingerspelling. My next strategies were for use of space. I used the strategy of “anchoring” (touching my hand once I establish something). I also used reestablishing as I go throughout the interpretation. For processing time, I did a consecutive work sample. I had another interpreting colleague look at both the original video and the consecutive work sample to see which message was more equivalent to the English source text. Next, I looked at parameter mistakes. I saw which of the five parameters were off (location, movement, palm orientation, non-manual signs, and handshape). I looked at parameter mistakes from a simultaneous work sample, and I documented which ones were skewed and how. Then I practiced them and did my consecutive work sample where I recounted and documented the mistakes made. I looked for possible reasons why these parameters were skewed and what could be done to fix them. Finally, I compared which strategies were the most beneficial and put them in order of most beneficial to least beneficial based how the percentage of accuracy changed. I collected data from a variety of interpreters that vary in race, gender, age, region, and interpreting experience with Dyslexia. When testing strategies, I tallied how many times I got one category; for example, I tallied whether fingerspelling was correct or incorrect, along with examples of what I signed and how it was wrong. Then I was able to compare it to the new interpretation to see if it changed to correct or if it was still incorrect and looking to see if the percentage increased, decreased, or stayed the same in accuracy. I will be able to answer my research questions by using this data because it will give me the information on how Dyslexia is influencing the interpreting processes. This data will also be beneficial to my goal of minimizing the influence of Dyslexia because it will show common problems, and the ways to cope with them even if it does not solve the problem altogether.

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LIMITATIONS OF THE STUDY:

There will be personal bias with this research. Everyone with Dyslexia does not have this disability to the same degree. Meaning that I can put the strategies in an order I believe was the most beneficial, but that may not be the case for another interpreter. That is why the tool box full of strategies will be generalized for people with Dyslexia, but my research is more specific to my personal interpreting process. One limitation of the study would be that I used the same source text for all the work samples to be sure that everything was equivalent. However, that means that the original work sample was a “cold” text meaning I did not preview or research anything before interpreting it. And as I continued to make work samples it started to become a “warm” text where I had watched it and knew partly what would be said. The use of space results are influenced by my familiarity with the text. Yes, the results showed that it jumped to 100% accuracy, but that could have been because it was my second time viewing it. I knew what role shifting would be happening and when things would need to be set up in space. That could have skewed the data.

CHAPTER 4: RESULTS AND DISCUSSION

Before I begin with what I found in my research, I will be explaining why I picked the four categories (fingerspelling, use of space, parameters, and processing time) I did. In my pre-data I found a lot of mistakes in examples of fingerspelling, parameters, use of space, and a lot of false starts and processing times. Once I did some research on what Dyslexia is and how it influences people, I noticed commonalities to my biggest mistakes that I mentioned above. When looking at a variety of different things that affected Dyslexic interpreters in my survey the top concerns that most people in the survey have dealt with were fingerspelling, use of space, and parameters. I added the fourth category of processing time because some interpreters touched on it but did not explain in enough detail for me to put it in a top category. However, my pre-data, and the research had shown that it could have been a problem without people being aware of it. When all those categories aligned together and matched my survey participants, I knew these were the biggest categories to test.

I would like to start my results with Fingerspelling. My snowball survey showed that out of the survey participants that are interpreters with Dyslexia, 50% of them struggled with fingerspelling. Despite fingerspelling being a struggle for half of the interpreters surveyed, Dyslexia falls on a spectrum and each person may experience it differently. Some interpreters struggled to process the auditory part of what they were hearing making it so they could not produce fingerspelling. Others struggled with getting “finger tied,” adding in extra letters (77% reported this), and misspelling words. To address this, I picked the strategy of looking at my hand and touching it. That way it forced me to slow down and think about spelling. It is important to note I only tested expressive fingerspelling, but many interpreters expressed

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struggles with both expressive and receptive fingerspelling. When I tested this strategy, my original interpretation had a 57% success rate with fingerspelling in the video. Once I applied this strategy, I noticed in my second work sample my accuracy increased to 85%. That seemed to be quite the increase. I will note, that when I first started this strategy, I had a hard time paying attention to my hand and listening. The Gile’s (1995) effort interpreting model was the first thing that came to mind.

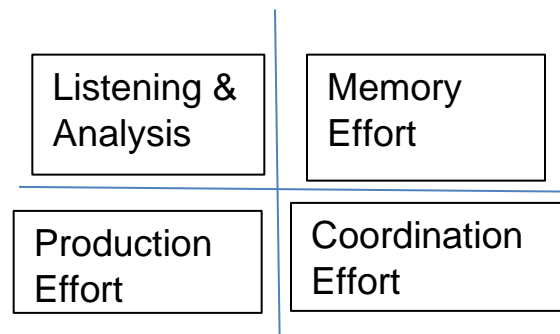


Figure 1. Gile’s Interpreting Effort Model. Adapted from Giles (1995).

In the book Gile (1995) explains the interpreting process, and his interpreting effort model. Gile states: “Interpretation requires some sort of mental ‘energy’ that is only available in limited supply” (Gile, 1995, p. 161). I had to use all my mental energy to focus on fingerspelling production, that I was not able to put any mental energy into listening and memory. That means I was missing a lot of information being said. This is a problem because it can skew the message. I did start to notice after some time in the video it did become easier to manage both listening and production. When using this strategy, you should weigh your individual pro’s and cons of how much is the fingerspelling affecting the overall message and if this strategy will benefit you or hurt you.

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Next, I worked on use of space. I did this by “anchoring” the sign (touching my hand) and reestablishing the signs throughout the interpretation. I encountered the same problem at first as I did with fingerspelling. It took me more time and effort to stop and touch my hand and reestablish the signs. Meaning I needed more processing time because I could not remember what was just said, or what the true meaning was. My survey showed that 58% of Dyslexic interpreters struggled with setting things up in space. Interpreters often would mix up what they have established. For example, they may have placed a lake on their left and changed without realizing by pointing it on the right. That causes skewed meaning if something else was placed there in the meantime. Or maybe their role shifting switched sides making it confusing who is saying what. My original interpretation I used space correctly 70% of the time. After I applied the new strategy, I saw that the accuracy of using space jumped to 100% correct. As I stated in my limitations of the study, I went from a cold text to a warm text when testing this. Therefore, the jump in accuracy could be attributed to the fact that I was more familiar. However, it is important to note that using this strategy forced me to use space more than I did in the original video. I would suggest that interpreters working on using space more often should use this strategy. It is beneficial because it makes interpreters think about where they are placing things or have placed something already.

In addition, I worked on my processing time. Dyslexia causes problems with language processing both in visual language and auditory language. In the original interpretation there were clear false starts, and language processing happening in the video. I tested this by doing a consecutive work sample instead of simultaneous as I did with the rest of the work samples. I had a colleague look at both the original work sample, and my consecutive work sample. They reported that the consecutive work sample was more accurate to the English message. There

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were several reasons for this. First, in the simultaneous work sample there were big chunks of information that had run on sentences. Next, I was not able to put my hands down and think about things such as grammar and sentence boundaries. My mind was putting so much of mental energy in listening and production that I could not actually process what I was hearing. It seems that when you can not process the language you fall into the category of assigning a sign for an English word. Much like the Gish tree (1987) I was focusing on a lot of the details I was hearing, trying to fit in every small detail I heard. That actually caused skewing of the message. For example: the English was “counting the presenter;” I signed, “COUNTING,” like counting numbers. But the true meaning is *including* the presenter. I was not able to look at the main point and fully process the language when I had too much going on in my process. In the consecutive example, they noted clear sentence boundaries, main points, and missing information included that was not in the simultaneous work sample.

Finally, I did parameter mistakes. The survey showed 69% of interpreters with Dyslexia had parameter mistakes in their interpreting work. I tested this by looking at what specific signs I did the wrong parameters for, and what parameters were off. I documented all exact signs of what I wanted to sign compared to what I did sign. I noticed that none of the signs were complicated—but ordinary signs such as: “WE, HER, SENT, IF.” These signs are typical, basic ASL signs that I know how to sign properly. Meaning the issue was not with the sign itself but appears to be connected to processing time. I believe that the process of assimilation (when a sign is influenced by the sign before or after it) and processing time was affecting what I signed. For example, if I had not had time to process the language, I could not have fully decided which sign I wanted to do. I would mix up two signs and make them into one. I also noticed when English words tended to sound the same or have similar signs, I would get confused. There was

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clear language processing when this occurred. I would freeze and leave my hands how I left them as I thought about which sign I wanted to sign next or retrieval of the sign was hard to pull from memory, as I was listening to the source text. Two examples include: The English was “Failure” I signed “FIGURE OUT;” the signs are similar and the English sounds similar as well. Another example is when the English was “competition,” I signed “CHALLENGE.” The handshapes are similar, and the English not only sounds alike but typically *challenge* and *competition* would belong in the same semantic category when thinking about English words that tend to be grouped together. I believe these are also connected to assimilation because it was not one particular parameter that was always off. For example, it was not always that the handshape parameter is off or the location. In fact, when I placed them in parameter error categories each category (handshape, location, non-manual signs, movement, and palm orientation) had equal amounts of mistakes in all categories. When I documented these signs, one thing to note would be I knew when these mistakes were happening. In fact, in the simultaneous work sample 55% of the time I fixed the signs in the moment. Which was one strategy that I do on my own that other interpreters suggested but was not a tool I was testing. Furthermore, I expected to find a decrease of parameter mistakes when I had more time to process the information during the consecutive work sample. When I look at the parameter mistake from the consecutive work sample, I did still have mistakes happen. However, there were fewer mistakes. Out of this 100% percent of the mistakes made, 33% of the parameter mistakes were because I could not figure out which sign I wanted to use. Of the remaining 67% of the parameter mistakes that were made, 75% of the time before moving on I realized I made a mistake and fixed in the moment. Compared to 55% in the simultaneous where my mental energy was elsewhere and could not process that I made errors.

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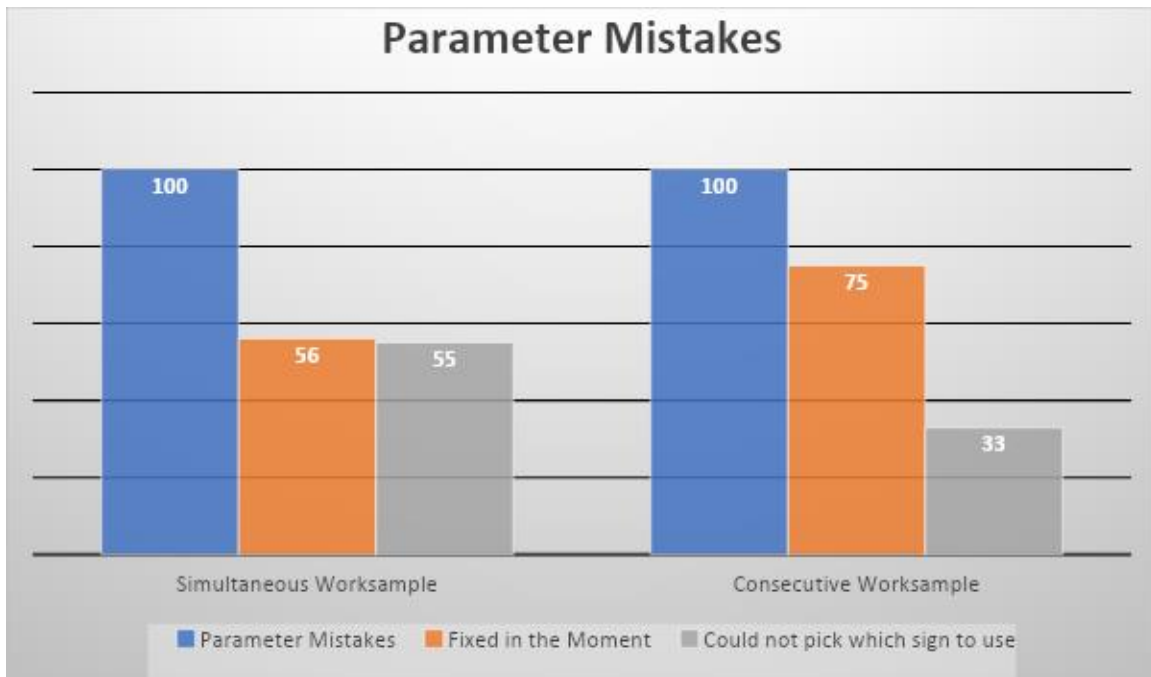


Figure 2. Of all the parameter mistakes. How many could be fixed and how many were related to sign choice.

After testing and reviewing the data it seems the best strategies seem to be in the order of:

1. Anchoring/ reestablishing the sign (100% accuracy)
2. Fingerspelling look at hand/ touch wrist (85% accuracy)
3. Consecutive work (overall message was more accurate to source text)
4. Parameter mistakes (when doing consecutive 75% fix in moment)

However, when looking at the overall message. I believe for my interpreting process the most beneficial was processing time, fingerspelling, and anchoring. When I had time to really think about what I wanted to sign I got more of the message, and its true meaning. I know consecutive is not always an option when interpreting, but I suggest using consecutive if you

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can, and if you cannot work on your processing time so you can think more and not rush to stay right on every word the speaker is saying.

CHAPTER 5: CONCLUSION

In conclusion, this action research may be beneficial to interpreters with Dyslexia. What works for one interpreter may not work for all. Dyslexia still has many unknowns and we are not sure how and why it affects people the way it does. I have answered my research question and found several ways Dyslexia influences the interpreting process, and now I have a tool box full of strategies to try (strategies can be found in the appendix) to eliminate the problem or help with message equivalency. By understanding how Dyslexia influences our language processing we can take the next steps as a field to work on coping mechanisms. This type of research can go beyond Dyslexia to other types of disabilities. This research may also lead to further research in how to work with Deaf consumers that have Dyslexia, and how that may influence their signing process. For example, if you are a teacher of the Deaf or an interpreter working in a k-12 setting, this research may provide ideas for how to work with a deaf child with Dyslexia. You may notice some Deaf students struggle with use of space or many parameter mistakes. The strategies identified in this study may be implemented to see if they help.

For future research, I would suggest replicating the study to see how the data compares when other interpreters who have Dyslexia use the same work sample or try the other suggested strategies in the survey. Moreover, research could be done on interpreting from ASL to English instead of just English to ASL. Many interpreters mentioned problems with ASL to English interpreting work. Finally, I would suggest seeing how acquiring ASL as someone who is Dyslexic trying to learn the language whether that is a hearing student, child of a Deaf adult (CODA), or Deaf students learn language/ASL and see if understanding Dyslexia more can help with language fluency and understanding.

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APPENDIX

Tool box of strategies to apply, provided by Dyslexic interpreters.

Tool Box: Setting things up in space	Parameters	Fingerspelling	Processing time:
Have team ready	Revisit/practice signs	Look at hand	Write things down
Be open about being Dyslexic	sleep/health	Touch wrist	Take time
Own mistake	Stop and think about handshapes	Correct when consumer looks confused	Slow down
Let consumer know what is happening (EX: Struggling)	Stay aware/ slow down	Avoid fingerspelling	Self-care: health/sleep etc.
Anchoring	Try to fix it	Mouth word/ first few letters then trail off	
Reestablishing/ re-labeling	Ask for clarification (receptive)	Slow down/ being deliberate	
Slow down, keep calm, structure		Picture word in your head	
Focus on it during interpretation		Relax hand/ not stiff	
Keep pointing to correct spot		Practice with Pattie workbooks	
Don't think left and right		Expand	
		Tell Deaf consumer you don't know how to spell it	
		Team	
		Sound out/ try your best	
		Write down/ have team write it down to look at	
		Expand vocabulary	
		Shake hand establish temporary sign	
		Practice words for muscle memory	
		Write notes about words you struggle with	