

An Illusion of Inclusion? – Can Counselling Psychology Do More to Ensure Equality and Access to Psychological Therapies for Deaf People, Through Their Work With Interpreters?

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Abstract

There is evidence that the British Psychological Society (BPS) guidelines on working with interpreters are not being applied sufficiently for psychologists to be meeting requirements for anti-discriminatory practice. The present study aimed to explore British Sign Language (BSL)/English interpreters' subjective experiences, to identify whether psychologists are adhering to guidelines designed to safeguard anti-discriminatory practice and equal access for non-English speakers. An IPA approach to data was adopted, which resulted in three superordinate themes emerging: 1. knowledge and understanding, 2. interpreters' experiencing and 3. development, with eleven supporting subordinate themes. The overall findings of the study suggest that the professional guidelines are not being sufficiently applied and as such interpreters are frequently not being adequately supported in order to provide the most effective interpretation for d/Deaf clients. The current findings are consistent with previous research thus, establishing training and communication between both the interpreting and psychology professions has been advised.

Keywords: counselling psychology, anti-discriminatory practice, access to psychological therapies, interpreting

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Background and Literature Review

Counselling psychology prides itself on its value base of prizing the subjective experience, empowering the individual and acting against discrimination (British Psychological Society [BPS], 2008a). Central to this endeavour is ensuring that all individuals have equal access to psychological therapy (BPS, 2008b). However, merely guaranteeing physical access to individuals does not equate to anti-discriminatory practice. Psychologists must also ensure that all clients receive equal quality of interaction and care, and that this is not impeded by their standard of English (BPS, 2008b). Interpreters are, therefore, vital to counselling psychologists, as without interpreters' specialist skills and cultural expertise, we would not be able to offer equal access and care to non-English speakers, or claim to be upholding our values (BPS, 2008a, 2008b; Darroch & Dempsey, 2016).

Nevertheless, simply hiring an interpreter when working with a non-English speaker does not automatically secure equal access to the communication. Russell (2010) challenged this assumption when investigating the use of sign language interpreters in school settings with d/Deaf children. The research revealed that the teachers'

lack of understanding of the interpreter's role, needs and skills, lead to the child's learning and social experience being negatively impacted. Additionally, if the interpreter lacked the contextual relevance inherent in the comments made by the teacher, or did not understand the content of the situation, this led to linguistic errors, meaning the child was less informed and had limited access to learning. The necessity of receiving briefing regarding background information in advance of sessions, in order to clarify their understanding of aims, context and content, has been strongly emphasised by spoken language interpreters, explaining that the lack of such information jeopardises their ability to achieve an accurate and effective, or equivalent, interpretation (Molle, 2012).

In recognition of these issues, the BPS created the good practice guidelines 'Working with Interpreters in Health Settings', which explicitly states that psychologists must know how to work *effectively* with interpreters, to ensure that equal opportunities are upheld for non-English speakers (BPS, 2008b, p. 1). Furthermore, it is stated that the training in how to do so should be received as an essential part of psychologist's professional training (BPS, 2008b, p. 1). Additionally, these guidelines highlight the issues that psychologists need to be aware of when working with interpreters, and as such, ensure that they can support them in working as effectively as possible. This includes providing the interpreter with a briefing before sessions to offer background information regarding the meeting, and to give the interpreter the opportunity to offer briefing on any cultural and/or other information that may have an impact on the session (BPS, 2008b, p. 1). Furthermore, the guidelines remind psychologists that they must be respectful of the interpreter they work with and recognise their importance in making working with their client possible. They stress that psychologists should be mindful of the interpreter's wellbeing and their risk of experiencing vicarious trauma and, therefore, should set aside time for debriefing after sessions, offering support and supervision if required (BPS, 2008b, p. 1).

Accordingly, one could expect such clear and comprehensive guidelines, published by the professional body of psychologists to be upheld, and that psychologists would be respectfully and effectively working with interpreters to work towards the aims and values of anti-discriminatory practice, and aims of equal access for non-English users. However, alarmingly, the results from a systematic review of the literature investigating the experiences of interpreters suggests otherwise (Darroch & Dempsey, 2016). It was highlighted that the majority of the papers included in the review were published after 2008, by which time it was believed that the guidelines would have been put in place (BPS, 2008b). However, the papers reviewed consistently reported experiences that would suggest that the guidelines were not being adhered to (Doherty, MacIntyre, & Wyne, 2010; Hetherington, 2012; Molle, 2012; Shakespeare, 2012).

Furthermore, the literature review revealed interpreters are often involved in interpreting emotionally distressing content, with which they engage empathetically as part of the intra-lingual process, but also out of compassion for their clients. Additionally, it was continuously indicated that interpreters experience transference dynamics as a result of empathetically connecting with their clients such as, projective identification, causing distress and symptoms connected with vicarious trauma (Darroch & Dempsey, 2016; Pearlman & Saakvitne, 1995; Sexton, 1999). Such findings are in agreement with research demonstrating high levels of burnout and early departure from the profession in sign language interpreters (Schwenke, 2012).

Sexton (1999) and Jordan (2008) stress that it is vital to acknowledge and process one's experience of transference dynamics through the use of supervision, to safeguard health and wellbeing and to prevent against the effects of vicarious trauma. As previously stated, this is also acknowledged in the BPS guidelines, which asks

psychologists to be aware of this issue and to debrief with their interpreter and offer support and supervision to mitigate against it (BPS, 2008b, p. 1). Conversely, the experiences reported by both spoken and sign language interpreters across the literature reviewed by Darroch and Dempsey (2016) suggest inconsistency in the provision, and use of, the support and supervision necessary to maintain, and protect, their wellbeing, despite the need for such support being consistently acknowledged by interpreters throughout the review.

Conclusively, the results of previous research findings suggest the BPS guidelines on working with interpreters, designed to safeguard anti-discriminatory practice and equal access for non-English speakers, may not be being applied sufficiently for psychologists to be meeting this fundamental aim. Therefore, the following study aims to:

1. Explore British Sign Language (BSL)/English interpreters' experiences of working with psychologists, counsellors, and psychotherapists to gather information about the extent to which psychologists are practicing in adherence to the professional guidelines set by the BPS (2008b) for working with interpreters.
2. To consider whether interpreters feel that they are exposed to emotionally distressing content and if they feel that the psychologists, counsellors and psychotherapists they have previously, or continue to, work with offer them adequate emotional and technical support to ensure that they can work as effectively as possible.

Method

Participants

Inclusion criteria were specified to ensure the sample selected would enable the research question to be explored in the best way possible, whilst also aiming to be as inclusive as possible, in order to represent the diversity of the sign language interpreting profession and the d/Deaf community for whom they interpret (Smith, Flowers, & Larkin, 2009). The inclusion criteria used in this research were as follows:

1. Working or has worked as a qualified and registered BSL/English Interpreter in the UK.
2. Experience of working in psychological therapy with applied psychologists and/or counsellors/psychotherapists.
3. Good level of spoken English.
4. Willing and able to consent to the research and participate in the interview.

The participants selected were six interpreters (two men, four women) who had experience working in mental health and therapeutic settings with applied psychologists and/or counsellors/psychotherapists, as well as other mental health workers such as, community psychiatric nurses, social workers and psychiatrists. The interpreters were aged between 30 and 60 and were fully registered with the UK-wide National Register of Communication Professionals working with Deaf and Deafblind People (NRCPD), or relevant local registering body.

Materials

Each participant took part in a semi-structured interview that lasted up to 90 minutes. The interview aimed to explore participant's subjective experience of working with psychologists, with a particular focus on how inter-

preters' experienced their work in this area and if they felt sufficiently supported in providing an effective interpretation for their client. All interviews started with an open-ended question relating to working with psychologists and, as is evident when using qualitative semi-structured interviews, the distinct dialogue between researcher and participant formed the course of the interview.

Procedure and Ethical Considerations

Following ethical approval, potential participants were informed of the research via an email circulated by the researcher's contact within the interpreting field. A document was attached containing a participant information sheet that described the research being undertaken, inclusion criteria, the potential risks and benefits of taking part, confidentiality, and a consent form. In addition, a statement was made assuring participants that all data would be treated in compliance with the [Data Protection Act \(1998\)](#) and Code of Human Research Ethics highlighted by the [British Psychological Society \(2014\)](#) to conserve anonymity and uphold confidentiality. Moreover, it was emphasised that participation was entirely voluntary and participants could withdraw their consent to participate at any time during the interview. However, if they wished to withdraw their permission after the interview they would have to inform the researcher within 2 weeks, as the information would not be able to be removed after being submitted for assessment to the University.

Potential participants who were interested in becoming involved in the research were invited to contact the researcher via email. Each interview was audio-recorded and transcribed verbatim and to protect the participant's anonymity, great care was taken to remove any potentially identifying information from the transcripts and stored securely.

Data and Analysis

The data was analysed using interpretative phenomenological analysis (IPA; [Smith, Flowers, & Larkin, 2009](#)). The nature of this approach allowed the researcher to engage with the subjective accounts of sign language interpreters regarding their work with psychologists, counsellors and psychotherapists. Through the use of IPA, the researcher was able to perform a detailed analysis, focussing on the meaning and interpretation of the participant's experiences ([Smith, Flowers, & Larkin, 2009](#)). Instead of seeking one objective truth, the underpinning epistemology of IPA asserts that meaning is constructed through the contextual and dynamic interactions within both our personal and social worlds ([Smith, Jarman, & Osborn, 1999](#)). Therefore, interpretations were understood as coming from a contextual constructivist stance, whereby knowledge is connected to context ([Madill, Jordan, & Shirley, 2000](#)).

The transcripts were analysed in compliance with the guidelines for IPA set out by [Smith, Flowers, and Larkin \(2009\)](#). IPA's idiographic commitment to analysis was upheld, as each case was considered in detail separately, before the next case was considered and the process was repeated. This allowed the researcher to identify any patterns that were repeating at the same time as remaining open to new emerging themes ([Osborn & Smith, 2008](#)). After all the interviews were analysed and the tables of themes were produced, all of the cases were then checked for interrelationships between themes, which enabled superordinate themes that incorporated all of the interviews to be established.

Results

The findings from the analysis were extensive and complex. Thus, to remain succinct and facilitate reader's comprehension, a summary of the findings can be seen in [Table 1](#), with an additional comprehensive map and detailed table of exemplary quotes included in [Appendix 1](#) and [2](#). Three superordinate themes and 11 subordinate themes emerged from the data. The themes of 1. knowledge and understanding, 2. interpreters' experiencing and 3. development, are described below in detail. To enable the reader in evaluating the researcher's interpretations, exemplary quotes extracted from the data are presented both within the text and in [Appendix 2](#) (Smith, 1996).

Table 1

Summary of Superordinate and Subordinate Themes

Knowledge and understanding
Knowledge not shared
Lack of understanding
Knowledge shared
Building a relationship with clients
Interpreters' experiencing
Emotional and psychological impact
Need for debrief
Forbidden
Coping strategies
Development
Positive change
Inconsistency of treatment
Suggestions for improvement

Knowledge and Understanding

Knowledge Not Shared

All participants spoke of their experience of not being offered preparation before entering sessions with psychologists and with other mental health professionals, such as community psychiatric nurses and social workers. Participants explained why it is important for accuracy to receive background information about the client. Participant C said,

no two deaf people sign exactly the same, er, and if you go in and you've never met them before, and you see something which you think can hang together as a piece of, of language, erm, the difference is that you might voice that over but you might be wrong to voice it over or you might be making, as I say, sense from nonsense

Some participants described the sense of apprehension and danger they felt before entering sessions, as without being briefed they were unaware of the level of risk the client may present. One interpreter explained how it took another interpreter to break confidentiality, in order for them to be warned about the risk presented by a particular client, as they knew it would be unlikely that the mental health professionals involved would inform them.

I was forewarned by my colleague, my interpreter colleague... That he had been very violent... But that was prior knowledge that I couldn't share, I couldn't admit to knowing that...Because that was something that a very trusted friend and colleague ...Had divulged to me (F)

Lack of Understanding

Each of the participants interviewed identified issues leading to poor efficacy, such as mental health professional's lack of briefings and disregard of interpreters' expertise, and associated these to a lack of understanding of their profession and the nature of language and translation. Participant D stated,

they don't really know how to use interpreters properly.

Additionally, there was a sense of impotence in the participant's accounts, resulting from lack of recognition of interpreters as professionals, or even as people, by mental health professionals. One interpreter said,

it's just so frustrating and you try to explain that this doesn't actually make sense, when you translate it, it's not going to give you your result that you're looking for ... they don't have the ability to see why it might not fit (B)

Some participants highlighted the dangerous consequences that this lack of recognition and understanding has. One interpreter stated,

as if the ability to, to use sign language was my super power, that, you know, I wouldn't be at risk, you know, I wouldn't be at risk because, er, you know, he's not going to do anything to you because you, you're...I don't know if it is that invisibility was, was, was a thing in their heads, that I'm, kind of, what I do, me, it's almost invisible (C)

Knowledge Shared

In comparison to the previous theme, some participants also spoke about times they have been regarded as an equal and how this lead to their professional needs being met through preparation and had a positive impact on the interpretation. Participant F said,

I was told what the aims of the professional people there were. So I was able to interpret I hope faithfully, but at the same time allowing them to do their job

Some interpreters described the benefit of being viewed as being a part of a team, with their professional insight valued and requested, in order to work collaboratively to achieve shared aims. One interpreter described,

and what's the best thing for the person who's there for counselling. So there were times when the psychologist would say to the ... the patient, "Do you mind if I ask the interpreter for their opinion on something?" It was not to do with their area of expertise but to do with mine (D)

Building a Relationship With the Client

All participants stressed the role of continuity in developing a relationship with the client in order to build sufficient knowledge of that person to achieve an effective interpretation. However, they also identified the difficulty in achieving continuity. One interpreter said,

best practice...for patients it would be the same interpreter all the time but it doesn't always happen that way, (C)

Another expressed their concern at the lack of continuity,

a different interpreter in every week and, maybe, not know the sign that they use...the voice over could be different, and they could make, I don't know if it would sway, maybe, a treatment. (A)

Interpreter's Experiencing

Emotional/Psychological Impact

Every participant spoke of the emotional and psychological toll that their work has on them. One participant said,

I think erm, it's quite traumatic at times ...because of the language you're involved, you're part of it. You sort of live it in ... in a sense (B)

Some participants described changes to their worldviews and how they relate to others, symptoms associated with vicarious traumatisation (McCann & Pearlman, 1990). One interpreter stated,

it has made me very, very jaded and very cynical about some things (F)

Another said,

through my own counselling, I've, kind of, worked out that it's actually made me quite detached from some friendships (E)

Some participants also reflected on the impact such emotional experiences has had on their interpreting. One explained,

I do maybe detach myself quite a lot as well, which is maybe not helpful to anybody. I can feel myself being part of a situation and I can feel myself withdrawing from it and taking myself out of that situation...I realise the impact that that has within the situation itself...but I know I need to do it for myself (B)

Need for Debrief

Most of the participants spoke about their desire to engage in debriefing with the psychologists they work with, describing the worry and anxiety they feel without it. One participant stated,

if I don't have that feedback at the end of a session with the practitioner then I'm left, you know, not having a clue whether I've done really badly as an interpreter...what I could have done or how I could have done it. (B)

Others spoke of how originally they did not see the need for debriefing, however, in hindsight, they believe it should be a vital part of the process. One interpreter explains,

not recognising at the time that I needed somewhere to go to talk to...it's not until much later you realise the reaction I suppose to some of that stuff. (E)

All of the interpreters interviewed stated that they had never been offered any emotional support at the end of their sessions with psychologists or other mental health professionals, or as part of any debrief.

I've never had, not once, about, you know, there's been this outrageous thing that's happened, how are you, are you okay after this, do you want a debrief (C)

Forbidden

All of the participants spoke about their professional code of conduct and how this acts as a barrier to seeking and receiving emotional support. Most of the interpreters described the negative impact not being allowed to talk about their experiences and process them has on them. One expressed,

You walk out of a counselling situation and you know you're duty bound by your own codes of confidentiality... you never ever repeated stuff to people, some of the things that you had ... particularly with the voiceover part...that was probably the harder thing. And then leaving those situations... to come out of that session and not have anywhere to go... (E)

Coping Strategies

Most interpreters spoke of the strategies they adopt in order to cope with the emotional intensity of their work. All spoke of relying on trusted peers for emotional support, however, also acknowledged that there are issues with this approach. One participant said,

we probably all do it in our sort of wee ad hoc way, trying to make it as anonymous as possible, but it's really difficult 'cause this community is so small...it's, it's not a good way to go about it. You'd think there'd be some kind of, er.. (C)

Some participants spoke of creating distance from their work and clients as a way to cope with the intensity. One interpreter stated,

It can be quite heavy... I've created my own little things... Break eye contact instantly...I feel that it gives me that separation (A)

Most participants were in agreement that individual factors such as, personality and life experience, could act as vulnerability or protective factors. One participant described her personality as a protective factor,

I think erm, the kind of person that I am, I'm quite pragmatic, I'm quite level headed and I ... I ... I talk my way through everything in my own head to myself (D)

Development

Positive Change

Every participant described witnessing positive change in how interpreters and their d/Deaf clients have been treated over the past few years. One interpreter described the change they have seen,

I think historically there was a very big power imbalance and the people were very distorted, you know, the ... the one-to-one relationships or eye contact and all that. I think people are becoming more aware of it now. And are maybe a little bit more comfortable with it (B)

Inconsistency of Treatment

Despite there being reports of positive change, all participants referred to the inconsistency of how they and their d/Deaf clients are treated. One interpreter said,

I think it varies, in some places I've been treated as an equal, very much so. In other settings, erm, I was treated more like the client (E)

Some participants made an association between age and level of awareness, as contributing to the inconsistency of treatment by psychologists and other mental health professionals. One participant said,

I think it's mostly with younger people coming through, the professional...are very, very much aware (A)

Suggestions for Improvement

Although every participant reported seeing positive changes in how psychologists and other mental health professionals treat interpreters and d/Deaf people, each participant had clear ideas on how the working relationship between psychologist and interpreter could be improved further. One interpreter emphasised the need for psychologists to be trained in how to work with interpreters,

And how best to use us because we can be used very effectively, and the process can work really, really well if ... if everyone knows ... if everyone was clear about everyone's role within it, and what we do and we can and can't do (D)

Other interpreters suggested that debriefing should be a compulsory part of the process in order to protect interpreter's wellbeing, and for interpreters to be made more aware of the importance of it. One interpreter said,

You don't have to go back and debrief. Erm, and now in hindsight I think that that would probably have been better...now that I've been an interpreter for a lot longer, I think there's some kind of a compulsory need compulsory sharing because ... your hands are tied, not to go and share it with anybody. (E)

Nevertheless, some interpreters questioned the feasibility of debriefing and were not sure if practitioners would have time or if the process could potentially have an undesirable impact when re-entering a session with the client, as a result of the relationship built between interpreter and psychologist. One interpreter suggested a potential solution could be to debrief with another clinician separate from the process however, also separate from interpreting,

Even, not being the same person, the same practitioner that was in the room, but being a second practitioner that...if you finish that session work, when you go out and speak to... you also feel a lot more protected when you're in that space and in that room.... Because it's with somebody that doesn't necessarily have the same connections with the deaf community (E)

Discussion

The purpose of this study was to explore the subjective experiences of BSL/English interpreters, and to investigate whether or not psychologists were adhering to the professional guidelines set out to ensure interpreters are supported whilst providing an effective interpretation, and, thus, safeguarding equal access to psychological therapies for non-English speakers (BPS, 2008b). The guidelines emphasise the importance of briefing and debriefing, as well as being respectful and mindful of the importance of interpreters in enabling psychologists to work with their clients (BPS, 2008b). As previously stated, the findings from the analysis were extensive and complex, however, four clear points can be made from these results.

Firstly, the findings suggest there are many inconsistencies in the way that psychologists and other mental health professionals treat interpreters. Every participant recalled experiences of not being briefed before entering sessions. Participants emphasised that they must first understand what is being said before they can inter-

pret it, which is made difficult without background knowledge, thus, making errors and miscues more likely. Additionally, some participants described how this impacts their self-esteem, as they often doubt their own abilities, as a result of not fully understanding their client. Alarming, some participants reported not being informed about the risk their client presented, and recounted situations where they felt threatened and unsafe, as a direct result of not being told the client's violent history. Such experiences are similar to those recalled by spoken language interpreters interviewed in a study by [Molle \(2012\)](#).

Contrastingly, some participants reported experiences where they felt respected as a professional, and considered as a team member, by psychologists and counsellors and were offered preparation about their clients and also about the context and aims of the session they were about to enter. Participants recalled how this approach allowed them to feedback valuable information on cultural and language anomalies, whilst helping psychologists learn how to work more effectively and enhance overall efficiency. Participants described feeling supported and relaxed in these situations, which in turn helped them be more effective. This is understandable given empirical evidence that anxiety impairs processing efficiency and cognitive performance ([Derakshan & Eysenck, 2009](#)).

Nevertheless, accounts from participants also suggest that the experiences described above are infrequent, as the words 'occasionally', 'sometimes' or 'once' were used during their recall. Furthermore, such experiences were often described as usually taking place within charitable organisations that have an understanding and awareness of d/Deaf issues. Additionally, some participants compared public sector, or 'clinical', settings with community settings, explaining that their experiences in the latter have been more positive. They described a sense of willingness to work collaboratively with interpreters, to ensure they do whatever they can to provide their clients with the best care. Comparatively, public sector settings were reported to appear more detached and rushed, with interpreters questioning if psychologists would have time available to offer briefing or debriefing.

Secondly, all participants highlighted a lack of understanding of their role, stating that psychologists generally do not know how to work with interpreters, nor understand the complexities of language mediation and translation, which negatively impacts the triadic interaction and efficiency of communication. Participants recounted situations where psychologists overlooked their expertise and ignored their insight into issues regarding the accuracy of the interpretation. Disconcertingly, most interpreters also described experiences where their personhood was also ignored, describing how they were denied breaks and told to stay in environments, when others were leaving due to risk. Correspondingly, interviews with spoken language interpreters working in a Medium Secure Unit (MSU) also reported feeling as though their personhood was ignored. They described being treated as commodities to be used then thrown away, which left them emotionally vulnerable and sometimes physically at risk ([Molle, 2012](#)).

Thirdly, participants described experiencing both short-term and long-term emotional and psychological distress, as a result of emotionally connecting with their client's language. The emotional power and impact on interpreters being required to use the first person during their interpretations has been emphasised in several studies ([Gomez, 2012](#); [Shakespeare, 2012](#); [Splevins, Cohen, Joseph, Murray, & Bowley, 2010](#)). Both the interpreters in these studies and the current study explain how they must fully imagine the client's perspective, bearing the emotional impact of the words, and becoming the speaker through adopting their tone, affect and body language so that the intensity of the words and feelings can be conveyed, and semantic equivalence achieved.

Participants described the intense feelings of anxiety, and internal conflict, they experience as a result of internalising the words and values belonging to someone else. The same anxiety has been reported across several studies into the experiences of interpreters (Gomez, 2012; Shakespeare, 2012; Splevins, Cohen, Joseph, Murray, & Bowley, 2010). Some of the participants described how experiencing intense emotions during sessions with clients can be overwhelming and required them to engage in strategies to help them cope with the intensity. However, many of these strategies can have a detrimental impact on their interpretation. One participant described how they notice themselves withdrawing and detaching from emotionally distressing situations. Whereas, another interpreter described how they have used reductive interpreting, where they remove the client's expressive detail and only give the reduced, or summarised meaning of linguistic content to create distance. Such coping strategies have been observed previously by Napier et al. (2015), who noted in their research, how an interpreter moved from first person into third person to distance themselves from the distressing content. Furthermore, Darroch and Watson-Thomson (2015a) emphasise the risk of interpreters relying on reductive interpreting when interpreting content that they identify with and/or is emotionally straining. This coping strategy can potentially lead to aspects of the client's message being missed out, or acute omission of tone and affect, thus, compromising the accuracy and effectiveness of the interpretation.

Additionally, some participants have also reported experiencing long-term changes to their behaviour and worldview, as a result of their work. McCann and Pearlman (1990) conceptualised vicarious trauma as the distressing and disruptive psychological effects experienced by clinicians working with trauma. The symptoms of which can include intrusive imagery, intense emotional reactions, and/or interference with one's beliefs about others, themselves and the world (McLean, Wade, & Encel, 2003). Concurrently, Darroch and Dempsey (2016) noted that spoken language interpreters repeatedly reported distressing experiences of transference dynamics such as projective identification, and symptoms connected with vicarious trauma, throughout the literature included in their review (Pearlman & Saakvitne, 1995; Sexton, 1999).

Fourthly, participants explained how such distressing emotional experiences are made worse by the lack of support available to them, due to strict codes of conduct emphasising confidentiality, meaning that they are unable to legitimately talk through their experiences. This is an issue that has also been highlighted in previous studies with spoken language interpreters (Gomez, 2012; Molle, 2012; Shakespeare, 2012). Subsequently, many of the participants stressed this issue to the researcher, explaining that on reflection of their overall experience of working as an interpreter, the need for support within the profession was paramount. Sexton (1999) and Jordan (2008) stress that in clinical supervision it is vital to acknowledge and process one's experience of transference dynamics to safeguard health and wellbeing and to prevent against vicarious trauma. Hetherington (2012) interviewed one sign language interpreter who had received professional supervision and reported experiencing a sense of clarity and increased self-awareness, which facilitated their efficacy. Consequently, Darroch and Watson-Thomson (2015b) promoted the use of clinical supervision, as a way for interpreters to receive support in processing the emotional impact of their work, and building self-awareness, to ensure that such emotional experiences do not subconsciously or consciously compromise the accuracy of their interpretations. As previously stated, this is also acknowledged in the BPS guidelines, which asks psychologists to be aware of this issue and to debrief with their interpreter and offer support and supervision to mitigate against it (BPS, 2008b, p. 1). All of the interpreters involved in this study stated that they had never received the offer of emotional support from psychologists or any other mental health professional they had worked with, although some did state that they had occasionally received a debrief regarding technical issues.

Nevertheless, some participants spoke of a telephone service set up by their professional body, thus, suggesting that the need for support is not going completely unnoticed by the interpreting profession. However, these participants explained that they felt unable to use this service out of fear of judgement, or consequence, as it was not confidential and was being run by peers within the profession. Subsequently, participants expressed their need for confidential support outside of their profession to support them in processing their work experiences. Furthermore, one interpreter questioned the appropriateness of debriefing with the same practitioner they shared a session with. They questioned whether they would feel judged by the practitioner or if an alliance would develop between the interpreter and practitioner that would impact the triadic relationship with the client. [Tribe and Thompson \(2009\)](#) previously highlighted this as an issue when discussing the triadic alliances that can develop when working with interpreters. The participant, therefore, made the suggestion of receiving support from a suitable practitioner outside of the triadic relationship and also outside of the interpreting profession, thus, supporting the notion of clinical supervision.

Implications

A number of professional and clinical implications can be suggested from the findings of this research.

Firstly, despite the comprehensive professional guidelines being published in 2008 ([BPS, 2008b](#)), it is clear from this study that they are not being sufficiently adhered to. It has been highlighted that much of the difference between successful and unsuccessful working relationships with interpreters relies on the level of understanding that psychologists possess about their role and how to work with them effectively. Therefore, the author suggests that training with an emphasis on working collaboratively with interpreters be offered at the point of training. This would improve shared aims and work towards achieving [BPS \(2008b\)](#) guidelines more proactively.

Secondly, the author suggests that as psychologists often work within multi-disciplinary settings, those who are currently aware of the [BPS guidelines \(2008b\)](#) have a duty to inform others, in order to promote equal access to psychological therapies for all regardless of ability: "Practitioners will: challenge the views of people who pathologise on the basis of such aspects as sexual orientation, disability, class origin or racial identity and religious and spiritual views." ([BPS, 2008a](#), p. 7). Thirdly, the restrictive issue of the interpreters' code of conduct seems to work detrimentally to their wellbeing. This in conjunction with the interpreter's professional requirement to stay faithful to tone and affect of linguistic source highlights the need for the interpreting profession to become more aware of the psychological impact of interpreting. Therefore, the author suggests that discussions take place between the psychology and interpreting professions to review interpreters' codes of conduct, particularly in respect to mental health work, and consider the introduction of compulsory debriefing and provision of clinical supervision. Given the risk of interpreters experiencing vicarious trauma, and the potential impact of the interpreter's emotional state affecting the efficiency of interpretations, inter-professional collaboration would seem conclusive.

Limitations

There are several limitations to this study. Firstly, as a qualitative study utilising IPA, the sample size aimed to produce depth rather than breadth in terms of data. Thus, limiting the claims that can be reliably made from the data. Therefore, further research using a quantitative approach is warranted to provide a more general sense of whether psychologists are working effectively with interpreters.

Secondly, the aim of this research was to predominantly explore whether d/Deaf clients and other non-English speaking clients were receiving equal access and provision of psychological care. Thus, a sample of d/Deaf clients or non-English speakers, who rely on interpreters, could provide better insight into whether they are receiving what they would consider as equal treatment.

Thirdly, it is important to note that qualitative research acknowledges that there are biases that the researcher will bring to the process (Smith, 1996). Thus, raising questions regarding validity and reliability (Golsworthy & Coyle, 2001). The researcher has made their best attempt throughout the process to acknowledge their existing knowledge, and preconceptions, and 'bracket' them throughout the analysis. However, it should be acknowledged that the researcher has been involved with the interpreting profession over the past three years and is invested in the topic having published previous articles regarding it. Thus, potentially constituting a bias when interpreting the data (Golsworthy & Coyle, 2001).

Conclusion

The overall findings support previous findings highlighted by Darroch and Dempsey (2016) that suggest that the professional guidelines for working with interpreters in mental health settings are not being sufficiently, or regularly, followed (BPS, 2008b). Participants have most often reported a lack of briefing by the practitioners they work with, rarely receiving debriefing on technical issues and never receiving emotional support or supervision; thus, not working in support of the BPS guidelines (2008b, p. 1). Moreover, participants report being treated like a commodity and having their professionalism and safety disregarded, therefore, raising the question whether non-English speaking and d/Deaf clients are receiving adequate access to, and care within, psychological services. Therefore, professional and clinical implications have been suggested and further research invited.

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Competing Interests

The author has declared that no competing interests exist.

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Appendices

Appendix 1

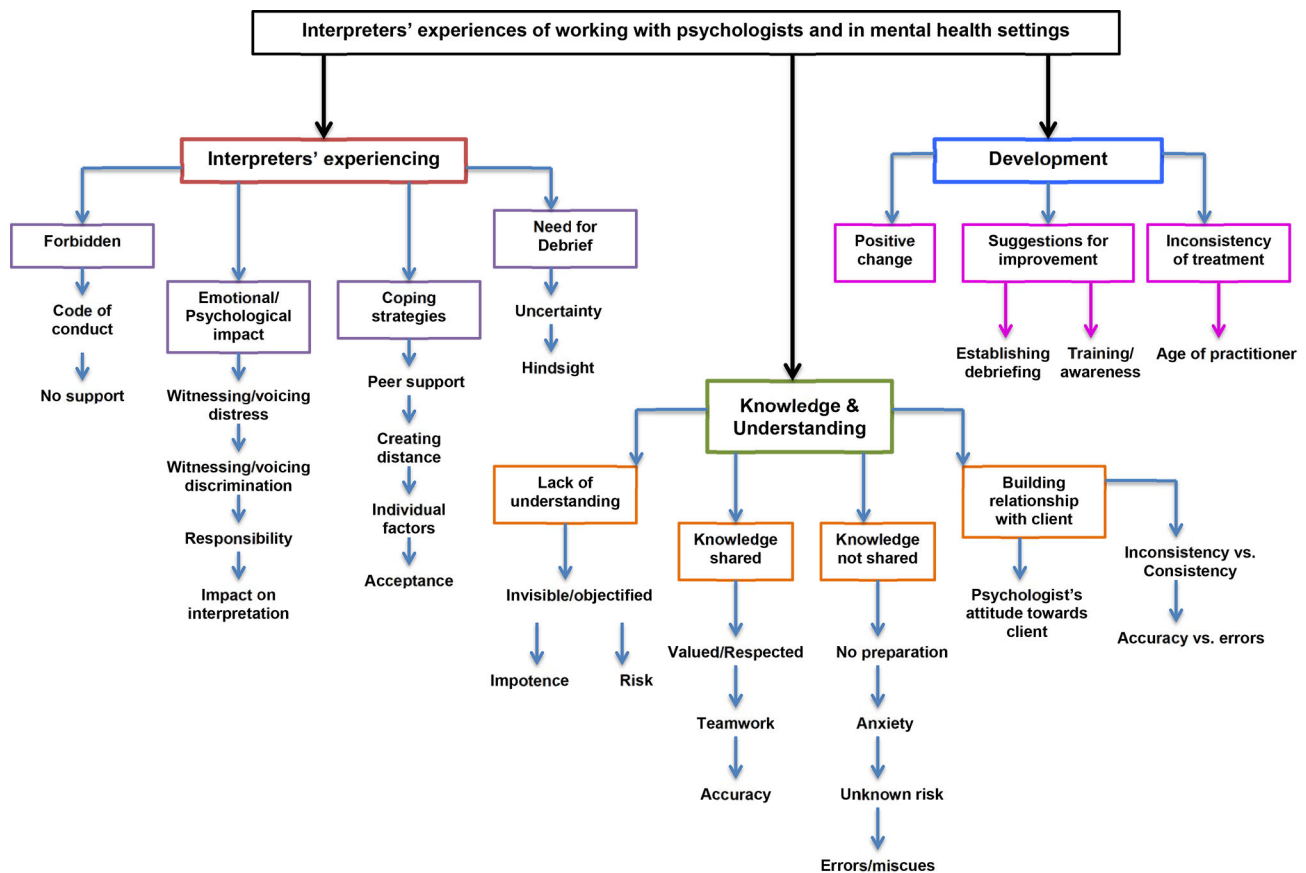


Figure 1. The emergence of superordinate and subordinate themes.

Appendix 2

Superordinate themes	Subordinate themes	Example quotes
1. Knowledge and understanding	1.1. Knowledge not shared	"you don't get the background from the psychologist... you might just assume that's just one person we're talking about but in actual fact it could refer to three different people", "you quite often think there's a lack in me, I haven't understood", "I didn't know the person, I didn't know their background, didn't know if they were volatile, didn't know anything", "You didn't even know how old they were, where they came from and that makes a difference to the language they use and you get comments like, just sign it. You can't just sign it. I have got to understand it before I can sign it. That's not how sign language works."
	1.2. Lack of understanding	"it's maybe just that they don't realise that we're more likely, as I say, to produce a good translation if, er, we are, erm clued up", "it makes me very wary of a situation when the practitioner doesn't have any experience or knowledge", "I don't think communication is happening... And I was told just carry on", "Were supposed to be invisible... you can't be... I don't think it provides good interpreting at the end of the day." "some people just say, oh the interpreter invisible, don't include them in, and they speak to you like that."
	1.3. Knowledge shared	"if you're more relaxed, you're more likely to do an accurate, er, interpretation... 'cause you've been prepped", "really co-working to produce it... the interpreter has as much background knowledge as the, as the practitioner", "that's why prep would be great because you could say, you know, have you done this before? Okay, don't look at me... Things like that"
	1.4. Building a relationship with the client	"there's consistency for the voice over... if you're there all the time, you start to pick up things. So you know what she's, they're actually trying to say", "To me, that's a major issue ... Because it takes the person back to square one again", "The most difficult thing for interpreters is finding that continuity because, interpreters are usually booked", "It's not your choice, it's not your decision to carry on working with that person", "You might communicate far more effectively with them, if you think you like them", "I've seen some relationships really nurtured... and other ones destroyed the second somebody walks in the door, just because of the way that a psychologist reacted to them"
2. Interpreters' Experiencing	2.1. Emotional/ Psychological impact	"it carries quite a considerable responsibility at times.", "that's one of the hard things about it because it's not me... I've never, you know, it's not who I am. So to hear me saying these things... it's quite a huge thing", "if you find yourself thinking you know, oh god I am seeing these things that remind me of somebody I have lost or a situation that has happened to me... I will just bring it in as tight as I can and get it over and done with." "either that or you do such reductive interpreting that technically it's poor... professionally it is not, no it's not right"
	2.2. Need for debrief	"But you don't get any feedback for, from it", "that kind is reassuring for me, because I think yeah, that interpretation was sound", "it wasn't until I'd spoken with her about it that I felt it was something I could let go of. I don't have an emotional attachment to it now, which I did for a long time and I didn't realise that I had... because I'd never really dealt with it probably, when it should have been dealt with".
	2.3. Forbidden	"you do some horrendous jobs, you know... and you don't get to talk them out", "there's no release, there's nowhere for interpreters to go and say", "there's all the issues of confidentiality... that makes it really quite difficult", "in your profession... you probably have check ins with other fellow members of staff, psychologists, or whatever and you discuss difficult cases. We don't have that and because of, er, a very, sort of, rigid code of conduct... You feel you shouldn't because of the code conduct basically; it's meant to be confidential", "I've since been for counselling... there's always these things that come back out at some point in the process for me... it's always certain things, things that I've never ever been able to say to anybody else ever again"
	2.4. Coping strategies	"you can, kind of, meet up with people and, kind of, unload a little bit... But then, are you're unloading too much on them... Adding to their problems", "before, I came in and maybe I took it on board a little bit too much but now, it's one of these things that happens to people. It happens to everybody. There's no prejudices, so erm, I, kind of, take it that way"
3. Development	3.1. Positive change	"I see a lot of change within that in my short time working", "I think people are beginning to realise the importance of a team and that erm, they're bringing communication into that as well.", "I don't know if that's awareness, people coming through the profession now", "treat you as a professional, you know, talk straight to the person and they'll ask them things ..."
	3.2. Inconsistency of treatment	"you can ask for prep. Don't always get it, but you can ask for it", "I think that it's very hard to generalise because each practitioner's different", "But again, I think it's that age thing.", "more than a few that are maybe still stuck in their old ways."
	3.3. Suggestions for improvement	"training to know how to work with interpreters for deaf people", "probably the biggest thing... there should be a compulsory expected debrief", "I'm just assuming that they're going to have a whole series of people coming in at set times and if you did say no, actually I'm not okay, that affected me, then I don't know what would happen from that", "I don't want to talk about stuff like that to people who I am going to be working alongside as a peer, as an equal... especially if they are going to be paying my invoice", "we don't want to talk to people who we know... We didn't trust it"

Figure 2. Superordinate and subordinate themes with example quotes.