Williams's work is an important contribution to both legal scholarship and linguistics. It uses discourse analysis to examine systematically legal language that has incorporated the principles of the Plain Language Movement as well as texts that follow a more traditional style and do not incorporate these principles. Williams provides both the legal community and the linguistic community with valuable insight into when the use of Plain Language has been or could be justified. His corpus includes laws, regulations, codes, contracts, treaties, conventions, and other regulatory instruments that constitute normative texts. He collected 36 texts, a total of 145,073 words and 7168 finite verbal constructions, from the United Kingdom, the European Union, the United States, international organizations such as the United Nations and the International Labour Organization, Australia, Canada, South Africa, Ireland, and New Zealand. By focusing on verbal constructions in prescriptive legal texts, Williams intends to address "the role of law and the role of language within the field of law" (18). "What if" asks Williams, "the Parliaments of all the major English-speaking countries decided to adopt the suggestions of the Plain Language Movement, as is already starting to happen on a limited (generally federal) scale in certain parts of the English-speaking world, e.g. in Australia, New Zealand, Canada and South Africa? What would be the consequences not just in linguistic terms but in terms of the relationship between citizens, legal experts and the law?" (18).

Williams cannot, of course, definitively answer these questions, but his study does much to explore the issues they suggest, and it is a readable, informative text. Williams provides concrete evidence as to why many of the verbal constructions used in law that might at first glance appear to be archaic or confusing are in many cases still necessary. Based on the insights from his data, he offers balanced conclusions such as this: "Legal language would undoubtedly benefit from the application of more rigorous and scientific criteria as regards the actual drafting of texts. But an overly dogmatic approach such as the absolute prohibition of using shall, should be avoided" (195).

(Received 30 January 2006)

CLAUDIA V. ANGELELLI, *Medical interpreting and cross-cultural communication*. Cambridge: Cambridge University Press, 2004. xiii, 153. Hb $75.00.

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Claudia Angelelli's study of medical interpreting, based on her 2001 Stanford dissertation, constitutes a valuable addition to a series of empirical studies of

community interpreting (Wadensjö 1992, 1998; Metzger 1999; Bolden 2000; Roy 2000) that make use of discourse analysis to uncover what actually takes place in interpreter-mediated encounters between professionals and their clients (or patients) who do not speak the same language. These studies share a common theme: to reveal the interpreter as an interactive participant in cross-cultural communication rather than a mere relayer of linguistic messages from one language to another. Adopting a primarily ethnographic approach, Angelelli sets out to refute the "myth of invisibility" (p. 2) by showing that medical interpreters are visible, interactive agents in interpreted communicative events.

A brief Prologue calls attention to the increasing need in the United States for bilingual mediation between health care providers and patients who speak a wide variety of languages other than English. Whereas in the past this mediation was provided by ad hoc interpreters, often family members of the patient, now medical interpreting has been reconceptualized, largely on the model of the well-established profession of conference interpreting. Angelelli questions the prescribed role of the interpreter in bilingual medical interviews as an "invisible" conduit for verbal messages, and she asks whether there is a discrepancy between this conception and the actual roles played by working interpreters. To seek answers to these questions, she conducted an extended and detailed study of communication in a major public hospital.

Chapter 1 lays out the continuum between portrayals of the medical interpreter's role as invisible or visible. The author claims that it is the former model that is promoted by training programs and professional organizations. In this "invisible" model, the interpreter is viewed as a mere conduit, a "modem" (p. 11) or "language-switching operator" (p. 7). By contrast, the "visible" interpreter is seen as a primary interlocutor and co-participant in the interaction (p. 9), sometimes primarily as a cultural mediator and sometimes as a gatekeeper (p. 7). This chapter also reviews previous studies on interpreting in a medical setting, showing that empirical research has consistently demonstrated that, to varying degrees, interpreters working in medical settings play visible roles.

Chapter 2 begins by discussing the doctor–patient therapeutic relationship in general and explores the difficulties that arise when the two parties do not share either a culture or a language but must rely on the intervention of either an ad hoc bilingual mediator or a skilled and experienced interpreter. The author reviews research that documents the barriers to cross-cultural understanding that exist even when an interpreter is present.

In chapter 3, Angelelli provides further background by exploring the medical interpreter's role from the theoretical perspectives of social theory, sociological theory, and linguistic anthropology, pointing to the relevance of notions such as the co-construction of meaning. She then compares interpreted with non-interpreted, monolingual medical encounters, presenting in an extended table (pp. 35–39) a comparison between the two that clearly demonstrates the contribution of the interpreter to the communicative event. In a nice summary state-

ment, she says: "The lens of linguistic anthropology allows us to see the interpreter as someone who, like the other co-participants in the interaction, constructs a message out of the interplay of linguistic and social features and not just out of propositional content that exists independently of the interlocutors" (p. 42).

Chapter 4 introduces the setting in which Angelelli's research was carried out and the preliminaries to her research in the hospital she calls California Hope. A year-long pilot study included extensive observation and shadowing of Spanish–English interpreters. She describes the busy work schedule of staff interpreters (10 full-time and 3 part-time) who interpret both in person and via speaker phone across a large medical campus and who prepare written translations when not interpreting.

In chapter 5, Angelelli describes in detail the methods used in her research at California Hope over 22 months, which included observation, interviewing, and recording, transcribing, and detailed analysis of 392 interpreted communicative events (ICEs) involving ten Spanish–English interpreters.

Chapter 6, "Finding visibility," describes the ICEs examined by Angelelli, focusing on the evidence for interactive and visible contributions of the interpreter to these events. Angelelli finds that in only 4% of the ICEs was the interpreter truly invisible. The rest she arranges along a continuum from the interpreter's participating directly only in openings and closings to cases in which the interpreter is actually "replacing the monolingual interlocutor" (p. 78). She presents and discusses 13 excerpts from the transcripts of interpreted encounters. It is striking that only very seldom in these excerpts does the interpreter actually interpret utterances addressed by one of the parties to the other. Instead, the English-speaking health care provider addresses the interpreter with a directive concerning the patient, which the interpreter then carries out through an (often extended) exchange with the patient, finally reporting back to the provider. Thus, the "interpreter" is often acting as an assistant provider (or, conversely, as a stand-in for the patient) rather than permitting provider and patient to converse directly with each other.

Chapter 7, "Interpreters' voices," is devoted to reporting and discussing the author's interviews with each of the ten interpreters (and their manager) on whose work her study is focused. These reveal an interesting diversity of viewpoints among the interpreters; they would provide valuable case studies for use in interpreter training. Many of those interviewed feel that it is frequently necessary to explain concepts, lower the register, ask follow-up questions, or redirect patients' responses in order to maximize trust and understanding between the other parties.

The concluding chapter metaphorically characterizes the various active roles played by the interpreters, describing them as detectives, as multipurpose bridges, as "diamond connoisseurs" (conserving only the gems embedded in patients' stories) or as "miners" (helping providers dig for information they need). The

author then presents theoretical and practical implications of the study, calling on researchers and interpreter trainers to go beyond the conventional focus on the transmission of messages to recognize in research and training the socially interactive role interpreters play in cross-linguistic medical encounters. The volume ends with references and a detailed index.

This book is beautifully organized and researched, and its thesis is strongly supported. It can be recommended for anyone interested in ethnography of communication or interpreting, and especially for those responsible for the preparation of professional interpreters. Yet I have a couple of cautions for the reader. First, the author begins by criticizing a model of interpreting that, she claims, is pervasive in interpreter training programs and the standards promoted by professional organizations, but she gives no specific references. In fact, the role of interpreters who work in community settings, as opposed to formal settings such as conferences and the courts, has been strongly contested from the time of the first efforts at professionalization, and the movement since then has been toward increasing recognition of the complexity of the interpreter's role. Except as a rhetorical device, the implied dichotomy between variously "visible" and supposedly "invisible" interpreters, and especially between theory and practice, is not justified.

My other word of caution relates to the danger of generalizing too much from the particular cases on which this study is focused. It is striking that in the 13 excerpts from ICEs discussed in chapter 6, the "interpreter" is seldom actually interpreting a dialogue between two other parties; rather, in every case, the health care provider speaks directly to the interpreter rather than to the patient. Thus, the interpreter, while clearly acting visibly as an interlocutor in a three-way conversation, is functioning primarily as a bilingual assistant to the health care provider and not doing message-conversion (oral translation) at all. Angelelli does not problematize the fact that in these instances the interpreter has moved away from supporting open and direct communication between provider and patient and, without formal credentials as a health care provider, has moved into a provider role.

In this study Angelelli makes a major contribution to empirical research on mediated bilingual discourse in a clinical setting. She convincingly demonstrates that, in the particular setting where the research was carried out, individuals employed as interpreters (but without formal education in translation or interpreting; (49)) do make themselves highly "visible" within an expanded mediator role. But the implication that this represents what health care interpreters in general actually do, contrary to widely accepted ethical standards, can only be verified by further research, which will need to address whether trained interpreters playing a more circumscribed role (without being limited to message conversion) might not contribute more effectively to therapeutic communication between patients and health care providers.

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