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## **Remote Interpreting**

The term ‘remote interpreting’ (RI) refers to the use of communication TECHNOLOGY for gaining access to an interpreter who is in another room, building, city or country and who is linked to the primary participants by telephone or videoconference. RI by telephone is nowadays often called TELEPHONE INTERPRETING or over-the-phone interpreting. RI by videoconference is often simply called remote interpreting when it refers to spoken-language interpreting. In SIGNED LANGUAGE INTERPRETING, the term VIDEO REMOTE INTERPRETING has become established. RI is best described as a modality or method of delivery. It has been used for SIMULTANEOUS INTERPRETING, CONSECUTIVE INTERPRETING and DIALOGUE INTERPRETING. This entry focuses on RI by videoconference in spoken-language interpreting.

The development of RI was originally driven by supranational multilingual institutions, which were interested in RI as a way of overcoming the linguistic and logistical challenges they faced. RI has sparked debate and raised questions regarding feasibility and interpreters’ WORKING CONDITIONS, but it has also been linked to questions of efficiency and sustainability. Whilst uptake in supranational institutions has been relatively slow, there is a growing demand for RI in legal and healthcare settings.

### **RI in supranational institutions**

The earliest documented experiment with RI was organised by UNESCO in 1976, to test the use of the Symphonie satellite. It linked the UNESCO headquarters in Paris with a conference centre in Nairobi, and actually involved three different modalities of interpreting: RI by telephone, RI by video link and interpreting in a videoconference between Paris and Nairobi, with the interpreters being situated in Paris. Similar experiments were organised by the UN in the 1970s and 1980s. When ISDN-based videoconferencing became available in the 1990s, feasibility studies were conducted in many supranational institutions, always in simultaneous mode (see Moser-Mercer 2003; Mouzourakis 2006; Roziner & Shlesinger 2010).

The studies used a variety of technical conditions. ISDN connections were incompatible with the ISO 2063 standard in terms of sound quality and were therefore considered to be unacceptable for simultaneous interpreting (AIIC 2000/2012). According to Mouzourakis (2006), however, the studies revealed physiological and psychological

challenges which recurred in different technical conditions, making it difficult to attribute them to a particular technical setup.

Two studies in particular addressed physiological and psychological variables, as well as the quality of RI: the studies conducted by the International Telecommunications Union (ITU) in collaboration with the École de Traduction et d'Interprétation (ETI) (Moser-Mercer 2003), and by the European Parliament (EP) in 2004 (reported in Roziner & Shlesinger 2010). As well as investigating the performance of the participating interpreters, the studies also elicited the interpreters' emotional responses to RI, and measured stress indicators and aspects of the working environment. The outcomes of the two studies differ in several ways. For example, the ITU/ETI study revealed that the interpreters' performance in RI declined faster than their on-site performance, whilst the EP study found no significant differences in RI and on-site performance. What is common to both studies is a sense of discomfort with RI on the part of the interpreters which, as Roziner and Shlesinger (2010) point out, is hard to account for by objective measures. The most striking result of research on RI in this setting thus seems to be the discrepancy between objective findings and subjective perception.

### **RI in legal settings**

In legal settings RI has been used to cope with a shortage of qualified interpreters, a lack of time and the short duration of many assignments, which make the interpreter's travel and physical presence particularly uneconomical.

The practice of RI in this field goes back to the 1980s, when RI by telephone was introduced in the US. Over time, this has gradually been replaced by video RI. A well-known example is the Ninth Judicial Circuit Court of Florida, which introduced a central video interpreting hub in 2007. The interpreters' workstations in the hub are configured to allow a combination of consecutive and simultaneous interpreting. The Metropolitan Police Service in London introduced RI in 2011, with interpreters working in consecutive mode from centralised hubs linked to London police stations. The European Directive on the right to interpretation and translation in criminal proceedings (2010/64/EU) explicitly refers to the possibility of using RI, which is likely to increase its use in legal proceedings in European countries.

The first studies to address RI in legal proceedings were conducted in the European AVIDICUS projects. Based on the outcomes of a survey designed to identify problems and needs, AVIDICUS 1 (2008–2011) compared the quality of on-site interpreting and RI (and VIDEOCONFERENCE INTERPRETING). The findings of these experiments reveal a

significantly higher number of problems and, like Moser-Mercer's (2003) data, a faster decline of interpreting performance in RI (Braun 2013; Braun & Taylor 2012). AVIDICUS 2 (2011–2013) replicated the experiments after providing the interpreters with short-term training, and using better equipment. The findings yield a complex picture, making it impossible to say without reservation that training, familiarisation and the use of better equipment led to a clear improvement in performance (Braun & Taylor 2014). AVIDICUS 3 (2014–2016) assesses videoconferencing facilities in legal institutions in Europe, in terms of their fitness for interpreter-mediated communication.

### **RI in healthcare**

In healthcare settings RI is used with similar motivations to those in legal settings, that is, optimising access to interpreters and achieving efficiency gains. RI in healthcare is often delivered by telephone, but this has been changing with the advent of mobile videoconferencing devices (Locatis et al. 2011).

A number of smaller, mostly survey-based studies of RI in medical encounters using telephone and video link have been carried out. However, their findings are difficult to compare due to highly variable conditions. In a review of nine studies conducted between 1996 and 2003, Azarmina and Wallace (2005) find evidence that RI is at least as acceptable as on-site interpreting to patients, doctors and (to a lesser extent) interpreters. Although none of these studies included an actual assessment of the interpreters' performance, the authors also conclude that RI "appears to be associated with levels of accuracy at least as good as those found in physically present interpretation" (2005: 144). They do, however, note that interpreters generally preferred on-site interpreting to RI, and video to telephone. This is corroborated by more recent studies comparing the three modalities (Locatis et al. 2010; Price et al. 2012).

### **Future directions**

To date there is no consensus regarding the quality of interpreting that can be achieved in RI, nor on the nature and impact of the various contributing factors. Moreover, Moser-Mercer (2005) and Mouzourakis (2006) suggest that the lack of a sense of 'presence' on the part of the interpreters may be the most likely common denominator for the difficulties associated with RI. The concept of 'presence' and its effects therefore require further research, as does the question of how interpreters adapt to RI.

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