

Mental health in public service interpreting

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Abstract

The aim of this paper¹ is to present the main studies concerned with mental health of public service interpreters and to map the main categories of psychological states resulting from public service interpreters' direct contact with the stories of misfortune, violence, family separation, illness or death, and the possibility of intervention in the care of the interpreters' mental health. Although interpreters are being intensively deployed in relation to the refugee crisis in Slovakia, as to the research, we are forced to mainly rely on findings of authors from countries that have long-term continuous experience in this area due to a shortage of research in Slovakia in terms of experience with refugee crises/public service interpreting. This paper is therefore of theoretical nature, yet we believe it provides a useful and also necessary first step towards the implementation of the project KEGA: *PSI collaborative training in Slovakia: Design, implementation and evaluation of courses for public service interpreters* with a specific focus on mental health of public service interpreters.

The most common difficulties that were identified by the presented studies were experiencing of negative emotions, such as irritability, nervousness and exhaustion; which, with intense and prolonged duration without appropriate coping strategies, can result in depression, burning-out or secondary traumatising of the interpreter (Westermeyer 1990, Røkenes 1992, Baistow 2000, Valero-Garcés 2005). At the end of the paper, we outline the possibilities of further action in preventing mental health problems and coping with the negative effects on the interpreter's emotional stability.

¹ This paper is an output of the project KEGA no. 010UKF-4/2022: *PSI collaborative training in Slovakia: Design, implementation and evaluation of courses for public service interpreters*.

1. Introduction

From a pragmatic point of view, the situation in the field of public service interpreting (PSI) in Slovakia has been, for a long time, different from countries that traditionally accept large numbers of migrants. In terms of the demand for PSI, Slovakia has long been one of the European countries with the lowest number of asylum seekers (and with low numbers of foreigners in general). Studies released by Eurostat and the Ministry of Interior of the Slovak Republic show that there was a total of 59,263 of asylum applications in the years 1993-2020; while in 2020, the asylum seekers in Slovakia included primarily citizens of Syria, Afghanistan, and Iran. In June 2020, a total of 145,940 foreigners had a residence permit in Slovakia. The largest group of foreigners were composed of citizens of neighbouring countries, with Ukrainian citizens representing 27% of all foreigners living in Slovakia. Another important group (more than 20%) consisted of people from South Eastern Europe from countries such as Romania, Bulgaria, Russia, and Serbia, while more than 7% of foreigners originally hailed from Asian countries (Vietnam, China, South Korea, and Thailand)².

However, things changed dramatically in February 2022 when a war broke out in Europe, affecting the lives of many people in a variety of ways. The data of the Ministry of Interior of the Slovak Republic show that almost 270,000 refugees crossed the Slovak-Ukrainian border in the first month following the war's outbreak. Of the total number, Ukrainians represented more than 92% (248,759 refugees), while the highest number of refugees in one day (15,968) was recorded on 27th February 2022³. In March 2022, there were 38 refugees per 1,000 Slovaks, the third highest number in Europe⁴.

Even though there have been some attempts to systematically integrate community interpreting (or rather public service interpreting) into the teaching process at Slovak universities (cf. Opalková 2013, Štefková 2020), it nevertheless seems that the topic was hardly

²<https://slovak.statistics.sk/wps/portal?urile=wcm:path:/obsah-en-inf-akt/informativne-spravy/vsetky/c89db817-b8c0-4b36-aed3-983435e27e9a> [Accessed on: 27/05/2022].

³<https://www.minv.sk/?tlacove-spravy-6&sprava=od-zaciatku-vojenskeho-konfliktu-prislo-z-ukrajiny-na-slovensko-takmer-270-tisic-osob> [Accessed on: 27/05/2022].

⁴<https://www.trend.sk/trend-archiv/slovensko-cislach-najprudsia-utecenecka-vlna-dejinach-moze-podla-osn-este-zvysit> [Accessed on: 27/05/2022].

considered a pressing issue and did not receive anywhere as much attention as in countries with significantly longer and more intensive experience with providing public service interpreting and translation (PSIT) services or, for example, even as in the neighbouring Czech Republic (cf. Valero-Garcés 2003, Čeňková et al. 2019).

Since the war's outbreak, we have been experiencing an unprecedented need for PSI and the deployment of interpreters in Slovakia, be they experienced professionals, students, or bilingual volunteers without any previous interpreting training. This goes hand in hand with requirements on the protection of interpreters' mental health, which have been generally overlooked in Slovak context, but come into focus, for instance, in the above-mentioned project KEGA: *PSI collaborative training in Slovakia: Design, implementation and evaluation of courses for public service interpreters*.

This project is aimed specifically at training interpreters in the field of public service in Slovakia, while also focusing on mental health and effective use of coping strategies. Based on the presented analysis of theoretical resources, an empirical study accompanied by its didactical application is to be conducted in September 2022. By mapping of the real current needs and requirements, specific communication situations, topics, types of discourses and languages, it will be possible to collect texts, recordings and activities aimed at the practical training of interpreting skills, including the use of coping strategies and techniques in simulated situations. All collected and drawn up teaching materials will be used in a pilot course intended for those interested in acquiring competences in PSI.

By systematic training of interpreters in the PSI field which builds on a comprehensive research and a thorough mapping of the participants' needs and is based on a cooperation of the educational institution and practitioners, it will be possible to contribute primarily to making communication of foreigners with public institutions more effective, improve the integration processes in the society, increase society-wide awareness on the importance of competent interlingual and intercultural transfer, and to overall increase the reputation of the interpreter's profession (in public service), and – last but not least – to help prevent mental health issues in interpreters. Hence, the aim of the following section is to point out the specific stressful situations faced by interpreters in the field of public service, the risks involved, and the importance and possibilities of mental hygiene, which can be applied in later stages of the KEGA project.

One of the project's output was a popularizing event *From the booth to the field: the role of interpreters in the refugee crisis in Slovakia*, primarily intended for the students of the Department of Translation Studies in Nitra, Slovakia. In the preparatory phase, we conducted several informal interviews with interpreters deployed at the Slovak-Ukrainian

border as one of the first points of contact for refugees. When interviewed, all of them emphasised high emotional distress experienced during interpreting. Since this issue has not been researched within the Slovak context at all, it will be intensively dealt with in the upcoming phases of the project. Our future research and educational activities will draw mainly on the findings of the countries which have a long-term experience in this field.

2. The specific nature of public service interpreting

It is possible to claim that the nature of activities and emotional involvement of a public service interpreter is fundamentally different from the nature of the work of a conference interpreter, which is further confirmed by the inclusion of the work of a public service interpreter among the helping professions. The helping professions are mostly mediative in their nature, which means that "a third party mediates between the producer and the consumer, defining both the needs and the manner in which the needs are met" (MacDonald 1995, 134 In: Gentile 2016).

In light of this assertion, Gentile (2016) presented the results of a study conducted on a sample of 888 public service interpreters from 64 countries around the world. When asked which group of professions they would compare their status to, 68.5% of public service interpreters responded that their professional status was comparable to the status of the so-called semi-professions such as primary school teachers, nurses, or social workers.

The research of Valero-Garcés (2003) shows that many public service interpreters perform tasks which go beyond the traditional language transfer. Furthermore, in addition to the skills and abilities required in other types of interpreting (e.g. conference interpreting or court interpreting), they often have to use other specific competences related to the specific conditions of their work (e.g. in a specific social, cultural or religious context, in situations characterised by knowledge or power asymmetry). Interpreters therefore have to often explain cultural conventions and customs in order to help redress inequalities and ensure effective communication. On top of that, they often reproduce dramatic experiences and difficult life destinies.

The characteristics of public service interpreting, which play an important role in the context of mental health, include particularly the following (Baistow 2000, Corsellis 2002 In: Valero-Garcés 2005):

- People often find themselves in difficult life situations and the interpreter may come from a similar background (origin, religion, experiences, traumatic experiences).

- People have often experienced violence, suffering, abuse; have lived through a war, have experienced the death of a loved one, have dealt with family separation.
- People are often upset or have mental or physical health problems.
- The message that is being communicated is usually negative.
- The interpreter cannot provide direct assistance.

3. Psychological and emotional distress in public service interpreting

The psychological and emotional distress experienced by public service interpreters is demonstrated by a number of researchers. For example, Westermeyer (1990) conducted a study showing that eight out of ten interpreters working in the United States refugee programme had to seek psychiatric help, seven of whom were subsequently diagnosed with depression. Another study by Røkenes (1992) found that interpreters experienced increased levels of stress when interpreted people described traumatic situations that they themselves experienced or when they interpreted for people with mental health problems. At the same time, 66% of the surveyed interpreters (n=33) experienced emotional states which complicated their work, and in 50% of interpreters, this emotional state also had a negative effect on their personal lives. A survey of the Red Cross interpreters carried out in Switzerland (n=18) showed that 80% of them emphasised a strong need for post-interpreting supervision and psychological counselling (Loutan, Farinelli & Pampallona 1999).

In a review study, Geiling et al. (2022) analysed the results of research focused on experiencing load by public service interpreters. The most common symptoms included experiencing negative stress, hyperarousal (increased arousal, insomnia, and mental strain), physical exhaustion, and feelings of anxiety. Sadness and shock episodes were among the most commonly experienced emotions immediately after interpreting. Regarding the long-term impact of the load, some interpreters stated that they experienced emotional stress most intensely at the very beginning of their professional careers. Later on, the levels of stress decreased or they got used to it and it did not have a significant impact on their mental health. Studies have also confirmed that, especially when interpreters have mastered and applied effective coping strategies, the feeling of stress has progressively transformed into a feeling of satisfaction and fulfilment.

In her research aimed at public service interpreters (n=295) from different European countries (France, the Netherlands, Germany, Italy, Spain, and the United Kingdom), Baistow (2000) came to similar conclusions. She found that 80% of interpreters perceived their work

positively and felt useful for the interpreted people. However, two-thirds often experienced sadness over the events that they were interpreting about and almost half of the interpreters experienced mood swings, concerns, anxieties, and negative emotions lasting several days. The most common negative conditions included stress, frustration, sadness, irritability, anger, and a feeling of loneliness. Interpreters mentioned as the most common reasons for their own negative experiences the negative mood of people (67%); the need to listen to and reproduce experiences related to suffering (58%); the inability to directly help the interpreted persons (39%); concerns about their own professional future (35%); difficult communication with contracting authorities (30%); unpredictable working hours (28%); and a lack of people with whom they could share their feelings (28%).

4. Coping with load as a key to adequate performance in interpreting profession

In light of the above, effective coping strategies seem to be crucial for ensuring good mental health of interpreters. Experiencing load as well as the ways in which it is managed can vary between individuals. In connection with load management by interpreters, Moser-Mercer et al. (1998) posit that interpreters may have a tendency to be more passive, to suppress emotions or to adopt avoiding behaviour due to traditional perceptions of translational activity, which generally do not allow them to express their own opinions or feelings. This may further increase the risk to their mental health. Intrapersonal variables also play an important role. Individual peculiarities in a person's emotional reactions (affectivity) predict their reactions to stress. Negative affectivity is understood as a psychological disposition for maladaptive coping since it is associated with negative self-concept and it intensifies feelings of anger, resentment, sadness, and dissatisfaction (Watson & Clark 1984). Interpreters with a higher degree of negative affectivity are generally perceived as less competent and experience higher levels of stress at their workplace (Bontempo & Napier 2011).

Negative symptoms are also related to the need to control the stressful situation. Research confirms that interpreters who feel a lower level of control over their profession and less freedom of choice are at higher risk of burning-out (McCartney 2006, Schwenke 2010).

Burn-out syndrome can generally be defined as a type of stress and emotional fatigue, frustration, and exhaustion that occurs as a result of a sequence of events related to an individual's relationship, mission, lifestyle, or occupation not living up to the expected results (Křivohlavý,

1998). Therefore, it is a state of physical, emotional and mental exhaustion caused by the fact that a person is dealing with emotionally demanding situations in the long term. It is generally accepted that people who are too engaged in their work are at greater risk of burning-out since they invest a lot of energy into their work, wanting to do their job in a perfect way, and consequently, they find themselves under constant pressure. Furthermore, stress and unmanageable problems are also important factors. Burn-out usually affects people who have chosen to help other people as their mission because they enjoy helping others as it gives them a feeling of satisfaction. The effort to help others outweighs in many cases the low income and other disadvantages of helping professions, e.g. irregular working hours, great responsibility, low social status, etc. (Krajčiová 2006 In: Miženková, Požonská & Kilíková 2009). Likewise, interpreters' efforts to achieve perfection increase the risk of burning-out (Schwenke 2010).

In addition to the burn-out syndrome, public service interpreters – together with people in other helping professions – may also find themselves at risk of secondary traumatising (in case of emotional empathic involvement). Secondary (i.e. indirect) traumatising occurs via contact with the traumatised individual when this contact can result in the experience of negative stress by the other person. It can be seen as an outcome of empathic involvement in the traumatic material brought by the person being interpreted as well as the exposure and empathetic listening to the story of trauma and suffering (Stamm 2010 In: Karkošková 2015). What is also worth noting is that the symptoms are often almost identical with symptoms of post-traumatic stress disorder (Karkošková 2015).

Since students are exposed to public service interpreting in real situations to a greater extent than e.g. in conference interpreting, it is also necessary to examine the specific effects of such moments of crisis on their mental health, psychological state, and behaviour. The issue of psychological state of students acting as public service interpreters was addressed, among others, by Valero-Garcés (2005). She examined the mental health of interpreting students (n = 30) who worked as volunteer interpreters for NGOs providing services for migrants and asylum seekers. They reported that difficulties at work were mainly due to negative stress from the interpreted topic (62.5%), the problem of maintaining neutrality (67.5%), stress from the inability to directly help people (49.9%), changes in mood and behaviour due to the negative mood of the interpreted persons (35.2%). Regarding their own psychological state, all students reported that they felt useful for people they were interpreting for and 80% of them had positive feelings about their work. However,

they also admitted to having struggled on an emotional level, especially experiencing mood and behavioural changes (84.4%), difficulty or inability to interpret in specific situations (e.g. rape, abuse), irritability and nervousness (30%). The most common coping strategies included discussing problems at work and emotional struggles with their co-workers (41%), friends (37%), family members (33%) and other interpreters (33%).

"Talking out" was also one of the most common coping strategies for interpreters in Baistow's research (2000). Other effective strategies included sharing the problems with others (54%), intensified social contacts (43%), and practising some sport and physical activity (34%).

Research also shows that interpreters working in highly emotional settings have found peer support and group consultation beneficial (Anderson 2011) as they encourage positive perception of the profession and the creation of support networks within the profession. This could enable them to adopt effective strategies for taking care of their own mental health. Therefore, in addition to working with emotions (e.g. in the form of a conversation or writing therapy), special emphasis needs to be placed on interpreter's systematic training and supervision.

More comprehensive approaches, which are also used in the treatment of secondary traumatisation of interpreters and contribute to the overall positive development of their personality, include, for instance, the concept of personal growth through secondary trauma, or shared resilience. These constitute psychotherapeutic concepts based on the assumption of positive development of personality during the interaction of the interpreted person and the helping professional via the processing of traumatic experiences. Their authors have even found that in addition to improving their own mental health, this approach can also contribute to improving the interpreted person's mental health through the interpreter's greater mental well-being (Arnold, Calhoun, Tedeschi & Cann 2005, Nuttman-Shwartz 2015).

The positive effects of working with people who have experienced trauma are further elaborated by Roberts (2015), who points out that research in this field is relatively recent. She puts forward three concepts related to positive changes resulting from this type of work:

a) vicarious posttraumatic growth – positive psychological changes experienced as a consequence of encountering traumatic situations that challenge an individual's pre-existing schemas and ways of understanding the world (change in priorities and greater appreciation for life, better relationships with others, personal strength; recognition of new possibilities, and spiritual development (Tedeschi & Calhoun 1996 in Roberts 2015)

b) vicarious resilience – positive changes that can occur within a therapist’s cognitions and inner experiences as a consequence of exposure to a person’s resilience in the light of traumatic situations (Hernández et al. 2010 in Roberts 2015)

c) compassion satisfaction – fulfilment that can be experienced by professionals working with people in distress (Stamm 2005 in Roberts 2015) including satisfaction from helping the community, enjoying interactions with colleagues and people involved and a sense of achievement stemming from helping people in need).

When preventing and treating the burn-out syndrome, a mindfulness-based approach is used, the training of which points to an improvement in mental health indicators. The elements of this approach, such as unconditional acceptance or mindfulness, have to counteract the negative effects of stress, anxiety, worry, anger, etc. (Keng, Smoski & Robins 2011). Its effectiveness is also associated with the improvement of emotional regulation, which is a key component of the ability to cope with emotional distress experienced by people working in helping professions (Emerson, Heapy & Garcia-Soriano 2018).

The presented coping strategies can be grouped under the concept of "self-care", as presented by Hlavac (2017), in mental health interpreting. He proposes that interpreters who have developed the symptoms of secondary traumatic stress, vicarious trauma, burnout, or others should consider using professional counselling services that are already provided in some countries (e.g. the Employee Assistance Program (EAP) in Australia), which may constitute an important feature for interpreter self-care and well-being. Hlavac (2017) further advances the idea of a necessary dialogue between the interpreter and mental health professional (especially in mental health interpreting, however, we believe it also applies to emotionally charged situations in PSI), where distress, confrontation or (potential) aggression occurred in the interaction. This can further improve interpreter’s general understanding of emotionally charged situations and allow them to better prepare themselves for future interactions.

In line with previous recommendations, Baistow (2000) emphasises the importance of:

- raising awareness of the issue of promoting the interpreters’ mental health,
- intensifying the cooperation between contracting authorities and professional organisations,
- training focused on processing emotions (before and during interpreting),

- regularly supervising new/inexperienced interpreters,
- availability of individual consultations with a psychologist or psychotherapist,
- further comprehensive research on the issue.

5. Conclusion

In this paper, we attempted to present a summary of the main studies carried out in relation to mental health of public service interpreters in countries which have rich experience with the intensive deployment of interpreters in community settings, while suggesting possible negative effects of public service interpreting on mental health in the short term (sadness, anger, frustration, mood swings, fatigue) as well as in the long run (depression, burn-out syndrome, secondary traumatisation). We believe that the presented theoretical background will provide a useful reference framework for the negative effects of PSI on all groups of interpreters involved in the current refugee crisis in Slovakia that will have to be addressed in the foreseeable future. Professional interpreters, students as well as volunteers need to be provided with opportunities to effectively prevent and solve mental health problems so that their demanding work provides, on one hand, significant help to people who need it and fulfilment for themselves on the other.

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