Emotional and Psychological Effects on Interpreters in Public Services

A Critical Factor to Bear in Mind

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This paper deals with the influence of the emotional and psychological impact on the interpreter in public services (IPS). This topic is not new in the field of interpreting; however, it still remains rather unexplored in the IPS sphere despite its importance as will be seen in the following pages.

Previous research (Valero-Garcés & Mancho (eds) 2002, Valero-Garcés 2003 (ed)) shows that a large percentage of IPS admit that the tasks that are requested of them usually go beyond the simple transfer of information. They are frequently seen as "catalysts" and cultural consultants. They are asked to master the same abilities (cognitive and linguistic abilities as well as observing a code of ethics) as other types of interpreters (conference, court, medical), but they also need to incorporate other abilities related to the specific atmosphere they work in (e.g. social, cultural and sometimes religious settings; situations involving asymmetry of knowledge; and even power and gender differences). In this context, the IPS often have to explain cultural habits or beliefs in order to balance these inequalities in an effort to make communication effective. They also very often must serve as a bridge in conversations about specific aspects of community life, the distribution of functions and responsibilities in the family, and stories of misfortune, honor, religion, and faith. To cope with this active involvement, the IPS must possess tremendous emotional stability in order to successfully undertake certain aspects present in the nature of their work. Participants in the event (service provider—client—interpreter) are of primary importance. Corsellis (2002: 71-90) points out some of these characteristics in the case of users of services:

- users in difficult situations with whom the IPS may share certain features (biographical data, similar experiences, belonging to the same ethnic group, etc.);
- users who have experienced violent situations, suffered torture, or who have lost relatives and friends (as in the case of many asylum seekers);
- users with a highly deteriorated psychological and emotional state;
- primarily negative content of conversations;
- the impossibility of direct help on the part of the IPS.

In the case of service providers, they mostly do not understand the role of interpreters and are not used to working with them. As a consequence, there is a tendency to ask IPS to perform tasks that are not directly associated with the interpreting profession (making phone calls to the patient's relatives, explaining medical concepts, explaining treatment, etc.)

Most practitioners, trainers, and researchers in PSI&T (*Public Service Interpreting and Translation*, also known as *Community Interpreting*) agree on the need for specific training to cope with a variety of participants and situations. This training should include preventive as well as follow-up measures. Common recommendations for this training include providing information and teaching appropriate strategies.

To begin with, emphasis should be put on providing information about:

- topics that present emotionally difficult aspects (e.g. communicating bad news, describing torture, dealing with violent users, etc.);
- basic psychological training regarding core concepts (stress, anxiety, transfer, behavioral alterations, etc.);
- recognizing potentially stressful factors;
- recognizing symptoms and strategies used to deal with the possible psychological impact related to their professional activity.

Practicing with strategies such as empathy and self-esteem seems to be very helpful as can be seen in the following paragraphs.

It is well known that in a context where the interpreter is often and literally "the only one who understands" the user, there is often a tendency to establish an emotionally intense relationship between IPS and user, since they may share not only the language and the culture, but also the country of origin, the traditions, the ethnic group or even certain characteristics such as age, sex, experience, etc. The interpreter's help can be of crucial importance, for example, in the case of an asylum petition. This complex emotional reaction toward the interpreter can hinder the observance of the professional code of neutrality (Cambridge (2002: 101-106)).

Many IPS are also members of the linguistic minorities for which they interpret and they are very 'visible' and well-known in their communities. If defendants have access to them before the trial, away from the presence of a third party, they may naturally want to "make friends." All manners of indiscretion may be foisted onto the interpreter before, during, or after the trial to elicit his or her life story and personal circumstances. In this case, trying to develop a phatic interaction is not appropriate. A friend is not impartial. The opposite can happen as well: IPS have been threatened and made to feel unsafe by their clients. A different situation—e.g. asylum seekers and refugees—is when the user feels insecure and he/she is very cautious with the professional and the interpreter. He/she does not even want to talk. In this case, some sort of training is needed to create a mutual confidential relationship among the three parties. In healthcare settings, for example, the IPS also needs to balance asymmetries, as happens when doctors try to prescribe a diet for a Muslim patient with tuberculosis during Ramadan. Without the interpreter's skilled mediation, the patient would have probably forgone the treatment considering the doctor's insistence and lack of respect for his religion. All these situations suggest that the IPS can be as important for the patient as the doctor or the official. And, if they have been instructed in their professions, the IPS should also receive the same appropriate training for his/her profession.

A review of some studies on the psychological and emotional impact of critical incidents on professionals might be a good introduction to analyze their influence on IPS. Experts mention three main variables to take into account: personal variables, situational variables, and contextual variables.

Personal variables refer to the professional, the IPS's emotional state, personality, training, etc. That is, the impact the professional receives will be greater if he/she has a family history of psychopathological alterations, often feels uncertain, or has the tendency to face stressful situations inadequately (alcohol, food, drugs, tranquillizers).

Situational variables refer to the atmosphere in which the professionals develop their activity. Being in continuous contact with a source of trauma (for example, seeing violent or horrible scenes, witnessing dire situations), or experimenting a conflict in roles (interpreter, medical consultant, counsellor), or having experienced some personal loss (either of friends or relatives somehow related to the case) may produce negative consequences.

Contextual variables refer to the work environment in which the existence of an appropriate support system has a huge value. Professionals with psychological dysfunctions (depression, stress) before a critical intervention, or ones that are going through moments of vital impact (divorce, illness), are more vulnerable to negative consequences.

Experts also consider three levels at which the signs of being under psychological or emotional impact are visible. These levels are: physiological, cognitive, and affective. The most perceptible signs on a physiological level—as all of us probably know—are high blood pressure, chest pains, headaches or backaches, nausea, etc. which can be accompanied by antisocial behavior, insomnia, a change in appetite, consumption of alcohol, tranquilizers, and other drugs. At the cognitive level, the most perceptible signs are confusion, bewilderment, paranoia, feelings of guilt, suicidal tendencies, or recurring thoughts, lack of concentration, etc. At the affective level, the most perceptible signs are: sadness, anxiety, irritability, fear, and shock.

The consequences derived from working in these strong emotional contexts are also categorized into three types: those related to the profession itself, to the workplace, or outside the workplace.

In the professional context, emotional alterations can produce the psychotherapeutic transference-counter-transfererence phenomenon, anxiety and stress, mistaken perceptions, heart problems, as well as the burnt-out syndrome (which include symptoms such as disillusion, lack of motivation, apathy, physical and mental exhaustion, loss of energy, and frustration). In the workplace, the consequences are: increased absenteeism, a tendency to leave the position and/or the organization, a smaller role at work, and a rise in interpersonal conflicts.

Outside the workplace, the consequences are often problems within the family relationships, isolation, and effects of the 'vicarious syndrome' ('vicarious traumatisation'). Blair and Ramones (1996: 24) describe this phenomenon in the following way: "The endless stories of violence, cruelty, exploitation and atrocity; the emotional impact of experiencing another's terror, pain and anguish; and the continual exposure to the darkest aspects of the human condition can produce symptoms strikingly similar to the post-traumatic symptoms of their patients."

The studies by Baistow (2000), Clark and Gioro (1998), Coma-Díaz and Padilla (1990), Fischman (1991), McCann and Perlamm (1990), Mellman (1995), Haenel (1997) or Paton (1990) analyze the effects of working in risky conditions. However, there are few studies of this kind dealing directly with IPS. In the following pages, four of these research projects will be reviewed.

The first study deals with the degree of sensitization to psychological matters by NGOs and institutions working in humanitarian missions; the second one deals directly with the psychological impact on IPS in different public services; the third one analyzes the psychological impact on interpreters working in a healthcare setting; and the

last one studies these aspects on untrained volunteer interpreters in publics services.

Study 1

Survey on psychological support to humanitarian employees. An unpublished study carried out, in conjunction with other collaborators, by Adriana Dergam, psychologist and freelance translator and interpreter who worked as a volunteer at the NGO COMRADE-SETI, trainer in the course entitled Interlinguistic Mediation in collaboration with Carmen Valero-Garcés, offered at the EMSI (School of Mediators for Immigration), Madrid, in the spring of 2001.

Research objectives:

a. To determine the degree of sensitization of the European NGOs regarding the necessity of providing psychological support to their humanitarian employees as well as to study in what contexts it should be used.
b. To evaluate the specific necessities and the difficulties that the interpreters themselves have.

Methodology

A survey (by mail or telephone) was addressed to 84 NGOs of 14 European countries: Germany, Austria, Belgium, Denmark, Spain, Finland, France, Great Britain, Italy, Ireland, Norway, the Netherlands, Sweden, and Switzerland. A sample of the NGOs that showed interest were, OXFAM Belgique, ISF (International Solidarity Foundation), AICF (Action Internationale Contre le Faim), MDM (Médecins du Hulls), MSF (Médecins sans Frontières), MEMISA (Medicus Mundis Foundation), DNF/NRC (Norwegian Refugee Council), AYUDA EN ACCIÓN/CODESPA (Cooperation to the development and Promotion of Activities), Raumlaut;dda Barnen (Swedish Save the Children), ICMC (International Catholic Migration Commission), or SOS Tortures (World Organization against torture).

There were four main objectives: a) to evaluate the structure of established psychological support, if any; b) to recognize the risks to the employees (stress, exposure to potentially traumatic situations; c) to detect the necessities of NGOs regarding prevention or information, setting up 'crisis support groups' or 'support supervision'; d) to check that devices were in place for an eventual evacuation, repatriation, rehabilitation, or for psychological treatment if necessary.

Sixty-four NGOs responded and the results were the following:

In the case of point a), 21 NGOs (33 %) were not interested at all in psychological matters; 18 (28%) were aware of the importance of psychological help but they didn't judge that this was necessary for their organizations; 25 (39%) saw the importance and displayed their worries about the psychological support that they could offer their humanitarian workers.

As for point b), 43 out of 64 NGOs (67%) showed different degrees of consciousness about the importance of

psychological support for their employees in stressful and traumatic situations. However, there were differences between the different countries.

a. Sweden, Denmark, the Netherlands, Germany, and the United Kingdom showed the highest degree of interest in the last decade.
b. France, Italy and Spain showed a lower degree of interest.

With regard to point c), 25 NGOs were particularly aware of psychological support, and of them 11 NGOs participated in urgent high-risk missions; 10 NGOs were involved in long-term developmental projects (rural, health, rights of minors, education); and 4 NGOs were in charge of hiring collaborators for other NGOs and they were also responsible for the workers' training and support until they had returned from their missions.

As for point d), practically all of the NGOs offered training lasting from one to several weeks but rarely dealt with stress management or provided information about trauma or psychological effects. Most NGOs showed an interest in offering this sort of training; however, only one-third showed concern for the interpreter's state after returning from a mission through systematic interviews, checkups, and group discussions. A high percentage also expressed a desire to use measures during crisis intervention (debriefing, etc.) and to improve the supervision of its trainers.

Summarizing, the general results indicate that three-quarters of the NGOs contacted showed a certain sensibility towards psychological, support but only 10% provided some sort of an answer to this necessity. An almost widespread demand of training for the employers was relevant as well as the need to develop prevention measures. They also complained of the lack of resources for such an end. Data demonstrated that most of the employers and employees in humanitarian tasks did not receive psychological training nor do they have the tools to diagnose this sort of problems or even the resources to treat them (for example in cases of crisis, catastrophes, ...). On the other hand, mentioning psychological support conjured up connotations of mental illness and many preferred to avoid the topic so as not to be labeled 'imbalanced,' possibly causing them to lose their jobs. They preferred to be tied to the myth of 'invulnerable heroes' that shrouds those who are devoted to humanitarian aid.

The following necessary measures were derived from the study:

a. to sensitize and to inform workers on the different psychological aspects of humanitarian aid.
b. to develop courses and activities in NGOs to train employees and for the supervision of teams.
c. to create a network of consultants.
d. to create a psychological support system.

Study 2

The Psychological and Emotional Effects of Community Interpreting by Karen Baistow, Department of Social Work, Brunel University, United Kingdom, 2000. This study focuses specifically in IPS. The research objectives were (Baistow 200:14):

- To determine the extent, type, and degree of emotional and psychological effects experienced by IPS in connection with their work.
- To ascertain the perceived causes of the psychological and emotional effects experienced by IPS in connection with their work.
- To determine coping strategies of confrontation and their perceived value.
- To identify support needs of IPS and any gaps in existing provision.
- To provide recommendations on the most appropriate support services to meet the needs of IPS.

The methodology was very similar to that of the previous study: A survey was developed and posted to 869 interpreters from six European countries: France (200), the Netherlands (195), Germany (180), Italy (50), Spain (50), and the United Kingdom (186).

The questionnaire intended to find out from IPS:

- What kinds of emotional and psychological effects they experienced in connection with their work,
- What they identified as the principal causes of these effects,
- How they coped with them,
- The availability of professional support in their workplace and whether employers provided such support,
- IPS views on the value of different kinds of support.

Results

A total of 34% of those interviewed answered. Of this 34%, 74% were women and 72% men, aged between 26-45 years, and with 64.4% of interpreters having some specific prior training—usually short—on 'useful terminology,' 'codes of conduct,' and 'role playing.' However, only 12% of all respondents said they had been given training in 'stress management' (Germany 21.9%, France 21%). But over four-fifths of these respondents reported that the beneficiaries of their services were usually asylum seekers, refugees, and physically and mentally ill immigrants, with the working topics usually making reference to difficult experiences as, for example, family separation, physical abuse, war, domestic violence, torture, or persecution.

In asking about interpreters' emotional responses to their work, the majority (80%) felt very positive about their work and agreed that they found their work fulfilling and rewarding and that they felt appreciated by their clients. However, the process of interpreting was also associated to emotional difficulties for a significant proportion of respondents. More than two-thirds of them agreed that they were sometimes upset by the material they had to interpret, and half agreed that interpreting could sometimes make them feel worried and anxious and that they experienced mood or behavior changes in connection with their interpreting work (Baistow 2000: 25). That is, in percentages: 49% experienced mood or behavioral changes related to their work; 76% reported that the effects lasted a few hours, but 50% reported that the effects could last from one to several days.

Baistow reported that the emotions felt most frequently in connection with work—'stress,' 'frustration,' and 'grief/misery'—were also the emotions experienced most strongly. Approximately 25% of the respondents reported having strong feelings of stress fairly or very often. Similarly, just under 20% said they experienced

frustration and about 10% reported feelings of irritability, anger, and loneliness.

As for the aspect of work that IPS felt was the top cause of mood or behavioral changes, over 67% reported 'distress of clients'; 58%, hearing about suffering and misery; 39%, 'being unable to directly help clients; ' 35%, 'concerns about future employment'; 30%, 'dealing with service providers'; 28%, 'unpredictable working hours' and 'lack of people to talk to about problems.' In spite of this consistency, Baistow mentioned that there were notable variations between countries in the perceived importance of the last three possible causes. Thus the Germans seem to be more worried about the working conditions, while in the UK isolation and loneliness has a higher percentage.

As for the confrontation strategies that IPS who experienced mood or behavioral changes used, the three most popular methods of coping were:

- talking about work problems (54%)
- increasing social relationships (43%)
- practicing sport and exercise (34%)

As for the extent of employers providing support services, 34% of the respondents said their employer provided some kind of support service; 22% did not even know if any service existed, and 20% had used the support service offered on some occasion. Asked about the types of support provided by employers, 'talking with colleagues' and 'talking with employers' were reported by approximately one-fifth of all respondents. 'Discussions with a psychotherapist' and 'support groups' as well as 'telephone counseling' were other options mentioned by IPS in some countries.

In conclusion, the study pointed, in Baistow's words (2000: 47) "towards the need for a cultural shift which would enable the emotional effects of community interpreting to be 'normalized'; that is, able to be accepted as part and parcel of everyday interpreting life. This shift, we believe, would benefit both the well-being of interpreters and the quality of their work."

Baistow mentions two important ways in which this shift could be achieved:

1. by increasing awareness and recognition among IPS, employers, and service providers that this work is often emotionally affecting
2. by making it possible and legitimate for this to be talked about.

In order to achieve these two objectives, she proposes some strategies:

- Increased liaison between employers, service providers, and interpreter organizations.
- Pre- and in-service training which addresses the emotional challenges of community interpreting work.
- Regular supervision for new /inexperienced IPS.
- Referral service for one-on-one counseling.
- Further research using more in-depth methodologies.

Study 3

The following study refers to a specific area but highly connected with PSI&T: medical/health service (this accounts for 73% of the service providers in the above study by Baistow). The study was carried out by L. Loutan, T. Farinelli and S. Pampallona in the Department of Community Medicine at the University Hospital of Geneva in 1999.

The research starting point was the little attention paid to the psychological and emotional impact on interpreters whose central topic in medical interviews was the patient's pain and death. A survey with similar questions to those outlined in the study by Baistow was forwarded to the 22 members of the Red Cross interpreter service (15 were women; most married and with children); a total of 19 answered.

The results of the analysis indicate that most of the interpreters had already experienced difficult circumstances as, for example, family separation, physical abuse, war, domestic violence, torture, and persecution; that 28% had been exposed to very traumatic events: war, torture, detention, or aggression; that more than 50% had worked in violent situations; that 28% had often experienced difficult feelings during the sessions; that 66% had frequently had painful memories; that 83% had seen the patients outside the medical setting.

The most frequent symptoms that accompanied them were nightmares, depression, and insomnia (8 out of 10 workers in the refugee program required psychiatric treatment at a given moment).

The recommendations were:

1. to make doctors aware of these pressures and to allow time for the interpreters to share their feelings and emotions and to confront their reactions.
2. to allow the interpreters time to share their feelings and emotions.
3. to organize regular debriefing and 'support groups.'

Study 4

This study was carried out by the author of this article among the students of a training course for IPS offered at the EMSI, Madrid, in 2001. This same course forms part of a more extensive training program held at the University of Alcalá, Madrid (Spain) since 2000 (see http://www2.uah.es/traduccion).

The sample was of 30 students. Most of them worked as volunteers for NGOs dealing with asylum seekers and immigrants, and very few had received any instruction as IPS. The purpose of the study was to investigate their working conditions, tasks to be performed, work methods, training received, and the possible psychological and emotional effects of their work. A survey was designed and distributed to the 30 students. Only those specific points related to the topic of this study will be discussed. (For more information on other topics see Valero-Garcés, C. 2002, 2003, 2004).

One of the questions of the survey was to identify the main difficulties of their work. A list of possible reasons was given. The reasons were:

- feelings of distress due to the topic of conversation
- difficulty maintaining neutrality
- feelings of anguish and anxiety because of the users' problems and state
- feelings of distress because it was not possible to help users directly

The results were:

- 62.5% of the respondents experienced distress due to the topic of conversation
- 67.5% of the respondents had problems maintaining neutrality
- 49.9% of the respondents experienced distress because they were unable to directly help clients
- 35.2% had experienced mood or behavioral changes because of their clients' distress.

They were also asked to evaluate the type of feelings that their work generated in them and the results were similar to those seen in Baistow's research. All of them (100%) felt their job was useful for the clients, and 80% had positive feelings about their work. However, they also admitted that the process of interpreting was associated to emotional difficulties:

- 84.4% experienced mood or behavioral changes.
- 64.5% reported difficulties interpreting in specific situations (rape, domestic abuse, misery).
- 30% reported feelings of irritability and nervousness after having interpreted.

When asked about the support services provided by the organizations they worked for, 75% of the respondents reported that the organizations did not provide any kind of support; 8% reported that they provided some support and that they had used it; and 4.2% reported that they provided some but that they had never used it.

When asked about the strategies used to cope with emotional or psychological impact, the most common one was to talk about work problems with other co-workers (41%), with family members (33%), with friends (37%), or with other interpreters (33%).

Finally, they were also asked about those aspects that they most valued in their work. In the case of 'emotional stability' the results were: 25% very important; 50% important; 16.7% not very important.

Conclusions

The studies seen here together with our experience show that IPS constitute a group with a high probability of having to face events that sometimes surpass people's habitual confrontation levels. Studies carried out in NGOs dealing with humanitarian enterprises highlight the necessity to develop the resources of psychological and emotional support. One of the first steps seems to be to increase awareness and recognition among IPS, employers and service providers of the risks negative psychological or emotional effects have on this profession. Baistow (1999), in her empirical study on the emotional and psychological impact in IPS carried out in six countries of the European Union, found that only 10% of IPS had received some type of training in the management of 'stress and other negative effects'. L. Loutan, T. Farinelli and S. Pampallona (1999) also pointed out the lack of studies regarding the emotional impact on the interpreters who deal with pain, death, or loss,

while emphasizing the importance it has. The studies carried out at the EMSI and at the University of Alcalá among volunteers working in NGOs dealing with immigrants, asylum seekers, and refugees also indicated that most of them, generally untrained interpreters acting in all sorts of situations (police stations, hospitals, government offices, schools), had to deal with all sorts of topics. This also demonstrates the influence of emotional and psychological impacts on their work as well as the need to receive some preparation.

Finally, all of the surveys contain some suggestions, and all of them agree that more attention needs to be paid to this fact and to the importance of the consequences derived from it (stress, anxiety, low self-esteem, poor quality interventions, depression, emotional dysfunction, work absenteeism, a change of profession, or leaving the NGOs).

We have the data, let's get started.

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