

WITNESSING OPPRESSION

Respect in the Face of Witnessing Oppression: It Can Be Done

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We are a rare breed. On any given day we maneuver between two cultures, languages and communities. Outsiders are fascinated by what we do. The view from our office is rarely the same – whether from the top of a fourteener or a factory floor, a boardroom or a classroom – sign language interpreters witness the lives of others in a way that no other profession can justify.

Attractive as it sounds, a significant part of our day is spent trying to equalize power and communication dynamics between Deaf<sup>1</sup> and hearing people. Regardless of the situation; a medical appointment or a dog obedience class, interpreters regularly bear witness to Deaf people being treated differently than their hearing peers. The effects of repeatedly witnessing even subtle forms of oppression play a significant role in interpreter’s maltreatment of one another, and inhibit our ability to achieve common professional goals.

This is not to say that we are helpless victims, or that we treat each other intentionally with malice. Rather it is a call to look at our individual and collective relationship to oppression, a plea to truthfully assess how we treat each other and a request to be willing to seek the truth in a correlation between the two. Let’s be honest, we’ve all been on one end or the other and everywhere in between on the “supporting and treating our peers with respect” scale. I’d like to know how we justify that.

### Is It Really Oppression?

To address that question we need to begin with an explanation of how the term “oppression” is being used. The dictionary defines oppression as “to subject to a burdensome or harsh exercise of authority or power. To put down, subdue or suppress.” When used in a

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<sup>1</sup> The use of the upper case “D” refers to the cultural identification of being deaf. The use of the lower case “d” refers solely to the audiological condition of deafness.

psychological sense it “suggests a psychological attitude of more complete or permanent hopelessness” (Random House College Dictionary, 1982). The term oppression may seem unwarranted when talking about differential treatment, but “intent to oppress is not necessary for something to be experienced as oppressive” (Kaiser, 1990). Oppression often occurs unconsciously, as a result of ignorance and a long history of misperception about Deaf people, rather than as a result of intentional abuse. As I have come to understand oppression through personal experience, it can be defined as demeaning behavior and attitudes towards a group of people that are viewed as “different.” For the hearing majority, these differences cause discomfort, awkwardness and uncertainty about how to relate or interact, and can ultimately lead to less than equal treatment. In my eyes, any behavior that prevents someone from reaching their full potential and that squashes a person’s spirit is oppressive.

Harvey (2001) refers to these more subtle forms of oppression as ordinary evil; “everyday kinds of evil – rudeness, disrespect, lying, exploitation.” And while I will largely discuss one on one or small group dynamics, oppression “actually occurs on a societal and institutionalized level...” (Kaiser, 1990). This is not a weed that can easily be pulled; its roots are embedded deeply into the soil of our individual and collective psyches.

#### How Oppression Was Sown

According to Sacks (1989), the roots of Deaf oppression were formed as early as the 16<sup>th</sup> century and took a firm hold over the next 200 years. Deaf people were considered incompetent, inferior and incapable of abstract thought. Those unable to acquire speech were labeled “dumb” or “mute” and often institutionalized. Without access to communication Deaf people were relegated to the ranks of the illiterate, uneducated and menial labor pool. They were “treated by the law and society as little better than imbeciles” (Sacks, 1989). He continues; to be deaf was to

be deprived; and indeed they were - deprived of the ability to marry, own personal property, receive an appropriate education and find meaningful work. We have since seen the ludicrousness in this belief, however, this focus on deafness as nothing more than a medical condition perpetuated the majority culture's existing view that "...to be Deaf is something less than desirable" (Harvey, 1996).

In the mid 18<sup>th</sup> century, the pendulum started to swing in favor of education for the Deaf. People that would previously have been institutionalized for not being able to acquire speech were offered instruction through sign language. Even so, Sacks (1989) points out that sign language was viewed as "rudimentary, primitive, pantomimic, a poor thing...this continues to be the universal delusion of the hearing now." Pollitt (2000) reinforces this view - "...signed languages encode and represent a minority way of being." Deaf people and those of us in the field see it differently. Herein lies the source of differential, or oppressive treatment; "oppression occurs between two opposites who have different worldviews and different communication styles" (Hamilton & Sharma, 1997).

In 1990, society powerfully responded to this difference in communication styles by bringing the issue of Deaf rights to the forefront with the passage of the Americans with Disabilities Act (ADA). As a result, requests for interpreting services grew exponentially and Interpreter Preparation Programs (IPPs) cropped up to meet the increased demand. What was once a volunteer job reserved for Children of Deaf adults (CODAs) and well meaning church goers was molded into a profession.

#### Now What Do We Do?

As all respected professions do, we developed models to provide a framework for our role. We started as "helpers," then became "machines." As machines we were programmed to see

ourselves as nothing more than telephone wires transmitting messages from one person to another. The Machine Model protected us; we could “avoid feeling helpless and avoid taking action in the face of oppression” (Harvey & Guenther, n.d).

The Communication Facilitator was next in line and was the first model to acknowledge interpreters as people with an impact on a situation (Pollitt, 2000). Just as quickly as it acknowledged us though, it reminded us that the only reason we are in any given situation is because two people are unable to communicate. So stuff whatever you feel and mind your own P’s and Q’s.

As we became aware of issues of oppression related to language the Bilingual-Bicultural Model was developed in an attempt to mitigate our contribution to that oppression. Nonetheless, the interpreter was still merely a relayer of a message (Pollitt, 2000). Other models have since surfaced that represent a shift in how we view our role but just as Deaf culture is rooted in oppression, the interpreting field is deeply rooted in the philosophy that our presence is secondary to everyone else’s. We collectively believe that it’s better for the Deaf person if we stay out of anything not related to communicating someone else’s message. We still view ourselves as “passive conveyors of others’ words and thoughts” (Pollitt, 2000). Regardless of which model our profession endorses in the future, the fact will remain that we are in a situation because most hearing people don’t sign.

The manner in which interpreters are trained reinforces this paradigm. Pollitt (2000) states “Interpreters are often trained to believe that they are ‘invisible,’ that they have (or should have) little or no impact on the communication and the interaction that is taking place around and through them.” We are like actors trying to get into the mind of our character - “who is this

person?”, “what do they feel?” While doing this successfully can contribute to a great interpretation, this approach denies who we are.

### The Rules and Their Repercussions

Along with the development of models to clarify our role was the introduction of a professional code of ethics to help guide our behavior. Tenets and guidelines from our current code of ethics are centered on the concepts of neutrality and confidentiality and are seared in our professional minds;

“The interpreter/transliterators shall not reveal information about any assignment, including the fact that the service is being performed... Interpreters/transliterators are not editors and must transmit everything that is said in exactly the same way it was intended. This is especially difficult when the interpreter disagrees with what is being said... Interpreters/Transliterators shall not counsel, advise or interject personal opinion” (RID, 1993).

It has become second nature for us to say nothing, about anything, to anyone. While there are solid reasons for this, it limits us in a way we rarely speak about and may not even be aware of. In Kinsella’s article (1996) one interpreter noted “We’ve been so concerned about not ‘adding to, influencing or omitting’ in our interactions with Deaf folks that we’ve forgotten to be human or thought we couldn’t be.” Pollitt (2000) says that “most extant codes of ethics deny the interpreter’s impact on events...” and in the process we deny how we are affected. And like it or not, we are affected.

Interpreters, especially community based or freelance, talk about the luxury of going to an assignment, interpreting, and forgetting about it as soon as our foot is out the door. We have no boss, there are no deadlines. Our workplace is an endless and varying source of new

information. We have no accountability to production, budgets, reports and all of the other stress creating job duties that are a part of corporate America. These are our job perks.

But let's not forget the reality of how we spend our day. Harvey and Gunther (n.d.) are quick to remind us that we "frequently interpret in situations where a Deaf consumer is subtly or overtly oppressed, humiliated or otherwise demeaned." The truth of the matter is that we can't walk in and out of a job without being affected. Yet we have been so well trained to believe that's what we do that we think we pull it off. Ask anyone who has been in the field for any length of time about how it feels to see a Deaf student ridiculed or a Deaf adult ignored. Stories will come pouring out, anger and frustration will surface and it will become clear that we *don't* forget about it the minute our foot is out the door. Despite what our models of interpreting teach us and our code of ethics dictates, we are human – we affect and are affected by what we do. Kinsella (1996) says "We get to walk away as representatives of the majority, back into the land of the hearing...but we cannot deny our witnessing or act indifferently towards it, or them."

Clinical Psychologist Mike Harvey has collected a multitude of such stories documenting our reactions. Here's part of one such story from his arsenal: "It's difficult to pinpoint how observing oppression has affected me, but it has. I can only begin to imagine Deaf peoples' helplessness and squelched rage against the onslaught of hearing dehumanization, devaluation, and degradation. It leaves me with chronic indigestion" (Harvey, n.d.). While observing routine incidents of oppression not "severe enough to make CNN" are less obvious than witnessing a disaster, the effects are no less profound (Harvey, 2001). You may not feel it immediately, but it will show up at some point as vicarious pain or trauma; a natural human reaction by any compassionate person witnessing the suffering of another (Harvey, n.d.).

We care. It's impossible for us not to. Empathy "is an involuntary psychological reflex" (Harvey, n.d.). Harvey (2001) explains that it is not unusual for us to feel the pain of this oppression more consciously and intensely than the consumer, who has become numb after years of oppression. We hear the speaker say "tell him, tell her..." and we want to scream "no, you tell him." But instead we interpret "tell him" verbatim, hoping for a reaction, exercising all self control by not saying "they're talking about you like you are not even here, do you care?" Deaf people may be numb to this, but we are not (Harvey, n.d.).

Harvey (2001) further asserts that "consistent and close range observation of oppression must cause some degree of vicarious emotional trauma." In an interview with Clinical Psychologist and author Mike Harvey, the leading and perhaps only researcher on this topic, he cautioned:

"It [vicarious trauma] doesn't evaporate, it doesn't go away, it has potential toxic liabilities...to pretend it's not there...it's only a matter of time before you get traumatized yourself...it's a very simple bottom line; one cannot observe pain of any kind without being affected by it. Even though it is their [Deaf person's] pain – they disconnect from it. They split off from it and you end up holding it." (Mike Harvey, personal communication, February 5, 2004).

Common reactions to vicarious trauma include "fear, anxiety, depression, anger, rage, guilt, shame and lowered self esteem" (Harvey, 1996).

Even in the absence of formal documentation, we can reach the same conclusions by initiating conversations among ourselves. One interpreter I interviewed, who wishes to remain anonymous, recognized this same truth; "We do the disassociation thing but we're not inhuman.

It affects us somehow, somehow, in some manner.”<sup>2</sup> We do our best with the professional tools available to us to balance the power dynamics subtly and without violating our code of ethics. But our tools most often are not the ones needed to get the job done so we give in to the hearing majority, a majority of which we are a part; and an association that carries with it the guilt of oppression (Harvey, 2001). Those job perks suddenly seem empty. Are you beginning to wonder how you got into this?

### How *Did* We Get Into This?

Harvey (1996) asked that very question and found that “People make vocational choices for a variety of reasons; conscious and unconscious; rational and irrational; healthy and nonhealthy. This universalism is true for those who decide to enter any helping profession and, more specifically, for those who decide on a career of helping Deaf persons.” Seventy five percent of people that work in helping professions “have been parentified” – as children they were expected to help their parents in “ways beyond their means” (Harvey & Guenther, n.d.). Harvey (1996) then categorized his findings of the reasons that we are drawn into this profession, one of which specifically caught my eye; a personal identification with oppression.

Roughly 88% of RID members are female (RID National Office, personal communication, February 21, 2004). I’m not trying to extol the woes of female oppression, but it is a fact that women have a strong history of being subordinate. It could be argued that CODAs have their own unique identity with oppression, having witnessed it for most of their lives. And although we don’t have accurate numbers on how many Gay, Lesbian, Bisexual and Transgendered

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<sup>2</sup>This interview was conducted on January 29, 2004 with an interpreter from our state community. The identity of the interviewee was agreed to be kept confidential.

interpreters are in our profession, it is a commonly accepted fact that our field is very diverse in this respect. We are an oppression friendly field.

The interpreter that I interviewed shared with me that after some soul searching she realized that it was her identification with being treated differently that drew her into the field. As the baby of a southern, all male family without a mother, she was barraged with unwanted sympathy, patronizing attitudes and “oh you poor thing” comments. She went on to say that she has an “empathic relationship with the Deaf because of that [feeling of] being made to feel different.” Perhaps the most powerful part of oppression is the constant reminder that you are different; our society does not value differences. Not fitting the mold in whatever way that looks for each of us may be one reason that we flock towards others that that don’t fit the mold; and may help to explain our strong sense of empathy.

Another theory offered by one interpreter in Harvey’s work (2001) is that empathy or identification with the pain we sense from the Deaf community is built into our psyche. Whether that pain stems from our experiences as a CODA or as the friend of a Deaf person during our formative years, or the fact that it mirrors some sense of our own oppression or being made to feel different doesn’t really matter (Harvey, 1996). The point is that we can no longer deny how we are affected because if we do, we deny how we affect each other.

So here we stand, people with our own relationship with oppression, working in a field where we are privy to subtle and sometimes not so subtle forms of oppression. Our own oppression or feelings of not fitting in are triggered, we respond internally, and look for a place to dump that response. But our code of ethics precludes us from talking about what we see so in the absence of a way to purge these feelings, we internalize them. Over time, this has very real and deeply felt repercussions for us as individuals and as a community of professionals.

Although it is unconscious, herein is the answer to how we can justify behavior on the lower end of the “supporting and treating each other with respect” scale.

#### Where’s The Nearest Trash Can?

Harvey (2001) points out that if we as individuals are not somehow able to recognize, reconcile or discard of the discomfort we feel as a result of witnessing oppression, ordinary evil or whatever term resonates with you, several things happen. We begin to feel inadequate for not being able to lessen the oppression we witness; these feelings of inadequacy are then projected or dumped onto other interpreters – and we judge them as being incompetent. He goes on to say that we (interpreters) are much like other groups that are either directly oppressed or that are under stress; “There is marked competition and tension among its members, largely because of the heretofore uncharted effects of vicarious trauma.” Kaiser (1990) calls this infighting, which is nothing more than “an attempt to gain self worth.” This is not to say that we intend to be unsupportive, back biting or judgmental. Nor is it to excuse our behavior, “it is [simply] a common consequence of observing the defamation of others” (Harvey, 2001). Here is how this played out for the interpreter I interviewed; this is her experience of entering our field and subsequent observations about how we treat each other:

“I felt very much as though I’d been thrown to the wolves. A very small number of my peers were supportive – two or three. Most acted as though they felt threatened and almost all never missed an opportunity to put-down another working interpreter. It has been, without a doubt, one of the most frustrating life experience[s]; trying to compete in a field where my personal goals could never be realized due to the nature of the beast...meaning, I am not a CODA, and I didn’t start the linguistic training until my mid 20’s...It was like banging my head against a wall time and again

until I finally gave myself permission to stop. It is insufferable and absolutely despicable how this group of ‘professionals’ treats their own. They are quick to shoot their wounded and nine times out of ten, they inflicted the original wound.”

Ouch...this is a strong statement; and while many of us are tempted to poo-poo it, the same number of us know that it is true. Could we be oppressing each other? A new concept in oppression theory is that you can be the perpetuator of oppression on one issue and the target on another. Oppression then is not inherent, and can be un-learned (Kaiser, 1990). “Everybody oppresses some time to some degree...We’re all recovering oppressors...Those of us who have to oppress others and make them feel like crap is because we feel like crap ourselves” (Mike Harvey, personal communication, February 5, 2004). I don’t know about you, but I leave plenty of situations feeling like crap.

It is natural to try to eliminate pain, either our own or another’s. When we are unable to take away the pain of another, especially repeatedly, we begin to feel inadequate. This then gets projected onto other interpreters through “pervasive backbiting,” judging someone as a poor signer, “ill-intentioned” or as having an “attitude” (Harvey & Guenther, n.d.). Holding someone else’s pain doesn’t feel good, so we give it away. This is one effect of unrecognized vicarious trauma (Mike Harvey, personal communication, February 5, 2004). Without an awareness of this trauma then, there is no way we could make a correlation between it and how we treat each other.

### We Are Not Always the Nicest People

While this doesn’t apply to all interpreters in our community, we do have a reputation for being distrustful, judgmental and suspicious of our peers. We have been known to criticize another’s skill or their motivation for being in the profession, and judge them as incompetent.

The interviewed interpreter said that new interpreters must pass the test of resiliency – if you can handle the heat, you are welcome to stay in the kitchen.

Another way that this internalized trauma shows up in our treatment of each other is in our “pecking order.” No, they don’t teach this in IPPs, there are no workshops that address it, we never talk about it...but we all know it exists. Those at the top of our pecking order are “harsh, judgmental and not encouraging at all” according to the interpreter I interviewed. She went on to say that interpreters at the lower end of the pecking order are made to feel “less than.” We all know who’s at the top, and who’s at the bottom, and where we fit at any point in time. Status is determined by your background in Deafness, your skill, your certification, your attitude...and judgments about where new interpreters fit in are made in the first few moments of interaction.

Pollitt (2000) points out that “We are in the business of making judgments about people. It is an activity that we indulge in every day of our working lives. Some will try to claim that they do not judge people; others will punish themselves for making such judgments. But let’s face it; it is part of the job...” What we need to recognize is that while this is a valuable skill on the job, the quality of our relationships is easily destroyed by the intangible hurt of judgment. We wrong each other by feigning support and friendship, all the while secretly condemning each other (Mills, 2001). It’s true that there *are* situations where people are in the field for misguided reasons; some of the criticism *is* appropriate. But generally speaking, it’s fair to say that we are indiscriminate about who we project our feelings of inadequacy upon.

#### Stay With Me...

This is not an easy topic to address. If you’ve made it this far, I applaud your ability to keep an open mind. I recognize that my words will anger some and be dismissed by others. But while I still have you, let’s take this one step further.

We have already reached the point where we allow all this internalized vicarious trauma to spill over onto each other individually – but its effects can also be felt as a larger whole, such as in our statewide professional organization. Kaiser (1990) warns that “If the culture of the organization has incorporated some of the oppression of the larger society surrounding it, the environment will not be favorable for certain people.” In Kaiser’s article (1990) Lipsky states: “It [internalized racism] causes adults to find fault, criticize and invalidate each other. This invariably happens when we come together in some liberation project. What follows is divisiveness and disunity leading to despair and abandonment of the effort.” Additionally, it causes us to “attack, criticize, or have unrealistic expectations” of those in leadership roles. Kaiser (1990) continues; “Most organizations are essentially coalitions of people coming together for a certain goal... The biggest clogs in any coalition building come about by ignoring the issues of internalized oppression... In an organization with a diverse population, attention to internalized oppression is absolutely necessary to guarantee the goals of the organization.”

Our profession is undergoing tremendous changes. More is expected of us as professionals; BA degrees will soon be required of all working interpreters and the bar for Educational and Legal interpreters is continually raised. Our professional organization is making an attempt to grow and change with the times. Yet as we do so, our efforts are often subject to the criticism, cynicism and judgment that we impose upon each other. Efforts to move forward are thwarted by naysayers or stifled by resistance to change. Overt actions of oppression are replaced by a subversive climate of judgment, distrust and fear. We resort to talking about each other behind closed doors rather than honoring a peer with the gift of our sincere honesty. Witnessing oppression certainly isn’t the only reason for this dynamic, but it suggests a very plausible one.

### Therapists Do It Too

Rest assured we are not alone. Another profession where we see a similar dynamic is the field of Psychotherapy. Therapists regularly witness stories of neglect, abuse, trauma and extreme treatment – in turn, competition is fierce and judgment and criticism rampant. According to Harvey, while the field of psychotherapy is appropriately termed “back biting,” the frequency of this behavior may differ from what we experience in the interpreting community because there are far more therapists in the world than there are interpreters. Harvey also reveals that “Interpreters deal with a person’s pain more than many, not all, but many, therapists. You [interpreters] see more subtle, ordinary evil and have limited intervention strategies – that’s [to intervene] not what you’re there for.” (Mike Harvey, personal communication, February 5, 2004). Even though the dynamic may not be as wide spread or pervasive in this professional circle, therapists recognized the need to start talking about how they were affected by their patient’s trauma and it has made all the difference.

### Can We Turn This Barge Around?

It is difficult to admit that this happens and even though conditions are improving, we would still be hard pressed to say that this doesn’t exist. Can we turn this around? Absolutely! In fact, this is a tremendous opportunity for personal and collective growth. The first step is to be willing to do some individual work – to look at our own relationship with oppression – and discover what drew us into the field. Have we formed a relationship with oppression at some point in our lives that gets triggered on the job? During assignments, pay attention to what feelings surface. If you have to stuff them to get through the job do so, but make a commitment to take them out later, look at them, befriend them, and start a conversation with them – they have much to teach us.

An effective next step is a willingness to recognize the effects of vicarious trauma. If we leave it unchecked, if we pretend as if nothing has happened, it seeds itself in our unconscious and we project it onto others. But if we are willing to manage this trauma, it can become a gift; we can heal our relationship with it and thus our relationships with others (Harvey, 2001).

We also have to be willing to recognize when we judge and criticize without cause. Is this really who I am? Is this really how I want to show up in the world? Is it justified...accurate...or is it some function of my own frustration that I am projecting?

The next time you attend a meeting or attend an interpreter function, pay attention to how we interact. Are we working together...or to control each other? Are our reactions based in fear, projection and a need to keep the pecking order in tact? Or are our reactions grounded in what we truly and instinctually feel are best for our consumers and our profession? If you are honest about taking responsibility for your thoughts and actions, you will know the difference.

According to Harvey “This is in some ways quite simple. Looking at it from a distance, we’re all in this together. Anyone of us who bears witness to trauma is at some level traumatized ourselves, we can defend against it, we can do a bunch of things but one of the things we can do is recognize it, talk about it, understand it, and if you do it openly it’s an incredible, incredible benefit” (Mike Harvey, personal communication, February 5, 2004).

So own your part internally, and admit it externally. We *can* create a community where distrust is dissolved, where motives are not questioned because we all inherently understand that we were on the same team and where forward movement happens with little to no fear. It begins with relinquishing control of others and flourishes under a concerted effort to control the effects of witnessing oppression. The implications for our profession are critical – if we continue to use

each other as receptacles to hold our pain, we will lose qualified and skilled people to other fields...

...and we will squash our individual and collective potential.

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