

DUBLIN BUSINESS SCHOOL

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**VICARIOUS TRAUMA AND POSTTRAUMATIC GROWTH: A STUDY OF HOW
INTERPRETERS WORKING IN PSYCHOTHERAPY ARE IMPACTED BY THEIR
WORK**

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ABSTRACT

Findings are presented for a qualitative study that explored the potential vicarious traumatisation and posttraumatic growth experienced by interpreters working in psychotherapy with refugees and asylum seekers. Six interpreters working in the same centre were interviewed. They reported being aware of being negatively impacted by their work, but expressed that the benefits of their experience outweigh their temporary emotional burden. The need to handle intense emotions during the sessions was found challenging and some of them reported intrusive thoughts after working hours. They mentioned that they have access to adequate training, support systems and self-care strategies, which seem to contribute to their overall positive experience. Both training and support are provided by the same therapists who work with them. The need for further training was acknowledged. Support at work takes the form of monthly support groups and debriefing sessions with psychotherapy staff, if there is a need for it. Personal coping strategies were also shared, such as cooking, writing, talking to friends and dancing, among others. Most participants attend personal therapy, but this does not form part of the support system at their workplace. Additional stressors related to the lack of role clarity for interpreters among therapists, clients and interpreters themselves were discussed. Issues of trust among the three parties in the interpreter-mediated psychotherapy, the level of involvement of interpreters in the therapeutic work, and keeping boundaries were particularly emphasised. The growth experienced by the interpreters was varied, including existential questioning, a life purpose and better relationships with those around. The implications of the study for agencies working with trauma survivors through interpreters are considered, together with some recommendations of best practices for working with interpreters and providing interpreters' training and support. The lack of sufficient research in the area of mental health interpreting and posttraumatic growth is acknowledged.

CHAPTER 1: INTRODUCTION

1.1 Introduction

In recent years, a growing number of asylum seekers have sought protection in Ireland. When they can't speak English, the assistance of an interpreter is needed for their asylum applications and their health care, including their mental health. In Ireland, many interpreters who work in psychotherapy lack appropriate specific training in the area. It is felt that they may be at risk of becoming vicariously traumatised, but they may also experience growth as a result of their work.

1.2 Context of the study

In what is now popularly called “multicultural Ireland”, psychotherapy settings need to adapt to the foreigners who have settled down in the country. An interpreter is necessary when a client does not speak fluent English and wishes to express themselves through their own language. Among foreign nationals, refugees and asylum seekers are one of the most vulnerable groups. Multiple losses, including loss of social networks, possessions, and cultural identity, combined with traumatic experiences suffered in their country of origin, make them prone to need psychological support (psychotherapeutic and/or psychiatric services).

Interpreting is one of the oldest trades in the world. However, in Ireland, it has only recently been widely needed in languages other than English and Irish. There are no regulations regarding interpreting training, qualifications and working conditions. Interpreting needs of public service users are covered with foreign language speakers who are not necessarily qualified interpreters. While most qualified interpreters have a good understanding of interpreting skills and only need to deal with the emotional impact of working in mental health, it is felt that unqualified interpreters may be facing many difficulties related to interpreting issues, as well as the emotional impact of working in psychotherapy. Interpreters who work with refugees and asylum seekers are especially vulnerable because of the traumatic experiences of this particular client group.

1.3 Aim and significance of the study

The study is born in this context and aims at studying how interpreters experience their work in psychotherapy with refugees and asylum seekers. It is hypothesised that interpreters may experience or have experienced vicarious traumatisation at some stage during their work due to the emotional impact of trauma and due to the stress of other interpreting issues, that they have built effective coping strategies as all of them have been working for over two years, and that they have experienced growth as a result of their work with trauma survivors. It is expected that the information gathered from this study will inform the design of future training materials for interpreters and psychotherapists and the establishment of support systems in the field. Specifically, the study aims at exploring:

- The potential for vicarious traumatisation (VT) among interpreters;
- coping strategies employed by interpreters; and
- the potential for vicarious posttraumatic growth (VPTG) among interpreters.

This is the first study on the impact of working in psychotherapy with refugees and asylum seekers among interpreters carried out in Ireland. The researcher is an accredited and qualified interpreter, as well as a trainee psychotherapist. This combination adds a different dimension to the study, compared to previous studies undertaken either by health care professionals or interpreters. The findings of the research can inform future developments in the areas of psychotherapy for refugees and asylum seekers, and trauma survivor work through interpreters. The study can specifically contribute to the design of training materials for interpreters working in trauma contexts and psychotherapists working alongside them, emphasising the need for self-care and support when required and raising awareness among interpreters about the risk of VT. It can also inform interpreters about the potential for growth in the area.

1.4 Structure of the study

The first stage of the study will be an exploration of the literature published in the area. An introduction to the situation of refugees and asylum seekers and the interpreting profession in Ireland will be given, as well as an overview of the concepts of VT and VPTG, looking at the research done in this area among interpreters. The second stage will explain the methodology used for this qualitative study, including methods for data collection and analysis. The data analysis will be subsequently presented, followed by a discussion on the current literature on the field, taking into account the findings of the research. The study will not be complete without mentioning the limitations of its implementation as well as recommendations and areas identified for future research.

1.5 Conclusion

The aim of this study is to explore how interpreters working in psychotherapy with refugees and asylum seekers are positively and/or negatively impacted by their work. The study will mainly collect information about how experienced interpreters make sense of their work, how they cope with the difficulties they encounter and how they find meaning as a consequence of their work.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter will explore previously researched concepts associated with the impact of trauma work on interpreters working with refugees and asylum seekers. A first look at the vulnerability of refugees and asylum seekers will shed some light on the degree of trauma that interpreters have to deal with. Then, certain terms pertaining to mental health interpreting, the training courses existing for this profession in Ireland and the working models for psychotherapy through an interpreter will be explained. The research will then introduce studies on the positive and negative impact of trauma work on interpreters and examine the concepts of VT and VPTG among interpreters.

2.2 Vulnerability of refugees and asylum seekers in Ireland

The terms “refugee” and “asylum seeker” can be easily confused. While an asylum seeker is a person who has applied for a refugee status in Ireland under the Refugee Act, a refugee is someone who ‘owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his or her nationality and is unable or, owing to such fear, is unwilling to avail himself or herself of the protection of that country’ (Office of the Refugee Applications Commissioner, 2003, p. 6). In Ireland, the number of asylum applications has decreased since the beginning of the century; about 2,500 applications were made in 2010 (Reilly, 2010, p. 7). The asylum process is one of the most restrictive in Europe with just 1.6% of applicants being successful in 2010 compared to an EU average of 24% (Browne, 2012). Asylum seekers generally have to wait for years before they are allowed to stay in the country, and most applications are refused. Therefore, it is no surprise that in Ireland, the tendency of refugees and asylum seekers to develop mental health problems, including anxiety-related disorders and depression, is higher than that of the native population (Reilly, 2010; O’Keeffe, 2011). The fear and uncertainty about the outcome of their applications and the conditions of direct provision accommodation impact on their present experience.

Most refugees and asylum seekers have experienced some sort of trauma in their country of origin and multiple losses as a consequence of their escape. Refugees and asylum seekers are vulnerable not only because of their traumatic past, but also because of the impact of the migration experience and of the asylum process. The losses can include, among others, loss of social connections, profession, culture, personal possessions and sometimes a common language (Aroche & Coello, 2004; Crumlish & Bracken, 2011; Miller, Martell, Pazdirek, Caruth & López, 2005; Tribe & Raval, 2003; Zimanyi, 2009). When working with refugees and asylum seekers in a therapeutic setting, language can become a barrier and an interpreter may be needed to liaise between therapist and client (Aroche & Coello, 2004; Bot & Wadenjso, 2004; Tribe & Raval, 2003).

2.3 Understanding the trade of a mental health interpreter

2.3.1 Mental health interpreting

Interpreting is an activity that consists of conveying a message, either simultaneously or consecutively, between two or more speakers who do not share the same language (National Consultative Committee on Racism and Interculturalism, 2008, p. viii). Community Interpreting, also known as interpreting for the public services, is an umbrella term for the types of interpreting that take place within a community, including social services, Garda stations, asylum process, immigration, hospitals, and visits to GPs (NCCRI, 2007; Zimanyi, 2009). Mental health interpreting is part of community interpreting and shares some of its characteristics (Zimanyi, 2009, p. 27).

However, mental health interpreting has certain characteristics which distinguish it from other types of community interpreting, due to the added sensitivity of the work carried out in mental health settings. Two different types of stressors are anticipated: those associated with the interpreting skills and those associated with the emotional impact of the sessions. The subjectivity of the interactions between therapist and client makes understanding the meaning and accurately conveying the message more challenging than other types of interpreting. Interpreting in mental health is one of the most ambiguous areas of interpreting. (Tribe & Raval, 2003, p.79)

2.3.2 Training in mental health interpreting in Ireland

In Ireland, many interpreters working in the public services lack any qualification in translation and interpreting. Many interpreters are rarely trained or tested. There is also a lack of policy from the Irish Department of Health regarding interpreting (Phelan, 200, p. 2). The interpreters involved in mental health interpreting often speak English and another language, but they are not trained or accredited interpreters (Zymanyi, 2001, p. 6). The only academic programme available in interpreting in Ireland is run by Dublin City University. There is an interpreting module under the MA in Translation Studies and the Graduate Certificate in Community Interpreting (NCCRI, 2008, p. 17). As far as the researcher knows, only two non-governmental organisations (NGOs) provide a brief training course for interpreters who work in psychotherapy with refugees and asylum seekers: Spirasi and the Rape Crisis Centre.

Interpreters are often unfamiliar with psychotherapy, often lack the necessary terminology and are rarely aware of the ethical implications which may arise in this area (Zimanyi, 2001, p. 6). Interpreters seem to acquire the necessary expertise while at work. The Irish Translators' and Interpreters' Association (ITIA), which is the only professional association in Ireland representing the interests of translators and interpreters (NCCRI, 2008, p. 17), has recently drafted and published a Code of Ethics for Community Interpreters (Irish Translators' and Interpreters' Association, n. d.). However, a specific code of ethics for mental health interpreting does not exist at the moment.

Additionally, no training exists for mental health care professionals on how to work with interpreters, deepening the professional distance between interpreters and therapists, and providing the ground for issues such as power imbalance and mistrust between interpreters and therapists when they enter the therapy room. Tribe & Raval (2003) advocate a collaborative model of working, in which respect and understanding of both professions facilitates team work.

2.3.3 'Therapy in a triangle'

This concept is borrowed from Brune, Eiroá-Orosa, Fischer-Ortman, Delijaj and Haasen (2011, p. 2), and it may refer to the preferred triangular sitting arrangement between therapist, client and interpreter (Tribe, 2007, cited in Boyle, 2010, p. 15). The reason for this arrangement is the need to emphasise the neutrality of the interpreter, who does not speak on behalf of either party, but is a mere conduit of information. (ITIA, n. d.) A mutual professional and personal understanding and respect of therapists and interpreters is of particular relevance. They both need to see themselves having different and clearly defined roles (Brune et al., 2011, p. 2).

Although interpreters' neutrality seems clear in any other context, in psychotherapy the presence of an interpreter is the object of a rich debate between those who advocate for a more neutral, machine-like type of interpreter (the "black box model"), and those who see the interpreter as an integral part of the therapeutic relationship (the "relational model") (Boyle, 2010; Brune et al., 2011; Miller et al., 2005; Splevins, Cohen, Joseph, Murray & Bowley, 2010). The black box model aims at making the interpreter invisible, minimising the awareness of their presence in the room and emphasising their role as a linguistic agent. On the other hand, the relational model often asks of the interpreter other tasks not directly associated to the language: co-therapist, cultural mediator, among others (Miller et al., 2005; Zymanyi, 2009). The black box model facilitates a direct communication between therapist and client and tends to be the preferred option among qualified interpreters. In Boyle's study (2010, p. 14), two clinicians expressed their opinions of effective interpretation in terms of the interpreter blending into the background and becoming invisible, making their communication with their clients seem "real". The positive experience of interpreters' invisibility by therapists seems to agree with the black box model's view.

In the opinion of qualified interpreter Krisztina Zymanyi (2009, p. 233), while a good relationship seems to be necessary between the three members of the triad, it is important that an interpreter does not confuse their role with that of a cultural mediator or co-counsellor. In the literature, there seems to be an agreement about the need for a good relationship based on trust within the triangle (Boyle, 2010; Brune et al., 2011; Fox, 2001; Miller et al., 2005).

However, the lack of clarity concerning an interpreter's role, combined with an interpreter's questions about the extent to which they need to bring their professional or personal selves to the room, may result in interpreters becoming enmeshed with clients. Becoming too involved may be dangerous for interpreters and it may lead to overwhelming distress (Splevins et al., 2010, p. 1710). It may also result in breaking the boundaries, as interpreters may feel that they are their clients' only link with the outside world (Tribe & Raval, 2003, p. 22). The lack of a standard interpreting model, the limited specific training among mental health interpreters in Ireland, and the risk of becoming too involved with refugees and asylum seekers, who are an extremely vulnerable client group (as seen in the previous section), must have an impact on interpreters.

2.4 Research on vicarious traumatisation and vicarious posttraumatic growth among interpreters

Research on VT and VPTG among interpreters is practically non-existent. There are more studies covering the negative impact of caring on interpreters than those covering the gains from their work with trauma survivors. Splevins et al. (2010, p. 1706) acknowledge that despite the lack of evidence in this area, related literature on the field suggests that interpreters are both negatively and positively impacted as a result of trauma work. Their study is the only one carried out in the UK focusing specifically on VPTG among interpreters. Splevins et al. (2010) studied the impact of working with trauma survivors on eight interpreters working in psychotherapy with refugees and asylum seekers. The research considered negative aspects of the work, but the overall impact reported was positive.

An earlier study pioneered the research in this area by exploring both the negative and the positive impact of trauma work on interpreters. Miller et al. (2005) carried out a narrative study interviewing fifteen therapists and fifteen interpreters and explored the role of interpreters in psychotherapy with refugees. Most of the interpreters reported not only that they had not being negatively impacted by their work, but that they had experienced positive effects as a result of it. Another study about the impact of trauma work among interpreters working with refugees was carried out by Holmgren, Søndergaard and Elklit (2003). They studied twelve Kosovo-Albanian interpreters working with refugees and asylum seekers in a

humanitarian organization in Denmark. They all reported severe emotional distress due to their work. Holmgren et al. cite three other studies about the emotional impact of trauma work on interpreters. Westermeyer (1990, cited in Holmgren et al., 2003, p. 22) studied ten interpreters employed in one US refugee programme and found that eight required psychiatric treatment at some point. Røkenes (1992, cited in Holmgren et al., 2003, p. 22) studied thirty-three interpreters in Norway. More than 50% of the interpreters reported that their emotional reactions resulted in problems outside the therapy room. Loutan, Farinelli and Pampallona (1999, cited in Holmgren et al., 2003, p. 22) studied eighteen Geneva Red Cross interpreters and concluded that many suffered from recurring distressful memories and their negative feelings increased proportionally to their workload.

Valero-Garcés (2006, p. 151) mentions other studies that are particularly relevant to the research, as they explore the emotional and psychological impact on interpreters of working in public services. One such study was carried out by Karen Baistow in the United Kingdom (2000, cited in Valero-Garcés, 2006, p. 148). It was an international quantitative study, with 869 questionnaires sent to different European countries (34% response). In this study, while interpreters recalled a generally positive feeling about their work, they also reported being affected by it. The second study was co-operatively carried out in Spain between students of translation and mediation, Red Cross psychologists and another NGO's staff. It was also a quantitative study with 40 questionnaires sent out over a number of years, exploring the psychological and emotional impact of volunteers who work as interpreters in the public services. More than 50% of the interpreters reported being both negatively and positively affected by their work, with 90% positively valuing their work and about 54% feeling impacted by their clients' anxiety.

In Ireland, Zymanyi (2009) wrote the first complete doctoral thesis in the area of community interpreting in Ireland, and the first in-depth qualitative study of mental health interpreting in the state. Eleven mental health professionals and twelve interpreters were interviewed. While a great proportion of the participants stated that mental health interpreting is more emotionally draining than other assignments and could lead to VT, other interpreters thought that "the subject is over-inflated" (Zymanyi, 2009, p. 247). Also in Ireland, Boyle (2010)

used semi-structured interviews with four clinicians and two interpreters and explored working in a psychotherapy triad through interpreters.

The literature review would not be complete without reading the interesting articles by Annemarie Fox, one of the first interpreters to share her experiences of working in psychotherapy with survivors of torture (Fox, 2001). Of interest also is *Working with interpreters in mental health*, an essential book edited by Tribe and Raval (2003), in which most of the issues pertaining to mental health interpreting are discussed. The majority of the chapters in the book have been written by mental health professionals. In fact, with the exceptions of the article by Valero-Garcés and Zymanyi's contributions, the research mentioned above was carried out by mental health professionals, not interpreters. The lack of interpreters' voices in mental health research seems to echo the lack of an interpreter's voice in therapy as a result of their role.

2.5 Vicarious traumatisation and vicarious posttraumatic growth among interpreters

In the last decade, a growing interest in both the positive and the negative impact of trauma work on a therapy setting has emerged. The negative impact of trauma work on therapists has been the object of many studies, especially since the 90s. However, the positive impact of this type of work has not been explored until recent years (Jirek, 2009; Linley & Joseph, 2007). Research on how therapy work affects therapists has paid attention mainly to the negative impact of the caring on their lives, while focusing less on the satisfaction and growth that therapists experience while facilitating their clients' development (Linley & Joseph, 2007, p. 385). It is anticipated that an interpreter would have similar reactions to those of therapists when working in mental health settings.

The negative impact of trauma work has received different names over the years (Linley & Joseph, 2007; Sommer, 2008), but most authors use the term "vicarious traumatisation" to refer to it. McCann and Pearlman (1990, p. 133) defined VT as the 'profound psychological effects that persons who work with victims may experience, effects that can be disruptive and painful for the helper and can persist for months or years after working with traumatised

persons.’ Because of the traumatic nature of the stories usually told by refugees and asylum seekers and because of their lack of specific training in mental health, interpreters working in psychotherapy can become traumatised and can develop symptoms similar to those experienced by trauma survivors (Boyle, 2010, Tribe & Raval, 2003; Valero-Garcés, 2006; Zimayi, 2009 & n. d.).

But they can also grow as a result of their trauma work, experiencing changes in their lives, also similar to those experienced by trauma survivors (VPTG). Most studies on VT among therapists mention how they can, to a certain extent, be positively affected by their work. However, the phenomenon of what has been called “VPTG” remains largely unexplored (Jirek, 2009; Splevins et al., 2010). VPTG generally refers to the transformation resulting into growth experienced by those individuals who are in close contact with trauma survivors, including trauma workers (Jirek, 2009; Tedeschi & Calhoun, 2004). Posttraumatic growth refers to a change happening in people and it implies a transformation (Tedeschi & Calhoun, 2004, p. 4). While trauma is the split created between the pre-trauma and post-trauma worldview, growth is considered the ability of an individual to come to terms with this split and rebuild their world in a meaningful way (Splevins et al., 2010, p. 1706). It is assumed that bearing witness to this process may trigger similar distress followed by similar growth among trauma workers, including interpreters.

2.6 Factors related to the emotional impact of working in psychotherapy

There is no doubt that interpreters working in psychotherapy with refugees and asylum seekers have to handle intense emotions during the sessions, including their own reactions to the material. The literature provides endless examples of the emotional impact of trauma work on interpreters during the sessions: feeling unease about the material, sharing their client’s anxiety, feeling powerless at not being able to remove pain, getting upset during the session, having problems respecting boundaries and maintaining neutrality, or even becoming too enmeshed with clients (Boyle, 2010; Holmgren et al., 2003; Splevins et al., 2010; Tribe & Raval, 2003; Valero-Garcés, 2006; Zymanyi, 2009). After the sessions, some interpreters may still experience signs of being impacted by the work. Some symptoms described by interpreters are similar to those reported by therapists in the literature about VT. Physical

complaints include fatigue, headache, dizziness, insomnia, and lack of appetite, etc.; behavioural changes include isolation, antisocial behaviour, drug and alcohol intake, etc.; cognitive symptoms include hypervigilance, intrusive or recurrent thoughts, lack of concentration, etc.; and emotional signs include sadness, anxiety, irritability, tearfulness, fearfulness, etc. (Holmgren et al., 2003; Splevins et al., 2010; Valero-Garcés, 2006).

While some studies report that the emotional impact of this work on interpreters is short-lived (Miller et al., 2005; Splevins et al., 2010), others report interpreters experiencing severe distress as a result of their work (Holmgren et al., 2003, p. 25). The research posits several risk factors which may contribute to developing distress: having previous experiences similar to those of the clients, lack of training, supervision and support at work, absence of social networks, heavy workload, etc. (Holmgren et al., 2003; Miller et al., 2005; Splevins et al., 2010; Tribe & Raval, 2003; Valero-Garcés, 2006; Zymanyi, 2009).

2.7 Prevention, coping strategies and growth among interpreters

Most studies and articles emphasise the need for training, supervision and support (peer support and counselling have been mentioned) for interpreters in order to prevent VT (Bot & Wadensjo, 2004; Boyle, 2010; Fox, 2003 & 2004; Gutman, 2006; Holmgren et al., 2003; Miller et al., 2005; Smith, 2008; Splevins et al., 2010; Tribe & Raval, 2003; Valero-Garcés, 2006; Zimanyi, 2009 & n.d.). Training includes terminology in mental health issues and in the needs of mental health professionals, such as self-care, supervision and support, to name but a few. Supervision and support include support groups within the working environment, counselling services, peer support systems, social networks, etc. Just as every individual seems to find their own particular way to cope with the effects of trauma, also interpreters working with trauma find different coping strategies to become survivors and grow. Research in this area mentions the coping strategies that interpreters normally use: physical activities, briefing and debriefing with therapists, personal therapy, peer-support, meditating, turning to religion, finding meaning in the job, talking to friends or relatives, a sense of humour, etc. (Holmgren et al., 2003; Miller et al., 2005; Splevins et al., 2010; Valero-Garcés, 2006; Zimanyi, 2009 & n.d.).

Most studies on the impact of caring on interpreters acknowledge positive aspects of the work, with the exception of a study by Holgrem et al. (2003), which reports that most interpreters felt no satisfaction about their work. Splevins et al. (2010) state that interpreters do feel distress as a result of their work, but it is transformed into growth, as the therapeutic work progresses. Their study is the only one on VPTG among interpreters. Similar studies either with trauma survivors or therapists are necessary to inform the research. Tedeschi and Calhoun (2004, p. 1) suggest five major domains of posttraumatic growth among trauma survivors: increased appreciation for life in general, more meaningful interpersonal relationships, an increased sense of personal strength, changed priorities and a richer existential and spiritual life. They identified social stable environments and social support as factors for increased growth. Among therapists, a study carried out by Linley and Joseph (2007, p. 394-5) relates the likelihood of growth to the following aspects: being in personal therapy, having clinical supervision, personal trauma history, and being a woman.

Interpreters seem to engage in a similar growth process, with an increased value for personal relationships and a decreased interest in material goods. There is a general sense of deeper compassion, increased spirituality and respect for others, while becoming less judgemental, and a general sense of feeling to be of value (Splevins et al., 2010, p. 1711). In their study, Splevins et al. (2010, p. 1713) concluded that additional domains apply for interpreters due to their role as witnesses of growth:

- a) the feeling that they are of value to another, giving them a sense of purpose and deeper meaning;
- b) increased desire to assert themselves and fight for justice and fairness, especially in the work with refugees and asylum seekers; and
- c) admiration for human resilience and increased sense of personal vulnerability.

Interpreters seem to encounter their own vulnerability with a feeling that anything can happen, which gives them a higher appreciation for every moment in their lives (Splevins et al., 2010, p. 1712). The inevitable distress of their working experiences seems to be coupled by a richer appreciation of their own vulnerability and life in general.

2.8 Conclusion

The literature in the area of VT and VPTG among interpreters has led me to believe that interpreters who work in psychotherapy with refugees and asylum seekers must be impacted by their work. Due to the traumatic experiences of refugees and the scarce training in the area in Ireland, stressors of a different nature are to be expected in their work. The impact can be both positive and negative, depending on several factors. A need for specific professional training, support and supervision, together with individual coping strategies, including good social networks, seems to be identified by the authors reviewed. A study exclusively about the impact of caring on interpreters working in psychotherapy with refugees and asylum seekers has never taken place in Ireland, so the findings of this study may be significant. In the next chapter, the participants, recruitment process and methods used for the research will be explained.

CHAPTER 3: METHODOLOGY

3.1 Introduction

Having explained the mental vulnerability of refugees and asylum seekers, the issues related to the mental health interpreting profession in Ireland, and having explored the potential for experiencing VT and VPTG, this new chapter will introduce the method chosen for the research, the participants in the study and how they were recruited, the data collection process and data analysis, and ethical considerations pertaining to the research.

3.2 Research method

A qualitative research using semi-structured interviews was selected for the study. Because the impact of trauma depends enormously on an individual perception of events, it is assumed that both VT and VPTG may occur depending on the interpreter's subjectivity about the impact of their work. Hence, a qualitative research seems more appropriate to explore interpreters' experiences about how they are impacted by their work. A qualitative research emphasises words and generation of theories, and places an emphasis on the ways in which individuals interpret their social world (Bryman, 2008, p. 22). 'Such accounts are more than illuminating; they appeal to us because of their human character. This is about "real people" not just "statistics"' (Gillham, 2005, p. 8). Semi-structured interviews allow flexibility in the interviewing process, offering details of 'what the interviewee views as important in explaining and understanding events, patterns, and forms of behaviour' (Bryman, 2008, p. 438).

3.3 Participants

The participants were selected using purposive sampling. The first introduction to the research for most of the participants was at a social event organised by an NGO which provides psychotherapy services for refugees and asylum seekers through interpreters, to which the researcher was invited. During that event, five interpreters agreed to take part in

the research. One of them withdrew at a later stage without giving reasons and another one was recruited through common professional channels.

Because the researcher is a trainer in the area of mental health interpreting, an effort was made to recruit interpreters that she had not previously trained, but this proved a difficult task. An email was sent to all the interpreters in the cited NGO database and the Irish Translators' and Interpreters' Association (ITIA) to see if other interpreters would agree to participate. There were no replies to this email. Finally, another interpreter came forward at a social event at the ITIA, making a total of 6 interpreters. This interpreter had also worked in the same NGO for over two years.

The sample consists of six interpreters, three male and three female, all foreigners, between the ages of 34 and 45. The languages represented in the sample are Arabic, Farsi, German, French, Serbian, Croatian, Bosnian, and Lingala, with three interpreters working in more than one language into and from English. Three of the interpreters selected had applied for asylum in the past, and one of them is now an Irish citizen. They had shared similar experiences to the ones accounted by the clients they are working with. Three of them have a postgraduate level of education, and all of them have received some training in areas related to mental health interpreting. All of the interpreters have worked on a regular basis with refugees and asylum seekers who have experienced torture, with an average of three working hours per week, for at least two years.

The participants were chosen for their long experience working with trauma survivors and their regular commitment to the work. It was felt that they could contribute to the research with their knowledge about how they were impacted, either negatively or positively, and what coping strategies they used to remain in their position for years. Because most clients and interpreters are matched according to their gender, a fair representation of both male and female interpreters was thought to be more interesting for the purposes of the research.

3.4 Data collection

The participants were interviewed at a convenient time and place. Three of the interpreters were interviewed at a quiet coffee place in a hotel, one of them at a quiet bagel establishment, one at his place of work, and another one at her home. The interview venue was chosen by the participants according to their preferences. The title and purpose of the research was explained to all of them, as well as their rights to withdraw from the research, and have access to and edit their transcripts at any time. A consent form entitled “Information Form” was handed to them (see Appendix 1). It was read and signed by all of the participants who agreed to participate in the research. Because all of the participants were trained by the researcher in a training course at their workplace, an effort was made to make them feel comfortable, and emphasis was made on the confidential nature of the interview, stating that each participant would be given a number for identification purposes. Emphasis was also placed on their option to withdraw from the process at any time. The interviews were recorded using a digital voice recorder, and the sound files were safely stored to be used for the transcription and data analysis process at a later stage. The interviews were transcribed and typed verbatim by the researcher.

An interview guidelines document with six questions was used for the interviews (see Appendix 2). It was felt that open general questions would give a more accurate account of the interpreters’ experiences. A first pilot interview was done to evaluate the efficacy of the questions. No changes were made to the original guidelines. During the interview with the interpreters, the researcher was aware of her position as previous trainer of the interpreters and remained as impartial as possible, listening to the interpreters’ accounts, offering cues to other areas and reflecting the answers back to open new information outlets, without directing the interview. The researcher noticed that her own previous role as a mental health interpreter in the same NGO possibly made interpreters feel comfortable and able to express themselves quite openly, due to their shared experience. The only exception was one interpreter, who expressed himself with a lot of interruptions during the first five minutes of the interview. Then, he acknowledged that he had been trained by the researcher. When she said that she could not recall this fact, he seemed more at ease and shared his experiences very openly. The interviews were between 10 and 40 minutes long. Psychotherapy jargon was avoided while interviewing the participants in order to make them at ease and avoid unnecessary

misunderstandings. A neutral register of language was felt to be appropriate due the particular nature of the research. In case relevant information was missing from the interviews, a questionnaire with general questions was designed (see Appendix 3). The questionnaires were sent to the participants or handed directly. Five out of six questionnaires were returned by the participants.

3.5 Data analysis

The data was analysed using thematic analysis. The transcripts were read and different codes emerged from this reading. A number of separate codes was identified and written on separate cards. Each card included a code and the number of interpreters using that code. The cards were then ordered by themes, and twelve themes were identified. The themes were later summarised into four:

- 1) The need to handle difficult emotions and their impact;
- 2) Importance of self-care, training and support;
- 3) Work as a source of inspiration, learning and satisfaction;
- 4) Difficulties related to the role of interpreter and interpreting issues.

A new reading of the transcripts ensued, together with listening to the audio again in the search for more information and to see if those themes truly reflected the participants' experiences of working in psychotherapy with refugees and asylum seekers.

3.6 Ethical considerations

All the interpreters work in the same NGO, which offers psychotherapy services to refugees and asylum seekers. The researcher has also worked for four years as an interpreter in the same NGO, and became part of the team that organised internal training courses for interpreters in the NGO. Because only two NGOs train interpreters on mental health issues, it was difficult to find interpreters who had not been trained by the researcher. The training led by the researcher was often an open discussion about the profession among colleagues, and it

carried a very informal component, in which the researcher strived to act more as facilitator than as a trainer. However, the researcher was aware that her previous role as a trainer for the participants may have had an impact on the interviews and her previous experience as an interpreter could have affected her interpretation of data. For this reason, care has been taken during the entire research process to minimise such impact on the interviews and the data analysis. Despite the challenges faced, advantages were identified by the researcher's participation on the study. Firstly, she has the same experience as the interpreters interviewed, so she could be perceived as a colleague who understands; secondly, she is an accredited interpreter as well as a trainee psychotherapist which means that she is aware of the issues faced by both professions in therapeutic settings; finally, she is well aware of the implications of her previous relationship with the participants and made every effort to emphasise her independence, neutrality and issues of confidentiality and voluntary participation at all times.

Since all the participants were recruited in the same NGO, extreme care was taken to keep the confidentiality of their identity and data. No information was shared to any participants regarding the others, and they were given a number for transcription and analysis purposes.

3.7 Conclusion

This qualitative study aims at examining how interpreters working in psychotherapy with refugees and asylum seekers were positively and negatively impacted by their work. Semi-structured interviews were used to collect information and thematic analysis was considered the most appropriate method for analysing the data. Ethical considerations were also examined. The next chapter will give voice to the interpreters who participated in this study, and care has been taken to carefully account their experiences of working in psychotherapy.

CHAPTER 4: FINDINGS

4.1 Introduction

While studying the impact of trauma work among interpreters, six participants were interviewed using semi-structured interviews about their views on how their work has affected them. While analysing the data, it seemed clear that most interpreters interviewed felt some impact as a result of their work, but most of them emphasised the positive rather than the negative aspects of their occupation. They recalled difficulties related to interpreting skills and the role of a professional interpreter, as well as emotional challenges related to listening to highly emotionally-charged material. Most of them were aware of the need for self-care in their private lives and were willing to ask for support. During the data analysis four themes emerged:

- 1) The need to handle difficult emotions and their impact;
- 2) Importance of self-care, training and support;
- 3) Work as a source of inspiration, learning and satisfaction;
- 4) Difficulties related to the role of interpreter and interpreting issues.

In this chapter, these four themes will be explored in detail, making reference to the participants' words.

4.2 The need to handle difficult emotions and their impact

This theme arose as all the interpreters reflected on the impact of listening to traumatic stories. Four interpreters made a comment about the need to handle difficult emotions during the sessions while remaining professional. For them, being professional seemed to be associated with holding their feelings during the sessions. Three interpreters expressed their difficulty at not showing their emotions while listening to the clients. Two of them expressed it like this:

'INT1: every client is laughing or it makes jokes, or if the client is crying, you must be like you know I suppose emotionless, so this is a very hard part'

'INT2: It's sometimes the sadness, because it depends on the problem, the client has and sometimes maybe it's crying and it affects you, but you have to be professional and somehow don't let that feeling come to you, you have to be, how can I say, there just like an interpreter.'

The third interpreter gave an example of an instance of transference in the room. The client was upset and started to address the interpreter as if she was a relative. Unaware of what was happening, the interpreter could not hold the transference feelings and became upset during the session. She was highly impacted by this experience:

'INT3: And I couldn't handle the situation really. I was crying myself. And then I had to see one of the counsellors after for my sake.'

This experience made the interpreter start using strategies to protect herself before the sessions, and finding support in the therapists, if needed. She reported that the therapists in the centre were very supportive but she has not been able to forget what happened. It is suggested that this issue may be unresolved. Another interpreter felt that she was carrying the emotional impact of the words and passing it on to the therapist:

'INT6: during the session, cos if she feel like "I was raped" say you say "Yes, I was raped" you feel that you are the one who is different, so it's like you're carrying whatever pain she has and then give it to the therapist.'

It is hypothesised that using the first person was emotionally charging for her. Interpreters are not only impacted by their work during the sessions. Some interpreters recalled feeling the emotional load after working hours. Some content of the sessions seems to remain on their minds and return to them after the sessions are finished. One of the interpreters expressed it in this way:

'INT1: I do my best to forget everything I heard but sometimes the echo you know it just comes to you afterwards, after two days, three days, especially when you are on your own, lonely, by yourself, sitting at home.'

It comes to you, to your mind, and in a way it distresses you, you know, and this is the most or one of the difficulties I have.'

These interpreters seem to be aware of the impact and take precautions for self-care. They mentioned coping strategies that they use to handle these difficult emotions, which will be explained further in the next section. Whereas one interpreter feels that having similar experiences to his clients eases the impact of the work, another one feels that they bring back memories, and make the work more difficult. He explains it in this example:

'INT2: what they say most of them did that happen maybe to myself, so for that reason, it is not new to me, but of course it reminds me of what happened, it's difficult, but (clears his throat)'

The need to clear his throat is suggested to emphasise the difficulty that he experiences while interpreting material which reminds him of his own experience. Another interpreter reports that when he started to work in this area, he used to be more impacted by the material listened to during the sessions, but after years in the profession, he feels no impact:

'INT4: the only difficulties it is sometimes hearing those people's stories you know trauma stories, you know, the the the period, the bad periods that they went through, so it is difficult to hear it, but as I said I was working in this area for a number of years, so I got used to it now.'

This interpreter was less open to sharing his experiences and often referred to his work in psychotherapy as any other work. He came across as a businessman. It is hypothesised that he feels that showing vulnerability may compromise his position at work. Another interpreter says that her small workload and the mild severity of her cases could account for the lack of impact on her life. She says a contradiction, which may indicate some sort of coping mechanism in place, possibly with a component of denial.

'INT5: Yes, exactly, so you kind of get to hear all that and it does affect you' VS 'INT5: I don't think I was affected really.'

It is suggested that she may have been more impacted than she is aware of. Her detachment from the impact seems to be her coping strategy to deal with the difficult emotions that interpreters encounter in psychotherapy with trauma survivors.

4.3 Importance of self-care, training and support

This theme arose as four out of six interpreters expressed their awareness of the negative impact that this type of work can have on their lives, together with the need to prevent being affected by it. Their coping strategies are varied, but they all seem to agree that support, training and self-care are important. Four interpreters recognized the value of the specific training they received in the NGO where they work. One interpreter mentions the usefulness of learning about trauma. Two of the interpreters emphasise the need to be psychologically prepared before a session, and one interpreter links this preparation to her self-care:

'INT3: Because you don't know what is waiting there, you are working with a counsellor and in counselling and then in counselling you don't know what the client is going to talk about or whatever and you need really to kind of protect yourself.'

The same interpreter also emphasise the importance of receiving some training about how to work with depressed clients in terms of self-care and support:

'INT3: Yeah, the support for yourself, and if you have, if you don't have as well the knowledge how to deal with this'

Some interpreters mentioned being trained by therapists in practical ways of coping with stress and other self-care strategies. They find this training very useful not only for their work in the centre, but also for their everyday lives. Two interpreters express it as follows:

'INT5: Well, basically, how to manage your own stress as well. I've been learning this and then some interesting exercises and stuff.'

'INT3: I learnt them in (NGO) by different counsellors there, some breathing exercises.'

Four interpreters defined the psychotherapists in the NGO where they work as supportive and helpful, being open to debrief after the sessions. Overall, they feel supported at work by the psychotherapy staff and approach psychotherapists when they need support. There seems to be a good working relationship established between therapists and interpreters. One of the participants puts it like this:

'INT6: if the session was so tense and emotional, even the therapist will ask you how do you feel about it, are you ok, you should go for a walk or so...'

Two of the interpreters mentioned a monthly support group organised in their workplace. There was a question about this support group in the questionnaires. One interpreter states using this strategy "very often" and two others marked "often" for the support group, so it seems to be important at least for three out of the five participants who filled in the questionnaire. It seems to be a peer support group organised at the NGO where they all work:

'INT2: We are having once a month interpreters' meetings that we come together, we share our experiences, we try to help each other and bring each other up, this is every month.'

In the questionnaires, the participants were asked to mark how often they used these coping strategies: support group at work, talking to colleagues/friends/family, spiritual pursuits, physical activities, personal therapy. Four out of five interpreters who delivered the questionnaire marked either "often" or "very often" for personal therapy, so they seem to have that support in place. Three interpreters emphasised spirituality and four physical

activities, while four interpreters also used talking to friends, family and colleagues. While most have been trained to use breathing and tapping exercises, most of them prefer to use individual coping strategies, such as dancing, walking, writing or cooking. One of the interpreters emphasises the need to stay connected:

‘INT1: It’s very funny, I keep going. Socialising, socialising is very important, keeping yourself connecting with your friends, going out, like going to the cinema, you know, clubs, music...’

While there seems to be a solid awareness about the need for self-care, it is evident that this awareness is linked to the emotional impact of their experiences at work. This is clearly exemplified in the following quote:

‘INT3: they are more learning tips how to deal with difficult situations in general, no matter, so if you work through yourself, the more you get stronger, the more the bad things get bigger.’

This interpreter wished to express how helpful for her own life she found what she learnt while interpreting in group psychotherapy. A slip in the tongue may indicate how deeply she has been impacted by her work, while being aware of her need for self-care.

4.4 Work as a source of inspiration, learning and satisfaction

All the interpreters expressed some sort of positive impact as a result of their work in psychotherapy with refugees and asylum seekers. However, this is the most diverse theme, as this positive impact seems to have manifested differently for each one. Most expressed their joy and satisfaction at witnessing progress during therapy and feeling happy at having been able to be of help. Three of them also mention the financial compensation for work as a positive aspect of this, while one of them expressed his disinterest about the payment, emphasising other aspects of the work.

INT1 finds satisfaction at witnessing a client's happiness. He also finds inspiration for his creativity in the stories that he hears and he creates meaning by wishing to let the world know about this suffering. He expresses it as follows:

'INT1: I can add some of them without mentioning any names of anything in my stories, in my fiction, it is only fiction, ok, but I am trying to present this kind of human experience to the people, to make them aware at least or to let them know that that kind of suffering still exists in this world and it has to be not ignored or not you know forgotten.'

INT3 shares INT1's satisfaction at witnessing happiness in their clients. Her major positive impact seems to come from the learning of exercises and relaxation techniques which she acquired at work. It is hypothesised that stemming from these relaxation techniques, other changes have been experienced in her life. During the interview, she reiterated having incorporated this to her routine. She also has a sense of satisfaction when she can help others:

'INT3: when I hear someone that he got his papers and then they came just to share this with you, and they are happy and you feel happy as well, that you were there and you helped.'

INT2 feels a sense of joy at witnessing change in his clients. He feels that psychotherapy and other caring professions that he is involved in have a very positive impact on his life. He feels encouraged to continue working at witnessing the best in people, who are willing to care for one another without thinking of a financial compensation. In his words:

'INT2: all of them it's positive, because first of all I see that the people are really caring for other people and this is a positive thing that I can see in life, that many people without thinking about the money and they love to help people.'

The positive impact is so intense that this interpreter has dedicated his life to helping others. It is suggested that he has created meaning by helping others. This seems to be a defence

mechanism against his traumatic past. INT5 seems to be the most reflective of the participants, and the impact of her work in psychotherapy translates into reflections about chance, choice and life in general. She expresses it as follows:

'INT5: No, not concerned but it's just intriguing that you know every person's life, destiny or...in itself.'

Her work with trauma survivors seems to bring her to ask herself existential questions and pondering about the world. She seems to be very engaged during her clients' process and she states that even though emotionally intense, working in psychotherapy has a calming effect on her. She reports that her work makes her pay more attention to people. INT4 emphasises the learning that he cognitively acquires from listening to the therapists' explanations about how the "brain" works. He finds this very interesting:

'INT4: for example when they speak, people are speaking about the dreams they are having, nightmares, and the staff are trying to explain them or what part of brain works while they are sleeping, and why we have nightmares or dreams, you know it's interesting.'

INT6 has a very positive outlook about her experience and seems to love her work as she expresses her views in a highly enthusiastic tone. For her, this type of work brings satisfaction because she learns to value different aspects of her life, minimising her concerns when she compares them to those that she is witnessing. This brings positive change to her life. She also reports that she loves working with people and learning a lot about relationships with different people and about the world as a result of her work in psychotherapy. Here are her words:

'INT6: I won't say it made my life change for bad, but for good, I think, because it made me see things in a different way. And sometimes you may think that you have a problem and when you go to the turn of the session, you listen to other people's problems, you realise that what you have is not that big compared to the other person has.'

INT6 shows her enthusiasm about learning and establishing relationships with people, stating that working in psychotherapy with refugees and asylum seekers has had a positive impact on her life. As a whole, most interpreters felt that their work is a source of satisfaction and learning, encouraging them to continue.

4.5 Difficulties related to the role of interpreter and interpreting issues

During the sessions, besides the usual emotional impact experienced by psychotherapists or other caring staff working with severely traumatised clients, interpreters experience additional stressors associated to their role in psychotherapy and the skills required to accurately interpret. Most of the interpreters talk about the importance of a good relationship and trust between the different parties for the work to progress. Two interpreters emphasise trust from the psychotherapy staff around language issues. One of the interpreters shares that his language is far more ornate than the English language, so less content is conveyed, at times resulting in mistrust by the therapist. Another one explains that body language may be different according to the culture, and cultural differences may need to be clarified. This clarification often occurs in post-session meetings:

‘INT1: Yes, so the most important thing is the relationship, a good relationship between the interpreters and the therapists. So sometimes there is a lack of trust between the two, there would be like, it can you know, it can damage you know it can affect in a way like the treatment of the client.’

‘INT3: I do remember one time I was interpreting for a woman from Iraq and she said (gesture) and she meant “no” but the doctor was there and she said “no, she said yes”; I said “no, this is no. This is not yes”’

Interpreters seem to feel that some psychotherapists find it hard to trust interpreters. It is suggested that the lack of professional standards in Ireland regarding interpreting may account for some of this mistrust. One interpreter emphasises the need to let the clients feel (rather than know) that interpreters will be able to keep confidentiality. She stresses that her role is not exclusively linguistic, as she needs to convey caring as well as the message by the

therapist. Three interpreters place emphasis on trust from clients. They believe that a client needs to feel comfortable with an interpreter to be able to share their experiences. They need to trust their language skills and they need to feel that they will be able to keep confidentiality. Two of them expressed it in this way:

'INT2: Yes, and the important is that the client has to trust me and know that this is what they are saying...and say ok this is confidential and stays in this room.'

'INT3: They may trust the counsellor because it's part of the organization, but if they don't trust the interpreter for any reason, they won't be able to work.'

These quotes illustrate how prominent the presence of an interpreter becomes in a therapy room to the extent that it may prevent or facilitate the work. One interpreter, however, finds this presence difficult, and she wishes to be only a voice conveying the words. It is hypothesised that her third level training in interpreting skills may account for this difficulty, as being just a voice is the aim of any ethically-aware interpreter. This is how she expresses it:

'INT5: No, that's not what I meant, not relax but forget that I am there in the sense that they are not talking to me.'

It is suggested that clients may rely on the interpreters as their helpers and they do not perceive them as a tool that they can use to communicate with the psychotherapists. This would explain the challenge that two interpreters face around boundaries. They feel that it is inevitable that they will meet their clients outside the room. One of them does not see it as a difficulty but she does not feel comfortable. Another one finds it difficult to keep the boundaries without compromising trust. She relates this challenge to their common cultural background. She relates the need to boundaries to the impact of the work:

'INT3: Sometimes you can lose these boundaries and this can impact you as well.'

'INT5: and even though I said before, it is usually afterwards because you usually sit on the same bus.'

INT5 also reports having additional stressors related to the profession, such as memory lapses, and challenges related to her role. Because the client does not know how to speak through an interpreter, they may say too few words for the interpreter to grasp any meaning, or too many so that the interpreter loses part of the speech because their short-term memory limit is reached. It is suggested that this may also happen when therapists speak, even though it has not been reported. INT1 reports mental health interpreting requires more concentration than other interpreting jobs, whereas INT4 does not see any difference. As a whole, it seems clear that interpreting in mental health settings does not only impact emotionally, but also provides additional stress due to job demands.

4.6 Conclusion

The mental health interpreters interviewed working in psychotherapy with refugees and asylum seekers reported being emotionally impacted by their work. However, possibly due to their awareness, most of them have a good support system and coping strategies, including self-care techniques, which may account for their ability to continue working after several years without burnout. They seem to feel more positively than negatively impacted by their work. While there is variety in the way they have positively experienced their work, most of them seem to find inspiration, some sort of learning and satisfaction while they work with trauma survivors. This positive impact should not make us underestimate the impact related to stressors caused by interpreting as a profession. Mistrust or dislike from therapists and clients seem to be concerns for the interpreters, who also need to manage language issues, cultural explanations and memory skills, continuously making quick decisions about the communication. Most of the interpreters seem to find support in the psychotherapists that they work with and a good support system seems to be in place at their NGO.

CHAPTER 5: DISCUSSION

5.1 Introduction

This chapter will compare previously published material about VT and VPTG among other professionals and among interpreters with the findings of this study. It will explore whether this study about interpreters working in psychotherapy with refugees and asylum seekers in Ireland confirms or refutes previous studies, or adds new knowledge to the field. It will specifically discuss theories relating to VT and whether they can be applied to this research. Self-care strategies used by interpreters in Ireland will be contrasted with theories about preventing VT. There will be an exploration about whether VPTG can be accounted for the experiences of the participants in this study and about the place of other stressors associated to interpreting skills and the role of an interpreter. New theories will be argued and recommendations will be made.

5.2 Vicarious traumatisation among interpreters

One of the first difficulties identified by some of the interpreters interviewed was the need to handle intense emotions during the sessions. They seemed to believe that it was more professional to be emotionless while showing that they cared. This is consistent with Splevins et al.'s study (2010) in which interpreters considered it unprofessional to let emotional or personal aspects of themselves "spill over" in the sessions, while believing the need to bring their emotional selves to the room. In the researcher's opinion, the lack of role clarity among interpreters due to the absence of a standardised training course and code of ethics for mental health interpreting in Ireland may account for this difficulty. The lack of specific training is obvious in the example about the transference feelings towards one of the interpreters. She was not prepared to deal with the situation and found it extremely challenging. Pollard (1998, cited in Zymanyi, 2009, p. 216) warns against the dangers of transference on interpreters who are untrained to deal with it. The researcher agrees with this statement and believes that interpreters' lack of training and experience regarding psychological concepts, such as transference and countertransference, could be a contributing factor to INT3's difficulty in holding those intense feelings.

Pearlman & Saakvine (1995) state that if a therapist has difficulty tolerating a strong affect, he may experience affective overload during the sessions. It is the researcher's belief that this could also hold true for interpreters, who may be impacted by such affective overload without a proper outlet for it. This may explain why INT3 was unable to forget about her experience of transference.

A question arises about who holds strong affect in sessions with triads through interpreters: is it the therapists, the interpreters or both? The literature does not seem to be able to clearly answer this question. While some interpreters feel that they are carrying the emotional impact to pass it on to the therapist, others have intrusive thoughts after the sessions. Splevins et al. (2010, p. 1010) warn against the danger for interpreters in becoming emotionally involved with clients, which can lead to a sense of overwhelming distress. This is once again related to the lack of role clarity. At the core of the matter, it is the dichotomy of the two models of interpreting so diligently explained by Miller et al. (2005, p. 29-30): the black box model versus the relational model. Miller et al. (2005, p. 37) reject the black box model as inappropriate, consistent with 'clinical recommendations' that favour the relational model. The researcher agrees with Zymanyi (2009, p. 233) that even though a good relationship between the three parties is desirable, an interpreter should not confuse their role with that of a co-therapist. It seems apparent that although a strict black box model may feel too distant for therapist and client, a relational approach can easily break the boundaries of professional roles between interpreting and psychotherapy. It is the researcher's belief that although a personal presence is necessary to establish a good relationship with both parties in the communication process, as most participants in the study stated, an interpreter's role should end at that, leaving the "responsibility" of caring to the therapist. This is consistent with Razban's article (in Tribe & Raval, 2003, p. 97). The researcher suggests a model of neutral presence, in which interpreters know that their role is only to convey a message, while being sufficiently aware of their own presence to not let it adversely impact on the progress of the therapeutic work. It is argued that this model would protect interpreters from overwhelming emotions associated with over-involvement with clients and a strong desire to help. And it would allow therapists to experience the emotional impact of the session, as it will be passed on by interpreters, as INT6 expressed so clearly. It is believed that such a model would provide therapists with the experience expressed by two clinicians in Boyle's study (2010) as a sense of real communication happening when an interpreter manages to become invisible.

Besides, it may prevent therapists from losing the emotional effect while working through interpreters, as they stated in a study carried out by Raval (1996, cited in Tribe & Raval, 2003, p. 142).

Another source of emotional impact during the sessions among interpreters can arise from the fact that interpreting requires the use of the first person, as stated by INT6, who felt that she was carrying the emotional load of the words by saying them in the first person. The Code of Ethics for Community Interpreters (ITIA, n. d.) states that an interpreter may choose to use either the first or the third person in mental health interpreting due to the difficulties attached to the role. This is in agreement with Miller et al. (2005, p. 36), who recommend that interpreters be allowed to use either the first or the third person when interpreting. This opinion is shared by the researcher.

Despite feeling intense emotional reactions during the sessions, most participants had acquired coping strategies to deal with them either during or after the sessions. No physical, cognitive, behavioural or emotional symptoms associated to VT in the literature were reported by the participants in the study, with the exception of intrusive thoughts. It is the researcher's belief that the interpreters interviewed are using effective coping strategies against VT, which will be explored in the following section.

5.3 Preventing vicarious traumatisation

Valero-Garcés (2006, p. 143) states that there is a generalised concern among community interpreters, interpreting researchers and trainers about the need for specific training on prevention and follow-up of emotionally-challenging material. In the training, she advocates including topics such as recognising symptoms related to psychological impact and learning coping strategies. Within the literature among health professionals, Miller et al. (2005, p. 36) agree with this need and their opinion is shared by the researcher. Most of the participants in the study valued the training offered in the NGO where they work. However, one interpreter expressed the need for further training in the area of coping with the emotional impact of the work, and some of them shared experiences of training being delivered ad-hoc by

psychotherapists. The researcher calls into question whether this is the best practice for training in mental health interpreting. On the one hand, while training is needed, being ad-hoc, it does not avail the interpreter of the preparation required before the work. On the other hand, being trained by the same therapists that they work with may create an imbalance in the triad, as stronger links may exist between therapists and interpreters than between therapists and clients. This aspect will be examined later when discussing the issue of trust among the three members of the triad.

Regarding preparation for interpreting, Zymanyi (2009, p. 229) states that briefing is an essential tool for interpreters and it can also benefit therapists. None of the participants mentioned a briefing session, but two of them did mention their need to be psychologically prepared before the sessions. The briefing session is possibly the best tool in other interpreting settings, but maybe not totally viable in mental health, as psychotherapists usually aim at entering their rooms without any previous desire for their clients. Therefore, an interpreter should and does enter the room with the same uncertainty about the session as the therapist. While briefing seems to be practically non-existent in the literature, most authors state the need for debriefing. One therapist in Zymanyi's study (2009, p. 237) expresses the need to debrief sometimes to protect the interpreter. Miller et al. (2005, p. 35) explain that the participants in their study found debriefing useful as a support mechanism. Four participants in the study also found this tool useful and were open to approach a psychotherapist if they felt the need to talk to someone after an emotionally-charged session. The researcher agrees that debriefing is a useful tool for interpreters, but she feels that such support should not come from the same therapists that interpreters work with in triads. This is consistent with Patel (in Tribe & Raval, 2003, p. 235), who posits that such support should come from an independent source outside the context of their work.

None of the participants discussed the need for supervision. However, they did mention a monthly support group, where they share their experiences. Whether this is supervision or peer support is unknown to the researcher, but it seems to be a useful tool for them. The researcher agrees with Splevins et al. (2010, p. 1714) that interpreters need access to peer support groups and supervision like any other mental health professional. However, the researcher reiterates the need for this to be provided outside the context of their work. The

participants seem to have good support systems in their workplace, facilitated by their good working relationship with the therapists in the centre, lessening the potential risk of VT.

Other coping strategies that they use include personal therapy, physical activities, spirituality, cooking, humour, etc. Personal therapy may be an important support outside their workplace, which may indicate that other supports at work were insufficient, however useful they may be. This information was acquired through the questionnaires. Only one interpreter mentioned her wish to have this system in place as a need for her work. This is consistent with Splevins et al. (2010), who found that their participants requested such support from their employers. The researcher agrees with the interpreter mentioned above that a system should be in place so that interpreters can access personal therapy, but disagrees that it needs to be provided by the same centre where they work. Preferably, it should be provided outside their workplace.

5.4 Vicarious posttraumatic growth among interpreters

While most participants reported being positively impacted by their experiences working in psychotherapy with refugees and asylum seekers, each one of them seems to experience it differently. This seems to be consistent with the literature reviewed in the field (Jirek, 2009; Splevins et al., 2005; Tedeschi & Calhoun, 2004), which identified different domains of growth. However, most of the participants expressed their joy and satisfaction at being able to help, which is consistent with the domain of being of value to another established by Splevins et al. (2010, p. 1713) in their study with interpreters. One of the interpreters seemed to have found a sense of purpose in helping, as he has dedicated his life to it.

Because he himself is a refugee, the researcher wonders whether his growth was due to his traumatic past or his vicarious experience. His experience may account for posttraumatic growth, but not necessarily VPTG, even though he describes his work as gratifying. Three participants reported having lived similar experiences to those accounted by trauma survivors, and describe feeling inspired, happy and satisfied in their lives, but is this a result of their work in psychotherapy or their own posttraumatic growth? Miller et al.'s findings

(2005, p. 35) in his study of interpreters in psychotherapy with refugees state that the majority of the interpreters defined their work as life enriching, deepening their sense of compassion for others. The interpreters in Miller et al. (2005, p. 35) also described the impact of their work as facilitating their own healing process, offering a helpful perspective of their war experiences. Even though the participants in this study did not describe their experience as therapeutic, it is the researcher's opinion that their witnessing may have impacted on their healing and their growth, which is consistent with Splevins et al. (2005, p. 1711), in which participants regarded their work as "free therapy".

An interpreter expressed his wish to make those voices heard and create fiction which would spread the stories, while respecting the clients' confidentiality. He seems to view his trauma work as a potential trigger for social change. Tedeschi and Calhoun (2004, p. 9) explain that the narratives of trauma and growth carry the potential of VPTG by spreading the lessons to others. The stories can then transcend individuals and challenge whole societies to initiate beneficial changes. The researcher agrees with this statement and includes narratives of VPTG in this category, having also the potential for wider change, as a ripple effect on others.

One of the participants expressed her different approach to her own problems when she encounters more intense suffering in psychotherapy. She becomes more appreciative of her own life. The researcher believes that it is a sign of growth, consistent with the first domain identified by Tedeschi and Calhoun (2004, p. 1) as an increased appreciation for life. The same interpreter emphasises that she has learnt how to establish new relationships with different people. Another one says that she started to pay more attention to people. A new domain of growth is identified, in which interpreters learn new ways of relating to others, paying more attention to and being more comfortable with diversity. This domain seems to be consistent with the feelings of respect and non-judgement of others expressed by the participants in the study by Splevins et al. (2010, p. 1711).

Another domain of growth is richer existential and spiritual life (Tedeschi & Calhoun, 2004, p. 1). A participant expressed deep reflections about life and destiny which can account for

her deeper connection with existential questions as a result of her work in psychotherapy with trauma survivors. These existential questions are growth, according to Tedeschi and Calhoun (2004, p. 6). The researcher believes that a conclusion needs to be reached before growth occurs. Her reflections may or may not manifest in change, depending on her engagement with them.

Overall, most of the interpreters in the study seem to have experienced a positive impact as a result of their work in psychotherapy with refugees and asylum seekers, which can be identified as growth.

5.5 Stressors related to the interpreting profession

No psychotherapist doubts that a good relationship is needed for healing to take place. Interpreters seem to be aware of this, too. Most of the participants state that a good working relationship and trust among the parties is necessary for their work. While some emphasise trust by the therapist in the interpreter around language issues, others emphasise trust by clients in interpreters around confidentiality. One of them believes that trust in the therapist by clients is possibly granted by their position, but interpreters need to earn this trust. The researcher believes that issues of mistrust can arise in any of the three members of the triad, as in any human interaction. Therapists can mistrust interpreters about their lack of skills. Interpreters can mistrust therapists, especially if not familiar with different therapeutic techniques. Or they can be made to feel unwelcome by therapists who do not wish to have an observer in the room, no matter how useful they may seem to be. This is consistent with Boyle's findings (2010, p. 14). Clients can mistrust either of the other two. They may mistrust an interpreter because they come from the same region (Bot & Wadensjo, 2004, p. 373) or create intimacy faster with the interpreter for that same reason (Miller et al., 2005, p. 32). Different problems with trust have been reported in the literature and by the participants in the study, and create a lot of stress for interpreters working in psychotherapy.

It is the researcher's opinion that most of the mistrust by therapists of interpreters and vice versa comes from the fact that they do not know much about the other person's role and

profession. She agrees with Tribe and Sanders (in Tribe & Raval, 2003, p. 54) about the usefulness of training for therapists and interpreters on how to work together in mental health. The researcher would add that a combined course in which both professions could exchange needs and views about their roles in the triad could prove beneficial for their work together. The aim for both professions would be to create a healing environment similar to that described by Fox (2001, p. 1): the therapist trusts the interpreter with the language; the interpreter trusts the therapist with the direction of therapy; and the client trusts both.

In general, a good working relationship exists among therapists and interpreters, which facilitates growth in therapy. However, because of the delicate characteristics of psychotherapy with a third person in the room, one of them may feel excluded. It is the researcher's belief that psychotherapy through interpreters may be closer to group therapy than to individual therapy, and group dynamics may be in place. This is consistent with Gutman (2006, p.45) who posits that transference dynamics could be similar to those experienced in a group therapy setting. Taking this into account, a client may feel excluded if a strong relationship exists between therapists and interpreters. The researcher agrees with Bot and Wadensjo (2004, p. 374) that if interpreters and therapists show their alliance very overtly, their client may feel excluded. This situation may add to feelings of powerlessness among clients at the thought of needing two carers. It is for this reason that the researcher is wary of support provided by therapists from the same workplace, as it may create a strong bond among therapists and interpreters which can be perceived by clients as exclusion. It may also affect an interpreter's neutrality.

Normally a good relationship develops among clients and interpreters and this is encouraged for growth to take place. However, a good relationship may hinder some interpreters' ability to maintain good boundaries. Two participants in the study mentioned their struggle around keeping boundaries. The researcher agrees with the therapists interviewed by Boyle (2010, p. 16) that the issue of boundaries needs to be covered in appropriate and specific training for mental health interpreters. However, these interpreters' challenge may be related to their personal issues with boundaries, rather than their lack of training in the field.

Other stressors were identified by one of the interpreters regarding interpreting issues, such as memory lapses. One interpreter acknowledged that he requires more concentration for mental health interpreting than other types of interpreting, while another one stated that there was no difference. This is consistent with Zymanyi's respondents (2009, p. 219) who agreed that interpreting in mental health is more challenging than in other settings and requires physical, mental and psychological preparation.

5.6 Recommendations

Taking into account the findings of the study and the research previously carried out in this area, a few recommendations are made for best practice.

The creation of a standard training course for interpreters on issues related to mental health interpreting is recommended. It is the researcher's recommendation that the training would include explorations about the role of an interpreter in psychotherapy, basic concepts of mental health, such as transference and countertransference, the risk of VT and prevention strategies, the potential for VPTG, and therapeutic approaches generally used to treat trauma. For interpreters who do not hold a specific qualification in interpreting, the researcher also recommends training modules on interpreting skills: mainly active listening, memory skills and speech generation.

The creation of a standard training course for psychotherapists on how to work in psychotherapy through interpreters is recommended. It is the researcher's recommendation that the training would include explorations about the role of an interpreter in psychotherapy, together with issues arising out of their professional relationship with interpreters, such as trust.

It is recommended that above mentioned standard training courses would be approved by accrediting bodies of both professions: psychotherapy and interpreting.

It is recommended that a module would be established, as part of that training, in which interpreters and psychotherapists discuss and understand each other's roles in psychotherapy.

Support (personal therapy, group supervision, peer support) for interpreters who work in psychotherapy with refugees and asylum seekers is recommended. It is the researcher's recommendation that such support come from an independent source outside the interpreters' usual workplace. Should that independent source be not available, support from the psychotherapy staff in their workplace is recommended.

It is recommended that centres providing psychotherapy services put in place any means necessary to support interpreters in their need to maintain the boundaries with their clients, such as separate waiting rooms.

5.7 Conclusion

Most of the experiences expressed by the participants in the study are consistent with the literature in the area. Although emotionally challenging, working in psychotherapy with refugees and asylum seekers seems to be impacting positively on the participants' lives. They do not show major signs of VT and they have effective coping strategies consistent with previous studies. The interpreters' role offers difficulties around trust, and training in this area for both interpreters and psychotherapists has been identified. Handling difficult emotions is also an area where further training has been identified. The support systems in place are consistent with the literature examined, but issues may arise if provided by the same therapists who work in the triads. As a whole, interpreters are experiencing growth as a result of their experience working in psychotherapy with refugees and asylum seekers.

CHAPTER 6: CONCLUSIONS

6.1 Introduction

The study explores the experience of interpreters working in psychotherapy with refugees and asylum seekers. The impact of their work has been explored and interpreters have reported that despite the fact that they feel affected by the intense emotions expressed by clients in therapy, they have been positively impacted by their work. This positive impact has manifested in different ways in their lives.

6.2 Summary of the study

This qualitative study explores the potential for suffering VT and experiencing VPTG among interpreters who regularly work in psychotherapy with refugees and asylum seekers. The study interviewed six participants who have been working in the area for over two years. These interpreters are aware of the difficulty of the emotional impact of their work. They have coping strategies which were developed to overcome this impact and have been offered support systems in their workplace, which they use when they believe that there is a need for them. However, overall they define their experience as gratifying and having a positive effect on their lives, which could account for growth.

6.3 Limitations

The sample size of six interpreters is limited. It does provide an introduction to the topic, but it does not provide a general overview of the situation in Ireland. All of the interpreters were working in the same NGO in Dublin where support systems seemed to be in place for them. It does not offer a broad picture of what happens in other centres providing psychotherapy services in Dublin or other areas of the country. Time restrictions meant that only general information was gathered and only semi-structured interviews and a short questionnaire were used. Further data could be gathered in areas such as training, with specific details of what training programmes and content the participants had access to. All the interpreters have over two years of experience in the field, with most interpreters having over five years of experience, which may account for their developed coping strategies and growth. The strength of the study lies on the fact that it is the first study carried out in Ireland about VT

and VPTG among interpreters by a qualified interpreter who is also a trainee psychotherapist, and so is able to merge views from both professions.

6.4 Further research

It is suggested that further research is needed in the area of the emotional impact of trauma on triads with interpreters. It is worth investigating whether using the 1st or the 3rd person while conveying the message puts additional strain on interpreters. It would also be of interest to research whether a more neutral presence of the interpreter in the room protects them from being vicariously traumatised by deflecting the emotional impact onto the therapist. It is also worth establishing who is carrying the affect load during the communication: therapists, interpreters or both. The availability of support for interpreters working with trauma survivors also needs further research, as does the quality of that support.

Transference and countertransference feelings in the triads with interpreters would need further research, especially relating to the different persons involved in the communication exchange, to see if they represent group therapy dynamics or individual therapy dynamics.

The research in the area of vicarious posttraumatic growth is practically non-existent and requires further studies on how interpreters make meaning of their trauma work experience, whether that is manifested as a transformation in their lives, and what form that transformation takes.

6.5 Conclusion

This is the first study carried out in Ireland about both the positive and the negative impact of working in psychotherapy with refugees and asylum seekers for interpreters. It has some limitations, which provide ideas for further research in the area of VT and VPTG. In the new multicultural Ireland, research on mental health interpreting is practically non-existent. This research is needed now more than ever.

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APPENDIX 1 – INFORMATION FORM

My name is Alda Gomez. I am currently undertaking a thesis as part of an MA in Psychotherapy at Dublin Business School. I am inviting you to take part in my research project. The title of my research is ‘Vicarious Trauma and Vicarious Posttraumatic Growth: A Study about How Interpreters Working in Counselling and Psychotherapy with Refugees and Asylum Seekers are Impacted by Their Work’. I am studying the difficulties that you may experience in your work and also the satisfaction that you may get from it.

What is Involved?

You are invited to participate in this research along with a number of other people because you have been identified as being suitable, as an interpreter who has worked in counselling and psychotherapy assignments with refugees and asylum seekers for at least 2 years. If you agree to participate in this research, you will be interviewed and asked a few questions about your work, which you will be invited to answer as openly as possible. This will take place in a setting where you feel comfortable. The interview will be recorded and transcribed in written format.

Confidentiality

All information obtained from you during the research will be kept confidential. The transcriptions and other notes about the research and any form you may fill in will be coded and stored in a safe place. You will be given a number for the purposes of the research and your name will not appear in the transcriptions or research papers. Your participation in this research is voluntary. You are free to withdraw at any point of the study without any disadvantage. You can also request modifications on the transcriptions at any stage of the process.

DECLARATION

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, audio recordings and transcriptions will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any audio and transcriptions may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters) _____

Signature _____

Date / /

APPENDIX 2 - INTERVIEW GUIDELINES

1. What made you start working in this area?
2. What previous experiences/knowledge/training are most useful in this job?
3. How do you prepare yourself before starting a job?
4. What difficulties do you experience while you are doing this type of work?
5. What sort of satisfaction do you get from this job and made you stay on the job for over 2 years?
6. To what extent this work has had an impact on your life?

APPENDIX 3 - QUESTIONNAIRE

Name: _____

Age: _____ Gender: _____

Are you a refugee? _____ Working Languages _____

Years of experience in therapy work: _____

Average number of working hours in therapy per week: _____

Are you a full time interpreter, part-time interpreter or a volunteer? _____

Tick the duration and content of your training

TRAINING					
	Less than 1 week	A few months	3rd level qualification	3rd level qualification in translation/interpreting	Post-graduate training
Mental health interpreting skills					
Ethical issues					
Vicarious traumatisation					
Posttraumatic growth					
Self-care					
Transference/countertransference					
Mental disorders					
Asylum process					
What areas you would like further training on? _____					

Tick how often you use these support systems

THINGS YOU DO FOR SUPPORT					
	Never	Rarely	Sometimes	Often	Very often
Support group at work					
Talking to colleagues /friends / family					
Spiritual pursuits					
Physical activities					
Personal therapy					
Others:					