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Essay/Personal Reflection

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I was so touched by it and didn't want to be merely in-between, an invisible typist. I wanted to see her and introduce myself to her in person. (Transcriptionist)

They are the people who only hear the voices, do not see the bodies or interact with people, but interact with technique. They are the people who stop, rewind, type, and preserve; they are the secretaries, the graduate assistants, and the volunteers. In dignity therapy (DT), these people transform oral narratives into written words. Transcribers and transcribing are indispensable for the next steps in this dignity-strengthening intervention.

During my ethnographic research on DT (Züger 2022), I met those who were responsible for the transcription of patients' narrations. This essay creates space for these hidden persons in DT, acknowledges their effort, and presents a picture of transcribes as recipients that are touched by the stories of terminally ill patients.

The core of DT, a psychological intervention, is a patient-related catalogue of questions not only to encourage a patient to share his or her life stories but also to affect their sense of dignity positively (Chochinov 2012; Chochinov et al. 2005). In this context, the subsequent narration is recorded on tape, transcribed, and edited in a final written generativity document that can be shared with the patient's loved ones. DT is based on the empirically developed dignity model for the terminally ill, which summarizes factors that can influence patients' sense of dignity (Chochinov et al. 2002).

In the research on DT, the act of transcribing and the perspectives of transcriptionists have not been considered. Why should they? It is crucial to know if the therapy impacts the patient and if it is accepted and valued. It is crucial to know if the intervention is feasible and what challenges the therapists face. Finally, it is crucial to know what effects the generativity document has on the addressees, those who receive and read the document. Therefore, why should transcriptionists be considered?

If all involved actors are to be considered in research on DT, then the transcribers should also be examined. However, more than this argument of propriety is needed. The necessity lies in the conception of the intervention itself. In transcribing, the transformation from orality to writing occurs, creating the conditions for the subsequent editing, reading aloud, and reception by the relatives. Transcribing is elementary. Through descriptions of transcriptionists subjective perspectives on the act of transcribing, the specific characteristics of DT are revealed.

Although this essay is not a theoretical paper on transcribing, I will provide brief theoretical hints to acknowledge the complexity of this practice.

When people transcribe audio recordings, they listen, understand, and type. Angelika Redder describes this practice as “an activity that requires constant reflection, even hermeneutic comprehension” (Redder 2002, 116). Thus, transcribing is a reflexive practice. Moreover, transcribing can also be described as interpretive, selective, and situational. Bird describes the interpretive nature of transcribing as follows: “When representing an oral voice in written form, the transcriber becomes the channel for that voice. Because the transcriber is not that voice, any act of transcription becomes an interpretive act” (Bird 2005, 228).

Finally, transcribing is also a situational practice whose implementation is guided by specific knowledge or corresponding experiences and ideas. The way in which transcribing is executed depends on the knowledge of the goal of transcribing but also on attributions to language and communication. In their essay “The Myth of the Objective Transcript: Transcribing as a Situated Act,” Judith Green and colleagues state the following: “What counts as language and what is perceived as a meaningful bit of language in situ depends on the researchers' cultural knowledge of that language's system and discourse practices” (Green et al. 1997, 173).

With these remarks on transcribing, the practice can also be called transformative. Transcribing transforms because “a transcript is a text that ‘re’-presents an event; it is not the event itself” (Green et al. 1997, 172).

In the process of transcribing, not only the patients' narratives but also the transcriptionists themselves can be transformed. This may only last for a short moment or perhaps for a longer time.

Let me tell you about the experiences of a secretary working as a transcriptionist in DT. She had worked in a hospital for many years and was used to typing medical reports full of technical terms. She describes this kind of transcription as follows: "I have already typed up thousands of medical reports, so it's not that exciting and I don't really think much of it – I simply type it out." However, the secretary found that transcribing in DT was a totally different experience:

It all seems so immediate to me, when the patient says something I feel like I see what they see – I can truly imagine how they worked in a tavern, and so on. No, I genuinely live through it with them. In a sense, it turns transcription into an experience.

Transcription turns into an experience; one that makes you laugh but also makes you think, puts your own problems in perspective and, ultimately, makes you feel grateful:

As terrible as some things are, it somehow gives me a boost if I've been feeling a bit depressed or upset. Because it makes me realise that, hey, other people are worse off than me. What am I complaining about?

The generative stories in DT can contain pearls of wisdom for the relatives and, when they listen to the recordings, transcriptionists also become the recipients of this store of wisdom, advice, hopes and wishes: "This means you gain a little wisdom as well. How can I put it; you get to take a few pearls of wisdom away with you."

Listening to and transcribing the stories from DT can also awaken a desire to meet people, which brings me back to the introductory quote. The transcriptionist no longer wants to be "invisible" and "in-between" but "seen" and to be considered a true participant. Touched by the voice and storytelling in the audio recording, the transcriptionist is filled with the desire to hear more than the voice and to show themselves as a person.

I recently got special permission to actually visit one of the patients at the outpatient clinic. I almost couldn't bear only being able to listen to her voice. I was so touched by it and didn't want to be merely in-between, an invisible typist. I wanted to see her and introduce myself to her in person. She was Italian and an incredibly sweet and lovely woman.

"Voices create a desire to see who owns them," writes Thomas Macho (2006, 132). In this case, though, it was not just about voices and whom they belonged to but about biographical storytelling and encounters. The transcriptionist uses highly emotive words. She "almost couldn't bear" it. The wish to see and to show herself was a way to escape the feeling of enduring and being in-between. Her wish was granted and resulted in an encounter that, as she says, she will "never forget."

In this essay, I have called the transcriptionists the "hidden persons." The job of transcriptionists is to put verbal storytelling in DT

into writing in order that these "last words" can endure, enrich, and comfort those who hear them. They have an important task to fulfill within DT. Sometimes they have to cope with the challenges of ambient noise or weak, quiet voices, and they often bear witness to solemn words.

Transcribing in DT can be an experience. It can touch you, stir you, or occasionally burden, challenge, or ask too much from you. As a note to those who offer DT in their institutions: let us give transcriptionists the recognition they deserve and allow them to share their experiences. Every so often, ask about their experience and what they need. And, if they are keen to meet the people behind the voices, why not facilitate a meeting to enable them to step out from the shadows and show themselves as a real person? This is rewarding for both the transcriptionist and, potentially, for patients as well.

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