

Invisibility vs. Transparency
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Most well trained interpreters know that a degree of invisibility and transparency is needed for them to exercise their duty.

But, despite the similarity in concept, invisibility and transparency are two different things. You could say that, in an interpreter, they are two different abilities. As a result, they are exercised differently; and they affect interpretation sessions differently.

According to the Merriam-Webster dictionary, to be invisible means “to be inaccessible to view, incapable of being seen”. Transparency refers to “the ability to allow the passage of light so that objects on the other side are clearly seen.” For an interpreter these two terms take on an even deeper meaning.

For an interpreter, to be ‘invisible’ means not to interfere with the communication between two parties. Many interpreters, in an attempt to educate patients and providers during the pre-session may remind parties that the interpreter is ‘invisible’ by saying: “pretend I’m not here.” But this quick explanation of the quality of invisibility can sometimes backfire. It is, in some ways necessary for the parties to pretend the interpreter is not there, so that they can converse freely, but not at the expense of ignoring the interpreter. The interpreter is an important participant in the conversation. The interpreters, by virtue of being conduits of information, become the regulators of communication. So, while the interpreter can and may, exercise invisibility, they are not invisible.

When the concept of invisibility is understood by parties as liberty to ignore the interpreter, it can not only lead to miscommunications between the parties, but it also comes into play when an interpreter needs to do away with their ‘cloak of invisibility’ in order to request a clarification, or improve a condition of the communication taking place, such as cultural nuances that could affect the interaction. As a result, when the interpreter interjects the need for clarification, or tries to slow down the parties so that the information can be conveyed properly, providers or even patients, view the interpreter as intruding, diminishing the authority of the interpreter and possibly affecting communication.

Many interpreters use the ‘pretend I’m invisible’ or ‘pretend I’m not here’ explanation to prevent patients, or at times providers, from engaging them in side conversations. This is understandable, as many patients and providers still don’t know how to work with interpreters. But the quick explanation can give the wrong impression and can even affect the understanding an interpreter has of this quality. If an interpreter does not understand invisibility clearly, they may use it as means for not assuming their communicator responsibility in a session.

Although invisibility is NOT an ethical value of interpreters, it is a real and significant aspect of an interpreter’s duty when providing accurate interpretation.

Transparency, unlike invisibility, is an actual value in the National Code of Ethics for Interpreters in Healthcare. Being transparent is an ethical obligation. To be transparent means that the interpreter will interpret everything that is said in the presence of the patient and/or provider. If there is something the patient – or the provider – does not want to be known, they should not say it in the interpreter's presence.

Transparency allows the interpreter to maintain their unbiased role, as the 'invisible' participant in the communication between patient and provider.

An even more important aspect of transparency is that it provides the interpreter the freedom to refrain from sessions for which they are not qualified or have limited knowledge. For the sake of the profession an interpreter must disclose their ignorance or limitations, as this can affect the transmission of information, and in a medical setting it can lead to undesired outcomes. Transparency also demands of the interpreter that if there is any perceived conflict of interest, the interpreter refrain from the session as this can likewise influence the transmission of information.

Lastly transparency, not invisibility, is what prevents interpreters from becoming personally involved with the parties or the situation they interpret for. An interpreter is not to give health advice to patients, or alter the tone or message so that a patient chooses one option over another when it comes to their health. Similarly, when it comes to becoming a cultural broker this can only be done without interfering with the value of respect or beneficence.

The quality of invisibility and the value of transparency are important for a successful interpretation session. This success is dependent on the interpreter's understanding of each.