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DOCTORAL THESIS

Community Interpreters Speaking for Themselves: The Psychological Impact of Working in Mental Health Settings

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1. Abstract

Background: Community interpreters are employed to work across multiple settings in the UK, including mental health services, to support individuals whose first language is not English. To date, little research attention has been paid to the emotional impact of mental health interpreting on community interpreters.

Aims: The aim of this study is to develop an in-depth understanding of the emotional challenges of mental health interpreting and the coping strategies employed by community interpreters to overcome these challenges. It is hoped that this research will raise practitioners' awareness and help guide health services to support interpreters better, to enable the highest standards of care for clients.

Methodology: Semi-structured interviews were conducted with eight community interpreters working in mental health settings. The interview transcripts were analysed using Interpretative Phenomenological Analysis (IPA).

Results: Four master themes emerged from analysis: 'Feeling *for* the client', 'Relationships in Context', 'Balancing the personal self and the professional self' and 'You need to protect yourself'. These master themes, along with the subthemes contributing to them, are expanded in to a narrative account of interpreters' experiences.

Conclusions: This study has underscored the need for increased provision of support for interpreters, as well as training for practitioners in working with interpreters. Guidance for improved working relationships between interpreters, practitioners and employing agencies is given.

2. Introduction

Charlotte: *I just don't know what I'm supposed to be.*
Bob: *You'll figure that out. The more you know who you are, and what you want, the less you let things upset you.*

Katz and Coppola (2003), *Lost in Translation*

2.1 Overview

This chapter will provide an overview of the existing literature on language interpreting[1] in mental health and psychological therapy settings. This chapter will first focus briefly on the differing perspectives on the role of the interpreter and goes on to outline some key costs and benefits of working with interpreters for clients and practitioners[2]. The main part of this chapter will be focused on the perspectives of interpreters themselves. This will include a critical summary of the literature investigating the emotional impact of the work on interpreters and means of coping, locating the discussion in the context of psychological literature on trauma and growth. At the conclusion of the chapter, a rationale for this research is given alongside the research question.

2.2 My relationship to the subject

My first role in the NHS was in an assertive outreach and community rehabilitation team supporting people suffering from 'severe and enduring mental health problems' in a multi-cultural and ethnically-diverse London borough. It was here that I encountered a completely unfamiliar sense of

[1] Sign language interpreting is an area that has shown growing research interest in recent years. This literature review will draw on some of these findings. Although there are similarities with the role and challenges presented to sign language interpreters, the skills required are qualitatively different and it is beyond the scope of this study to provide a thorough examination of the literature. Interested, readers are directed to the work of Culross, (1996); Roe and Roe (1991); Steinberg, (1991) and Bergson and Sperlinger, (2003).

[2] For the sake of consistency, the terms 'interpreter', 'client' and 'practitioner' will be used throughout. Practitioner is used in order to encompass medical and nursing staff in addition to psychologists and psychotherapists.

being in a minority group and standing out as different. I saw and experienced social divisions based on race, class and gender. For the first time in my life, I realised the power and privilege that I had been afforded in being from a dominant White British background and the challenges for people from Black and Minority Ethnic communities and non-English speaking clients to engage with a Western mental health system.

Poor access to talking therapies due to a language barrier has been a key issue of concern in my subsequent work settings and remains apparent in the wider NHS today. I have become interested in how this language barrier has been addressed within mental health services in the NHS and the crucial role of foreign language interpreters in facilitating communication between clients and practitioners. I am curious about how interpreters experience working in these, frequently highly emotive, settings. It has been said that the role of a community interpreter is to try to remain impartial and convey messages using other people's words. It could be argued that viewing the interpreter as this kind of 'mouthpiece' is one way in which they are silenced from being able to share their own views and opinions about the work (Raval & Maltby, 2005). Through this research, I wanted to use my perceived power from the dominant position that I hold to help give a voice to a population of people whose *own* voice (views and opinions) is rarely heard.

2.3 Literature search strategy

A comprehensive literature search was conducted on several psychology, social science and medical electronic databases including Medline, Scopus and Web of Science. Further search strategies included examining reference lists of relevant journal articles and book chapters, using the Google Scholar search engine and consulting authors of relevant research in the field to identify further and on-going studies. Many search terms were used in combination e.g. mental health interpreting, interpreter, bilingual worker, bicultural worker, non-English speakers, limited English-proficiency patients,

culture, language, power, ethnic minority, clinical psychology, clinical psychologists, mental health, psychiatric, psychotherapy, interpreter distress, vicarious traumatisation, stress, coping, training, support and supervision.

2.4 A place for interpreters in mental health

The spoken word is still the main tool by which clinical psychologists and mental health practitioners offer therapeutic interventions in the United Kingdom (UK) today. Through language, successful communication and subsequently a shared understanding is constructed that is essential for any therapeutic interaction. Many service users in the UK are primary speakers of languages other than English. Health care providers have a duty of care to ensure that service users are not denied equal access to services or discriminated against because of a language barrier (Department of Health, 2003). There appears to be an under representation of people from ethnic minorities on clinical training courses and hence a lack of qualified bilingual and culturally diverse professional staff groups working to support these service users (Boyle, Baker, Bennett & Charman, 1993). Latest figures indicate that 7.2 per cent of qualified clinical psychologists in England are from BME groups (DoH, 2004), which is lower than the overall BME population in England of approximately 11.7 per cent (Office of National Statistics, 2007).

Tribe (1999) asserts that interpreters provide an important role in facilitating communication by bridging the language gap for non-English speaking service users and help to ensure that service users from ethnic minority populations are given fair access and an equitable service as their dominant White British counterparts. In the UK, there are 2,350 interpreters on the National Register of Public Service Interpreters (NRPSI, 2012). Inclusion on the NRPSI requires training and a diploma in public services interpreting, however there are no formal standards required to work as an interpreter in other statutory agencies in the UK including the NHS, therefore the number of interpreters working in the UK is presumed to be higher than this figure.

Reynolds and Shackman (1993) found that remarkably few refugee people seek help from mainstream mental health services. This may be due to certain cultural or religious beliefs leading individuals to favour more culturally congruent approaches, such as prayer, ritual or spiritual healing. Interpreters may play a role in normalising the experience of therapy and be helpful in combating stigma (Tribe & Thompson, 2009)

There has been some acknowledgement in the mental health literature of the problems of misdiagnosis and inadequate service provision due to a lack of linguistic and cultural understanding. Western psychiatric diagnostic categories are frequently applied to non-Western populations in mental health services, receiving substantial critique in the literature (Summerfield, 1999; Zur, 1996) due to the way in which they overlook the social and political context of service users. Particular attention has been paid to the pathologising of refugee experiences by diagnosing post-traumatic stress disorder (PTSD) to survivors of the atrocities of war. This practice assumes a universally valid and applicable model without taking into account cultural differences in meaning-making. Cross-culturally sensitive practitioners are encouraged to develop skills and practices that are attuned to the unique worldview and cultural backgrounds of clients by striving to incorporate understanding of client's ethnic, linguistic, racial, and cultural background into therapy (American Psychological Association, 2003; Falicov, 1999). Psychological experiences and the expression of emotions is largely dependent on language and for bilingual people these may be manifested very differently depending on whether the first or second language is used (De Zulueta, 1995). Therefore, working with an interpreter may help practitioners to reach a culturally appropriate and accurate understanding of the client's psychological distress.

2.5 Constructing the role of the interpreter

Dictionary definitions of an 'interpreter' are concise, e.g. "a person who provides an oral translation between speakers who speak different languages" (Dictionary.com, 2012). Whilst this definition appears straightforward, a review of the literature reveals that the role of an interpreter is more complex and there is much debate, particularly regarding the role in mental health and psychotherapy settings (Kaufert & Koolage, 1984). Raval (2003) writes that interpreting requires more than just word for word translation and advances meaning in the fullest linguistic and cultural sense so that two (or more) people can understand each other beyond their words. Further detail in to perceptions of the role of an interpreter is included here to give context to the experience and challenges of an interpreter working in mental health settings.

Some practitioners assert that interpreters should keep strictly to the role of a neutral translator (Marcos, 1979). In effect, interpreters act as a mouthpiece or conduit to convey information from one person to another (Westmeyer, 1990). Conduit is an interpreting model often applied to medical interpreters that conceptualises interpreters as robots: non-thinking, non-feeling but highly skilled translation machines that provide accurate and neutral translation to others. Hsieh (2006) remarks that interpreters are trained not to talk to other speakers directly, acting only as a voice of others, not to have personal opinions and not to be emotional.

Although interpreters might become familiar with the roles proposed by theorists through their training, interpreters' experiences have prompted them to develop new understandings of their roles that are not necessarily prescribed by their training. For example, Hatton and Webb (1993) found that although new interpreters tended to adhere to the conduit role, experienced interpreters actively intervened in the dynamics and processes of client-practitioner communication. In one of the few studies known to have

investigated interpreters' perspectives on their roles, Hsieh (2008) found that interpreters adopted verbal and non-verbal communicative strategies that were more than the non-thinking, robotic transmission of information, even when they thought they were assuming the conduit role. By being silent during direct communication between client and practitioner, avoiding eye contact and standing behind the speakers, interpreters not only became less visible but also influenced others' communicative behaviours, making them communicate with each other directly, thereby enhancing the therapeutic relationship between them.

At the opposite end of the spectrum from 'interpreter-as-conduit, other practitioners, specifically those working in a more psychological domain rather than the psychiatric/medical arena, have argued that the role of the interpreter is much more inclusive and collaborative and see their position as being more like a co-therapist (Temple, 2002). From a systemic social constructionist perspective, the client, practitioner and interpreter are actively engaged in a relationship, which is defined through the conversations that are possible between them, thereby forming a therapeutic triad. Language and context have a major bearing on how people make sense of their interactions with, and observations of others (Mudarikiri, 2003). Each person brings his or her understanding of the world and explanatory models for understanding human distress in to a relationship. The manner in which a client's problem is understood will in part be determined by the way in which a shared explanation is developed through the translated conversation (Kaufert, 1990). Given that interpreters bring their own context and beliefs in to therapy just as clients and therapists do, Raval (1996) maintains that the interpreter's role cannot then be seen as merely neutral, 'translating software'.

A multitude of descriptors have been suggested for the perceived role of interpreters. Raval (2003) outlines the following: *cultural broker*, who gives cultural and contextual understanding to clients or practitioners; *cultural consultant* for the practitioner; *advocate* for the client who represents their

interests and speaks on their behalf; *intermediary*, who mediates on behalf of the practitioner or client; *conciliator,* who resolves conflicts that arise between practitioner and client; *community advocate*, who represents the community concerns at the level of policy making; *Link-worker*, who helps practitioners identify unmet needs of clients and provides a supportive role for the client to make informed choices concerning their health care and *bilingual worker*, who takes on a more involved therapeutic role in addition to providing translation.

Kaufert and Putsch (1997) suggest that the interpreter's role should be developed to support and legitimise their involvement in these differing roles of mediation, cultural brokerage and advocacy. In contrast, Drennan and Swartz (1999) express concern that the primary task of interpreting may be lost in the welter of conflicting responsibilities and duties that interpreters have. Whilst they accept that these extended roles are at times necessary, they suggest that the task of communication may be compromised or lost if too much is expected of the interpreter. It is reasonable to suggest then that this ambiguity with regards to the role can present interpreters with conflict and distress in their role performance and others' role expectations (Hsieh, 2006).

2.6 Working with interpreters: challenges and opportunities for all parties

Working with an interpreter in mental health has its challenges, which are notably more commonly referenced in the literature than the benefits. However, a systematic review conducted in the United States of America (U.S.A) revealed support for interpreters improving communication, clinical outcomes and satisfaction with care for both clients and practitioners (Karliner, Jacobs, Chen & Mutha, 2007). With the publication of Tribe and Thompson's (2009) paper on the case for viewing working with interpreters as a bonus, the negative slant identifying the increased complexity and time-consuming nature of the work, apparent in the literature in the UK, has been addressed. What is

also ostensible in the literature is that the perceived difficulties associated with working with an interpreter are from the perspective of the health care practitioner, with little attention paid to the challenges to *all* parties, notably the interpreters themselves. The discussion below will hope to redress this balance by drawing together what little literature there exists in mental health settings.

2.6.1 Issues for practitioners

When an interpreter joins the therapeutic work, the dynamics must consequently change. Practitioners may feel threatened by the presence of a third person in their consulting room, may fear being scrutinised (Kline, Acosta, Austin & Johnson, 1980) and may have doubts about their efficacy when working cross-culturally (De Zulueta, 1990). Practitioners have described feeling excluded when working with interpreters, perhaps mirroring how client's often feel in daily life when they do not speak the language of the country they are living in. Feeling left out may entice the practitioner in to feeling that the interpreter is fostering a better relationship than he or she is. Practitioners have described losing control and confidence in their own work with a client (Raval, 2003). This may lead them to intervene in more directive and simplistic ways rather than using more reflective interventions, or to abandon certain therapeutic aims, which can impede the clinical effectiveness of the work (Raval & Smith, 2003).

Farooq and Fear (2003) purport that practitioners' competence and familiarity with the use of interpreters is extremely important. They go on to say that clinical assessments can become incredibly complicated if a practitioner speaks quickly, uses long sentences or fails to use 'laymen's' [sic.] language. Stolk and colleagues (1998) found that training health professionals to use interpreters increased the providers' readiness to work alongside them. Yakushko's (2010) study with 8 psychotherapists in the U.S.A found each practitioner emphasised that the training they received as well as the current training offered in the U.S.A was inadequate in preparing them to work with

clients from other cultures through interpreters. They wanted specific clinical training on how to build a relationship with interpreters and to conduct sessions together with them. Practitioners need to be open to learning from the interpreter. Holder (2002) found that the clinicians she interviewed felt that they had become more alert to non-verbal communication as a result of working with an interpreter. Great strides have been made in assisting professionals to work with interpreters in health settings in the UK. The British Psychological Society recently published guidelines giving an overview of the issues psychologists need to consider when working with interpreters to ensure that they are able to be as effective as possible (BPS, 2008).

2.6.2 The therapeutic relationship

Swartz (1998), in a paper based on observations from clinical practice, described the dynamics that take place when an interpreter joins therapeutic work. The triangular relationship may foster unhelpful coalitions, thus hindering therapeutic benefit. The interpreter may feel close to the client by virtue of being able to speak the person's language and by sharing some of their culture, or close to the interviewer as a representative of the professional team. Tribe and Raval (2003) claim that the client may feel alienated if the interpreter is seen to be detached and neutral. Alternatively, interpreters may find themselves alienated from their communities due to their bilingualism, where being able to speak English could be seen as representing social mobility or 'selling out' to the dominant culture. Therefore, within the therapeutic triad, the interpreter may oscillate, perhaps uncomfortably, between feeling like the agent of either party.

For clients, practitioners and interpreters, a good working relationship takes time to develop. Due to resource constraints or insufficient planning, it is difficult for the same interpreter to work with the same client on an on-going basis. This presents challenges in providing a safe containing space for the client to foster a trusting relationship. Starting afresh with a new interpreter each time can thus be counterproductive to the therapeutic task.

2.7 The interpreter's perspective

As noted previously, few studies have identified difficulties for interpreters working in mental health exploring the interpreters' expressed opinions. Challenges for interpreters presented here relate to the practical and the emotional aspects of the work.

2.7.1 Role, status and power

Granger (1996) provided one of the first empirical accounts of interpreting from the perspective of the interpreter using postal questionnaires. She found that many interpreters generally felt unappreciated by practitioners in the work they do. Whilst this research is now perhaps a little dated, the findings are supported in more recent accounts and internationally. A study conducted in Sweden asked interpreters about their work experiences through focus groups. The researchers found that interpreters believed attitudes towards them from their health care colleagues were at times patronising and excluding. One interpreter was quoted as saying "In health centres, it feels now and then that we are something of a necessary evil, and we are sometimes not welcomed by the staff. They meet us with doubt and they don't necessarily believe us" (Fatahi, Mattsson, Hasanpoor & Skott, 2005, p.161).

Granger (1996) reported that practitioners give interpreters very little information about the client pre-session or very little preparation time. Interpreters may feel that they do not have a great deal of power in relation to the practitioner. Pearce (1994) sees power as the inclusion or exclusion in and out of conversations, and says that there will be moments in the interaction between client, practitioner and interpreter where any one person can feel excluded from the conversation. Raval and Maltby, (2005) argue that practitioners need to ensure that the interpreter does not feel intimidated by their professional status or become silenced from being able to share their views and opinions about the work. Raval (1996) argues that the power

imbalance is maintained by the fact interpreters do not have a distinct professional status. Additionally, laypeople such as family members or friends of the client are used by service providers to save on costs, undermining the specialist skills required for accurate and meaningful translation. Jacobs, Shepard, Suaya and Stone (2004), report that the ad hoc use of these nonprofessional interpreters has been shown to have negative clinical consequences.

Additional dilemmas exist in relation to language. Words and meanings are often not interchangeable between languages. The language of psychology and mental health has been based on a Western vocabulary and world-view which reflects the cultural and historical context of its authors (Tribe, 1999). Words relating to trauma, counselling, stress, and mental health may not have the same meaning in another language, or may not even exist. Interpreters face a challenge in communicating a message that makes sense to the practitioner whilst remaining true to the words of the client, without errors of omission, addition, condensation or substitution, as Farooq, Fear and Oyebode (1997) have highlighted.

The majority of community interpreters in the UK work for external agencies rather than being employed by NHS Trusts and integrated in to the health team. Current pay structures do not seem to take into account the requirement of longer sessions involving interpretation or the vital place of consultation and debriefing with interpreters prior to and following the session. This can lead to interpreters losing out financially as well as raising the issue of what emotional support there is available for interpreters in their role.

2.7.2 Transference and countertransference reactions

Bergson and Sperlinger (2003) note that “it is important to emphasise that strong feelings are often aroused in interpreters in situations that might appear to be non-emotive ones- and where the other participants might be quite surprised to learn that such a strong response had been produced in the

interpreter" (p.12). Whilst they indicate this assertion is made in relation to sign language interpreters, it is possible that many of the personal/professional dilemmas encountered by sign language interpreters in their experience are common to spoken language interpreters.

There are some important similarities between what a therapist, and what an interpreter feels in a therapeutic interaction. The psychological concepts of transference and countertransference have been applied to the experience of sign language interpreters (Bergson & Sperlinger, 2003). Countertransference here is understood to be "all therapist reactions to a client, whether conscious or unconscious, conflict-based or reality-based, in response to transference or some other material" (Hayes, 2004 p.6). Haenel (1997) states that interpreters, like therapists, may be included in the patient's transference and may develop counter transference reactions, feeling devalued or overvalued by the patient. They can experience helplessness, anxiety, powerlessness, anger, guilt and feelings of failure. In other words, interpreters like therapists can experience countertransference reactions that make them feel impotent or incompetent and will actively seek to avoid these uncomfortable feelings.

2.8 The emotional impact of mental health interpreting

Interpreters' own emotional reactions as participants in the process of therapy have received relatively little research interest. Perhaps due to the conflictual views on the model of interpreting, the interpreter as a human being with the same capacity for feelings and emotion as clients and therapists has been lost. The process of therapy entails an on-going relationship with the client, often over an extended period of time, involving the processing of highly charged emotional material often related to loss or trauma. Tribe and Raval (2003) argue that whilst many health care practitioners regard the interpreter's role as interpreting machines or senseless tools, the interpreter, as the first one to hear the client's words and emotions, actually has to emotionally

process these words and meanings for themselves, before conveying the message to the practitioner, which can leave them emotionally affected.

2.8.1 Stress and burnout

Dean and Pollard (2001), posit that sign language interpreters are at risk of stress-related illness, cumulative trauma disorders and burnout. This, they say, is due to experiencing a number of linguistic, environmental, interpersonal and intrapersonal demands coupled with being restricted in terms of 'decision latitude' i.e. the degree of authority and freedom with which to employ skills and resources to cope with the demands, due in part to interpreters' professional guidelines and code of ethics.

In the first ever trade union survey of its kind in the UK (AMICUS, 2004), 153 interpreters from the legal and public health care sectors were asked their opinions on employment conditions. It was found that 52 per cent of respondents said there was 'significant emotional stress' arising from their work or the circumstances of their clients, while 6 per cent of respondents suggested that stress levels were acute. Although, these terms 'stress' and 'acute stress' were not defined, for some respondents stress was experienced in dealing with people facing or recalling a range of desperate circumstances to which in their professional capacities they had no way of responding. This perhaps suggests some feelings of helplessness or powerlessness in their roles, although this is presumptuous given it is not possible to review any qualitative comments made by participants. Thirty-eight per cent of the interpreters who completed the survey said they had felt threatened at some time, including 3 per cent who said this happened 'quite often'. It is reported in the survey write-up that supporting comments by interpreters showed that these experiences are often linked with the type of work involved, the social environment of the workplaces or working in unsafe areas at anti-social times, e.g. police stations or NHS A&E departments at night. However, without looking at the raw data, it is impossible to determine in which settings these

interpreters were working as legal, health, immigration and asylum contexts are included all together.

Doherty, MacIntyre and Wyne (2010) conducted a survey of 18 interpreters working for an interpreting service in Scotland. They found 56 per cent of people reported having been emotionally affected by mental health interpreting, 67 per cent reported that they sometimes found it hard to put clients out of their minds and 33 per cent reported that interpreting for clients with mental health difficulties had made an impact on their personal life. Respondents experienced a range of emotions in relation to their work, including anger, sadness, hopelessness and powerlessness, and 28 per cent reported sometimes having difficulty moving onto their next job due to distress associated with a previous client. The small sample size in the survey is a limiting factor of this study and authors note that further research is necessary, perhaps using focus groups or semi-structured interviews. This may generate a depth of understanding perhaps lacking in this study.

2.8.2 Vicarious traumatisation

Research suggests that those who work with survivors of 'trauma' (defined as a deeply disturbing or emotionally shocking experience, Oxford Dictionary & Thesaurus, 2009), are vulnerable and may be at risk of developing symptoms of trauma akin to those experienced by their clients (Arvay, 2001). McCann and Pearlman (1990) first identified the problem of vicarious traumatisation, which they define as "the transformation that occurs within therapists (or other trauma workers) as a result of empathic engagement with clients' trauma experiences" (Pearlman & Mac Ian, 1995, p.558). Such engagement includes listening to graphic descriptions of horrific events, bearing witness to people's cruelty to one another and witnessing and participating in traumatic re-enactments.

The terms 'compassion fatigue' and 'secondary traumatic stress' have been used interchangeably with vicarious traumatisation in the literature. However,

vicarious traumatisation is distinct to countertransference and burnout. Maslach, Schaufeli and Leiter (2001) define burnout as related to the work situation, for example, a high stress work environment with low rewards, in which minimum goals are achievable or in which the worker lacks control over unfair conditions, but not interpersonal interactions specific to vicarious traumatisation. Hayes (2004) argues that vicarious traumatisation extends beyond countertransference inasmuch as it is cumulative across clients, manifests outside of the therapy hour and permeates the clinician's life and worldview. It originates in external traumatising events. Hayes contends that whilst unmanaged countertransference risks injuring the therapeutic process and client treatment outcome, vicarious traumatisation risks damaging the therapist.

Haenel (1997) argued that interpreters are no more immune than therapists to the danger of vicarious traumatisation. Two studies to date have investigated vicarious traumatisation in interpreters (Butler, 2008; Harvey, 2001). Harvey's (2001) qualitative study investigated vicarious trauma in sign language interpreters working with deaf clients. He discovered that interpreters experienced 'empathic injury' as they identified with the pain of their clients. A sense of being helpless to remove clients' pain led to feelings of inadequacy and guilt related to the interpreters' perceived privileged majority status. A caution in relation to Harvey's research paper is that it is largely conversational and most verbatim quotes are from the same participant. Butler (2008) explored female interpreters' experiences of working with survivors of wartime sexual violence. She found that all participants, although only three participants were involved in the qualitative research, had difficulties coping with their overwhelming and distressing feelings related to the work, due to over-identifying with clients' stories.

Research has been conducted in the U.S.A from a narrative perspective on the use of interpreters in psychotherapy with refugee people (Miller, Martell, Pazdireck, Caruth & Lopez, 2005). A total of fifteen therapists and interpreters

were interviewed for the study. When asked about emotional reactions they had experienced during therapy, including reactions to client or therapist behaviours that had made them uncomfortable, interpreters focused primarily on the emotional impact of hearing painful stories of war-related trauma and loss. Some interpreters described the re-experiencing of their own traumatic memories that clients' stories sometimes triggered. There is debate among mental health providers who work with refugee people regarding the appropriateness of using interpreters who are refugees themselves, due to the risk of re-traumatisation. However Miller et al., (2005) noted that there are benefits for the client in terms of having an ally in the room who knows what they have been through and who can help the therapist better understand their experience by acting as a cultural liaison between them. Miller et al.'s (2005) research findings, although derived from a small sample that precludes reaching any definitive conclusions, identified that for their interpreters, the distress experienced as a result of their work was in fact relatively uncommon, usually short-lived and rarely caused disruption to the interpreters' lives outside the clinic.

2.8.3 Growth experiences

Within the trauma literature there is an acknowledgement that as well as distress, some individuals also experience positive changes as a result of directly experiencing trauma, leading to enhanced psychological functioning beyond pre-trauma levels (Tedeschi & Calhoun, 2004). Papadopoulos, in his clinical work with refugee people described this experience as 'adversity-activated development' (Papadopoulos, 2003). This is differentiated from the concept of 'resilience', which he described as retaining qualities that existed before the adversity. There is evidence to show that therapists who work with trauma survivors experience vicarious posttraumatic growth (Arnold, Calhoun, Tedeschi & Cann, 2005). It is interesting to note that in Miller et al.'s (2005) research, many interpreters described their work as enriching their lives, increasing their compassion for clients and providing a useful perspective on their own traumatic experiences.

Sande (1998), in his account of group supervision with refugee interpreters working in a refugee service in Norway, found that those who interpreted for therapeutic sessions had experienced positive emotions in addition to some distressing experiences. Interpreters reported acquiring a deeper understanding of what psychotherapy was about and felt that their own personal problems had been touched on as a kind of indirect therapy. The author, however, did not include verbatim quotes to ground his extrapolations nor did he describe the analytic technique or quality control methods employed.

Finally, Harvey (2001) whilst validating the presence of vicarious traumatisation in interpreters, maintains that exposure to trauma can be an important catalyst for personal insights and growth, becoming a transformative experience.

2.9 Coping, support and supervision

Tribe and Raval (2003) assert that adequate training and on-going support may minimise the frequency and intensity of 'problematic reactions' among interpreters. However it is not compulsory for interpreters to possess a professional interpreting qualification to work as an interpreter in the UK, nor are they required to undergo specific mental health interpreting training to work in such settings. According to Hayes (2004), research and theory suggest that self-insight, self-integration, conceptual ability, empathy and anxiety management facilitate the management of countertransference feelings among therapists. This may also apply to interpreters. Interpreters may need support from professionals to be comfortable and in tune with the feelings that therapeutic sessions may invoke in them. However, interpreters who work in the private or voluntary sector may have less access to statutory supervision, support and education, or the financial means to secure it (Harvey, 2001). During some interpreter training organised by teams in East

London NHS Foundation Trust, in partnership with third sector community organisations, interpreters identified the potential benefits of having access to a supportive network for them to share learning and experiences, which they thought might enhance the quality of care delivered to service users (Anand, Soondar, Ho & Altun, 2011).

It has been highlighted in the literature that there is a general lack of support for interpreters from their employers (Butler, 2008; Tribe & Raval, 2003). However, Sande (1998) cautions that whilst supervision for Western health professionals is a well-known and accepted method for debriefing work, it may be a strange and unfamiliar phenomenon for other professionals in other cultures. By emphasising such values as autonomy and individuality, supervision may enforce the acculturation from a collective to a more individually based culture and as such dismiss cultural adaptations to trauma and stress that interpreters may employ. Sande (1998) did also recognise that supervision may serve to support and stabilise interpreters, prevent burnout and increase their competence.

2.10 Rationale and aim for the research

The existing literature has helped to develop our insight into the experience of interpreters in mental health. However, the existing research has the following problems:

- The focus of recent studies has been on the use of interpreters from the perspective of health care practitioners or clients, rather than interpreters themselves (e.g. Engstrom, Roth & Hollis, 2010; Yakushko, 2010).

- Of the studies conducted on interpreters' experiences in the translation process, the majority have been conducted in general health care settings (e.g. Fatahi et al., 2005; Hsieh, 2008) rather than in the domain of mental health and psychotherapy.

- Various pieces of work have been completed in countries other than the UK, mainly the U.S.A (Miller et al., 2005; Engstrom et al., 2010) which, given the small number of research projects completed, may make it difficult to generalise to a UK group of interpreters.

- Finally, the studies that have looked at mental health interpreting have focused on the experiences of interpreters working in specialist services, such as refugee and trauma services, who are often refugees themselves (e.g. Miller et al., 2005; Holmgren, Søndergaard & Elklit, 2003), rather than exploring the experiences of community interpreters who usually work across multiple settings and may or may not have trauma histories themselves.

As clinical psychologists, if we perceive the role of the interpreter as going beyond literal translation and regard the interpreter as a person who influences and plays an active part in co-constructing the therapeutic encounter, we must acknowledge that the issues raised by clients will inevitably impact on them. Despite the critical contributions that interpreters make to the therapy process, their narrative accounts have been largely excluded from the literature on mental health interpreting in the UK. I believe further exploration in to the experience of interpreters is warranted to generate a deeper understanding of the emotional impact of the work on their well-being. As the majority of research has been focused on interpreters working in trauma services for refugee clients, I believe further exploration in to the experience of community interpreters, who may work across legal, physical health or mental health settings, is warranted.

The general aim of this study is to add to the current research literature relating to the experiences of community interpreters who work in mental health settings. The research aims to develop understanding of the emotional responses interpreters may (or may not) have in relation to the therapists they work with, to the clients as well as to the content of the stories that clients

bring to the therapeutic context. It is hoped this research will increase clinical psychologists' awareness of the challenges encountered for interpreters, which may help to improve working relationships. A better understanding of the emotional challenges that interpreters face on a daily basis and their coping mechanisms may highlight important training needs as well as help to plan or implement any necessary support and/or supervision arrangements. Additionally, increased awareness may help mental health practitioners gain the confidence to work alongside interpreters to ultimately enable the best possible service for clients who are not proficient in the English language.

2.11 Research question

Given the background of the study and its aims, the primary research question asks:

- How do community interpreters[3] experience mental health interpreting?

The question was explored further with a particular focus on the *emotional impact* of interpreting. The following subsidiary questions ask:

- How do interpreters experience working with clients?
- How do interpreters experience the content of therapeutic sessions?
- How do interpreters experience working with practitioners?
- How do interpreters cope with mental health interpreting?

[3] A community interpreter is defined here as someone who provides oral translation for non-English speaking people across a range of community contexts including physical health, education, housing, legal, immigration and mental health. Mental health, therefore, is just one setting among many others where community interpreters are employed to work.

3. Methodology

'*We want to be able to give voice accurately and fully to ourselves and our sense of the world'.*

Lost in Translation (1989)

3.1 Overview

Based on the research questions posed, I decided to undertake an Interpretative Phenomenological Analysis (IPA). This chapter provides a rationale for IPA as a method for collecting and interpreting qualitative data and is discussed in comparison to other approaches. The chapter includes detail on the study sample, development of an interview schedule and ethical considerations involved in the design of the research. The position of the researcher in relation to the research is considered along with a detailed outline of the procedure for data collection and analysis.

3.2 A qualitative approach

As stated previously, there is a notable lack of research specifically exploring the experience of mental health interpreting for community interpreters working across multiple contexts in the UK today. According to Barker, Pistrang and Elliott (2002), qualitative approaches are ideally suited to in-depth exploration of people's experiences, especially in novel areas. A qualitative approach was therefore seen as suitable for this particular study.

Whilst clinical psychology research in the UK to date has been dominated by the use of quantitative research, there appears to be a movement away from the philosophy of positivism and its assumptions of realism and essentialism, towards alternative critical realist ways of producing knowledge and understanding human nature (Langdridge, 2007). These qualitative alternatives recognise how knowledge is intersubjectively constructed through

language and influenced by history and culture. Qualitative methods are concerned with the naturalistic description or interpretation of phenomena in terms of the meanings these have for the people experiencing them (Willig, 2001).

3.3 Rationale for using Interpretative Phenomenological Analysis (IPA)

IPA was the methodology most consistent with the research aims of gaining a detailed understanding of the experience of interpreters from the perspective of the individual. IPA has been informed by concepts and debates from three key areas of the philosophy of knowledge: phenomenology, hermeneutics and idiography.

Phenomenology is concerned with how individuals perceive events or objects of concern, as opposed to an attempt to produce an objective statement of the object or event itself. The phenomenological stance was deemed important for this research so as to gain an understanding of the meaning that the interpreters ascribed to their experiences of mental health interpreting, without placing an emphasis on an 'external reality'.

IPA acknowledges that it is not possible to access an individual's world directly and thus the researcher's interpretative activity is also required. Smith and Osborn (2008) describe this as a 'double hermeneutic', where the researcher is engaged in a process of trying to make sense of the participant, who is trying to make sense of their world. It is acknowledged that the process of co-construction and interpretation will inevitably be influenced by the researcher's own values, assumptions, and opinions (Larkin, Watts & Clifton, 2006). Reflexivity is therefore considered to be vital in facilitating transparency.

IPA is also firmly idiographic in its approach (Smith, Flowers & Larkin, 2009). The emphasis on saying something in detail about the perceptions and

understanding of a small group of people, rather than making general claims about the larger population fits with the intention of this project.

IPA was also selected as the method of analysis because there is a growing body of IPA research within health, clinical, counselling and social psychology (see Smith et al., 2009; Brocki & Wearden, 2006) demonstrating its value in psychological research, yet to date, to my knowledge there have been no published IPA studies with community interpreters regarding their experience of working in mental health settings. The systematic nature of its analytic procedure and the provision of detailed descriptions of the analytic process (e.g. Smith, 1996; Smith et al., 2009) have meant that IPA has become an increasingly attractive research method for psychologists. Smith, Jarman & Osborn (1999) argue that the suggested framework for data collection and analysis appears academically rigorous yet flexible. There are detailed guidelines for undertaking IPA, which facilitates its use for researchers such as myself who are new to the methodology.

3.3.1 Alternative qualitative methodologies

Alternative methodologies were considered during the development of the research, including discourse analysis, grounded theory and narrative analysis. Starks and Brown Trinidad (2007) outlined the aims of discourse analysis and grounded theory, which I compared to IPA. The goal in phenomenology is to describe the meaning of the lived experience of a phenomenon, while discourse analysis (DA) aims to understand how people use language to create and enact identities and activities. Discursive representations then, are the unit of analysis in DA, in contrast to the meaning for an individual in IPA.

Grounded theory researchers generally set out to generate a theoretical-level account of a particular phenomenon. This often requires sampling on a relatively large scale, which would have proved difficult given the time constraints on the research. Smith et al. (2009) argue that a study using IPA is

likely to offer a more detailed and nuanced analysis of the lived experience of a small number of participants with an emphasis on the convergence and divergence between participants. By contrast, a grounded theory study of the same broad topic is likely to wish to push towards a more conceptual explanatory level based on a larger sample and where the individual accounts can be drawn on to illustrate the resultant theoretical claim. As the aim of this research was to examine the detail and nuances of individual experience and meaning-making, grounded theory was deemed a less suitable approach.

Narrative analysis is concerned with how people construct their own self-accounts (Burck, 2005), making and using stories to interpret the world. Whilst sharing some similarities with IPA, narrative analysis emphasises temporal narratives, which may restrict the findings of the research, whereas the openness and flexibility of IPA would allow for narratives to emerge.

3.4 Method

3.4.1 Sample

In general, the sample size in qualitative research is designed to be theoretically rather than statistically representative. Smith et al. (2009) highlighted that sampling should be theoretically consistent with the qualitative approach being utilised, with samples being chosen with purpose to ensure that the researcher can examine a particular perspective of the phenomena to be examined. Smith, Jarman and Osborn (1999) state that eight to ten participants is an appropriate sample size for research using IPA. Smith (2004) suggests that it is useful for the researcher to be able to hold a mental picture of each individual in mind during the analysis, as this enables themes to emerge that may connect across participants' accounts. IPA researchers often attempt to find relatively homogenous samples (Smith et al., 2009) therefore a number of inclusion criteria were specified.

3.4.2 Inclusion criteria

The following inclusion criteria were established for this research:

1. Working or has worked as a foreign language community interpreter
2. Experience working in a mental health or psychological therapy setting
3. Good spoken English
4. Able to consent to the research and participate in the interview

Whilst inclusion criteria were used to shape the sample, the research sought to be as inclusive as possible and wished to represent the ethnic, cultural and social diversity of community interpreters, and thus patients whom they interpret for, in therapy and mental health services. Therefore participants were not selected from one target ethnic, cultural or religious group. It was important that participants could communicate in English verbally for the audio recording of interviews, but the specific foreign languages they interpreted was not purposively selected for.

3.4.3 Recruitment

The BME Access Service in Hackney, East London (East London NHS Foundation Trust) was approached to assist with recruitment for the research. East London was targeted as the geographical location for the research due to the diverse ethnic population working and residing in the area, as well as being conveniently located for myself living in the neighbouring borough of Tower Hamlets.

The BME Access Service aims to increase access to psychological support for Black and Minority Ethnic communities. The service works in partnership with voluntary and third sector services to facilitate better consultation with, and engagement of, BME communities in the planning, commissioning and delivery of good quality service provision. Due to the nature of the service, a high number of foreign language interpreters are employed and therefore the

service was able to provide access to a large group of potential participants. It was also thought that participants would be recruited more easily with the assistance of an established and well-regarded service.

The Translation and Interpreting Manager of East London NHS Foundation Trust assisted in contacting the main interpreter providers: Pearl Linguistics, Newham Language Shop, Hackney City Council and Prestige Network, as well as facilitating links with The Vietnamese Mental Health Service. The Head of these providers then forwarded a letter of introduction by email on my behalf, along with an information sheet to the interpreters on their register who met the inclusion criteria. Those people who wished to participate were asked to register their interest with me directly by email or telephone.

3.5 Ethical considerations

Ethical approval for the study was granted by the ethics committee of The University of Hertfordshire. The documentation to support this can be found in Appendix 1. The research also complies with the BPS Code of Conduct, Ethical Principles and Guidelines (2009). It was not necessary to gain ethical approval through the NHS as participants were employed by external agencies.

3.5.1 Informed consent

Potential participants were informed about the study through providing a letter of introduction (see Appendix 2) and information sheet (see Appendix 3). Key information regarding the purpose of the study, the intended method, and confidentiality procedures was outlined. This information was reviewed again upon meeting the participant at interview.

Participants were assured that their decision to take part in the study or not, would not affect their current or future employment with the interpreting agency. Participants were also informed that they had the right to withdraw

from the study at any time without giving a reason, to ensure that they did not feel obliged to participate in the study. An official University contact for reporting any queries or concerns was also provided. As the information sheet was emailed, potential participants had time to decide if they wished to participate before meeting the researcher. Potential participants were contacted by telephone for a brief discussion to ensure they met the inclusion criteria and to answer any questions they may have had regarding their participation in the research. Subsequently, fully informed written consent was provided upon meeting face-to-face at the interview (see Appendix 4 for consent form).

The information sheet and consent form were carefully edited and read by two senior colleagues with experience of working with interpreters and second language English speakers to ensure the wording was as clear as possible. Elaborate language and sentence structure was avoided in order for participants to fully understand what was being asked of them.

3.5.2 Confidentiality

Participants were fully informed both verbally and on the consent form about confidentiality and its limits. Participants' names and other identifying information were removed from the write-up of the study and replaced with pseudonyms. Identifying information was kept securely and separately from audio-recordings and the subsequent data-analysis. Recordings, transcripts and other research materials were also kept securely and confidentially at my home address. Participants were made aware that audio recordings would be destroyed as soon as my degree has been conferred and any anonymised data would be kept for 5 years post research project submission, according to the University of Hertfordshire's good practice research guidelines, after which it would be destroyed. Participants were informed that my research supervisors, involved in the supervision and assessment of my work, along with academic and professional assessment bodies, would have access to the anonymised transcripts of their interview. Due to the time constraints on this

project, an approved transcription service was used to transcribe some of the interviews. The transcription service signed a nondisclosure confidentiality agreement (see Appendix 5).

3.5.3 Reimbursement for loss of earnings

Community interpreters usually work on a freelance basis and receive an hourly rate of pay. Therefore, the time spent conducting an interview for this study was time that they were not paid for. It was thus deemed important that some reimbursement was offered. It was not possible to afford each participant full reimbursement due to budget constraints, however each participant was offered a £10 gift voucher as a gesture of goodwill for their time.

3.5.4 Potential distress

Whilst some research participants describe the process of reflecting on their experiences as therapeutic (Birch & Miller, 2000), there was a possibility that participants might become distressed when describing potentially upsetting issues, for example recounting times when they have been emotionally affected by clients' stories of distress or having a negative experience with practitioners. Participants were assured both verbally and on the information sheet prior to the interview that they were not obliged to answer the questions in the interview and that the interview could be terminated at any time without needing to state a reason. I gave some time to each participant to debrief following the interview, providing an opportunity to discuss anything about the interview that may have negatively affected them. Participants were given a debrief form with my contact details in case they wished to discuss any issues raised in the interview at later time (see Appendix 6). Some information on sources of further support was offered if deemed necessary. This procedure aimed to minimize the distress levels of the participants.

3.6 Data collection

3.6.1 Interview schedule

A semi-structured interview schedule was constructed following the guidelines described by Smith et al. (2009) to prepare for the possible content of the interviews (see Appendix 7). A review of the existing literature on the topic as well as discussions with my field supervisor helped form the topic areas. The final interview schedule was reviewed by two research supervisors, both experienced clinical psychologists. Particular attention was given to the wording of the questions, given that for all the participants English was a second language.

The interview schedule, although semi-structured, was suggestive not prescriptive and was used as a guide. This allowed me to explore specific areas more deeply and to follow the priorities and concerns of the interviewee. Smith and Osborn (2008) suggest that this method of data collection is flexible and responsive in that it facilitates rapport and empathy, allows greater flexibility of coverage, produces richer data, and enables the researcher to explore novel areas that may be of concern to participants but which the researcher had not thought of. Furthermore, the interviews with each participant were understood as conversations, which enabled me to enter the social and psychological world of the participant.

3.6.2 Participants

Initially there were 14 respondents, however not everyone was offered an interview due to: a) some prospective participants not having experience of working in mental health or b) prospective participants being located outside of the geographical area to which the researcher was able to travel. The eventual sample population consisted of 8 community interpreters, four men and four women, who had experience of interpreting in mental health contexts. Participants' ages ranged from 26-45 years of age. The length of time they

had been interpreting ranged from 6 months to 13 years. The languages interpreted by the participants were Polish, Turkish, Kurdish, Italian, French, Vietnamese, Mandarin, Cantonese, Farsi and Dari. None of the participants spoke English as a first language. A table of information, giving participants' context, is included in Appendix 8.

3.6.3 Interviews

Interviews were conducted in a location convenient to the participant to ensure that travelling time and thus loss of earnings was minimised. The locations were familiar to the participants to minimise any unnecessary anxiety, ensuring they were comfortable and at ease to talk openly. Four of the participants chose to have the interview at their home address, and three chose locations linked to, or nearby their workplace. One participant chose to come to the University of Hertfordshire as it was near to their home and they were interested in seeing the University. NHS guidelines regarding home visits were followed. Participants were asked to allow up to 90 minutes for the interview. The first ten minutes of the interview was to ensure the participants were fully informed about the study and had the opportunity to raise any concerns and ask questions. Time was left following the interview to debrief and ensure well-being of the participants. Interviews were recorded using a digital voice recorder and lasted between 38 and 81 minutes. Total recorded time was 8 hours and 15 minutes. A reflective diary was used to record my reflections on the content and process of the interview, what the participants said and how they said it, and how we related to each other. This was aimed at increasing reflexivity.

3.6.4 Pilot interview

A pilot interview was conducted in order to test the interview schedule and obtain feedback regarding the process of the interview and any suggested amendments. Some minor alterations to the wording of some questions were made following the interview. Where a complex or 'psychological jargon' word

was used, it was replaced with a simpler and more appropriate word. For example, the phrase 'the therapeutic relationship' was replaced with 'the relationship you have with the client'. Further clarification of a word was needed- 'dilemma'- so a definition was included as a prompt. The use of examples to aid explanation was avoided as far as possible since they might lead the participant in their response. Appropriate probing was used to provide validation for the meaning of particular words for individuals. The pilot interview was included in the main study.

3.7 Data analysis

3.7.1 Transcription

Whilst I transcribed some of the interviews myself, due to time constraints I chose to use a transcription service to complete some of the interviews. I purposely selected a transcription service that was recommended and who provided a personal service, as the company was run by a single individual. This enabled me to speak directly to the transcriber to explain what was required of them and to provide a template for the transcription. I was also able to debrief the transcriber after the work was completed. The interviews were transcribed verbatim and included significant non-verbal events such as pauses and laughter. Transcription quality was checked for all transcripts. I thought this particularly important due to the accents of the participants in the study, which were at times, challenging to understand. To do this, I reviewed interview transcripts on a computer screen while the interview tapes were running so as to identify and correct what I perceived as discrepancies between what was recorded in writing and what I felt fairly certain had actually been said during the interviews. Further reflection on transcription quality will be included in the discussion chapter.

3.7.2 Individual case analysis

An idiographic approach to analysis was followed with each interview analysed individually, allowing the researcher to detect repeating patterns whilst remaining open to new themes emerging (Smith & Osborn, 2008).

I began the first stage of analysis by listening to the audiotape of the interview to be able to hold an image of the participant and their vocal intonation in mind to assist in a more complete analysis. I read and re-read the transcript to become familiar with the material and to develop a sense of different themes and how they related to each other. Initial exploratory notes on interesting or significant aspects, connections and contradictions were then written on the right hand margin of the transcript. I paid close attention to descriptive, linguistic and conceptual comments, becoming more analytical and interpretative as I re-read the transcript.

The second stage of analysis involved developing emerging themes from the previously constructed initial notes. Themes are usually expressed as phrases which speak to the psychological essence of the piece of transcript and contain enough particularity to be grounded and enough abstraction to be conceptual (Smith et al., 2009).

The third stage involved clustering the emergent themes in to related themes. Smith and Osborn (2008) use the metaphor of a magnet to describe this process, with some of the themes pulling others towards them, facilitating sense-making. The clusters of themes were given names, which became the superordinate theme, aiming to capture not only the essence and meaning of the text but also the psychological processes within in the account, of which the participants might not be aware of. This process involved regular checking of interpretations and themes within the text. Extracts of the transcript were selected to represent each theme. These themes and extracts along with the superordinate themes were captured in a table (See Appendix 9 for an example of the analytic process for one participant). I then moved on to the

next case for analysis. In keeping with the idiographic nature of IPA, I attempted to treat each case individually, remaining receptive to the emergence of new themes.

3.7.3 Cross case analysis

Once all interviews had been analysed and tables of themes produced, all cases were consulted for interrelationships between themes and salient themes were established. A final table of master themes was produced incorporating the themes from all eight interviews (See Appendix 10). Interview transcripts were reviewed to ensure accuracy of the themes, and thus a framework representing the participants' experiences of interpreting in mental health settings was developed. These themes were then expanded into a narrative account, which is the basis of the Results chapter.

3.8 Quality in qualitative research

There is much discussion about how to assess the validity of qualitative research. Barker, Pistrang and Elliott (2002) reflect that traditional criteria for evaluating the reliability and validity in quantitative research may not easily transfer onto qualitative methods. I have referred to several authors who have suggested criteria for analysing and evaluating qualitative research (Elliott, Fischer & Rennie, 1999; Spencer, Ritchie, Lewis, & Dillon, 2003; Yardley, 2000). Yardley (2000) proposed four main criteria, namely, Sensitivity to Context, Commitment and Rigour, Coherence and Transparency and finally Impact and Importance. I will discuss these in more detail in the discussion chapter under methodological considerations.

3.9 Reflexivity: Owning one's position

Reflexivity is of particular importance to qualitative research. Reflexivity takes account of how the professional, personal, cultural and political beliefs, values, assumptions and experiences of the researcher may affect the whole research

process, from the gathering of data to the analytic process. Whilst qualitative researchers acknowledge that it is not possible to set aside their own beliefs and perspective, they endeavour to 'bracket' their own values and existing theory through self-reflection, allowing them to more adequately 'understand and represent' the experiences of their participants than would otherwise be possible (Elliott et al., 1999). Throughout this research process, I have written a reflective diary in attempt to understand the effects of my own experiences on the research process. I will discuss issues of reflexivity further in the Discussion chapter but here I outline my statement of position.

I am a 28 year-old female from a White British, middle class family of origin. I developed an interest in foreign languages growing up with multiple foreign au pairs and spending much of my childhood in France, later going on to study languages formally. I am particularly interested in the intersection of language and psychology and the central, dominant role language plays in a therapeutic context. My clinical psychology training at the University of Hertfordshire has led me to favour social constructionist, systemic and narrative ideas in research and clinical practice, due to the emphasis on multiple constructions and the importance of the social context. However, in line with IPA, I also value a 'critical realist' perspective: there being an underlying essence of reality as experienced that can be shared.

During my training, I have not undertaken any therapy with the help of a community interpreter. This has allowed me to stay very close to the individuals' experience without my own positive or negative experiences of working with interpreters or my understanding of the process of therapy with interpreters influencing my interpretations. However from training I have received on this doctoral course on working with interpreters in therapy and in discussion with colleagues on clinical placements, I have wondered how interpreters experience working in often highly emotive settings with little or no training. As a clinical psychologist in training, I have multiple forums for learning and support for working with complex human emotions, however I

have wondered what is available for interpreters. I therefore approached this work with the belief that interpreters might be emotionally affected by the work they do and that little training or support is available for them, which may be detrimental to their well-being. However, I am also open to the probability that this will not be the case for everyone. My main position was one of curiosity: what impact does the work have on community interpreters with whom we work alongside as clinical psychologists and how can they be best supported in their role?

4. Results

"The nature of bad news infects the teller"

William Shakespeare (cited in Neill, 1994)
Antony and Cleopatra Act I Scene II

This chapter presents the findings from the Interpretative Phenomenological Analysis of the emotional impact and coping of eight community interpreters. The eight transcripts were analysed in accordance with the procedure outlined in the methodology. Four master themes were constructed from the IPA. These master themes and the sub themes that contributed to them are summarised in Table 1 below. A table is provided in Appendix 11 indicating the pervasiveness of themes across the eight participants.

Table 1. Summary of the IPA results: master and sub themes.

Master Themes	**Sub Themes**
1. Feeling *for* the client	"One of them"
	Putting yourself in the client's shoes
	Losing self
	Reciprocal gains
2. Relationships in Context	"Opened my eyes" to an unknown world
	Disempowered
	A human shield
	Isolated and unsupported
	"We don't have the training to cope"
3. Balancing the personal self and the professional self	To the limits of the role
	Pressure to hide emotions
	"Sometimes I have to be just a human"
4. "You need to protect yourself"	"I need to be ghost-like"
	Balancing the emotional challenges
	"You have to draw the line"
	"I belong to the lucky ones"
	Resilience and growth

This chapter will provide a narrative description of each of the themes, illustrated by verbatim extracts from interpreters' transcripts. Although this may suggest that themes are discrete entities, a number of the themes can share important constructs. Given the interpretative nature of IPA, it is important to state that this account is one possible construction of many, potentially differing constructions of the emotional experiences of community interpreters working in mental health settings. I have attempted to provide a systematic and rigorous account of the process of analysis. An audit trail can be reviewed in Appendix 9.

All interpreters provided rich accounts of their experiences, however it is not possible to convey these experiences in full due to word restrictions. Extracts from interpreters have been amended only to maintain the focus of study on their emotional impact and coping, to improve readability (for example omitting utterances such as umm) and to protect anonymity and are denoted by […]. Significant pauses are denoted by … The interpreter's pseudonym[4] is provided at the beginning of each extract to highlight the origin.

4.1 Theme 1: Feeling *for* the client

All the interpreters talked about the strong feelings of empathy they had for the clients they interpreted for. Most could identify with their client's background history and the stories they shared in the therapeutic settings, or were able to imagine themselves in the client's situation, whilst staying one step removed from the experience. However, for some interpreters the dangers of too much empathy were apparent. At times, they described

[4] Participants were allocated pseudonyms congruent with their nationality, which were chosen either by me or by the participant. Using English names, initials or numbers as identifiers I felt was too distant and therefore unsatisfactory for the write-up. Whilst cultural pseudonyms may have compromised anonymity, I felt that the reader needed to connect with the participant. The pseudonyms I chose related meaningfully to my relationship with that participant, as will be seen in this chapter.

becoming overwhelmed with distress due to a process of identification: feeling too acutely what the client feels. This theme also encapsulates the contrasting position for interpreters of feeling what the client feels, in terms of positive gains and the rewarding nature of the work.

4.1.1 “One of them”

The interpreters reflected on the common experiences between them and the clients they interpreted for. This had the enabling effect of empathising and building a good rapport with their clients. A partial identification process with the client seemed present in many of their accounts where they could relate to experiences of migration, isolation and struggling with the language barrier when they moved to the UK.

AGRIN: I went through as a youngster myself, that same problem, and it was difficult to balance it as well. So the communities that I live in, more or less go through some of the things I went through myself as well, my family.

Agrin illustrated his account with examples of clients he had worked with who were similar to how he sees himself, as a Turkish-Kurdish political activist. He seemed to be particularly sensitive to clients who appeared lonely and described feeling so emotionally close to a client that he had wanted to visit him to talk to him as he lived nearby. I sensed that Agrin was perhaps short of social support himself. I further evidenced this interpretation by his lack of reference to any friends or particular family members, as well as his invitation to meet with me socially to discuss shared interests after the interview. Other interpreters also related to this sense of isolation.

WALERIA: I know that I would appreciate somebody's help, when I came here first, so I would offer that help to other people…because I struggle, I must honestly say, I did struggle quite a lot at the beginning because like I said I didn't have any friends, I didn't have any family, I didn't know English, I didn't know London.

The shared cultural values interpreters reported having with their clients helped them to feel connected.

JIANG:…maybe as an oriental man, like you know being responsible for your family, trying to get the best to your family and stuff like that...cultural thinking I could relate to.

The words that interpreters chose to describe their clients, e.g. “own countryman or countrywoman” (Agrin, p.24 line 1018) and “my fellow citizen” (Lahn, p.3 line 50) demonstrates their shared identity and empathic connection with them.

Lahn went on to further illustrate this, highlighting the importance of gaining trust from the clients in order to support them.

LAHN: Many people were having the same problem that I was facing. Many of them were struggling as I did, so it gave me more understanding through course of my life, the problems, and be familiarised with their circumstances, and it enabled me to be close to them, and help me to develop a different type of approach of how to be able to work and get more trust from the service user.

For Lahn, a close connection is forged by the client seeing the interpreter as human and thus no different from themself.

LAHN: If you lower your level down and can see that you are in the same level with the service user, you will get more understanding from them and you will trust from them more easily because they will see you as one of them.

A shared gender with the client was a significant factor in helping two interpreters in particular, foster a close connection with clients. This may be

understandable from a cultural perspective, where women's issues are usually dealt with by female health care professionals in many countries, such as Turkey, and vice versa for men.

ZEHRA: I feel more close to women patients because you know women issues in Turkey, are a bit difficult, because especially if you were from the villages, countrysides, have been really abused, and this really affects me as a woman so I always feel more for a women patient because I know somebody in my family, somebody in my neighbourhood, I know have been through something like this.

JIANG: I think I've found it easier to interpreting for men because…I think I can relate to them better I think, yes, better…I think it's just the way you know the mind-set, culture, background, I think I know how an oriental man you know must feel when they expressing something.

It seems that this partial identification and cultural understanding can be helpful in enabling interpreters to adopt a consultancy or cultural liaison role to mental health professionals.

AMBICJA: I understand where they come from and it may only help, but also having an insight to the British culture […] what I can notice, from the short conversations with my clients, is that I may help them to bridge that gap between our cultures.

LAHN: having a GP in this country is very normal, that is…it's kind of automatic really, but in Vietnam, there's no such thing called GP. So when somebody is asked and he turns around and says 'I don't have a GP', you can explain further to the service user that in Vietnam, our country, we don't have a GP, and the service provider will accept it and understand it. So…one of the things they are learning from us too, if you take on, you know, kind of explanation role there.

4.1.2 Putting yourself in the client's shoes

Many of the interpreters demonstrated strong empathic responses towards their clients, trying to imagine the unimaginable experiences their clients endured.

ZEHRA: I feel sad because I really wish that their husbands would be a bit kinder and gentle. This woman could accomplish a lot. They could be great wives. They can be great human, I mean, they can be just great, but they suffer so much, they are so sad, because of their husband's rudeness or something like this, so I am …I also feel sad.

AGRIN: I was trying to imagine you know the kind of torture he went through, the pain he went through, you know, physically. And the pain about how his close relative was killed in front of him.

Again, gender plays a role here in aligning the interpreter with the client's experiences.

ZEHRA: I think it is more difficult for me to understand the man, because for a woman I can imagine the causes why she is in this situation, it is always the same story, like domestic violence, abuse

Several interpreters described metaphorically putting themselves in to the client's shoes and stepping in to their world in order to convey the intensity of their feelings to the mental health professional.

AGRIN: I'll try to put myself in the client's position so 'how would I feel?'

The danger of this is apparent in this extract from Waleria, whereby negative reactions are compounded not only by imagining a bad experience for the client, but for the interpreter themself.

WALERIA: I was definitely thinking about what would make me to say that, what would need to happen in my life, what would need to be so bad, for me to say it, which is you know a bit weird things because if you're quite content in your life, and then you start thinking about what would be the worst case scenario and trying to implement that, in your life, it's not very nice.

WALERIA: you start thinking oh what it did happen to me, you know, start putting yourself in her shoes.

This point is echoed in Farah's account below.

FARAH: I could have easily been her, the only difference is that I was born in a different family, in a different town, and I was just…lucky enough not to be her really. When you see people come from your own country, she was not from my country, but she was close, then you just think that it could be me, it could be me, it could be my Mum, it could be my Auntie.

4.1.3 Losing self

Several interpreters, the majority of whom were female, described feeling overwhelmed by the content of their clients' stories. Although all participants could identify the risks of too much empathy, they could not always control their emotional responses and were sometimes left with lasting negative feelings.

Farah, working with refugee clients in the early years of her interpreting experience, described experiencing some very upsetting symptoms several years after interpreting for clients, which could indicate some symptomatology consistent with vicarious traumatisation.

FARAH: [It was 10 years ago] I remember that…I just couldn't forget about it, it was in front of my eyes, all the time, I was thinking about it all the time, still,

to this date, I always keep thinking what happened to that baby, because I never saw that woman again.

Interpreters recounted stories where it seemed they were unable to disconnect their own feelings from those of the client. They appeared caught up in transference and countertransference reactions that created conflict and overwhelming emotions. Ambicja's own helplessness in making the client feel better is ostensible here.

AMBICJA: The very overwhelming aspect is when you actually see a person who is very unwell, and you feel that helplessness...you see how much they struggle to be understood.

The interpreters described having to 'become the client', adopting not only the words spoken but the client's tone of voice and body language. Their accounts tell us that they essentially have to transform themselves in to another, losing themselves as interpreters in the interaction. The resultant anxiety experienced is overpowering for the interpreters. Reading the transcripts aroused in me an image of a tidal wave flooding over the participant, powerless to stop the force of the impact. This description is well illustrated below in Waleria's account. The extract is taken from the first ten minutes of the interview with Waleria, indicating this is something that she felt keenly and was eager to share with me. She was barely able to catch her breath as she told her story, battling against the wave.

WALERIA: I have to become that person, so everything what she or he says to me, I have to say it, and you know, we're only humans, you can't sort of completely switch yourself off or detach from an emotions and when people sometimes say things like 'oh my life is not worth living', 'I don't want to live no more', and obviously I can't say that my life is wonderful and I'm…but generally speaking I'm quite happy person, so saying things like that, I find it quite difficult because it doesn't agree with me, you know, saying 'oh, my life is

so bad, that I want to kill myself', or 'I want to kill myself and my daughter'. Because I had one patient like that who was referred to a psychology services because she wanted to commit suicide and she wanted to take her daughter after the break of the relationship or marriage, and uhh I find it quite difficult because I've got a daughter, I'm a Mum myself, and I'm saying out loud I want to kill myself and I want to kill my daughter, which is like hold on, you know, the light is flashing, don't say that, don't even you know say it out loud, but obviously this is my role.

Waleria seemed strongly emotionally affected by this particular client's story, identifying with her as a mother, with a daughter of her own. She translated the client's despair by almost embodying the client, trying hard to resist integrating the client's words into the self. She went on to say how these stories "play on your mind after sessions" (p.6 line 135) and how she still thinks about them "a couple of days afterwards" (p.6 line 140).

Later in the interview, Waleria described one incident where she felt so deeply overwhelmed that she encountered an unreal experience, of forgetting who she was, of losing herself.

WALERIA: ...sometimes, it's like I said, because you have to do word for word, you have to do it in first person, you have to concentrate much more and after like let's say four hour session…I had done once, four hour session, three patients, completely different issues, came out, and I forgot my own name, I didn't know, you know, I had like a little black out, you know, I didn't know what's happened to me because it was really, really drained.

The way Waleria described interpreting for a number of patients one after the other makes me view her as being pulled in many directions, used for the purpose of others. By enduring this process, she risks losing a sense of herself.

There was a notable difference between gender in the degree to which interpreters had been overwhelmed by their emotions. The male interpreters, whilst feeling a high degree of empathy towards the clients, did not seem to become so enmeshed or to 'lose themselves' in the interaction.

JIANG: …not seriously, seriously affected, but knowing their stories, yes it was a bit like you know hmm sad or something like that, but not…I wouldn't like…I wouldn't lose my sleep over it but I would you know certainly feel for them, but I won't…yes, I won't lose my sleep.

Perhaps due to his wealth of experience and involvement in some supervision and training of interpreters, Lahn felt strongly about the need to remain emotionally separate from the clients. He therefore avoided over identification and subsequently 'losing self'.

LAHN: If you are struggling or you have kind of in doubt or emotional divided, you would not be able to retain any information and do the work correctly.

4.1.4 Reciprocal gains

This theme also incorporates the positive emotions for interpreters in terms of feeling what the client feels. This sub-theme encapsulates the beliefs that interpreters had about the client not being the only one who gains something from the interaction and that they, as interpreters, also benefit.

Agrin feels 'emotional' for his clients, but here in a positive way.

AGRIN: I was quite happy for them as well. I was sort of affected by their happiness. That was quite a positive thing which affected me as well. I am quite an emotional person as well so I was more or less happy like them as well in a sense.

Several interpreters commented feeling overjoyed at observing the positive responses clients have to therapy and mental health support.

AMBICJA: It's great seeing when they actually succeed [mental health professionals] and meeting the patient when you saw them at their worst and then a few months later when you see them normal, it's like a miracle.

Ambicja's use of the word 'miracle' to describe the recovery process conveys the intensity of her feelings: a miraculous and astonishing experience, which may be unbelievable to some, but I sense not to her, given her emphatic and passionate account.

Other interpreters commented on the way that working with clients in mental health contexts added to their knowledge.

LAHN: …there's so much for me to learn from them.

Lahn described how he has benefited from a greater understanding of mental illness and an appreciation that the illness, not the person, is to blame for the 'out of control' behaviour. Lahn demonstrated sophistication in thinking psychologically about clients' difficulties, being respectful towards his 'fellow citizens'.

Waleria reported how she has gained more directly from the psychological therapy she has played a part in, by remembering the techniques offered by the therapist to the client and applying them to benefit her own mental well-being.

WALERIA: Sometimes you learn from your experience, but it doesn't have to necessarily be your own experience, you can learn from experience of others, and now for example, I go quite a lot for therapy sessions, psychology therapy, behaviour therapy, and once I'm interpreting, I'm thinking about some

of the things what they're saying, like hold on, yes, that makes sense, yes, I like the sound of it, and I do implement them in my own life.

'Reciprocal gains', as a theme encompasses the rewarding nature of the work that interpreters do. The gratification gained from helping others less able or less fortunate than themselves is clear in the interpreters' accounts below.

NARIO: Working as a community interpreter you can help people. Well obviously they are foreigners and many of them with difficulties so I am happy to give them a help.

JIANG: At the beginning it was very interesting for me because I…I got the opportunity to meet different people, see different things, and also helping you know whoever needs help too, which gave me a lot of satisfaction

This satisfaction was felt keenly when participants could acknowledge their role as being a vital part in the therapeutic process.

AMBICJA: It's very rewarding because you see that actually, without you, there would be no communication whatsoever, and you can sometimes feel how those people trust in you and how much they depend on you to communicate their problem.

FARAH: It's very rewarding when you attend long term psychological treatments and you can see that person is getting better, little by little, week after week, yes, I've attended some sessions, like maybe more than 15 sessions, 20, two years ago, with a lady who had gone through a really traumatic experiences, and then in the end of those sessions, she was nearly quite well, I mean, when she started she was so depressed, she had no self-esteem, she was just sad, a sad lady, sitting, and not even willing to talk. In the end of those therapies, yes, she was back to her normal self, and that was particularly rewarding to think that you have been a part of this, because that

particular lady didn't speak a word of English, so if I was not there, she wouldn't be able to even communicate two words with her therapist, so it is rewarding to feel that you have facilitated that, yes.

4.2 Theme 2: Relationships in context

This theme encapsulates the relational issues involved for the interpreter working alongside practitioners in a mental health context. These relate to the power dynamics between interpreter and practitioner and how valued interpreters felt by practitioners as well as by their employers. This theme also incorporates the emotional impact of working in mental health settings, for example on inpatient wards and clients' own homes. For many of the interpreters, considerable importance was placed on the need for training to work in mental health as well as receiving emotional support from practitioners.

4.2.1 "Opened my eyes" to an unknown world

The interpreters reported working across a variety of contexts, including medical, legal and mental health, which afforded opportunities to be part of worlds that were unfamiliar to them and often beyond belief.

AMBICJA: I saw babies being born, I saw naked women who got so close to me within a few hours that they weren't embarrassed to strip themselves naked when they were in labor, and you see dying patients who you know look at you and kind of ask with their eyes whether there is any hope...you are invited to so many environments that you wouldn't be able to take part in that it's incredible.

For Jiang, working in a mental health setting was particularly enlightening.

JIANG: At the beginning it was very interesting for me because I…I got the opportunity to meet different people, see different things…just you know, opened my eyes even more by doing this line of work.

However, the majority of interpreters described feeling wary and uncertain about what to expect when entering a mental health environment, viewing it as a strange and unfamiliar place.

JIANG: At the beginning it was a bit like uncomfortable because you know, people inside there, it's a bit…they are a bit like mad, but because I've got used to the environment and trying to like be friendly with whoever in there, I think it was fine.

Whilst some interpreters became more confident over time, most still felt uneasy about what to expect. The trepidation experienced is clearly evident in their accounts.

FARAH: sometimes when you go to mental health hospitals or mental health places, centres, they expect you to go in and wait with the client while the professional is not there, which is not right really, because first of all, because of your own health and safety, you don't know that person, you don't know their state of mind, you don't know how well or poorly they are.

In some cases, the overriding emotion felt was fear. Here, Ambicja appears fearful of becoming emotionally overwhelmed.

AMBICJA: In the mental health institution there comes that extra factor when you may start feeling insecure because of the environment, um, so even though you know you can cope linguistically, not necessarily are you equally able to cope emotionally. So I did a number of interpretings in such institutions and I remember the first few ones were very emotionally draining.

Many interpreters gave accounts of anticipating a ‘shock’ or being frightened by the unpredictability of clients’ behaviour, having had no preparation prior to the session.

AMBICJA: Very very rarely do we get like a summary of what the problem is, we don’t even know...we don’t even realise up until certain point what they suffer from, so we have no idea what to expect. We just walked in to the room, and we are expected to do our job, which may sometimes be quite challenging and demanding. And I think dealing with patients who, all of a sudden, use very abusive language...this is one of the aspects that you know, may shock you.

Ambicja seemed out of her comfort zone working in mental health. She appears to make sense of her apprehension as not having a clear model to follow for what to do in this context.

The perception that the client could potentially become aggressive was a factor frequently cited for why interpreters felt unsafe and insecure in this context. This feeling was substantiated by female participants more so than males.

ZEHRA: You don't know what a depressed person can do…she got really angry at me. I didn't expect this, for example, you know. And she got really angry at me. She didn't want to speak and look at me.

For others, the threat of harm was implied, if not explicitly stated.

AMBICJA: Fear of the unknown, I don’t know what to expect, I’ve never spoken to a mentally challenged person before in a very open, free, way so that’s again, is very uncomfortable being surrounded by mentally ill people and not knowing what to expect. And even though nothing has ever

happened, I think it's because that belief that…well mental institutions are being locked for some reason.

Ambicja's use of language here seems primitive, e.g. "mentally challenged" and "institutions". These words are a flavour of the language used in Psychiatry in a time when patients were incarcerated in mental asylums. Her choice of words may be regarded as lacking knowledge of up to date mental health terminology. Perhaps, however, they infer a fear of individuals whose behaviour and experiences are different to her own, seeing them as an 'other'. She appears to view clients who are inpatients as 'abnormal', suggesting a disconnection from them and this world. However, Ambicja may in fact view herself as 'the other' in the world of mental health, describing herself as 'an outsider' invited in to a foreign place.

Interpreters also described feeling physically too close to clients, which made them feel unsafe.

AMBICJA: I hate being seated exactly next to the patient because of this unpredictability. I never know what he or she may do.

ZEHRA: sometimes umm the patients look into your eyes very intense and sometimes so many things are going in patient's mind that maybe it is better you stop the eye contact with the patient…with normal patients there's no problem, because they are okay, but with the mental illness, you know, sufferers, I don't always keep the eye contact, I mean of course I'll look at them, but not always like this, because some of them are really aggressive.

Nario stated that he did not experience feeling insecure in terms of his personal safety when working in a mental health context. However, he described the challenges of working with clients where interpretation is not as straightforward, when a client's speech is disjointed. From what he is saying, it appears that Nario's challenge is one of confidence. Working in this

environment seems to have raised a sense of insecurity within Nario about his ability to work competently with this client group and gaining recognition from mental health practitioners.

NARIO:…working with people with mental health problems sometimes it's difficult to…because sometimes it doesn't make sense what they are saying…and I still need to interpret for them. And I think 'oh my god, I hope they won't think it's me who is always the one unable to interpret properly' because it doesn't make sense to me what they are saying. And yeah, I find it difficult.

Lahn, having had over twenty years of interpreting experience, was currently working within a community mental health service and therefore was much more familiar with working alongside clients with 'mental health difficulties'. Despite his experience, even he was not immune to shock. Here he describes his disbelief that individuals from his culture could have such a different view of the world.

LAHN: Some of these stories that when we are doing the work, we thought that it could not happen in our culture, because we strictly brought up by pretty much in strictest ways, guidance, by our parents and schooling when we attended, however, we forgotten that times are changed and people perception have changed, and the ideas have changed too, so we very surprising that it is happen to our community, so when we listen to the story, we do the interpreting, we pretty much shock in a way.

Agrin relayed that working purely in a mental health setting may be detrimental to well-being and that the variety of work settings encountered in his role is protective for him against emotional overload.

AGRIN: I don't know how it affects the other individuals. There are some interpreters that only do psychological therapy, psychiatric therapy so that it

could affect them a lot but i do different kind of work as well at the same time. So it all balances out in my mind, so I don't become so much affected by it.

Farah similarly expressed this point.

FARAH: I think that's the worst thing you can do to yourself, to just remain an interpreter, at the place like this [service for refugees], where you are only hearing sad stories on daily basis, all the time, and there's no change…what I do here, is very different.

4.2.2 Disempowered

This subtheme incorporates the interpreters' emotional responses to the attitudes of health care professionals. Many participants described feeling devalued by health care professionals and employers. Waleria's account illustrates her belief that mental health practitioners frequently view interpreters as a necessary nuisance.

WALERIA: At the end of the day, I'm only interpreter, I'm not the therapist, I'm not the psychologist, so maybe the way…obviously in the best case scenario, everybody would try, or would prefer, to work with a non…English speaking person in their own language, but obviously we don't speak every possible language, so they have to use interpreters.

FARAH: I've been put in a situation where I thought the professional is really looking down or you know…not treating me nicely because I just said I didn't know that word, or I didn't quite understand what they meant.

Farah's account illustrates exasperation at mental health staff seeming to lack an awareness of her needs as an interpreter. Also apparent in several interpreters' accounts was the feeling of inferiority to mental health professionals.

FARAH: All I want them to do is to explain because I'm not a doctor, in the end of the day, I'm only an interpreter, and there are always new things that I hear for the first time, and I would really expect them to explain a little more rather than expecting me to know everything there and then.

Feeling devalued was allied with a sense of disempowerment as professionals.

AMBICJA: I've been taking part in some interviews with the patient where the doctor was very impatient and almost not letting the patient to communicate through me. The moment when the patient was starting saying something that was not logical, the doctor was like, 'yes, whatever', like 'let's move on, I've heard enough', and that I found very upsetting for myself also. Sometimes they could even stop me in half way through and say, 'okay, I've had enough, I don't really want to hear anymore'. [...] So that makes me feel very frustrated and helpless, because I feel like my job hasn't beeen alowed to be done properly.

Feeling powerless to question or challenge mental health staff, directly or indirectly was a common experience to many of the interpreters, although this was not the case for all. Agrin expressed his frustration at the lack of understanding and ignorance of mental health practitioners in relation to cultural differences between themselves, the clients and wider society. However, he is disempowered to act on his beliefs, feeling unable to speak to the practitioner.

AGRIN: The service provider, the lady, was very ignorant of what the client was saying, didn't want to hear it, didn't want to hear what the client was saying, wasn't very helpful to them, even though the client had rights. I was thinking 'why is she doing this? She should do better', but then again I can't say anything to the service provider, 'listen you are doing this wrong'. She'll

say 'who the hell are you to tell me this?' and obviously she'll make a note of my name and I'll get in trouble again.

Zehra highlighted the lack of preparation given by therapists to interpreters prior to therapeutic sessions, indicating perhaps in her experience, they lack an appreciation of the role interpreters play in the interaction.

ZEHRA: We don't see the therapist, we don't even know the subject, because the therapist is busy with other patients.

Farah felt particularly demoralised and undervalued by her employer. A high degree of work-related stress was apparent in her account. In her opinion, qualifications and experience count for nothing in a cost-saving society.

FARAH:…the interpreters are being underestimated even more…a private firm came and won the tender with the National Health Services [in the area]…and we had to start working for this private firm, which is based in London, and leave treating us with respect, they don't even pay us on time. I mean, you always have to, you know, chase the payments and talk to them, and you know, leave messages, no-one calls you back, so now I have other worries…the rates they are paying is so low, and I mean, the last time they were going to send me to [name of town], I just said, listen, with this money, it's not really worth it for me to go there, because this is like I'm paying you to work for you, not you're paying me to work for you, then they threatened, 'okay, so we're not going to give you any phone calls any more', 'we're not going to give you any jobs any more', and I didn't take it very seriously, but they have stopped giving me any jobs.

She went on to reiterate her distress at feeling unrecognised for the work she does and stated how unqualified interpreters are taking paid work away from 'professional interpreters', leaving her feeling dejected.

FARAH: It seems that it's not worth it anymore. I'm not getting even enough jobs, and these people, they don't really care if you're a professional interpreter or you're just a person who just speaks the two languages.

4.2.3 A human shield

This subtheme describes how the interpreter can act as an emotional buffer for both clients and therapists. The interpreter is first to hear the words spoken and thus emotionally process the meaning, which may leave a negative emotional imprint.

Ambicja felt pained in having to relay messages to the client that appeared to come from her, rather than the practitioner.

AMBICJA: You hear those words first and now it's almost as if it's you who needs to communicate this message, bring it across, so it's actually not doctor telling them they are dying, it's you telling them, and when you realise that, and you are face to face with that patient, depending on the reaction of the patient, it may be an excrutiating task.

Ambicja's exasperation and distaste at having to relay a message that she feels is inappropriate is illustrated below.

AMBICJA: It's very uncomfortable for me when I have to interpret what the doctor just said, which wasn't nice. So I think, okay not only did the doctor offend him but now it looks like I offend you as well, because you hear it coming from me and the mentally ill person doesn't necessarily understand that the doctor has said that. He sees me. He sees the words coming from my mouth.

Zehra described a similar experience.

ZEHRA: she accompanied the words that I speak with me, with this, you know, body, so she blames me.

In a similar way, the interpreters talked of bearing the brunt of the client's emotional feelings, thereby protecting the therapist from distress.

ZEHRA: It is frustrating. Because they can't take it from the doctor sometimes because of the language barrier, you are the easiest…when I speak in their language, they feel very close to me, but they don't feel close to therapist, so I am sometimes the easiest you know to…easy to harm me, in this sense. They sometimes complain, they sometimes say like aggressive words.

Jiang felt very uncomfortable at adopting the emotions of the therapist or client to communicate, so filters out what he does not agree with.

JIANG: I think sometimes some people might express their anger in…quite a serious way and I couldn't really you know…do that because it's not my you know my right to express like his or her anger upon somebody else because I just need to say you know what she said, I can't like…I try not to [carry the emotion of the professional] because I'll just speak, you know, trying to translate what the other person says

Through the process of translation, the interpreter appears to filter out the emotionality behind the words spoken, thus protecting the client or therapist from it. However, as the words are moved on and the message is delivered, the interpreter may be left with these unwanted emotions that negatively affect their mood. I likened this process to that of the spleen in the human body, which functions to filter out unwanted material from the blood. The spleen was an important organ in the humoural medicine of the ancient Greeks. It was thought to secret black bile that was associated with melancholy. Melancholy, i.e. sadness, low mood or anger appear to be emotions felt by interpreters when others offload their 'emotional baggage'. Waleria expressed how

practitioners don't appreciate the impact on interpreters, expecting the emotion to flow over them and to not get stuck, like water over a duck's back.

WALERIA: They just expect it will go…the water will go over like that.

4.2.4 Isolated and unsupported

The interpreters' accounts communicate that their well-being is rarely considered by their employers or the practitioners they work alongside.

WALERIA: Nobody says 'oh are you okay, do you want five minutes break between patients?' No, just get the next one in.

Several participants had strong feelings towards practitioners who seemed ignorant of the potential for distress within interpreters.

WALERIA:…probably during my 12 year career, had about five people which after very difficult session, they ask if you were okay, or how did it go?

From interpreters' descriptions, practitioners viewed the interpreter as a commodity rather than a human being who thinks and feels like they do. This sense of dehumanisation is ostensible in Farah's account below.

FARAH: They always told you, you are only an interpreter, your job description says interpreter is only a voice, they never came to me and asked, okay, how are you feeling?

Waleria described a particular incident that took her to the limit of what she could bear emotionally, as she described it as 'the worst interpreting of my life'. Her account expresses her fury at being seen as 'damaged goods', coupled with disbelief at how practitioners thought she could be replaced so easily, with such little thought for her well-being.

WALERIA: I had a patient who had a problem in mental health hospital and she had a problem with eating disorders, that was probably the worst interpreting of my life, they could see that I was so close to just walking out from that…she was shouting at me…what was really funny is that they think, I was really struggling to contain her, and through this two hour session, and I said I'm sorry, I don't think I can interpret for her anymore, and they say, 'oh, but is there anybody else?' Oh thanks for your concern, thank you!

Interpreters spoke of how practitioners had become desensitised to the emotional hardships of the work, unlike them who are not exposed on a daily basis. Ambicja talks of feeling like "an outsider" to this world. She claimed to not feel part of the system and left alone in situations that she is not confident to handle.

AMBICJA: I don't know what may happen and I'm not trained to take certain actions to help the patient or even help myself…I think it's very easy for the staff working in mental institutions to lose that sensitivity because they know the patients, they know their job and know what to expect. For someone from the outside, even if according to their opinion there is no threat to our person from anyone, or from the patient, I think they should reassure us by simply not putting us in to situations.

Many interpreters felt isolated in their job roles, which they were unhappy about. They seemed to want to make a connection with other interpreters to share their experiences and for mutual support.

WALERIA: We never see each other. We never get any Christmas parties. We don't get things like that, so we never meet. The only way I know other Polish interpreter, the only reason because it was a double booking...I met them like, you know, coincidence.

They seemed to be left alone to cope with difficult situations, having to fend for themselves. Farah presented as defenceless against potential accusations, feeling alone and unsupported with her worries.

FARAH:...it's always possible that the client, the person, is going to later accuse you of having done something that you haven't done, because sometimes they have paranoia, sometimes they are schizophrenic, so you never know what claim they are going to later make about you, you know, something that you haven't done, but they may just imagine you have done it, so it's not really right to be with them, on your own, when the professionals are not present.

The issue of lack of support seems to be known to both interpreters and their employers, but little action has been taken to rectify the problems.

WALERIA: We had an internal audit on the [interpreting agency] and one of the issues I brought up was about the lack of support...some people didn't even know who in the office was responsible for what...if something goes wrong who do you go to?

Interpreters appeared to feel powerless to speak up about their concerns, did not know who to talk to about them or had little faith that things would improve if the issues were raised. One interpreter described how the issue is covered up for fear of being seen as not coping.

WALERIA: I don't mind because I'm used to them now, I've been working for them for a long time, but I know other interpreters who would rather ring me to ask what to do, than ring the agency, because they feel that if they ring the agency, asking what to do in certain situations, it's sort of, they are not experienced enough, they're letting them know their weaknesses.

The lack of support and self-worth and high stress that interpreters felt may lead some to question whether they should give up completely, as Farah explained.

FARAH: I don't know where to go, who to find to talk to, and now…honestly, I'm just thinking about a change of career, I mean, it's not paying…I mean, even before, it was never enough to you know to live on, the money that I was…but I was doing it because I was enjoying it...but now it's just stress all the time.

Lahn had a contrasting experience, feeling well supported in his role.

LAHN: Luckily, I am working in a very supportive environment, so I come back to the first incident when I was shocked when I heard the story, after that session, I contain my surprisings and shocking when in first session, but when I came out, and I talked to my line manager, we started to have a conversation, and I've been given guidance and support and de-briefing about the services, and then I been allocated to be shadowed, to work with my colleagues who experience this kind of work, so gradually you get used to these things.

However this may be due to being employed within a mental health team and having a system of support around him to draw on, if required. For the other interpreters who work solely on a freelance basis, this system of support seems non-existent. Lahn felt strongly about the necessity for employers to provide a supportive working environment for interpreters to prevent detrimental effects.

LAHN: You should have a briefing/debriefing to support your employee. You should have a more robust protocols and procedure to carry out supervision and support your employees adequately to make sure he or she has been

supported throughout their work, because you never know […] the worker could end up to a lot of mental health problem for him or herself.

Lahn also stated that it may also be up to the interpreter themselves to ask for the support they need. For someone like Lahn, who portrayed himself as an upfront, strong and assertive person, this may not be a challenge. However, other less confident interpreters may find it hard to ask for help or even know they are allowed to do so.

4.2.5 "We don't have the training to cope"

Some participants felt that the training they had received was inadequate for coping with working in a mental health setting. They wanted more knowledge about mental health problems as well as practical solutions to tricky situations they may encounter with this client group.

Zehra reiterated her need for more knowledge and guidance through reassurance-seeking. In this extract she exhibits her uncontained anxiety at not knowing how to respond to clients in certain situations, believing that there is a 'right' and 'wrong' way of behaving. Her inability to sit with this uncertainty reveals a sense of insecurity in her abilities.

ZEHRA: I said, 'alright', but maybe it was wrong to say this, I don't know, because this is why I am saying we just need a bit of education about this because I said this, maybe she felt worse, I really don't want her to feel worse, I can cope with this kind of things, but she's obviously really offended, really sad, more sad than me, so I don't want to give anything to her that she can't cope with. I'm not sure maybe if it was good or it was bad? I don't know.

Both Zehra and Nario appeared lacking in confidence in their roles and perhaps felt inferior to practitioners and thought training would help alleviate this.

NARIO: Working with senile people or people who are not coherent in what they are saying. I would be happier to have more training in that area. So I can feel less frustrated or less, how can I say, worried about other people thinking that I am the one who doesn't know how to interpret.

The feeling of powerlessness in Zehra's account is palpable. She seems to have adopted a sense of responsibility for clients in desperate situations and, like the clients themselves, is helpless to improve things.

ZEHRA: I was also questioning myself, is there anything I can do in this world? Because it is also very difficult just to stare at people and do nothing, but you are just hopeless there because you know you don't have this power to help them, but you still question yourself in your…inside of you, like maybe there is something I can do?, but I don't know, maybe I am not pushing myself enough, am I? I don't know, so you question yourself like this, I mean I question myself.

The interpreters compared their lack of education to mental health practitioners who are trained to cope with the emotional demands of the work and who "have the answers" (Zehra). There was a sense in several of the interpreters' accounts that practitioners must understand this vulnerability that interpreters have.

AMBICJA: [health professionals] being more aware of the fact that we do not have that training of how to cope with the patient...a little bit more sensitivity of the fact we have never been trained or made aware of 'what if...?' scenarios...sometimes they are so unaware of our position...I'm not trained to take certain actions to help the patient or even help myself.

4.3 Theme 3: Balancing the personal self and the professional self

This theme captures the struggle interpreters had with their personal and professional identities in their work. There was a sense from many interpreters that they should keep the two separate, to take the person out of the role and remain emotionless. For most, however, this seemed an almost impossible task. Ambicja begins her interview by asking if she should introduce herself, telling me about her 'personal' self which linked to her professional role.

4.3.1 To the limits of the role

Generally, interpreters reported that they felt restricted by their roles in terms of the intervention they were able to provide. Agrin summed this up by saying "my hands are tied" (page 7, line 282). Interpreters wanted to do more to help the clients and the therapists but felt limited to only translate words spoken. Nario talked about wanting to assist in therapy when his instincts told him something was being missed by the practitioner.

NARIO: Sometimes I was very tempted to say something to intervene (laughs). I didn't. But I was very very tempted to say something...I was extremely tempted to tell her, why don't you ask him that question? I was very very tempted to say 'you know he's probably gay this man'…I was very very tempted but then it's good that I didn't. That would have been very unprofessional (laughs, laughs) to even say 'oh, why don't you ask him?' 'Have you ever thought about asking him this question?'

Several interpreters stated that they were obliged to stick to their code of conduct and remain impartial, despite believing they may have information to assist the practitioners in their work.

FARAH: I was not allowed to just later see the legal officers and say, listen, these things that he's said, may not make sense to you, but it does make

sense to me, because of this and that, or because this is in their culture, or because this is the way it is in my country.

Some interpreters felt pulled, emotionally, to do more to help clients, but were in a professional- personal bind: what they should do vs. what they wanted to do.

AGRIN: At one point, I remember that even though I wouldn't do such a thing, I wanted to do it anyway, I felt like saying to him, speaking to him after the interpreting session ended, saying I hope everything gets better for you, those kind of things. But I didn't want to, you know, and err […] you know my professional values as an interpreter as I'm not allowed to do that.

Farah felt constrained to help clients over and above her role as she feared her employer might prevent her from helping clients at all.

FARAH: There are some clients that I'm seeing on a regular basis, and I mean sometimes I do get worried about them, because I know that, for example, if I were their friend, I could help them, but because I am only working with them as a professional interpreter, I not even give them…I'm not even allowed to give them my telephone number […] I'm not allowed, I'm not allowed to see them outside work. I'm not allowed to do anything with them. There are still people that I keep in mind, and I think about, yes, but unfortunately there is nothing I can do, or I may lose my job, if you know what I mean.

The sense of helplessness she feels filters through her words. In the following extract she reflects on the unfairness of the way her freedom to make choices has been taken from her. Paradoxically, in choosing this role as a career, Farah is choosing to surrender freewill and abide by a code of conduct that generates an internal conflict.

FARAH: There have been situations that I was interpreting for people, where I knew they are lying, but I had to just translate or interpret what they were saying, because I'm just there as an interpreter. [It was] awful…it was really difficult to just you know remain impartial and interpret all the lies that they were saying […] Yes, but you have no choice really, you have to do it.

Interpreters struggled with internal conflict and frustration at having to remain impartial and occupy the middle ground between client and therapist. They have to resist being recruited to work solely for either party to be able to provide a service for both. This appears to be challenging for interpreters as they are torn between the two positions. In some instances clients have demanded more help from the interpreter than they are allowed to provide, which can build a sense of helplessness for interpreters. For Waleria, her phrase, 'and once again' hints at her frustration of the frequency with which this type of situation occurs.

WALERIA: Sometimes people try to talk to you and to see you as they sort of like not the solicitor but somebody on their side, and wanting you to help them, if it comes to any difficult questions they will ask you or what do you think I should say, for example, and once again, I have to say that to the English speaking person, that's what they ask me, but I can't advise or I can't give any answers to that.

It is clear that Waleria strongly resists this close connection that clients want with her and to offload their problems on to her rather than the practitioner.

WALERIA: I don't want to know, I say I'm not a Priest, you know the Polish people, because they always think they are in confession…I'm not a Priest, I don't want to know.

Additionally, practitioners may see the interpreter as being more aligned with them in providing support for the client together, which according to Waleria, has its challenges.

WALERIA: Sometimes I don't like when they [therapists] say to me, oh I don't want you to say that, but blah blah blah blah blah, I'm like, hold on, I'm here for your convenience, but at the same time, that's quite rude, if we are chatting and I'm not telling her what we're chatting about.

It is important to note that not every interpreter had a similar sense of feeling limited by their professional role. Jiang felt more autonomous and freer to use his own judgement to work with clients depending on their need and thus did not experience the same frustration and helplessness as other interpreters.

JIANG: I'd just pace up and down with him, you know, so that he can recognise that I'm there to help him and also trying to you know connect with him as well. And then eventually...we got to you know got to a point that he decided to talk to me, no, I will always need to ask the question first, then he will only respond, it's always like that, so and then I finally managed to get something out of him, and then the doctor umm...appreciate very much appreciated my help.

4.3.2 Pressure to hide emotions

Interpreters commented that despite being affected by the the therapeutic process, they felt compelled to mask their reactions to remain professional. The way some of the interpreters viewed their role as restricted, coupled with the expectations of others regarding how interpreters *should* behave, may have led to this sense of pressure to conceal their true emotions.

A common experience was feeling emotionally touched by the client's stories during therapy, but feeling unable to express themselves at the time.

ZEHRA: At this time of interpreting I don't show anything because I can't cry with the patient, but there was one time that I was about to cry as well, because she…the patient was suffering from domestic violence, and she was really emotional, the woman was really emotional… [I] almost cried, but I said, excuse me, can we just stop just for a few minutes?

The behaviour of the therapist also elicited emotional reactions that were deemed inappropriate for interpreters to release in the moment.

AMBICJA: It's very annoying because I have no word to express my opinion. I have no right to do it. I feel like slapping the doctor and saying, hey, listen (laughs), I didn't finish, and the patient didn't finish, this is how I feel, but obviously (laughs), I professionally just let it finish then and leave the room when they ask.

As well as feeling discomfort with 'breaking the rules', perhaps interpreters may lack the authority to challenge others.

AMBICJA: You don't feel like complaining on the doctor because that's not your position there, that's not why I'm there for.

Farah described the difficultly, but necessity for interpreters to stick to the role of impartial translator.

FARAH:…sometimes you know when you don't understand some people or sometimes when they are rude to you, you tend to roll your eyes or just make like a suggestion or with your body language you make it clear to them that you're not happy with the situation. As an interpreter, you are not even allowed to do that. You just have to sit there and do everything impartially, which is not really the easiest thing to do when sometimes the professionals are expecting too much or being slightly rude to you.

Other participants talked about not wanting to take the negative emotions felt in the session away with them after the session had ended.

AGRIN: At the end of the day, I can't let my feelings of feeling sorry for them to affect me in a sense because for the reason if it affects me, then I go over the line of being an interpreter.

Farah stated "you are not really allowed to come home and talk about them" [clients' stories] (pg.11, line 252). It is almost like interpreters are just 'not allowed' to have their own feelings at all in relation to the work they do.

I noticed how throughout the interview with Lahn, he felt less comfortable talking about his own personal experiences than those of his colleagues, or interpreters' experiences as a collective. Perhaps he is feeling the pressure to conceal his emotions to remain professional. Talking on a personal level may be more of a risk for him, or perhaps this felt too unbalanced in terms of power.

4.3.3 "Sometimes I have to be just a human"

The interpreters referred to an internal struggle between their identity as a professional and their identity as a human being: how compassionate is a professional interpreter 'allowed' to be? Some participants described facing moral dilemmas in their day to day work, having to choose to do one of two things with equally unpleasant consequences. A common dilemma existed in having to decide whether to translate everything that a client or therapist says, even if it risks insulting or offending the other party. This point overlaps in the subtheme, 'A human shield'. By providing a summary, which tactfully avoids this risk, the interpreter is in danger of being seen not to do their job properly, which may result in being reprimanded or even dismissed.

Despite feeling constrained by her professional role, Farah's compassion to help others is an overriding force. It is an example of the irrational heart overcoming the rational head.

FARAH:...at the end of the day, you're a human being and I mean if you see someone in need, and you can do something about it, you would do it.

She went further to say,

FARAH:…unfortunately I've never been able to be like that interpreter that they are telling me about, in the trainings, sometimes I have to be just a human.

Here, Lahn also supports the idea of the personal self overiding the professional self, where his personal beliefs about the oppression and coercion of mental health patients by professionals are drawn on.

LAHN: I was in…a bit…probably a bit hasty but I was thinking balancing from my professional and the beneficial of the service user, who had been in the situation where had none of her choice, or his choice, being there, and I waive my professional conduct and I think it's less important than the benefit of a detained patient being kept in that situation.

Lahn struck me as 'quick-minded' and 'street-smart', which are the meanings of his pseudonym in Vietnamese.

Jiang reflects on the use of the self in therapeutic interactions and described how using his personal judgement as an interpreter aids the professional task.

JIANG: I just feel like you know…even though I feel I might be doing slightly more than just interpreting, but I think it's something that needs to be done, is

necessary for me to do it, so I just do it anyway…because it's good for the patient or the other person so why not.

4.4 Theme 4: "You need to protect yourself"

This theme describes the interpreters' coping responses to emotionally difficult material and work environments. All the interpreters had developed some strategies to protect themselves from emotional hardship and from becoming over-involved with the work. These included maintaining boundaries between work and home life, being 'ghost-like' and taking a position of detached-helping by stepping one foot in to the client's world whilst keeping one foot firmly in their own. Balancing out negative emotions with positivity and appreciating the life they have were also common coping strategies. The resilience interpreters had, as well as the positive growth experiences gained as a result of the work was also protective for them.

4.4.1 "I need to be ghost-like"

This theme describes the effort interpreters make not to align themselves with a particular person in the therapeutic encounter, thereby creating space between the interpreter and the client-therapist relationship. This protects the interpreter from becoming drawn in to the interaction beyond their comfort level.

ZEHRA: They still expect something from me, for example, they expect me to talk on behalf of them, but I can't do that, they need to talk, and I need to interpret. So they don't understand even I explain my role, but because I need to be ghost-like.

Zehra was able to adopt a position of detached-helping. I had the impression throughout the interview that she did not want to create too strong a connection with anyone, including me as the researcher, to protect herself.

Zehra was happy to meet me at an office near to her work for the interview, which gave a more formal context to the interview. Her style of interaction remained formal and polite throughout. She was talkative but did not draw on personal details to illuminate her account as much as other interpreters, maintaining a clear professional boundary.

In this extract, Zehra shows herself not aligning with or being drawn in to religion. Her belief in God but not religion may enable and/or constrain her connecting to clients (and therapists), but can be seen as protective for her in terms of preventing herself feeling split and raising unwanted conflict.

Zehra: I don't believe in any religion, first of all, I believe in God, so if you consider that 90% of Turkey is Muslim, I am already conflicting with them, but for me, I really…I was grown up with the Muslim culture, culturally I believe it, and I live it, I celebrate every kind of Muslim celebration and you know I am part of it, I am not denying this, but religiously I don't believe so much, so even at this point, I never think that they are contrasting or something like this. Because even I don't believe I know their point because I was grown up in a really religious family as well, like you know, many Turkish people.

It is interesting to note the other strategies Zehra used to distance herself from clients to prevent emotional harm.

Zehra:…with normal patients there's no problem, because they are okay, but with the mental illness, you know, sufferers, I don't always keep the eye contact, I mean of course I'll look at them, but not always like this, because some of them are really aggressive. Sometimes they call the agency even complain about you, because they suffer so much, that you know they throw stones to everywhere and you need to protect yourself sometimes.

Agrin took a similar stance in creating some distance in order to protect himself.

AGRIN: I try to look as a third person in a way so I don't think about a situation how I was there but as a third person watching that situations.

For some interpreters, it was challenging to articulate the mechanism behind distancing themselves.

NARIO: I have to say that I felt nosy a little bit. But I dunno, I think I probably, yeah I put a distance, not to experience that feeling. I don't know how I managed to do that but I didn't run out of there.

4.4.2 Balancing the emotional challenges

A number of the participants adopted cognitive, behavioural or spiritual approaches to regulate their emotions. Positive self-talk was a common coping strategy.

JIANG: I just need to keep reminding myself saying you know they're actually in a safe place, they're being well looked after, you know, so there's nothing too much to worry about really, because they are safe.

Cognitive withdrawal from the situation through self-talk was evident in Agrin's account.

AGRIN: I try to convince myself it's not my job to do that...It's up to the professional to make a decision on that person. So I don't feel so much guilt on it, not being able to help that person.

Attempting to rationalise and put things in to perspective was also common among the interpreters.

ZEHRA:…so this person, no choice, I mean, she is going to suffer for all her life, so when you see this on the patient, so how can you think, I mean, how

can you help, but my friend said to me of course you can't delete everything of her mind, but you can decrease something, so this is the luckiest that she can get, she can be, I mean, it's just to help as much as you can do, because I think you know psychologists know as well that nothing can be 100% cure for this kind of mental illness.

In this extract, Farah starts out thinking that over-empathising with clients is not really helpful to them and by the end of the phrase has truly convinced herself that it is actually unhelpful and potentially harmful.

FARAH: I could see that if I get emotionally involved, it doesn't really help the people, if like you worrying about them, it doesn't help those people either, I mean, if I keep thinking about them and then just like I'm not in the right state of mind to do the interpretation, then I'm actually not doing my job right

Other interpreters attempted to 'block' their emotions from cognition. Jiang admitted to fitting the classically 'male stereotype' of hiding his feelings.

JIANG:…males try not to show their emotion that much, they control it quite well too…I can relate.

Nario appears to have mastered control over his own emotions by not allowing himself to become too empathically involved.

NARIO: I don't experience anything I don't want to.

Perhaps though, and I say this tentatively, he is denying the existence of feelings that are in fact present. His internal struggle may be with battling the male stereotype of 'soldiering on'. The brisk manner with which he answered my questions in the interview and the shortness of his extracts interspersed with much nervous laughter throughout the interview gave me the impression he was being guarded. I got the sense he was uneasy and, through the

transference, I felt the same. His self-protection is unsurprising given the numerous factors relating to the interview context: a one-off event, the findings of which may be published and the gender roles and status involved between us. Perhaps it is more surprising how freely other participants relayed their emotional experiences. It seems that the restriction they may feel within their roles has been lifted by the opportunity to tell their story in this research study, leading to an emotional deluge.

Agrin spoke at length about the ways he copes with the emotional challenges of the work, which he said is also how he copes more generally with other life events. He described how the process of 'blocking' unwanted material is a temporary process that helps him in the short term, but that he needs to engage in a process of 'deleting' to protect himself from becoming affected again by 'blocked' material resurfacing.

AGRIN: When you block something, you don't get rid of it, it stays there somehow...it's stuck and it will come back eventually at one point or another, don't know when. But deleting means that it's gone, it's not part of you. […] It's like saving a file on a computer. So you put it in to a trash box or just press 'save' and have a look at it again later.

I later ask how 'deleting' benefits him.

AGRIN: It benefits me because it does not affect my, cloud my judgement, it does not affect me psychologically. It does not affect me negatively because at the end of the day I can't do nothing about it so there's no point in thinking about it, something I can't do nothing about. So let's say, one of the situations where the client has so much psychological, psychiatric problems and I can't do nothing about it even though so much so I would like to help them, the best thing would be deleting it. There's no point of keeping it with me as an attachment.

Agrin used a computer metaphor to illuminate his account, which gives the impression of an automatic process that is easily switched on and off. However, to become as efficient as a machine at 'deleting' words, and the accompanying emotions, I sense that Agrin has actually applied a lot of mental effort. Agrin talked about how 'blocking' and 'deleting' emotions or 'energies', a word he used interchangeably, came from his experience of Reiki.

AGRIN: When I feel something really err, keeps me down or makes me feel negative about something, I try to meditated myself into releasing that unwanted energy from me.

Reiki is a spiritual practice that has now become a form of complementary and alternative medicine in the UK. Reiki practitioners believe they are passing universal energy through the palms of the hands to enable self-healing and a state of equilibrium. Agrin's desire for equilibrium shines through his accounts. He used the word 'balance' multiple times, for example when talking about the protective function of working across multiple settings rather than purely in psychotherapy.

AGRIN: It all balances it out in my mind, so I don't become so much affected by it.

Agrin appears to avoid naming the emotions that he feels in relation to hearing clients' stories of distress and trauma, despite describing himself as 'an emotional person'. Instead he uses terms such as 'affected' and 'influenced' without conveying the detail of how so. This tendency may be due to his lack of emotional language or due to English not being his first language. However, it may also be seen as a coping mechanism to create some distance between the content of speech and the emotional valence the words hold. This could be seen as gender or culture-specific coping, given Agrin is a Turkish-Kurdish man.

Zehra describes a contrasting approach to blocking emotion utilised by many of the female interpreters. For Zehra, talking to supportive others is cathartic.

ZEHRA: What I do is I...I tell them to my friends, of course, without giving the name, just the story, so I can relieve, so I can call somebody, my boyfriend, or when I go home, I tell everything to my room mate, so I tell the same thing to my boyfriend again, so I tell the same story to a few persons until I am relieved.

4.4.3 "You have to draw the line"

This theme captures the interpreters' desires to maintain personal and professional boundaries as a coping mechanism. By 'drawing the line', interpreters protect themselves from forming overly close connections to clients or from work taking precedence over life.

Zehra stated her need to have some distance from clients in order to do her job well.

ZEHRA: you need to stay a bit away from them, physically and psychologically

Ambicja reflected on the struggle she had initially to maintain this personal-professional boundary.

AMBICJA: You sometimes lose patients..you hear of death...and you've been a part of their treatment by interpreting...you kind of reflect on it later on..but you have to move on...what I'm trying to do is not to have a personal connection with the patients, which I struggled with initially...later on you have to reflect that this is just a job and if you get very personal with those people then both of the sides will suffer...it's a very delicate balance that you have to learn to acquire, where you are warm towards them and personal, and yet mentally you don't get involved.

Farah relayed that as a newly qualified interpreter, she struggled to keep her emotions boundaried. The passage below details how she managed to become more detached as she has gained more experience over time.

FARAH: When I started 11 years ago, as I told you, I was working with asylum seekers…and all these stories really affected me, but I suppose somewhere along the way, little by little, developed this defence mechanism that kept myself detached from these people, because in the beginning, I remember, I used to get quite emotionally involved, and you know, get upset and you know think about it later on, when I went home, but little by little now, it just umm…it just was a story that I was hearing and I was supposed to interpret, it's not maybe very nice to say that, but I always say that working at a humanitarian organisation makes a little bit cruel because you have to keep yourself…the same thing is very true for people who are attending long term psychological treatments, or you know, therapy sessions, you have to keep your…I mean you have to be detached from the client and the story you're hearing, because otherwise it can affect you, yes.

Lahn takes a reflexive stance to his work by monitoring his emotional reactions at the time of interpreting but also through self-reflection later on. These processes seem important in helping him clarify his thinking thereby ensuring he has the right personal-professional balance to do an effective job.

LAHN: Professionally doing that I know you have to control that [emotions] because you are doing professional work, but afterwards you are having to re-think to yourself when of this is the right environment for you to do the work, because when you are in doubt, or you have certain suspicions or you don't know whether you could contain your emotional feelings when you're doing the work, then you shouldn't be doing the work.

From her previous struggles, Ambicja stated that she is now able to 'switch off' when it's needed to keep a good work-life balance. She reported that maintaining personal-professional boundaries is imperative to protecting herself in her role as an interpreter.

AMBICJA: You have to draw the line and say 'okay this is my job, this is a client, I am just a messenger and that's it'...I think this is one of the ways that allows me to do my job.

AMBICJA: What have I gained?...the increased ability to draw the line between your reality and their reality and being able to switch off when it's needed, which helps me to do my job in a better way.

4.4.4 "I belong to the lucky ones"

This theme draws on the positive outlook the interpreters developed to cope with the emotional challenges of the work.

ZEHRA: I try to relax, I say to myself this is okay, I mean, she [the client] is getting help at least, which is great, so she's going to be okay soon.

For some interpreters this work made them appreciate their own life and the opportunities not afforded to their clients.

NARIO: Well of course there are people who are better than me, who are feeling better than me, there are people feeling worse than me, who are having more difficult lives. So I guess overall I belong to the lucky ones

Nario's positive outlook was infectious. His pseudonym means 'cheerful' in Italian.

FARAH:...after I started this job, it taught me a lot of things about life, and one thing it taught me, in particular, was to appreciate what I have, because I

could see so many people who didn't have it, so many people who were deprived of their basic freedom, had to flee their country, had no money, I mean, young children, no place to stay, so it taught me to appreciate life.

Jiang's positivity stood out in his account. He described coaching clients to let go of the past and stimulate motivation to focus on a hopeful future.

JIANG: There's no point to dwell in the past really, because, even though it's sad, but you know, you need to live your life, start from now on and then move on, and see how you can live your life from now on. A lot of the patient tend to just dwell in the past experience or incidents, and yes, sometimes, I actually encourage them, saying you know, that's the past, you should look forward to the future, and trying to move on, and see what you can do in the future so that you can get better, go to work, earn some money, and then you know do whatever you need to do.

His need to remind himself to hold on to hope indicates an active, reflective process of coping.

JIANG: I think I just need to keep reminding myself on you know…being hopeful and you know the future is bright, it's not as gloom as I you know I feel inside, yes.

Jiang draws on his sense of humour as a strategy for coping with sad situations, thereby creating 'light' in a dark place for both he and the client.

JIANG: There was kind of a joke that I was trying to make, you know, and then trying to connect him as well, so that we can laugh and joke, even though it's like quite sad situation he got himself in to, but sometimes you've got to laugh really.

Jiang's pseudonym is a Chinese name meaning 'River'. This relates to his easy-going nature, of 'going with the flow', as well as to the ease of flow in conversation between us during the interview.

4.4.5 Resilience and growth

This subtheme captures not only the resilience of the interpreters in the study but also some transformative experiences of growth.

Agrin's sentence *'But I've survived I suppose'* (p.8 line 314) suggests he has managed to withstand something potentially life-threatening. I have looked to the whole analysis of Agrin's account in order to make sense of this part. I suggest that Agrin is telling us something about how he has avoided an attack or punishment for his strong political ideologies. His comment comes in the context of fear of speaking out as an interpreter. Doing this may lead to losing his job, and potentially the life he lives now. Given his commentary about how clients with strong political views now suffer 'psychological pain' having lived through horrifying and torturous circumstances, he is referring to his survival at escaping these horrifying situations. Perhaps he has escaped trauma in Turkey by moving to the UK and given his comments about 'how life in the UK for some is worse, socially and economically', he has survived this too. The pseudonym I chose for Agrin, is Turkish for 'fiery', which I think fits his impassioned spirit.

Some participants reflected on how their upbringing has influenced their development of a 'strong personality' to help them cope with the emotional challenges of their work. I interpreted the term 'strong' as meaning 'robust'. These personal experiences were reported to increase their resilience in their interpreting role.

WALERIA: my upbringing I think made me quite strong person and quite resourceful and sort of you know I know I can…I can't rely on many people you know so I have to rely on myself.

WALERIA: I was spoilt from a materialistic point of view, because I had everything...but at the same time, I didn't have my mum…I had to pay the price for having everything materialistic, but I didn't have that emotional support, so that's what probably made me quite strong.

My impression of Waleria was of an experienced and competent interpreter who moved to England on her own and built a life for herself. She is someone who other interpreters turned to for advice and support. The pseudonym of Waleria, meaning 'to be strong' in Polish, was fitting.

Ambicja echoes Waleria's account of growing resilience.

AMBICJA: I think I had to learn at certain point independence from being very depending on people. There came a point where all the strings were cut very abruptly and I had to start from very deep water and build up my confidence from there and my independence almost straight away, so I think that gave me a lot of strength and made me a stronger person that I kind of find different situations easier to cope with.

A few interpreters commented on how mental health interpreting had assisted in developing strength.

AMBICJA: Determination is probably also one of the traits that helps me coping with those difficult situations

Ambicja's determination to suceed at whatever she did struck me in the interview with her. She was bright and driven and accordingly, I chose Ambicja, meaning 'ambition' in Polish, as her pseudonym.

Through mental health interpreting, Farah seemed to have been on a journey that has enabled her to process her own traumatic life experience and grow in

strength and positivity. She appeared ‘joyful’ during this interaction, which is the meaning of her pseudonym.

FARAH: it taught me to appreciate life, and I think that traumatic experience that I had gone through before that, and these things that I was seeing on daily basis just helped me […] how can I say, maybe I became stronger.

RESEARCHER: Were there any particular things that you may have learnt about yourself from doing the interpreting work?

FARAH: yes…that I can be really strong maybe. Yes. Or maybe you don’t…you never learn how strong you are until being strong is actually the only option you’ve got, then you realise and I can be that strong person and do it.

5. Discussion

"The limits of my language mean the limits of my world"

Wittgenstein (2001)

5.1 Overview

This chapter draws together the research findings within the context of my research questions. Methodological considerations, implications for clinical practice and areas for further research will be reviewed.

This study aimed to explore the emotional impact and coping of community interpreters working in mental health, specifically in relation to working with clients, therapists and the content of therapeutic sessions. The study revealed important negative, as well as positive effects for interpreters related to these areas, as well as to the environment and issues of the self, which will be discussed here.

5.2 How do interpreters experience working with clients?

All the interpreters in the study demonstrated warmth, compassion and empathy towards their clients. It was clear that the majority of interpreters desired a strong human connection with the clients, whilst others were more boundaried. It was highlighted by many interpreters that a connection was necessary to enable any therapeutic work to then take place with the therapist. Without the interpreter as the 'stable third' (Vetere & Henley, 2001) in the therapeutic relationship, clients may feel unable to emotionally connect with the practitioner. Hillier et al. (1994) found that the presence of interpreters in assessment led to a higher return rate in clients for therapy. Forming a close relationship with clients, however, had its drawbacks for interpreters in terms of clients 'taking their anger out' on them in addition to overidentification, which will be discussed further is section 5.3.

It is problematic to assume commonality of culture between interpreters and clients even if they share the same country of origin, ethnic group, social class, age or gender (Raval & Maltby, 2005). Obviously diversity within cultures or subcultures exists. However, the interpreters in this study generally felt that a shared cultural understanding[5] between them and the client aided the formation of a therapeutic relationship, as denoted in the subtheme "One of them". Interpreters, like clients, have had to cope with moving countries, perhaps the loss of a job, family and identity and therefore may be viewed by clients as an ally in a 'foreign' world. The interpreters in this study described how they assisted the process of therapy by "bridging the gap between cultures" (Ambicja). The findings support the work by Kline et al. (1980) that revealed the presence of an interpreter led to an enhanced sense of being understood for clients. Findings may further support Tribe (1997) and Holder's (2002) reflections that the interpreter can be seen as a model for the client, demonstrating that it is possible to survive leaving one's country of origin and migrate and find meaningful work in a new country, thus perhaps inciting some hope in the client.

There was acknowledgement that it takes time to build a relationship through a process of engagement, particularly with mental health clients, who may not be immediately trusting of professionals. Some interpreters reported being able to spend time interacting with clients before psychological work could begin, whereas most were 'not allowed' this opportunity as they were expected to act purely as a messenger between the parties. This dilemma aroused feelings of frustration and helplessness within them.

Resisting the temptation to align themselves with the client, and thus to remain impartial, was a challenge cited by most interpreters. They felt torn between what they wanted to do and what their role required them to do: to step back from clients and be a neutral presence in the room. Cecchin (1987)

[5] 'Cultural understanding' here includes a shared gender as gender may be seen as inextricably linked to culture

uses the term ‘neutrality’ to express the idea of therapists actively avoiding the acceptance of any one position as more correct than another in family therapy. However, he also asserts that it is impossible to act in neutral or non-political ways. Interpreters are also not immune to this and will have the same struggles as therapists in remaining non-attached to any particular position within the therapeutic relationship.

Reciprocal gains were felt for the interpreters working with clients, for example, benefitting from applying coping strategies taught in therapy to their own lives, improving their English language skills and increasing their knowledge about mental illness and idioms of distress.

5.3 How do interpreters experience the content of therapeutic sessions?

The theme “Putting yourself in the clients’ shoes” depicted how interpreters encountered strong empathic responses by imagining the experiences clients had been through as they interpreted their stories. The danger of becoming *too* empathic emerged from many of the interpreters’ accounts, which is an issue that has also been highlighted by Harvey (2002). Harvey asserted that ‘one must achieve a healthy balance of empathising enough while shielding oneself from its perils (p.207). This study found that interpreters suffered emotional distress vicariously through hearing clients’ stories of despair. The details of the experiences clients described in therapy had at times become completely overwhelming for them. For some interpreters, the negative feelings of sadness, fear, anger and worthlessness made a lasting imprint for several hours and even days after the session ended, however, feelings rarely lasted much longer. One interpreter described experiencing flashbacks and infrequent nightmares after an episode of interpreting conducted over 10 years ago. However, these symptoms were irregular and did not interfere uncontrollably with daily life outside of work.

Whilst relatively infrequent for most interpreters, it was found that for some, their distress was acute and described as 'traumatic', which may lend support for the experience of vicarious post-traumatic stress in this population, however this is stated tentatively given the problems with generalisability. Interpreters recounted stories where it seemed they were unable to disconnect their own feelings from those of the client. Having to 'become the client', adopting their body language and emotional tone that accompanied the words spoken, appeared to contribute to this conflict. These findings support those of Butler (2008), who found that interpreters struggled with overidentification with clients. Further, the findings are consistent with Wilson and Lindy's (1994) views that identification can result in a sense of being overwhelmed and emotionally exhausted, and can lead to difficulties maintaining boundaries. It is interesting to note the differences between genders here, with female interpreters' accounts highlighting more acutely the emotional impact of the work and male accounts of 'blocking' feelings. This is not a surprising finding, given the stereotypes that exist regarding emotional expression of men and women.

What is not already apparent in the existing literature is the finding that for some community interpreters, working across a variety of settings was protective against overwhelming feelings of distress. These interpreters believed that because they were not surrounded by emotional distress daily, their emotional well-being was not as detrimentally affected as those who worked solely in a trauma or psychotherapy service. This is an important finding. Working across multiple settings may dilute the emotional impact of the work for interpreters.

5.4 How do interpreters experience working with practitioners?

Some interpreters described their frustration at the intervention of the practitioner, particularly when they demonstrated an apparent lack of cultural understanding. These interpreters felt powerless to question or challenge

practitioners due, in part, to the perceived role restrictions limiting their ability to intervene in therapeutic sessions. Six of the interpreters interviewed appeared to conform to the conduit model of interpreting (Dysart-Gale, 2005), providing accurate and neutral translation to others with little or no input of their own. However, two of the eight interpreters portrayed having the freedom to use their own judgement in working alongside therapists. One of these interpreters did not receive formal training in interpreting and translation and perhaps due to this, viewed himself as less restricted in his role in being able to provide cultural liaison and befriending. The other participant who had worked as a community interpreter for over 30 years, was currently employed as a bilingual support worker and did not feel constrained as others did either. This finding seems significant in that those interpreters who felt they had more freedom and autonomy in their work were less frustrated and disempowered. This supports Dean and Pollard's (2001) assertions that restrictions in 'decision latitude' imposed by the interpreters' ethical code of conduct, together with the environmental, linguistic, interpersonal and intraperseonal demands of the work, may lead interpreters to experience a high degree of stress.

Many interpreters described feeling undervalued by mental health professionals, and additionally by their employing agencies. Their experiences are consistent with research highlighting that interpreters are seen as machines or robots, rather than human beings with feelings (Hsieh, 2006; 2008). Some interpreters felt that practitioners lacked awareness of working with interpreters and were not conscious of interpreters' needs, for example, slowing their speech and pausing for the interpreter to translate, providing preparation and background information prior to the session or having rest breaks between patients. This was invalidating for those interpreters and indicated to them a lack of appreciation of some practitioners for their role. This finding supports that of Granger (1996), in her questionnaire study. One particular interpreter described feeling belittled by practitioners when she did not understand some mental health terminology, leading to feelings of

inadequacy, as well as inferiority within the interpreter. Perhaps interpreters were picking up on projections of practitioners who themselves felt under-skilled in working cross-culturally and with interpreters. The fact that there is no requirement for practitioners to undergo training in working with interpreters may mean that the significance of a good working relationship between interpreter and practitioner is not highlighted.

Differences existed between interpreters regarding how supported they felt working with practitioners. For one interpreter, having the support of the team around him made him feel confident when working in uncertain mental health contexts. However for the other interpreters who were employed through external agencies on a freelance basis, the opportunity to form close working relationships was lacking. These interpreters felt isolated in their work and instead sought reassurance from external support systems, family and friends. This has implications for interpreters in terms of their employment status. It can be said that interpreters in this research who were not embedded within a mental health team felt less confident that difficulties encountered could be worked through.

5.5 How do interpreters encounter the mental health environment?

The interpreters reported working across a variety of contexts, where only one portion of their work was situated in a mental health context. This meant that the environment was relatively unfamiliar for some individuals. For some of these interpreters this new setting was seen as affording them experiences that were interesting and exciting. For others, however, working on inpatient wards or in clients' homes was extremely anxiety-provoking due to uncertainty about the unknown. This insecurity was felt more acutely by some interpreters than others, who saw clients as 'mad', unpredictable and potentially dangerous. Through seeking security, a process of 'othering' may be occurring. Othering serves to mark and name those thought to be different from oneself (Weis, 1995). 'Othering' defines and secures one's own identity

by distancing and stigmatising an(other), creating a separation between ‘us’ and ‘them’ (Grove, 2006).

The sense of isolation in terms of lone working and little contact with fellow interpreters, together with being viewed by practitioners or seeing themselves as ‘outsiders’ to the mental health environment, may have added to their sense of insecurity. Feeling like an outsider and not fitting in to the environment perhaps mirrors how clients often feel in daily life when they do not speak the language of the country they are living in. For some interpreters, they did not feel they could speak the ‘language of mental health’. From a systemic perspective, Mason (1993) has written about relationships with uncertainty, which I think fit well with the experiences of interpreters in this study. Mason contends that exposure to certain experiences in life may leave people vulnerable and in positions of ‘unsafe uncertainty’. This phase of being is characterised by great misgivings about the future, tenuous and uncertain relationships and with people not knowing what to do. As such, there is a great sense of insecurity. Many interpreters reported not having the training to cope with working in a mental health environment, which may help them to feel more reassured and, as Mason (1993) puts it, to ‘embrace uncertainty’ and engage with clients with difference.

5.6 How do interpreters cope with mental health interpreting?

Many of the interpreters who struggled with overidentification could recognise this as problematic. Some were also able to take a physical, and metaphorical, step back and create some distance from the client and therapist to protect themselves from becoming emotionally overwhelmed and exhausted. Interpreters identified the need to ‘draw the line’ and maintain a personal-professional boundary that prevented their over-involvement. Cognitive strategies were employed to counterbalance the emotional burden, such as positive self-talk, rationalising and putting things in to perspective, as

well as not dwelling on the negative and focusing on the positive experiences. One participant drew on his humour to cope with the emotional challenges. The stress-reducing benefits of humour are widely recognised in the literature (Robinson & Smith-Lovin, 2001).

Interpreters commented that they drew on social support to buffer them against the stress they encountered in their work. The re-telling of a story to numerous other people reduced the emotional valence of it and enabled interpreters to continue working as before. The benefits of social support are widely assumed. Research has shown that support may serve to increase self-esteem and enhance self-efficacy, leading to increased persistence at coping efforts, and direct changes in problem-solving behaviour (Cohen & Wills, 1985).

Generally, the emotional challenges for the experienced interpreters impacted on them more when they were new to the world of interpreting. They commented that the work became less emotionally difficult the more experience they accrued over time.

5.7 How does the work affect interpreters' sense of themselves?

As stated in 5.2, several interpreters struggled with internalising negative emotions felt by their clients. They spoke of the additional challenge of having to hide their own emotions and pretend to be unaffected by the clients' stories to uphold their professional integrity. Most interpreters were also reluctant to express their concerns to their employers for fear of being seen as unable to do the job and consequently not offered further work. There was a sense from interpreters that they could be easily replaced by other untrained interpreters who are cheaper to employ, as well as a general lack of work available for interpreters to remain employed on a freelance basis. Two interpreters were considering a change of career because of insufficient work and thus, pay.

One of these interpreters was so demoralised by the NHS contracts being transferred to private companies to save costs that she was considering a complete change of career.

The sense of fulfilment gained in helping others less fortunate than themselves was prolific in the interpreters' accounts. Some interpreters commented on how 'being strong' helped them to cope working in mental health settings. For some this strength developed from coming through their own difficult and traumatic personal experiences. For others, the process of interpreting in mental health over time helped them become more resilient individuals. The interpreters acknowledged the rewarding nature of being witness to, and playing a part in, the clients' recovery process, with one participant describing it as witnessing 'a miracle'. For a handful of interpreters mental health interpreting taught them a lot about life, in particular, the need to appreciate what they have. One interpreter described mental health interpreting as enabling her to process her own traumatic life experience, find new strength and experience, as Papadopoulous (2003) terms it, 'transformative renewal'. The process of interpreting, despite its challenges, had been a cathartic experience. These experiences may be viewed as consistent with the vicarious post traumatic growth literature (Arnold et al., 2005). As a result of their work, a couple of participants conveyed their desire to fight for equality and fight against stigma which could also be illustrative of growth.

5.8 Methodological considerations

As stated in the Methodology section, Yardley (2000) proposed four main criteria for assessing the quality of qualitative research. I will go through each in turn to illustrate how my IPA research has addressed these.

5.8.1 Sensitivity to Context

Substantial relevant literature was sought from many areas to attempt to draw together a coherent context for the existing research. Research was included that drew from different sample groups and nationalities, often based in different disciplines, such as medical and nursing. Previously, little attention has been given to exploring the experiences and coping of community interpreters who work across a variety of settings. It was thought this study might reveal important differences to the existing research, the majority of which has been conducted quantitatively or with interpreters who work in trauma services for refugees.

Throughout the IPA analysis, consideration was given to the socio-cultural aspects of the participants' lives. This helped to identify themes such as those relating to cultural and gender coping styles that permeated the transcripts. Interpretations presented are possible readings, of many possible ways and more general claims are offered cautiously. It is perhaps important to note that as this research was conducted for a doctoral thesis, the research was also influenced less by the requirements of stakeholders than may be encountered in other areas of research. This reduced the potential for 'filters' on the interpretation process, such as seeking out particular themes or service/provider issues.

I was sensitive to the differences between myself and the participants in terms of ethnicity, gender, age and professional status. I was aware of the power differentials between myself and the participants, which would undoubtedly have affected how much or how little the participants would have shared with me during the interview. I maintained sensitivity with good interview skill, showing empathy and attempting to put the participant at ease. I was also sensitive to the impact the interviews may have had on the individual whose transcription services I used to support my research. Like interpreters, transcribers can be exposed to potentially traumatic material, and are thus not immune to the potential for vicarious emotional stress. I offered the transcriber

a debrief session over the telephone, which was accepted, to talk through the emotional impact the content of the interviews may have had from listening to the audio recordings. This helped the transcriber let go of these feelings in relation to the individuals.

5.8.2 Commitment and Rigour

Commitment to the research process was demonstrated through conducting the interviews in settings that participants were familiar with. Many of the interviews were conducted at the participants' homes, which required me to travel, several miles on occasion, to reach them. The home setting allowed me to step in to their world and demonstrated the effort I was willing to contribute for individuals to voice their experiences. I was respectful of personal and cultural practices, drinking tea and removing shoes, for example.

In terms of the appropriateness of the sample, the participants varied in self-defined nationality, ethnic origin and languages spoken. However all participants were community interpreters who spoke English as a second language and therefore was a relatively homogenous group, according to the criteria given by Smith et al., (2009). Although Smith et al. suggest that homogenous samples can be useful in IPA research, such a sample may have limited the generalisability of the research findings presented. What this research cannot tell us is whether the experiences presented here are akin to other community interpreters, nor can it tell us how widespread the issues are. The findings are salient for this particular group of participants within their particular contexts. The self-selecting nature of the sample may have given access to interpreters who perceive the challenges of mental health interpreting more forcefully.

Six of the eight interviews were transcribed by a third party. Following this, all transcripts were checked for quality. Whilst time-consuming, the importance of ensuring that interview transcripts are verbatim accounts of what transpired is widely acknowledged (Patton, 1990). What I perceived as errors in relation to

sentence construction, the use of quotation marks, omissions and mistaking words or phrases for others, were amended to fit my interpretation of the interview. However, many aspects of interpersonal interaction and nonverbal communication are not captured in audio recordings, so that the audiotape itself is not strictly a verbatim record of the interview (Pollard, 2002). Perhaps the interviews in this research may have been better video recorded to identify the nuances in communication. The socially constructed nature of the research interview as a co-authored conversation-in-context must be acknowledged (Kvale, 1995). As text, the transcript is also open to multiple alternative readings as well as reinterpretations with every fresh reading.

A process of triangulation was engaged in, to ensure that analysis was sufficiently interpretative and themes were credible. Yardley (2008) argues that although triangulation often refers to the convergence of data across different data sources or methods, it can also be used to describe convergence across raters or perspectives. Triangulation occurred through the use of supervision and peer review. A small IPA group was formed with the assistance of a Consultant Clinical Psychologist experienced in IPA methodology. The group reviewed some transcripts to cross-check the validity of emerging themes. They were able to follow my analysis, whilst identifying similar themes to my own, thus authenticating my analytic process. Through this triangulation process the group suggested altering the wording of one of the themes. In the master theme 'Relationships in Context', I had originally titled one sub theme 'A powerless position', which may have in fact inadvertently put interpreters in to a powerless position: the meaning perceived as being incapable of helping themselves. Through discussion I re-worded the sub theme to 'Disempowered', as this more accurately reflected the struggle some interpreters had with practitioners and employers taking away their perceived power, which emerged from the accounts. My research supervisor, experienced in supervising IPA doctoral level projects also checked the validity of my analysis by following it through from the emerging themes to the generation of master themes. It was agreed that the themes

elicited could be justified and appeared to be grounded in the text, thus demonstrating credibility and trustworthiness of the data.

5.8.3 Coherence and Transparency

Throughout this research I have strived to be transparent about the method. I have outlined the process of gathering and forming a sample, as well as highlighting the steps taken in analysis (as suggested by Smith et al., 2009). I have enclosed an extract of annotated transcript from one participant in Appendix 9, highlighting the formation of themes. A table of master themes with corresponding extracts from participants is included in Appendix 10. Finally, a table showing the recurrence of themes across participants is included in Appendix 11.

A considerable number of verbatim extracts from participants' interview data were included in the write-up to support the claims made, which allows the reader to check the cogency of the constructed themes. Great consideration was given to presenting proportionate amounts of data from the differing participants.

It is perhaps a limitation of the current study that feedback was not sought from participants themselves on the validity of the themes. However, a summary of the results will be made available for participants following the completion of the project.

5.8.4 Impact and Importance

I believe that the research presented has extended the understanding of the experiences of community interpreters in terms of the emotional impact of, and coping with, the work. The participants provided a rich body of data for analysis, with a number of important themes emerging. Some themes support existing literature, others suggest new areas. It is planned that material from

this research will be published in a journal that can be accessed by a number of health care disciplines to enable wide dissemination.

5.8.5 Reflexivity

I appreciate that speech is an act of communication intended to have specific meanings for and effects on particular listeners (Leudar & Antaki, 1996). Therefore as a listener to the participants' personal experiences, I have contributed to what has been said. My beliefs and assumptions will have inevitably influenced the direction of my conversations with each of the participants and will have shaped the co-constructed meanings applied. It is important that this is acknowledged by the readers of this study. Throughout the research, I have engaged with self-reflexivity by endeavouring to 'bracket' assumptions to, as far as possible, understand and represent the experiences of participants (Ahern, 1999). By writing a reflective diary, I felt I was able to bracket my feelings about a participant and their interview before moving on to interview the next participant. This process continued through analysis. I aimed to see each analysis with 'fresh eyes' to allow new themes to emerge, rather than fitting participants' experiences in to existing themes. I found peer support from the IPA group useful to debrief following emotionally difficult interviews, as well as to ensure my interviewing skill.

Prior to commencing interviews, I was concerned that my inexperience of working with interpreters may hinder me. I doubted my ability to engage with the participants for fear of them seeing me as an outsider. Being a White British female in my 20s, I sensed would perhaps limit the trust that the participants could have with me to share their personal experiences. Whilst I think that this was not the case on the whole, there was one participant who remained quite guarded. Perhaps the difference in gender may have contributed to this sense. However, I wonder if my inexperience or difference had a positive impact in that it allowed me to be curious and ask questions that did not assume a shared understanding, which may have added richness to the data.

It is interesting to consider the parallels that exist between my experience of the interpreters and their experience with clients, as an outsider, and as unsure of the level of empathy required. Following my first interview I discussed in supervision how I was resisting showing empathy to the participant, which I mistakenly believed was what was required of a researcher to try to remain objective. In a later interview, I found myself empathising perhaps a little too much and becoming drawn in to the distress of the participants. Again, peer support was invaluable to help maintain a clear focus.

5.8.6 IPA with individuals who speak English as a second language

The interviews were conducted with the interpreters in English, their second language, rather than their mother tongue. Wheldhall (1975) cautions that when interviewing participants in a second language, misunderstandings may inadvertently occur by means of 'concealed assumptions' over meanings of a word or concepts, particularly with reference to technical terms. Subtle and non-threatening probing was done to provide validation for the meaning of words. Caution was taken when interpreting grammatical nuances. Changes in tense and pronoun use may have been slips in language fluency rather than a deeper level of interpretation. Participants who struggled to articulate themselves may reflect a lack of terminology or misunderstanding of a question rather than hesitation or uncertainty. At times during the interviews it was necessary to give suggestions when interviewees were trying to find words in a way I may not have done with an interviewee who spoke English as a first language. Whilst this could have been avoided, it would have been at the expense of a good rapport with the interviewee, which took precedence.

According to a number of studies of emotion in bilingual individuals, there is increasing evidence showing greater emotional arousal corresponding to first language and reduced emotionality when speaking a second language (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera & Altarriba, 2002). Burck

(2004) found that bilingual individuals reported experiencing a different sense of self in each of their languages and that these differences relate to differences in meaning in a socio-political, local and personal context. Participants commonly identified their first languages as the language of emotion and closeness. In contrast, second languages were more formal and constrained, generally introducing a sense of distance from what they were experiencing by the words they spoke and heard. This has implications for the research outlined here, given the interviews were not conducted in the participants' first language. Although all interpreters were fluent in English language, perhaps the level of emotional distress would be found to be higher if interviews were conducted in their mother tongue.

5.9 Clinical implications

A number of ideas emerged from the interpreters' interviews about what support they believed they needed. Some felt there should be a shared responsibility for interpreters' well-being held by employers, in terms of adequate policies and procedures; by practitioners, pre, during and post therapeutic sessions; and by interpreters themselves, in being able to recognise and seek out the support they need. A number of implications for clinical practice are suggested here.

5.9.1 For practitioners

Training

It is suggested that all mental health practitioners should be made aware of the value and benefit of working with interpreters for therapeutic practice and given support to form effective working relationships through training. This may help alleviate some of the emotional challenges for interpreters of the perceived incompetence of practitioners. Joint training sessions may be beneficial to gain an appreciation of each other's roles. Establishing trust

between the practitioner and interpreter could be seen as a necessity to the building of trust with the client. The client needs confidence in both the practitioner and the interpreter and the way they relate to each other could be seen as offering a relational model to clients through the way that they interact (Raval & Maltby, 2005).

Mental health professionals from all disciplines including nurses, allied health professionals and medics may not have the knowledge or skills to work effectively with interpreters. Guidelines for working with interpreters do exist (see Tribe & Morrissey, 2004 and Tribe & Raval, 2003), however clinicians may not have the time or inclination to engage with them. Training is not mandatory for continuing professional development and therefore practitioners may lack the competence to meet the needs of interpreters and ensure the best outcomes for non-English speaking clients. The same is true, perhaps to a lesser extent, for clinical psychologists. Guidelines for working with interpreters are available, although for a fee, through the BPS (BPS, 2008). Training may best be provided to clinical psychologists as part of doctoral training courses. Then, as qualified practitioners, psychologists may feel in a more confident position to raise awareness and help provide in-house training to members of the multidisciplinary teams in which they work.

It is important to highlight to practitioners the potential benefits and opportunities for self-growth for interpreters in carrying out mental health interpreting. Without this awareness, practitioners might inadvertently restrict these possibilities limiting the potential for enhancing resilience and growth.

Time for preparation and aftercare

For practitioners working in busy NHS environments, it is perhaps challenging to afford time with the interpreter outside of therapeutic sessions to ensure adequate planning, preparation and debriefing. However, given the emotional impact on interpreters illustrated in this study, this seems essential in order for

both interpreter and practitioner to work effectively together. By having this time, the opportunity for a two-way professional conversation is provided, demonstrating to interpreters how valued they are in the therapeutic interaction. Practitioners can ask interpreters how best they can work with them and joint decisions can be made regarding how involved the interpreter can become in the sessions, which may go some way to empower interpreters within the therapeutic relationship. Raval and Maltby (2005) note the need for the practitioner to be open to learning from the interpreter. The nature of the client's difficulties can be discussed so the interpreter (as well as the therapist) can emotionally prepare themselves for the work. Additionally, this dialogue may open up space to facilitate interpreters asking questions regarding the style and process of therapy in order for them to feel competent in working with the practitioner towards a shared goal.

As interpreters in this study suggested, interpreters may benefit from emotional support from practitioners. This may range from simply asking the question, 'how do you feel?' to providing substantial time to emotionally process the therapy dynamics following a difficult session. The level of support will obviously differ between interpreters and between sessions. The importance for interpreters it seems from this study is the existence of a support system, if required. Raval and Smith (2003) reflect that a co-worker model is better suited to therapeutic work where the interpreter is employed to work specifically within a service as a bi-lingual colleague. This allows for practitioners and interpreters to develop a shared understanding of the work setting and the cultural context. As stated earlier, however, interpreters are rarely employed permanently by health care trusts to work within a mental health team and therefore will need to feel supported by the practitioner they are working with directly as other avenues for support professionally appear to be lacking.

5.9.2 For interpreters

Support and supervision

It is clear from this study that interpreters lack support from professionals to cope with the emotional challenges of mental health interpreting. Further education was desired by some interpreters on mental illness and practical advice to cope with tricky situations and ethical dilemmas, as recognised in the subtheme “we don’t have the training to cope”. Training to familiarise interpreters with the mental health environments that they may have to work in, such as locked inpatient wards, would be advantageous to demystify and reduce fear.

Sande (1998) proposed that like their clients, interpreters may well have experienced distressing and traumatic events and need supervision and education to manage their own feelings. Interpreters’ accounts relayed the benefits of sharing a cultural identity with clients, in increased empathy and therapeutic rapport, as well as revealing the problems of over-identification. It is suggested that supervision could usefully cover issues relating to the self and determine whether and how these can be usefully drawn on in the therapeutic encounter. According to Raval and Maltby (2005), a shift in how we construct the role of the interpreter and how we utilise the personhood of the interpreter is required. They go further to say that we need to pay attention to the interpreter’s family, work and societal context if we are to understand something of the process that is taking place in the therapeutic encounter.

Positive effects of therapist self-disclosure have been found for clients in terms of an increased insight or new perspective from which to make changes, an improved or more equalised therapeutic relationship, normalisation and reassurance (Knox, Hess, Petersen & Hill, 1997). From my perspective, therapist self-disclosure is a natural part of the therapeutic interaction, and like the therapist, the interpreter is revealing him or herself consciously and unconsciously on many levels. Supervision can serve to support interpreters become aware of these issues of self that may influence

their emotional responses within the therapeutic encounter and protect them from over-identification, for example.

Group supervision or reflective practice sessions, where interpreters are invited to join teams may be an appropriate alternative. Perhaps clinical psychologists are well placed to provide this, given the growing expectation to adopt a more leadership role within NHS teams.

5.9.3 For agencies

It is suggested that employing agencies could give more clarity to their interpreters regarding who's who in the organisation: who to contact for payment or to make a complaint to, for example. This could help to alleviate some of the stress interpreters voiced experiencing. Agencies could monitor the amount of mental health interpreting work interpreters conduct to prevent overloading them. Agencies must appreciate that interpreters need to have some time to debrief before moving on to the next interpreting job. Supportive networks amongst interpreters could be encouraged by creating discussion forums or a mentoring or buddy system where experienced interpreters can share their strategies for coping with the emotional impact of the work.

5.9.4 For policy

Adequate funding is essential to provide training and supervision that is based on interpreter's level of experience and individual needs. It would be beneficial for training to be provided at no extra cost to those interpreters interested. Alternatively, as Butler (2008) has suggested, given interpreters are sessional workers, being paid for their training time would encourage attendance.

5.10 Future research

This study has developed our understanding of the emotional impact of working in mental health settings on community interpreters. It has put the interpreter at the heart of the study, gaining insight in to their lived experience. It is suggested that this research be complemented with a quantitative study in order to investigate whether the findings are replicated with a larger sample of interpreters.

Perhaps research on a specific population of interpreters in terms of nationality or ethnicity might provide a more detailed account of culture-specific ways of coping for community interpreters, from which recommendations could be gleaned for guiding services to support interpreters better.

This study hinted at the changes to identity and interpreters' sense of self over time. Further research is necessary to elucidate an understanding of the psychological impact of interpreting in a more holistic sense: the impact on their family and spousal relationships and their personal identities as mothers, fathers, children and so on.

Given the literature on bilingual speakers experiencing varying degrees of emotional arousal and different senses of self, depending on which language is spoken, it would be important to interview interpreters in their mother tongue and to compare results. Findings may have implications for provision of support and supervision. Psychoanalytic work with bilingual people through their second language was found to be less effective than through their first language (Greenson, 1950), possibly because using the former does not allow access to important areas of the intra-psychic world.

As some services are beginning to develop and implement training for interpreters, research studies demonstrating the effectiveness of training on interpreter well-being as well as client satisfaction will be needed to justify the financial and emotional investment.

5.11 Conclusions

This study has made a useful contribution to knowledge about interpreters' experiences of mental health interpreting. Using IPA has allowed the development of a rich account of the emotional impact on and coping responses of community interpreters that is consistent with existing evidence, but adds to it by taking the perspective of the interpreter. The study has underscored the emotional challenges for interpreters and added by providing an explanation as to how these difficulties manifest for some. Due attention has been paid to the positive emotional impact of the work on interpreters in terms of growth experiences.

We have to acknowledge that the issues being brought up by clients in therapeutic encounters will inevitably impact on the interpreter, as well as the interpreter's emotional reactions to the client sometimes being a reflection of how the client is feeling. The study has helped to identify what resources interpreters have available to them and what further support they need to cope with the challenges. It is hoped that this study will add to emerging literature that will be helpful in guiding services to support interpreters better. Interpreters may then be better able to look after themselves and their clients.

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7. Appendices

Appendix 1: UH ethics approval

SCHOOL OF PSYCHOLOGY ETHICS COMMITTEE APPROVAL

Student Investigator: Clare Shakespeare

Title of project: Allowing interpreters their own voice: Experiences and dilemmas in interpreting in psychological therapy services

Supervisor: Barbara Mason

Registration Protocol Number: PSY/09/11/CS

The approval for the above research project was granted on 12 September 2011 by the Psychology Ethics Committee under delegated authority from the Ethics Committee of the University of Hertfordshire.
The end date of your study is 30 June 2012.

Signed: **Date**: **12 September 2011**

Professor Lia Kvavilashvili

Chair

Psychology Ethics Committee

STATEMENT OF THE SUPERVISOR:

From my discussions with the above student, as far as I can ascertain, s/he has followed the ethics protocol approved for this project.

Signed (supervisor): ……..

Date: …….

Appendix 2: Letter of introduction to potential participants sent via email

Dear Sir/Madam

Please take time to read this email. I would like to invite you to take part in some research that I am doing with the help of the BME Access Service in Hackney, East London NHS Foundation Trust.

This is an exciting opportunity for yourself and the profession of Interpreting.

I am interested in hearing your experiences as interpreters working in mental health and psychological therapy settings. Very little research has actually asked interpreters themselves what their work is like. This is a chance for you to tell your stories. I am interested in the challenges of your work as well as the opportunities and the emotional impact on you. I hope the research will improve how clinical psychologists work with Interpreters.

I would like volunteers to take part in an interview that will last about an hour. The interview will be tape recorded. Sadly, I am unable to pay you, but I can offer you a £10 Marks and Spencer gift voucher for your time.

I am looking for someone who **must have**:

- good English language skills
- experience working as a mental health interpreter
- assisted in both mental health assessments and interventions with clients.

I have attached some more information for you to help you decide if you would like to take part. I would like to make clear that you are under no obligation to participate. Whether you choose to take part or not, your decision will not affect your current or future employment with the interpreting agency.

If you think you meet the requirements, please email **Clare Shakespeare** at **c.shakespeare@herts.ac.uk** or call me on **07736 041816.** I will need your name, contact number and best times to contact you. We will have a short phone conversation to make sure you are happy to participate. We can then arrange to meet for an interview near to you.

Please contact me if you have any questions about the research.

Thank you for your time, it is very much appreciated.

Kind Regards

Clare Shakespeare, Trainee Clinical Psychologist, University of Hertfordshire

Appendix 3: Participant information sheet

Project Title: Allowing interpreters their own voice: Experiences and dilemmas in interpreting in psychological therapy services

You are being invited to take part in a research study. Before you decide whether you would like to take part, it is important for you to understand why this research is being done and what it will involve.

Please take time to read the following information carefully.
Please ask if there is anything that is not clear or if you would like more information.

What is the purpose of this study?

- There is not much research that has looked at the experiences of interpreters working in mental health and psychological therapy services.
- An aim of this study is to ask interpreters about the difficulties they face in their work and also the positive parts of the work.
- We hope that if we have a better understanding of the role and experiences of interpreters, it will help psychologists provide a higher standard of care for patients.

Do I have to take part?

- No. Taking part is voluntary.
- Taking part in this study will not in any way affect your current employment or future employment with the interpretation service provider.
- If you decide to take part but later change your mind, you can leave the study without giving a reason.

What will happen if I take part?

- You will be asked to sign a form agreeing to be part of the study.
- You will be asked to take part in an interview that will last about an hour.

- In the interview you will be asked about your experiences of interpreting in psychological therapy settings.
- It will take place in a location that is easy for you to get to.
- The interview will be tape recorded.
- We may contact you after the interview to ask you if you want to comment on our research findings. You can choose not to do this if you do not want to. You do not have to give a reason.

What are the risks in taking part?

- Telling your story may be a difficult process. You do not have to answer any questions that you do not wish to answer.
- If you want to talk to someone after the interview, you will be given contact details for support services.

What are the benefits of taking part?

- You have an opportunity to share your stories to help service users and mental health professionals understand what it is like to work as an interpreter.
- We hope that mental health professionals will understand how to work with interpreters better and how to support them better. This may include improving training or support systems.

Will the information I give be kept confidential?

- All information collected about you during the study will be kept strictly confidential.
- Your tape recorded interview will not have your name on it. No one except the researchers will be able to identify it.
- All information you give, including the interview tapes, will be destroyed after five years.

What will happen to the results of this study?

- The results of this study will be written up as a doctoral thesis for the Clinical Psychology qualification.
- The findings may be published in a scientific journal. Some of your quotes may be used in the article. You will not be identifiable in the quotes.
- If you would like a copy of the results, please let the researcher know when you come for your interview so they can be given to you later.

Who has approved this study?

- This study has been approved by the University of Hertfordshire research ethics committee. The committee did not raise any ethical problems when reviewing the research.

What do I do now?

- If you are interested in taking part in this study, please email the researcher. Her name is Clare Shakespeare. Her email address is **c.shakespeare@herts.ac.uk**
- Please include your name, telephone number and suitable days and times you can be contacted.
- You can also call the researcher on **07736 041816.**

Further information and contact details

If you have any further questions before or during the study, please contact the researcher or her research supervisor.

Miss Clare Shakespeare
Researcher
Trainee Clinical Psychologist
University of Hertfordshire
☎ 07736 041816
email: c.shakespeare@herts.ac.uk

Dr Barbara Mason
Research Supervisor
Clinical Psychologist
University of Hertfordshire
☎ 01707 285074
email: b.mason@herts.ac.uk

Appendix 4: Consent Form

Project Title: Allowing interpreters their own voice: Experiences and dilemmas in interpreting in psychological therapy services

- I have read the information sheet and I understand it ☐
- I understand what will happen if I take part ☐
- My questions have been answered well ☐
- I understand that taking part is voluntary. My current or future employment will not be affected. ☐

- I am free to withdraw from the study at any time ☐
- I understand that all information I give will be confidential ☐
- I agree that information collected for the study may be published as long as I cannot be identified as a participant ☐
- I have the contact details of the investigator if I have any questions or concerns about the research ☐

Participant's Name……
(BLOCK CAPITALS)

Participant's Signature ……

Date ……..……

Researcher's Name: CLARE SHAKESPEARE

Researcher's Signature ……..……...

Date ……..……

Appendix 5: Confidentiality agreement

University of Hertfordshire

Transcription Agreement

Doctorate in Clinical Psychology

University of Hertfordshire

Transcription confidentiality/ non-disclosure agreement

This non-disclosure agreement is in reference to the following parties:

Miss Clare Shakespeare ('the discloser')

And

Ms Helen Williams ('the recipient')

The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.

The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.

The recipient agrees to return and or destroy any copies of the recordings they were able to access provided by the discloser.

Signed: H Williams

Name: H. WILLIAMS

Date: 20/1/12

INVESTOR IN PEOPLE

POSITIVE ABOUT DISABLED PEOPLE

Appendix 6: Participant debrief form

Project Title: Allowing interpreters their own voice: Experiences and dilemmas in interpreting in psychological therapy services

There is not much research that has asked interpreters about what it is like to work in mental health and psychological therapy services. This research aimed to get a detailed understanding of the challenges and dilemmas interpreters face in their daily work.

We hope that the findings from this research will increase Clinical Psychologists' knowledge about working with Community Interpreters. Working relationships between Psychologists and Interpreters may be improved. Better support systems may be set up for interpreters.

Finally, this research hopes to improve services given to clients whose first language is not English.

Do you have any other questions?

Do you want to know about the findings of the study?

Thank you for taking part in this study.

You may contact us in the future on:

Miss Clare Shakespeare
Researcher
Trainee Clinical Psychologist
University of Hertfordshire
☎ 07736 041816
email: c.shakespeare@herts.ac.uk

Dr Barbara Mason
Research Supervisor
Clinical Psychologist
University of Hertfordshire
☎ 01707 285074
email: b.mason@herts.ac.uk

Appendix 7: Interview schedule

Introduction

Thank you for meeting with me today. As you know, I am doing some research looking at what it is like to work as an interpreter in mental health and psychology services. Please assume I know very little about your role. What I would like to focus on today is your experience of working with therapists and clinicians and clients in mental health services and how these experiences have impacted on you. Please tell me if you don't understand any of my questions, I might not have worded them very clearly.

I will be trying to gain as good an understanding as possible of your experience, so I might ask you to explain things to me, but please remember there are no right or wrong answers, it is purely about your experience. You do not have to answer all of my questions if you find the interview upsetting. Because I don't want to miss anything you say, I would like to record the interview. Is that ok? It will only be listened to by me, and will be destroyed once the study is complete.
Are there any questions you have before we start the interview? Are you feeling happy to continue? Please remember you can stop the interview or take a break at any time.

Ok, before we start, I'd just like to remind you that the questions I am going to ask are about the work you have done as an interpreter working in mental health.

- **Please tell me about your role as an interpreter**

  Prompt: Multiple roles
  Expectations of role from client, therapist
  Differing views from therapist, how was this negotiated
  Training and work experience
  Challenges and opportunities

- **Please describe any situations where you have had strong feelings about <u>the content</u> of the therapy sessions**

  Prompt: Describe the feelings- positive or negative
  How have clients' stories affected you emotionally?
  What impact have these feelings had on you?
  Positive/growth experiences
  Difficult/distressing experiences
  Affecting you in the moment vs afterwards
  How do you make sense of these feelings? How do you explain them?

- **Please tell me about any strong feelings you have had <u>towards clients</u> that you have worked with?**

  Prompt: Specific examples
  Positive and negative feelings
  What did you do? How did you manage this?
  What sense do you make of these feelings? How do you explain them?

- **Can you tell me about any strong feelings you have had <u>towards the therapist</u> you are working with?**

  Prompt: Have you found anything particularly emotionally difficult about working alongside a therapist? What did you do? How did you deal with this?
  Have you had positive feelings or gained anything from working alongside a therapist?
  What sense do you make of these feelings? How do you explain them?

- **Have you encountered a situation that has presented you with a dilemma?**

  Prompt: Ethical/moral dilemma- A situation where you have to choose between equally undesirable alternatives/ A situation that conflicts with your personal principles or beliefs or values
  A situation that conflicts with the way you see your professional role?
  A situation that conflicts with your cultural / religious beliefs?
  How did you manage the situation? What did you do? How did you feel about this?

- **How do you cope with the (difficult) strong feelings you experience in therapy?**

  Prompt: What personal resources do you have that help you to manage?
  The influence of culture?
  What outside help of professionals do you have, if any?
  What aspects of your training/support/supervision are helpful?
  What further support/training might be helpful to you?

- **Is there anything else you would like to tell me about how your work as an interpreter in mental health and psychological therapy settings affects you?**

Appendix 8: Table of participant background information

Part-icipant	Gender	Ethnic bkground	Nationality	Languages interpreted	Length of time as an interpreter	Length of time in mental health	Training received
Agrin	Male	Turkish	Turkish-Kurdish	Turkish Kurdish	3 years	3 years	Community translation
Waleria	Female	White European	Polish	Polish	13 years	9 years	Community interpreting for mental health
Ambicja	Female	White Polish	Polish	Polish	4 years	3 years	MA in translation and interpreting
Nario	Male	White European	Italian	Italian French Spanish	6 months	6 months	None
Jiang	Male	Chinese	Malaysian	Mandarin Cantonese	1.5 years	1.5 years	None
Zehra	Female	White European	Turkish	Turkish	1.5 years	1 year	Community translation Level 3 Mental health Awareness
Farah	Female	Middle Eastern	British	Farsi Turkish Dari	12 years	12 years	BA in English Language and Translation 6 Advanced Courses in Translation and Interpretation 12 Turkish Languages Courses
Lahn	Male	Vietnamese	Vietnamese	Vietnamese	40 years	10 years	Diploma in Translation and Interpreting Mental health training

Key: C = Clare Participant = Waleria

Subthemes	Person	Words Spoken	Initial Responses
	C	1. Okay, so I just wanted to ask initially umm whether you could tell me a bit about your 2. role as an interpreter, and what that consists of?	
helping others	WALERIA	3. I have been working as an interpreter for about 12 years, official interpreter, about 12 4. years, but I have been interpreting for family and friends for longer than that, and that 5. is basically how I became an interpreter, because once I learn a little bit of English, 6. more than some of my friends could speak, uhh, they were using me basically to 7. arrange an appointments for them, or attend those appointments, or things like that.	woman start to interpreting had a skill people wanted to utilise do something that others can't feeling useful for fam & friends
	C	8. So quite informally.	
	WALERIA	9. Yes. Yes. Because we didn't even know that there was an interpreting agencies 10. which you can use and ask for their services basically, and uhh ... therefore ...	- interpreting service - unaware of.
	C	11. Yes, so you said that was 19 years ago?	
	WALERIA	12. Yes.	
	C	13. When you came over here.	
developing knowledge	WALERIA	14. Yes, that was about 15 years ago when I started interpreting because talking about 15. three or four years to learn at least some of my language skills, and then I used to go 16. with my friends to like organising appointments for them, attending those 17. appointments, and then I quite enjoyed that, and I thought, oh, why don't I make a 18. career out of it, so I went to West London College in West Kensington, the 19. Community Interpreting Course, and registered with the Newham Language Shop, 20. and after that, I've done various courses like in about benefits, mental health 21. interpreting.	enjoyed helping others act self improvement development
	C	22. Okay.	
	WALERIA	23. Community interpreting for ethnic minorities because like in Poland we've got ethnic 24. minorities being Roma Gypsies and that's probably the biggest percentage of our	

Key: C = Clare Participant = Waleria

		25. client is actually, not Polish people as such, but ethnic Roma people, so I wanted to 26. find out more about because it's completely like different culture…
	C	27. Right, yes.
	WALERIA	28. ..traditions, I wanted to find out to understand them a little bit better, so I've done a 29. course on that.
	C	30. And who are they organised by those courses?
	WALERIA	31. Some of them were organised by my uhh agency, Newham Language Shop, but 32. some of them I just research on the internet and some of them were like over the 33. weekend, or couple of weekends, like the uhh about the British … around the Roma 34. culture, it was I think three Saturdays.
	C	35. Okay. So something you sort out yourself?
mental health work as 'different'	WALERIA	36. Yes, yes. Because I quite enjoyed it. The mental health interpreting was organised 37. by the Language Shop and the reason I took part in that … I mean, first I wanted to 38. improve my interpreting skills, second, because interpreting for mental health 39. patients is completely different, so I want to you know learn the techniques a little bit 40. better, and also uhh they promised that once you complete the course, and pass the 41. exam, they will put you on the National Register of Interpreters for Mental Health 42. Patients, and then obviously if the agency get a request for such an interpreter, you 43. will be the first one…
	C	44. Right.
	WALERIA	45. ..they would ring because you're obviously more qualified than other interpreters.
	C	46. Hmm, so what you're saying is that it's quite different interpreting mental health.
	WALERIA	47. Yes, always, it's very much different.
	C	48. What do you see as different?
	WALERIA	49. It's basically like you know if I go for an official appointment at Social Services

find out = to know = to help

self motivated
out of knowledge

improve
increase skills
improve job prospects

interpreting to MH patients
is different

kn/exp
Register
called in
more

Key: C = Clare Participant = Waleria

		Council Office, obviously I have to say as much as I can, but sometimes it's impossible, so you have to summarise it and just give like a brief summary of what the non-English speaker said to the English speaking person. I mean the English-speaking person, to make it a little bit easier, we call them Officer and the non-English speaker we call them Client.	Summarise in other settings but word for word in MH. Clarifies terms for me
	C	Yes, okay.	
	WALERIA	So that's how we term …	
	C	Okay, we can them Officer and Client.	
	WALERIA	Because sometimes like if you say the Client, with the Client, so the Client is the Polish person, and Officer is the English speaking person.	
	C	Okay.	
Becoming the client The messenger / Passing the message Don't shoot the messenger	WALERIA	And uhh when I'm at the mental health appointment, if it's assessment or therapy, especially therapy, it's very important that first of all interpreting the first person, so basically I become that person, and second, I try to stay as much on the same level as the patient, so basically I say exactly what they say, even if it doesn't make any sense, I try to use word for word, to give obviously the psychologist or the therapist the best possible, you know, knowledge of what they trying to say, how they saying it, even if you know sometimes it's uhh … they start swearing or they become very upset or names calling and things like that. Unfortunately, you know, that's my role to pass it on. We may have a chat afterwards, you know about it, but that's what I have to do, so it's definitely completely different from you know other interpreting because in other sessions I have to give the essence what they are trying to say.	Using 1st person 'I' I become that person taking on the persona of that person stay on level w pt – power? verbatim repeated rather than … wanting to convey who that person is rather than just what they are saying. Take on characteristics. Sometimes have to translate things she doesn't want to say – (Don't shoot the messenger!)
	C	Right.	Passing on the words, but also the emotions – her [illegible]? A messenger
	WALERIA	In here that's not my role, I just basically pass everything, at least, as close as possible, everything toward the non-English speaking person is trying to say,	

Key: C = Clare Participant = Waleria

		75. because you know, at the end of the day, I'm only interpreter, I'm not the therapist,
		76. I'm not the psychologist, so maybe the way … obviously in the best case scenario,
		77. everybody would try, or would prefer, to work with a non … English speaking person
		78. in their own language, but obviously we don't speak every possible language, so
		79. they have to use interpreters, so then you've got the third person, so you know, to
		80. avoid any losing of the information or mis-constructing them in any way, you know,
		81. because maybe uhh there is some you know hidden meanings between the
		82. questions or whatever the therapist or psychologist is asking the patient, so it's not
		83. obviously it's not up to me to make any judgement on that, say oh it doesn't make
		84. any sense, or for example, sometimes the questions they repeat themselves, so the
		85. same, I don't say 'actually, you asking that already' or even if I know the answer, I
		86. don't say the answer, I still ask the patient because he may not want to give the
		87. same answer, he might want to give different answer, he may not want to give any
		88. answer the second time or the third time around, and that could mean something for
		89. the … you know for the health professional.
	C	90. Yes.
	WALERIA	91. Which obviously is very important, you know, I don't jump on the conclusion oh she
		92. ask him that before, so I already know the answer, so I might as well say it.
	C	93. Yes.
	WALERIA	94. You say that you have to almost take on that person, be the first person.
	C	95. Yes.
	WALERIA	96. How do you find doing that?
	C	97. Obviously depends on the circumstances but sometimes … I mean they are
		98. obviously go from one and up the scale to the other … they start from like a very you
		99. can even say funny cases because like you know sometimes patients say funny

Key: C = Clare Participant = Waleria

		100. things or make jokes, and you have to pass them on, which is quite nice, you know,
		101. but sometimes they become quite abusive and once again you have to be the one
		102. who spells it out, you know, or at least says that in English, you know, they could be
		103. swearing at the person, they could be not happy about you know day services, why
		104. they have to come to appointments, why they have to answer the questions, and
		105. things like that, and obviously sometimes people try to talk to you and to see you as
		106. they sort of like not the solicitor but somebody on their side, and wanting you to
		107. help them, if it comes to any difficult questions they will ask you or what do you
		108. think I should say, for example, and once again, I have to say that to the English
		109. speaking person, that's what they ask me, but I can't advise or I can't give any
		110. answers to that. Sorry … the English person speaking needs to know about it, that
		111. they were asking me about my opinion or answer or something like that, because
		112. that could be quite important as well, you know, they may feel insecure or
		113. something like that, so it's quite important that you know I just say it's not what they
		114. said, but that's what they want to know.
	C	115. Yes. Do you have any particular kind of examples that come to mind when you
		116. think of it being more difficult to take on that role as the person? Are there any
		117. particular times?
	WALERIA	118. Umm because … for example, I can, you know, like I said, I have to become that
		119. person, so everything what she or he says to me, I have to say it, and you know,
		120. we're only humans, you can't sort of completely switch yourself off or detach from
		121. an emotions and when people sometimes say things like oh my life is not worth
		122. living, I don't want to live no more, and obviously I can't say that my life is wonderful
		123. and I'm … but generally speaking I'm quite happy person, so saying things like that,
		124. I find it quite difficult because it doesn't agree with me, you know, saying oh, my life

Key: C = Clare Participant = Waleria

		125. is so bad, that I want to kill myself, or I want to kill myself and my daughter,
		126. because I had one patient like that who was referred to a psychology services
		127. because she wanted to commit suicide and she wanted to take her daughter after
		128. the break of the relationship or marriage, and uhh I find it quite difficult because I've
		129. got a daughter, I'm a Mum myself, and I'm saying out loud I want to kill myself and I
		130. want to kill my daughter which is like hold on, you know, the light is flashing, don't
		131. say that, don't even you know say it out loud, but obviously this is my role, but it
		132. does … I can't say play tricks on you, but it sort of makes you wonder, you know.
	C	133. Makes you wonder?
	WALERIA	134. About you know how somebody's life can get so bad, they want to really … want to
		135. do that, or they were just like you know threatening or you still you know plays on
		136. your mind afterwards, you know, after sessions, because like I said, you can't turn
		137. yourself completely … switch yourself off during the sessions. I try to you know not
		138. to take my work home. I try to a little bit after I finished a session I try not to think
		139. about it, as much as I can, but sometimes if there are quite severe cases, you can't,
		140. you know, you can still, you know, think about it, even like couple of days
		141. afterwards.
	C	142. So that example you just gave me, if you took yourself back to how you felt when
		143. you were doing that interpreting work, can you bring up any memories of what it felt
		144. for you, doing that work?
	WALERIA	145. I remember I was a little bit umm … I could even say like confused, you know, and I
		146. was definitely thinking about what would make me to say that, what would need to
		147. happen in my life, what would need to be so bad, for me to say it, which is you
		148. know a bit weird things because if you're quiet content in your life, and then you
		149. start thinking about what would be the worst case scenario and trying to implement

Key: C = Clare Participant = Waleria

		150. that, in your life, it's not very nice.
	C	151. No.
	WALERIA	152. Sometimes it's even a little bit scary, I would say, yes, afterwards, when you think 153. about it all, you know, her whole life just collapsed because of that break of her 154. marriage, that was her … you know, her husband was the bread winner, so it was 155. her income, with income came the house, and no money, no house, no food, so 156. maybe she did feel like that, and you start thinking oh what it did happen to me, you 157. know, start putting yourself in her shoes.
	C	158. So scary that it could happen to anyone, or …
	WALERIA	159. That like you know she … her life like few weeks prior to that was completely 160. different, and then something happened and just got the ball rolling, you know, it 161. started from that, and everything else just went pear shaped, which is you know 162. quite scary, if you start thinking like that.
	C	163. Were you able to umm to sort of … disconnect from that when you … at the 164. moment, you know, when you were doing the interpreting, or did you feel that you 165. emotions were … you were kind of struggling?
	WALERIA	166. No, I found it probably more difficult afterwards, you know, during the interpreting, 167. because I've got quite a lot of experience, I try to stay you know very professional 168. and don't show any emotions, don't get involved or at least uhh don't show that I am 169. getting involved into that, but it starts afterwards, you know, if you start 170. contemplating what you just said, after the session, especially … usually there's 171. some kind of travelling involved, either to your next assignment, or back home, and 172. then you know if you are sitting, find yourself sitting on the tube or on a bus, and 173. obviously you're on your own, you know, there's nobody to talk, so obviously it just 174. comes back to you.

Key: C = Clare Participant = Waleria

	C	175. And after that do you remember what was coming back to you? What you may 176. have been …
	WALERIA	177. Yes, that was the time when I started, you know, thinking about what if it happened 178. to me and it's just didn't take long for her life you know to collapse like that and uhh 179. that was the time when I was thinking, which you know scared me a little bit.
	C	180. Yes, yes, understandably. Where do you think that … what helped you I suppose 181. to get through that umm difficult work?
	WALERIA	182. I think I'm quite … I've got quite strong personality, I'm very independent. I uhh … I 183. was very (pause) I mean lonely I can say uhh in a way and depending on 184. myself, because my Mum uhh I was from a single parent family, and uhh my Mum 185. was working, so I was left with my grandparents who were lovely, but you know 186. they weren't my Mum and Dad, I didn't have any brothers or sisters, so I had to … I 187. was very often left to my own, to make my own entertainment or you know after 188. school. I was doing very well at school, but when I finished my primary school, 189. back then, in Poland, it was at the age of 15, because we started from the age of 190. six, it was a reception class, and then eight years of primary school, which took you 191. to the age of 15, and I moved out from the family home and I went to a boarding 192. school, for four years, which was like a secondary school, where I completed my A 193. Levels and after that I went to university and once again I wasn't living at home, I 194. was living in a students' house so very often I was like, you know, on my own, so I 195. had to cope with that and I'm quite used to it, so I think that helps quite a lot in my 196. work now because that makes you a stronger person, even coming here, you know, 197. I came to this country completely unaware what to expect, and I just came here to 198. study English, I didn't have any friends, I didn't know anybody here, I didn't know 199. any English, so I suppose in a way it was quite brave and quite stupid at the same

Link? - loneliness of a foreign language interpreter.

scary to imagine self in despair

coping - strong personality independent

self-sufficient

no language as lonely

internalise - what if it happened to me turn on self.
suddenness of collapse.
scared

coping:
strong personality
independence
self-dependent self reliant
self-sufficient

I went to b-sch
I went to uni
I . . .
} makes own decisions emphasises her own voice on rare way being told told or self aware/encouraged etc

left home early - boarding school
stand on own 2 feet.
quite used to it

brave & stupid →

dialogue much less fluid here - seems more difficult to talk about upbringing - U she surprised she went here?

Key: C = Clare Participant = Waleria

		200. time, but I was here, and I was only like you know 21, and you do silly things when 201. you are that age, you don't think you know ahead too far anyway, so my plan was 202. to come here for six months, learn English, and go back.	naive. loneliness of a foreign language.
	C	203. Oh really, and you stayed?	
resourceful self reliant	WALERIA	204. I stayed because I mean six months is not enough to learn the language and once I 205. organised myself like in a one year visa, student visa, I thought it would be a shame 206. to waste that, and then I quite enjoyed that, so I wanted to do all the studies, and 207. got another one year visa and basically went from there, so that, you know, my 208. upbringing I think made me quite strong person and quite resourceful and sort of 209. you know I know I can ... I can't rely on many people you know so I have to rely on 210. myself.	strong person resourceful. Who has she been let down by parents? partners? mother? b. sch. father? – leaving
	C	211. So very self-sufficient.	
	WALERIA	212. Yes. It's not very ... it's not very often you know I ask people for help, you know, 213. I'm quite happy to offer my help to other people, but not other way round.	Offers help but rarely asks for it A helper / carer.
	C	214. What do you think makes it difficult for you to ask for help?	
Giving help, not seeing it. lacking emotional support.	WALERIA	215. I don't know. It's just I never had to, you know, like all the materialistic things were 216. provided for me, because my Mum was working, my grandparents were there, so it 217. was difficult times in Poland because there was like a recession and there wasn't 218. many things in shops, but umm we had our own shop, my Mum had a shop, so 219. that's why she was working like very long hours because to keep the business 220. running by herself, so because we had shop, we had everything, so I was spoilt 221. from the materialistic point of view, because I had everything like you know, 222. everything was rationed in Poland, you know, even chocolate, sweets, sugar, meat, 223. cigarettes, alcohol, everything was rationed, but obviously the black market was in 224. full demand, so somebody who had a shop, was able to exchange the goods which	never had to ask for things when younger - had physical needs met but ... not emotional (had everything but the thing she wanted/needed ....) ?love

Key: C = Clare Participant = Waleria

lacking emotional support		225. people didn't want it for those ones which they did want, so we were quite you know 226. well off, so from that point of view, I had everything, but at the same time, I didn't 227. have my Mum, because she was always working, she was always busy, and the 228. grandparents were helping her, you know, to run the business, so like I said, I was 229. you know … I had to pay the price for having everything materialistic, but I didn't 230. have that emotional support, so that's what probably made me quite strong.	I had everything but at the same time, I didn't have my mum → paid the price lack of emotional support in childhood meant for P. that she became strong-(tough love).
	C	231. And in what ways do your … you independence help you in your work?	
providing more clear translation	WALERIA	232. I'm … quite well organised and quick thinking and I always you know, sometimes I 233. don't say it during the session, but after session, because I've been here for quite a 234. while, so I'm able to tell people or advise them where are the support groups or 235. places where they can get help, practical help or emotional help or even like you 236. know sometimes they go to a GP and some of the GP's don't even know that some 237. services exist, and based on my you know knowledge and my experience, I'm able 238. to advise them and obviously I don't do it straight away, I ask their English person if 239. they want me to, I know of such places, which umm I don't have to, because I can 240. just leave it to them, or I do quite a lot of work for Probation Services and that 241. involves like, you know, with victim support groups and things like that, and 242. sometimes even the probation workers they don't know about like local places 243. where people can go, so I'm able to advise them on that as well.	Has knowledge of local support services that she imparts with permission - always seeks wanting to give more help than translation, may be interpreter role provided. able to advise.
	C	244. So being quite pro-active, being independent, helps you with … it's quite pro-active. 245. Are there any ways do you think that your independence kind of constrains you in 246. your work, the downsides I suppose to being …	
over involvement	WALERIA	247. Yes, because it could be umm you know worse time, because sometimes you just 248. do too much for nothing really because you know my work is just interpreting. 249. When I go to, for example, for a doctor's appointment, I don't even have to sit and	doing too much - over involved?

Key: C = Clare Participant = Waleria

		250. talk to a patient, you know, in the waiting room, my work starts as soon as we go 251. into the doctor's room and finishes when we leave that, but then if you start telling 252. people about something then obviously you know they want you to carry on and 253. sometimes people ask you about other stuff, and if you start talking to them, 254. obviously sometimes it makes you late for next appointment and things like that.	Providing more for clients than expected - can be disadvantageous — can't do this for everyone cos not enough time
	C	255. So almost you give too much.	
more than translation	WALERIA	256. Yes, yes, but uhh they also say, you know, oh when we ask the interpreter she 257. wouldn't tell us or she wouldn't do this, but you know, it doesn't cost me anything, 258. so I don't mind. I know that I would appreciate somebody's help, when I came here 259. first, so I would offer that help to other people.	She would have liked this help - helping to ensure others don't struggle as she did. altruism.
protecting clients from negative experience	C	260. You think that's where its come from, that perhaps you would have appreciated ...	tense: now & then
struggle a foreigner's struggle	WALERIA	261. Yes, because I struggle, I must honestly say, I did struggle quite a lot at the 262. beginning because like I said I didn't have any friends, I didn't have any family, I 263. didn't know English, I didn't know London, I didn't even know how to buy a ticket, 264. once somebody helped me to buy that ticket, I didn't know what to do with it, and I 265. was standing outside the gates on the tube station at Victoria, that was my first 266. experience. I got off the coach at Victoria Coach Station, it took me about, I don't 267. know, an hour or even more to get across to Victoria Tube Station, which is about 268. like 10 minutes walk, and somebody helped me to buy a ticket to where I was 269. staying in a hostel in uhh Kilburn, but I didn't know what to do, how to make them 270. gates open with my ticket, so I was watching all the people, how they did it, and 271. then obviously it was you know trying things because I put it the wrong way around, 272. the magnetic strip was on the top, it wouldn't open, and I was ... how come that it 273. opens to other people but not to me, you know, things like that, so at the beginning 274. was very difficult and there wasn't so many Polish people as it is now, where you	v. alone, isolated, disconnected from society exist in. how come it's easy for others - how come life is a struggle for me

Key: C = Clare Participant = Waleria

Strange in a foreign place		275. can you know quite easily find a Polish speaking person on the street. Back then 276. there wasn't many Polish people because obviously you know you needed a visa to 277. come here, which was quite you know a barrier to obtain a visa because you 278. needed a reason to come here, you know, like, for example, when I came, I had a 279. School of English paid for six months time and that cost me about a £1,000 back 280. then, so it was quite a lot of money, so I was granted six months stay, but loads of 281. people, they couldn't get in, so there wasn't many Polish people so it was difficult.	easier now that it was then to find familiarity over country - strange in a foreign place.
improve life's lives	C	282. So you said that some of the struggles that you had when you came over here, 283. make you want to kind of help others. Do you think that's partly why you wanted to 284. do kind of interpreting or …	own struggles factor in wanting to be an interpreter make life/communication easier for others.
The effects of past life	WALERIA	285. Yes, because I, to be honest with you, I can't see myself working behind a desk like 286. 9 to 5. I like my freedom. I like being with people. I like moving around you know 287. meeting new people and I can honestly say that I've been doing that for 12 years, 288. but I've never had the same job twice, because even if it's the same venue, it's 289. different people, it's different Officer, it's different Client. I mean I meet some of my 290. clients on a regular basis like you know doctor's surgery, dentist surgery, housing 291. office, school but they are different … still the same people but they are different 292. venues and we talk about different things, so you never get bored, you know, the 293. time goes really quick, plus you obviously you are your own boss because in a way 294. of you know time managing because they ring you and they ask you if you can do a 295. certain job, at certain time, and if you can, then you take it, if you can't then 296. obviously it goes to somebody else.	never the same jobs twice. never get bored you have some control over what jobs take, own decisions & choices
appealing aspects of job role.	C	297. Yes.	
in control	WALERIA	298. So you are pretty much in control what you want to do and when do you want to do 299. it, because if you've got something else, than you can always say no. Obviously	strong

Key: C = Clare Participant = Waleria

	300. you can't say no too many times because obviously then you become unreliable 301. and they stop ringing you, and the same like if ... like I've got quite a few of my 302. regular clients that comes from both the Polish and the English people, because 303. I've got a few uhh psychological therapists who like working with me, and whenever 304. they get Polish client, they always ring me, and they ask me if I'm available and on 305. what day and what times because that becomes like on a weekly basis, for 306. example, you know, for the Wednesday morning, so I always do.	has regular clients weekly is asked back by officers
C	307. Yes.	
WALERIA	308. Wednesday morning session for 12 weeks.	
C	309. Yes.	
WALERIA	310. And they say, you know, they like working with me and umm they want me back 311. you know when they've got the next patient, the same like I've got some Polish 312. family who like working with me, so whenever they've got an appointment, they 313. always go and ask for appointment and ask for my services.	enjoys the praise feels do good job.
C	314. It sounds like you also have quite a bit of control over the work that you want to do 315. so you can choose the sort of the jobs that you are interested in doing.	
WALERIA	316. Yes. Because the only downfall is like once you accept a job, and something better 317. comes along, you can't cancel it because once you accept they don't like you 318. cancelling it and taking another job. Obviously sometimes you have to cancel 319. appointments because of you know various reasons like health or some other 320. things, but not if you are going to cancel one to take another one.	
C	321. No.	responsible.
WALERIA	322. Then you get in trouble because that creates work for them because they have to 323. advise another service user that you won't be coming, then they have to find 324. somebody else to replace you and things like that, so if it happens too often, then	not wanting to let others down. (as she has been?)

Key: C = Clare Participant = Waleria

		325. obviously …
therapeutic (personal) gains	C	326. Yes, that's fair enough. You talked about some of the difficult stories perhaps that 327. people umm people have, that you have to interpret for. Do you think umm that 328. you've gained anything from hearing those difficult stories that people come to you 329. with?
implicit that vicarious gain	WALERIA	330. Umm … in a way I guess uhh I'm sure I have because you know sometimes you 331. learn from your experience, but it doesn't have to necessarily be your own 332. experience, you can learn from experience of others, and now for example, I go 333. quite a lot for therapy sessions, psychology therapy, behaviour therapy, and once 334. I'm interpreting, I'm thinking about some of the things what they're saying, like hold 335. on, yes, that makes sense, yes, I like the sound of it, and I do implement them in 336. my own life.
	C	337. Ah hah.
	WALERIA	338. So it's not like you know strictly interpreting for somebody else, I can you know …
	C	339. So you can identify with some of the things that you're hearing and then apply them 340. in your own life. That's interesting.
	WALERIA	341. Yes, which is you know quite … it doesn't do any harm, because I'm not taking 342. anything away from the patient, but at the same time, I can benefit from that as well.
Staying close to client's lived exp.	C	343. Hmm. Are there any umm times where you identify with the stories that the clients 344. are bringing you, so maybe if it's some difficult experiences they've had in Poland or 345. when they came over here, have you ever felt that you've identified with what they 346. bring?
	WALERIA	347. Umm, yes, because, for example, like you know Polish Roman gypsy, some of 348. them have been prosecuted in Poland before they came here, and I know about it, 349. and sometimes they rely on me you know to say about it to a non-English speaking

gains - learning from own & others exp

uses techniques, advice given to service users in psychological therapy herself.

keen to say it doesn't do any harm to others that she benefits

Draws on cultural kn. to act as a kind of consultant to professionals - But resists this generalising - encourages clients to speak of their own individual experience.

Key: C = Clare Participant = Waleria

		350. person, sorry, to an English speaking person, but I say I can't do that because I 351. know various examples of people being you know raped or their cars have been 352. broken into or smashed or people you know being attacked and things like that, but 353. obviously I can't say that that happens to every Polish Roman gypsy in Poland, and 354. that's what's happened to the person who I'm with, because I want them to tell me 355. what they've experienced, and then I can you know pass it on, but sometimes it's 356. oh you know what happened, tell them, tell them, I said, no, actually, I can't do that, 357. because I can't talk in general you know what happens about the prosecutions and 358. things like that, I said you have to tell me what you want me to say.
	C	359. So it's quite difficult sometimes if clients have expectations on you, they put on you, 360. to talk more generally about the culture.
	WALERIA	361. Yes, also …
	C	362. Rather than their individual experience.
	WALERIA	363. Yes, exactly, or sometimes like you know I've got like I said before, I've got Polish 364. people who I've been working with, sometimes for years, you know, and uhh 365. because I know what they've been through, I heard the stories like you know many 366. times before, so whenever we meet new person, you know, for various reasons, 367. they want me, you know, to once again to tell them because I know it already, so 368. they don't feel that it has to come from them, I can just say it because, on top of 369. that, they expect you to remember everything, you know, you know, the work is 370. gone down quite a lot, because I used to have like four or five jobs every day, so 371. you can imagine how many people you meet in a week. On top of that they always 372. come with family, friends, and sisters and brothers and God knows who else, and 373. everybody expect you to remember them, you know, or sometimes you meet 374. somebody few years later and they come to you and say, oh, hello Miss Interpreter,

Key: C = Clare Participant = Waleria

exasperation at unrealistic expectations		375. this is like you didn't come to my sister's appointment, I was like, hold on, hold on, 376. who are you, who is your sister, and as it happens, he came to visit his sister when 377. she came for … she was pregnant and she had problem during the pregnancies so 378. she was put on ward, on observation, and I came and they said that they were 379. going to book me two days later, but they didn't, so now four years later he 380. remembers me, and he keeps telling me that I didn't turn up for the follow-up 381. appointment or something. I said I don't even know who you are, I don't know who 382. your sister is, I say I do apologise but I meet so many people during the day, that 383. it's impossible. I mean I do remember quite a lot of things, even like dates of birth, 384. you know, I had this morning had an appointment at the GP, and I said, I'm a Polish 385. interpreter for your 10.45, she says, what's the name of the patient, I told her the 386. name of the patient, and she says she's not on the list, so how do I find a patient 387. who is not on the list, who's supposed to have an appointment, just with the name, 388. but as it happens, I've been with this lady so many times and I remember her date 389. of birth, so I told her the date of birth, and she checked and she says, oh, she had 390. the baby already, so she's not coming for her antenatal appointment. But you know 391. if I didn't, then I could be sitting there for half an hour thinking oh she's not going to 392. come now, because it's getting late, the doctor's not going to see her now.	gives a lot of info - speaks a lot here - expecting me to remember, like she has to, giving me a flavour of what it's like for her impact she's had on S-O Good memory for dates Doesn't pause much - so much to say!
	C	393. So having a good memory helps you in your job?	
	WALERIA	394. Yes, yes. Yes. Yes, I'm like an elephant. I remember like the dates, even like, you 395. know, if you tell me uhh phone number I don't have to write it down, because 396. somehow I remember it. Not for long, but like days, I sort of I don't know I always 397. uhh associate people with something like, for example, I know this lady's pregnant, 398. but she's a grandmother already, she's from Roman gypsy community, they get 399. married very … I mean she's only 42, and so the fact that she's 42, so I know her	

Key: C = Clare Participant = Waleria

		400. year of birth, and then if I remember the year, because you say it like, I don't know, 401. 15th February 1961, so then you remember the date. If you know the year then you 402. know the rest of the date. That wasn't her date of birth, I just made it up, so ... I've 403. got you know the connection with the ... so the year I know, which date I know, in 404. the this year, and somehow springs to mind, oh yes, 15th of February, yes.
	C	405. Do you think that also helps you when you're actually doing the interp between ...
	WALERIA	406. Oh yes.
	C	407. I mean I guess the thinking and the talking at the same time is it quite a difficult ...
lack of understanding of professionals	WALERIA	408. Yes, it's quite difficult if you're not used to it, and also, it depends on the English 409. speaking person because some people they have never worked with interpreters, 410. and they completely forget that we are in the room.
	C	411. What the Officers you mean?
professionals restricting job performance	WALERIA	412. Yes, yes. And they start going on and on and on and on and on, and I've got very 413. good memory, and I can remember quite a lot, but there is a limit, and because 414. then I don't want to miss something, so I have to stop them, and I don't mind if I'm 415. doing it once or twice, but if I have to stop them every time, they start talking, I think 416. it's a little bit of ignorance, you know, because at the end of the day, they should 417. know they are using interpreter and I have to remember what they're trying to say, 418. so if they want me to be you know to be passing all the information, then they have 419. to stop and let me do my job.
	C	420. Yes, challenge working with the Officer. Are there any other difficulties that you 421. encounter or strong feelings that you have perhaps towards the Provider, I mean 422. the Officer, sorry, the you know ...
speaking off the record (inaudible)	WALERIA	423. Sometimes I don't like when they say to me, oh I don't want you to say that, but 424. blah blah blah blah blah, I'm like, hold on, I'm here for your convenience, but at the

lack of understanding of professionals

ignorance of professionals not letting her doing job.

I don't want you to translate this. Speaking off the record-

Key: C = Clare Participant = Waleria

		425. same time, that's quite rude, if we are chatting and I'm not telling her what we're 426. chatting about, because sometimes Polish speaking person they can … many of 427. them they understand quite a lot of things, but it's difficult for them to speak, 428. sometimes they can speak and they can understand, so they know what we're 429. talking about, so now you want me to you know have a chat with you and don't say 430. anything to her, which is not very professional to say the least but, at the same 431. time, you know, I always try to say in that case can we not have this conversation or 432. can we have this conversation later. I mean doctors are the same. Like you know 433. they say oh I don't want you to tell that to her, but … if you don't want me to tell that 434. to her, please don't say anything.	rude unprofessional asked not to manipulate stuff they say. don't say it then. exp. nurses & GPs.
	C	435. Are you always able to say that to them?	
Protecting self from risk responsibility	WALERIA	436. Yes. Yes. Because I've learned now from you know my experience, the same like 437. Polish people, lots of Polish people go to the doctor in here, but they don't trans 438. them fully, so they go to a Polish doctor, I swear, and they get tablets from a Polish 439. doctor, and they get their meds from an English doctor, but obviously the Polish one 440. they trust more, so they try, so they take the Polish tablets, but then there is the 441. English doctor thinking that he's treating them with his tablets, how come that you're 442. taking the tablets and your blood pressure, for example, is gone down quite a lot, 443. but you haven't had a repeat prescription, I only gave you like one month's supply, 444. but you haven't been to see me for three months, and you say that you take the 445. tablets, and they used to say to me at the beginning like oh don't tell him, but I've 446. been to a Polish doctor, but my Polish tablets … I was like, listen, I can't do that, 447. because if anything happens to you, then you will say, oh I told the interpreter that 448. I'm taking those tablets which may be completely you know wrong tablets for you, 449. or this doctor can give you another tablet which will you know collide with them	clients say to her - don't tell the doctor, but … Don't say it then. Protect self risky to know if that doctors don't -

Key: C = Clare Participant = Waleria

		450. ones which are you taking, and I don't want to take that on my conscience, so if you 451. don't want to say to him, don't say anything, I don't want to know, I say I'm not a 452. Priest, you know, the Polish people, because they always think that they're in 453. confession.
	C	454. Okay.
	WALERIA	455. Yes, I'm not a Priest, I don't want to know. But if you want my honest opinion, you 456. should have come clean about the tablets, I said if you want this doctor to help you, 457. so you have to …
	C	458. Quite an ethical dilemma isn't it?
	WALERIA	459. Yes.
	C	460. But are you always quite clear on where you stand?
	WALERIA	461. Yes.
	C	462. And you're able to say to clients well no, I'm not taking on that.
	WALERIA	463. I mean you have to be Clare because the consequences could be you know really 464. bad. The same sometimes like you know social services, I go for like appointments 465. and they're quite delicate family matters about I don't know children or partners, and 466. they will say, oh, he beats the children, but I don't want to tell them because they 467. will take them away from us, I was like, no, please you know don't … I mean that's 468. quite extreme example, but it's right now, I'm here, as a machine, if you don't want 469. to say something to this lady, don't tell me that, and at the same time, you know, if 470. you want me to say … if you want to tell me something, I'm going to say it to her.
	C	471. So in that example, what did you do, how did you …
	WALERIA	472. I just made clear you know to the Polish person, to the English person, I don't want 473. to know. Because I don't want to know because you know then I come out from the 474. session, if it's a you know the English speaking, and she was like oh she said this

Key: C = Clare Participant = Waleria

		475. about me, and you never you know pass it on.
	C	476. Does that ever come up thought that they've … where you don't know what to do, 477. where there's been a sort of an ethical or a moral dilemma where your training 478. doesn't provide anything, guidance or …
	WALERIA	479. It doesn't provide anything in that respect, but I always try to avoid that, and you 480. know, from the beginning, if I can see that something's going to happen, I just say, 481. I'm sorry but you know … I don't want to know.
	C	482. So it doesn't get that far where you've had to kind of …
	WALERIA	483. Yes, because then I've got a dilemma, yes, well what should I do in that … The 484. same like in … the same … I always tell them in advance if I know the patient and 485. where from, because you know, it can come up on a later date, and there's we 486. didn't know you knew her, you should have said, maybe we could use another 487. interpreter, maybe it's a conflict of interest, you know, you going with her for so in 488. so, then you coming with her here.
	C	489. So it's important to do that from the start for you.
	WALERIA	490. I mean sometimes it could mean that you know I'm going to lose this client, 491. because they don't want to use my services any more because there is conflict of 492. interest, or at least they think they may be, and if I know too much about the family, 493. so I'm risking … by admitting to that I'm risking losing them, which perhaps I could 494. risk it because that may never come up and they could never find out about it, but I 495. just don't want to because it's not worth it, you know, if there is any complication 496. and they find out about it, it doesn't look very professional.
	C	497. No, and that's important for you.
	WALERIA	498. Yes.
	C	499. To remain professional and to keep getting obviously the call back to return.

Key: C = Clare Participant = Waleria

integrity / professionalism vital to uphold	WALERIA	500. Yes, because I rather have you know be known from the good side rather than the 501. bad side because if someone has got bad experience with you, then obviously lots 502. of people work together in offices and things like that, but if you are good, and 503. professional, then obviously they're going to recommend you. I've got like a 504. childhood family consultation service which I've been going to them for about 10 505. years now, and I know most of the therapists, because if somebody has got a 506. Polish family, they say, oh, does anybody know any good Polish interpreter, they 507. say get [name]	Values the integrity & professionalism she upholds - sees news as important
	C	508. It's word of mouth.	
	WALERIA	509. Yes, and I know many of them and then I go for my first appointment with a new 510. Officer, and they say, oh so in so recommended you.	
difficulties in therapeutic relationship with clinicians	C	511. Have you come across any other kind of difficulties umm with the therapist in an 512. interpreting situation, either with a therapist or with the client where you've kind of 513. gone away having quite strong feelings about the situation?	Difficulties with therapist - - believing she hasn't translated everything through or what the client has said - complains to agency
Putting self in client's position	WALERIA	514. I sometimes like you know, especially with Roman people, like I said to you before, 515. there could be even a dental appointment, there would be four of them coming, 516. because that's their culture. They don't go alone. They always go two or three 517. people at least, if not more, and then when I'm in a session and they talk between 518. themselves and they talk to me, and sometimes the English speaking person, I try 519. to tell them as much as I can, like oh they're talking about this, or they're talking 520. about that, not obviously not everything, but just summarising or telling at least what 521. they're talking about, but sometimes they feel they didn't get enough, or sometimes 522. when they talk to me, or they ask me about something completely irrelevant, I 523. always say, because I just ... put myself in a situation, once again, going back to 524. where I came to England, and I was within like English speaking people and they	→ Putting self in client's position - when she came to England & didn't understand what people say & she's 'are they laughing at me'

Key: C = Clare Participant = Waleria

		525. were talking about it, and I'll just say, hold on, I don't know what they're talking 526. about, and then they laughed, are they laughing about me, because I don't know, 527. nobody said nothing to me, and then they started laughing, maybe they're laughing 528. about me. And the same you know … so I'm always trying to say, oh they're talking 529. about this, or they're arguing about that, or they want me to say this to them, but 530. sometimes people feel, oh, I don't think she was somehow … I mean I had one 531. lady, she was Australian, and she rang the agency, and she said I don't think she 532. was telling me the full story, she says, because there was an awful lot of talking 533. between the people who are in the room, and she was only telling me a little bit, on 534. top of that, she never seen a gypsy family at home, because we are on a home 535. visit, they talk to each other in their own language, which I said to her from the 536. beginning I don't understand Roma, I speak Polish, they always repeat like for 537. example … it's like the Essex thing, you know, when somebody says something, 538. and the second repeats what she said, they're like gypsies, you know the same like, 539. you know, they always say, oh, shall we go to the shop, shall we go the shop, shall 540. we go to … it's like echoing, so obviously I've told her the beginning, that they 541. always argue. There was like I think two sisters and a sister-in-law, I said they 542. always argue, they always talk to each other, they always talk over each other, 543. there could be like two people talking at the same time, that's normal, I'm used to it 544. because I work with them quite a lot, but for some reason, she felt that I didn't say 545. enough.	— wants to ensure that most of what is said is narrated to prevent people feeling confused / out of the loop / isolated / cut off from what's going on. — suspicious therapists of interpreter lack of understanding of therapists of culture of their clients.
	C	546. How did that make you feel?	
	WALERIA	547. Yes, and I said, I mean, the agency, first of all they said you know if we could offer 548. you any better interpreter we would, but (name) is one of our most experienced 549. interpreters. On top of that … at that time I used to work for the MASA, which is the	v experienced.

Key: C = Clare Participant = Waleria

		550. organisation to help asylum seekers, which in my case, was the Polish Roma, 551. because there were asylum seekers before Poland became the part of the 552. European Union, and they said she is very experienced to work with like Roma 553. families, she has good qualifications, in their culture and traditions, so they said 554. obviously you know, by all means, you can have another interpreter, you know, for 555. the next session, but we don't think that they will be any better. But uhh ...
	C	556. And what did the agency say to you? How did you ...
	WALERIA	557. They said like you know the Officer this morning didn't feel that you were saying ... 558. so I explained to them what it was like and they you know they were fine with that. I 559. never had problem with that ... I must say like another agency they seen a problem 560. because umm I'd been working for them for quite a lot and they know me because 561. there are some interpreters which probably they only met once, and that was 562. at the induction, because we work on the phone and on e-mails, you know, they 563. ring me with jobs, or they e-mail me jobs, and we never see each other. We don't 564. get any Christmas parties. We don't get things like that, so we never meet. The 565. only way I know other Polish interpreter, the only reason because it was double 566. booking like, for example, you had a client and the client was sent from a GP, and 567. he wasn't sure if you will get interpreters or he sends interpreter and you booked 568. your own interpreter, so there was two Polish interpreters turning up at the same 569. venue for the same client, and that's how we met each other, so I know quite a few 570. of them now.
	C	571. What happened when both of you turned up?
	WALERIA	572. I mean obviously they just investigate whose fault is it, if we're both booked, 573. because sometimes it could be that you sent the request for an interpreter to 574. Newham Language Shop, they didn't respond to you, so you send it again, making

isolation of role

agency supportive because she was v-experienced - would they have been if she wasn't so?

never see employers - the agency communicate by email, phone

never meet other interpreters isolating work, independent, autonomous

only time she met another Polish interpreter was by mistake

Key: C = Clare Participant = Waleria

		575. sure, but obviously they're fault because they already book you one, but they didn't 576. inform you, so obviously it's their fault, so they decide that they will pay both 577. interpreters, but if it's your fault and the GP's fault, then both of you have to pay to 578. cover the expenses, so it's only like the bureaucracy really.
enforced restrictions	C	579. So the fact that you don't see many other interpreters, how is that for you?
	WALERIA	580. I mean we're not supposed to, I met them like you know by coincidence, and we 581. exchange numbers, which you're not supposed to because they ...
	C	582. Really?
	WALERIA	583. Yes, we're not supposed to have each other numbers.
	C	584. What's the thinking behind that?
	WALERIA	585. They just say like you know, for example, my uhh my time sheet now, has got umm 586. ... has got a picture of me, where before, so obviously they can see that this is me, 587. where before, there was no pictures, it was just a venue, who to see, so apparently 588. that wasn't you know, but some other people you know from, for example, other 589. hmm nationalities, for example, if they wear headscarves or something, they look 590. quite similar, so they were taking all the jobs and sending their sister or somebody 591. else on the job, which is totally unacceptable, because they are not qualified to do 592. the job, and eventually the agency found out about it, because they said it wasn't 593. possible that she could be like you know in an hour in three different places, 594. because they overlap, so they found out about it, and that's why they don't want us 595. to know each other, because then if ... even things like now we can talk about how 596. many jobs somebody else has got, now they put like they said same rate for 597. everybody, but before different people were on a different rate, so that would be like 598. you know a little bit of grief for them if somebody rang, said, oh hold on, (name) is 599. getting so much for this job and I'm only getting so much, why is that, and whatever,

met by mistake but exchanged numbers - seeking that connection with others, colleagues.

Restricted by agency - prevent interpreters communicating directly due to previous abuse of the system

previously different pay (rates/scales) - now all the same.

giving comforting advice & maternal wisdom
Judge-advisor system.

Key: C = Clare Participant = Waleria

applied restrictions		600. so they said we are not allowed. Plus they don't want us to talk about you know the 601. experience because, for example, there's some sensitive issues which some 602. people would find, you know, amusing or maybe not amusing but really interesting, 603. so they would want … oh what happened next, you know, I've been there a couple 604. of times, but now you are going, what's the next chapter, you know, what's 605. happened with him or whatever, so for that reason as well.	agency don't want interpretes to talk to each other - stop 'gossiping' about clients some interpretes are like this - turn is about the drama "next chapter"
	C	606. But does the fact that you don't have umm a network, do you feel supported in the 607. work that you do? Do you feel that you have …	
self as agony aunt	WALERIA	608. Definitely there's room for improvement because you know there is something 609. wrong then … I mean I don't mind because I'm used to them now, I've been 610. working for them for a long time, but I know of other interpreters who would rather 611. ring me to ask what to do, than ring the agency, because they feel that if they ring 612. the agency, asking what to do in certain situations, it's sort of they are not 613. experienced enough, they're letting them know about their weaknesses, you know, 614. they don't know what do, so they rather, you know, ring me, and ask me, or what do 615. I do.	agony aunt less experienced interpreters call to ask her for advice rather than agency - don't feel supported by them, unsure what response they'd get
	C	616. So it sounds like people call you because you've had a lot of experience and it does 617. … you will know what to do if they don't know. Is there no other forum that umm 618. interpreters have to kind of share umm experiences about what to do if you don't 619. know what to do, and that kind of thing?	
	WALERIA	620. It depends you know which agency, because I'm registered with four or five of 621. them, obviously you know, some of them it's a very irregular basis, obviously, you 622. know, they haven't got anybody close or whatever, then they use me, because … 623. but Language Shop is my main agency and there's also Barking and Dagenham 624. Agency, and they used to do like once every quarter, they used to have like a	varying support depending on agency.

Key: C = Clare Participant = Waleria

		625. meeting, like one morning, and one in the afternoon, and you would be required to 626. attend the meeting if you want to receive jobs from them, and on that meeting you 627. could bring up any issues about your know the Officers, the Clients, expenses, 628. some surgeries like, for example, they only book us for 20 minutes, but they are 629. always running like 40 minutes late, which makes you so late for the next 630. appointment, and then if you say, oh I'm going, because you know my time is up, 631. they get very upset, they won't sign your time sheets, and things like that, you 632. know, practical things, to talk about, but then they stopped doing that because 633. apparently people weren't turning up and obviously they have to sacrifice 634. somebody from the office to run this meeting and a Manager, so they stopped doing 635. that. They said if you have a problem ring us. Some of the agencies they've got ... 636. I haven't got one with me ... they've got like, for example, the front of the time sheet 637. is to fill by the Officer, but the back of the time sheet is filled ... is to be filled by us, 638. for example, if you were late for your job, what was the reason for being late, how 639. did it go, is there any requirements for like future appointments, which I think is 640. quite good thing, because at least you've got a little bit of chance of giving a little bit 641. of feedback.
	C	642. Yes, what about kind of umm more emotional support, or anything that ... where 643. you feel that you know things have affected you, like when you were talking earlier 644. about some of those difficult experiences, is there any ...
	WALERIA	645. I think it's just a very new thing and I'm not even sure because last year I done 646. couple of research projects for East London University, and we did mention that we 647. didn't have any support, then at the beginning of the year we had the internal audit 648. on the Language Shop because they're part of the Newham Council, and we had 649. an internal audit when I was invited to take part in that as well, and we 're talking to

support from ators

one agency - meet every quarter to discuss practical issues but costs & ltd uptake factors contributing to the cease.

msg to interpreters - is this enough.

varies opportunity to give feedback, allowed an opinion - their own voice - on the matter.

Key: C = Clare Participant = Waleria

		650. somebody who was completely independent and he wanted us to bring up some 651. issues, and one of the issues I brought up was about the lack of support, and not 652. even like … obviously I know, because I've been there donkey's years, but some 653. people didn't even know who in the office was responsible for what, because there 654. are some people who ring you about jobs, there are some people who deal with 655. your financial queries, there are some people who deal with telephone interpreting 656. and things like that, so people didn't even know who was who, because we don't go 657. to the office, we send it by fax, so I thought … even things like that, if something 658. goes wrong, who do you go to.
	C	659. So where do you think there is room for improvement?
	WALERIA	660. And that's when they about couple of months ago it must … might be three/four 661. months ago now, sorry, they send us an e-mail about some support service who is 662. available. We're using some uhh voluntary … I think … is running organisation 663. which is available basically around the clock. I haven't got that with me. But I've 664. got the e-mail about it saying that if you need any support, if you want to talk to 665. somebody about you know something upset you during the sessions, or … and 666. things … because we've got people who are suicidal, we've got people who are 667. victims of rape, all sorts of things, even like you know sometimes mental health 668. interpreting, I find them quite draining, you know, because if I go for like 20 minute 669. GP appointment, or one and a half hour social services appointment, because I 670. don't have to concentrate as much, it comes to me like … people are talking, even if 671. I go for a case conference, we've got like eight professionals, and I'm talking to an 672. English … to a Polish speaking person, because I always sit next to my client, and 673. umm they can be talking, I could be talking to her, listening at the same time, 674. doesn't bother me, it's fine, but some interpreters they want to stop, so they don't

lack of emo support

She was raised issue of lack of support, particularly of old support in the past - still an issue

support offered - phone number of voluntary support service.

MH interpreting as draining

Knew MH int "draining"

Key: C = Clare Participant = Waleria

a lost self / a loss of self. (becoming none)		675. miss anything else, what's being said, whilst interpreting, and umm you know 676. sometimes that could be quite difficult because if I'm going for one and a half hour 677. assessment, for example, sometimes I could be going for four hour assessment 678. because there could be patient after patient after patient, you know, and you are 679. sitting as a part of the medical team, and the patient just coming in and you are 680. interpreting, and sometimes, it's like I said, because you have to do word for word, 681. you have to do it in first person, you have to concentrate much more and after like 682. lets say four hour session, I had done once, four hour session, three patients, 683. completely different issues, came out, and I forgot my own name, I didn't know, you 684. know, I had like a little black out, you know, I didn't know what's happened to me 685. because it was really really drained. They didn't ask, oh, do you want to stop for a 686. minute, because people were changing, because like, you know, that was their 687. nurse for this one, so she went off with him. In all fairness, the psychologist was 688. the same, but I mean that's his job, you know, that's what he do all day, everyday, 689. so he's trained for that.	drain, long time back to concentrate so exhausted one herself had a "unreal" exp. lost self - who am I? having to "become" ones being shifted used for another's purpose one lost a sense of herself. what are her own thoughts & feelings?
	C	690. Yes.	
Helpless / limited power	WALERIA	691. Nobody says oh are you okay, do you want five minutes break between patients, 692. no, just get the next one in, you know, and in a situation like that, when you know 693. that you are pushed for time, because you are booked there for three hours, and 694. you know, if you ask for breaks, and then you have to go, then you are sort of 695. obliged to do one after another because you can't ask for break and, at the same 696. time, you won't be able to f finish, because you are committed time-wise to the next 697. appointment, so even from things like that, you don't feel you can ask for for a 698. break because then if you are running late, and then say well why did you take a 699. break then, you know, if you knew you had to go, and then you ask for five minutes	acknowledges ones felt similarly but she does not have the training to cope emotionally. based on how others perceive her - don't feel can ask/say/ direct / control session.

Key: C = Clare Participant = Waleria

		700. break.
	C	701. It's very difficult.
	WALERIA	702. Not very often it happens that people after even the sessions they say you know if it 703. was a difficult session, probably during my 12 year career, had about five people 704. which after very difficult session, they ask if you were okay, or how did it go.
	C	705. Who do you think could provide more help/support for interpreters, like yourself? 706. Do you think it … you know, do you think that the Officer could provide more time to 707. debrief, to kind of check in with you, do you think the agency should provide 708. someone or training or where do you think …
	WALERIA	709. I think if Officer is dealing with patients, non-English speaking patient, with 710. interpreters quite a lot, they could do with some … maybe not training as such, but 711. somebody you know bringing it to the attention that they need to stop at frequent 712. intervals, sometimes … It wouldn't do any harm, after the session they just say 713. you know are you okay, was everything … I'm not saying every session because 714. some of them are just you know quite quite easy, but if it was a difficult session, 715. obviously they are the professionals, they know if it was a difficult session, they 716. could you know make sure that you're okay.
	C	717. Yes.
	WALERIA	718. Even you know the fact that they are interested. They asking you. It makes you a 719. little bit you know ease off because even if it just saying a couple of sentences, they 720. may have you know some solutions to that.
	C	721. Yes.
	WALERIA	722. Or sometimes they know patients much better to what we do, for example, like you 723. know if it's on the hospital ward for two weeks, you know, I had one patient who 724. was so arrogant, so violent, so … oh just horrible, you know, if he goes anywhere

unsupportive working environment (colleagues/ employers)

5 people during 12 years interpreting ever asked her if she is ok after a difficult session –

Offers training / awareness of interpretes & checking in with them to ensure they are ok - wellbeing.

ease off = a weight lessened, lighter, off load - may help her.

therapists have more kn. about the patients - should be more responsible?)

Key: C = Clare Participant = Waleria

		725. else, I would probably walk out from that, but because it was in there, I couldn't, I 726. didn't feel threatened in any way, but I just found it wasn't a very nice thing to say, 727. you know, but okay, that's how he was, and they are dealing with it, they are in and 728. out, so they are quite used to it, I wasn't, but you know, I could be either prepared 729. for that, or the next patient, he's really rude, he's really so in so, or after, the patient 730. left, something could have been said about it, no, they just expect you it will just go 731. ... the water will go over like over that...
	C	732. And you forget and ...
	WALERIA	733. Yes. And on to the next one
	C	734. It's not always the case, is it?
	WALERIA	735. No, no. The same like once again I had a patient who had a problem in mental 736. health hospital and she had a problem with eating disorders, and the same, I 737. mean, that was probably the worst interpreting in my life. They could see that I was 738. so close to walking out from that.
	C	739. Really.
	WALERIA	740. And they could see and after, because I was booked for three sessions and after 741. that I just said, I'm sorry, I don't feel I can interpret for this lady any more, and I said 742. I won't be coming again.
	C	743. Because it was too upsetting?
	WALERIA	744. Yes, no, she was just you know ... she could speak English, she didn't need 745. interpreter, I mean from the moment I walked in, and introduced myself, she spoke 746. to me in English, in very rude manners, and nobody said ... yes, I know that she's a 747. mental health patient, I know that she's severely ill, because I know her bulimia, no, 748. I think she was bulimic or something, but you know there is a doctor, there is a 749. psychologist, there is her solicitor, there is her mother, and the only person who's

Key: C = Clare Participant = Waleria

		750. trying to do something was her mother, because she was so embarrassed about 751. her behaviour, but then she was putting the mother down anyway and just shouting 752. at her, as much as she was shouting at me, and I can … if it's anywhere else, 753. you've got a choice to say, I'm sorry, no aggressive behaviour, but in there, no …
	C	754. So you don't feel that anyone was kind of protecting you in that situation?
	WALERIA	755. I never went there again, no.
	C	756. No.
	WALERIA	757. What was really funny, is that they think, I was really struggling, to contain her, and 758. through this two hour session, and I said I'm sorry, I don't feel I will be coming 759. again, I don't feel like I can interpret for her anymore, and they say, oh but is there 760. anybody else … oh, thanks for your concern, I (1:00:30) thank you.
	C	761. Wow, that made you feel angry?
	WALERIA	762. That was the worst interpreting of my life Clare, you know, I came out from there 763. and I was absolutely fuming. I understand that she is like you know she's mentally 764. unstable, that she has got physical problem, that she's locked in there, and 765. sectioned, she can't leave there, I understand her frustrations, and everything, but it 766. doesn't mean that you know she can just spoil the rest of my day.
	C	767. And the rest of the system involved don't help you …?
	WALERIA	768. Yes, everybody is just like, that's how she is, that's how she is, and oh is there 769. anybody else who can come next week? I let the agency to find you somebody 770. else.
	C	771. Gosh. I'm aware that you have to get going. Is there anything else that you want to 772. say that's particularly difficult or particularly positive about your work that we haven't 773. already talked about?
	WALERIA	774. The work itself is very rewarding, I must say, like, you know, probably 80/90% of my

MH different word, rules, expectations of others.

none of the professionals helped to stop abuse towards Waleria - isolated - on her own - fighting her own battle - no one protecting her.

complete lack of concern / disregard for her welfare - callous, thoughtless - Waleria in disbelief.

tone of voice strained, disbelief

anger "absolutely fuming"

what right has anyone to abuse her, another?

uncaring professionals.

MH/crisis as "different"

unapparent harm.

anger towards professionals (uncaring) disbelief

Key: C = Clare Participant = Waleria

		775. time, people are happy, and you feel that you've helped them and you know one 776. way or another, it's really really good, but umm, like I said, probably if the Officers if 777. they're using interpreters on regular basis, they could be you know, I don't know, 778. some kind of leaflet or something, you know, for them, that they need to stop and 779. you know if it's something difficult, they could talk to us about it, because some of 780. us, they just treat us that we are there necessary, because if we weren't, then they 781. wouldn't be able to communicate with the patient. – Vital role
	C	782. Yes.
	WALERIA	783. I'm not saying that they should be grateful or something like that, but just in that 784. we're humans as well, so obviously they do it like I said, that's their profession, 785. they've chosen it.
	C	786. And does that go for psychologists and therapists as well as doctors and they're not 787. always aware of the effect it has on you.
	WALERIA	788. No.
	C	789. Hmm. I think it's very important.
	WALERIA	790. Yes, I feel it is, but uhh you know sometimes people are not used to it, and they 791. say, oh thank you very much, like you know, you are the machine who was saying 792. what I'm saying and I was receiving the information, but nothing else.
	C	793. Yes. That interpreters don't have feelings or emotions or just …
	WALERIA	794. Hmm. Especially like, you know, like I said, they know if the interpreting is difficult, 795. they know that was difficult patient, so they could spend just a little bit of time you 796. know and making sure.
	C	797. Hmm. Okay. Thank you. I think I could talk to you all afternoon.
	WALERIA	798. You're welcome (laughs)

vital role of interpreters

NOT a machine

treated like a machine

gives ideas how to inform therapists leaflet

not treated like a human being but a necessary tool to get to goal

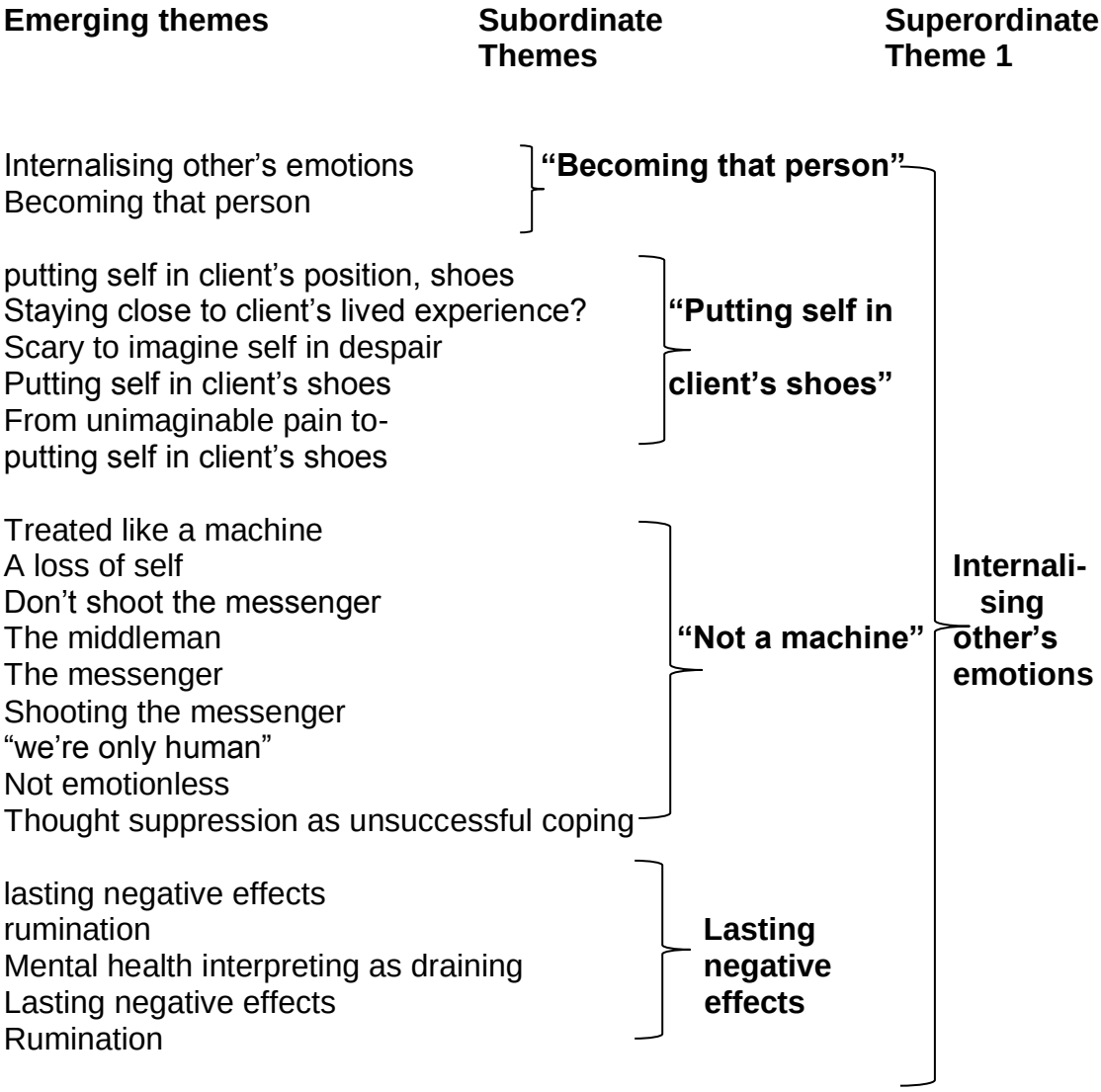
we're humans aswell

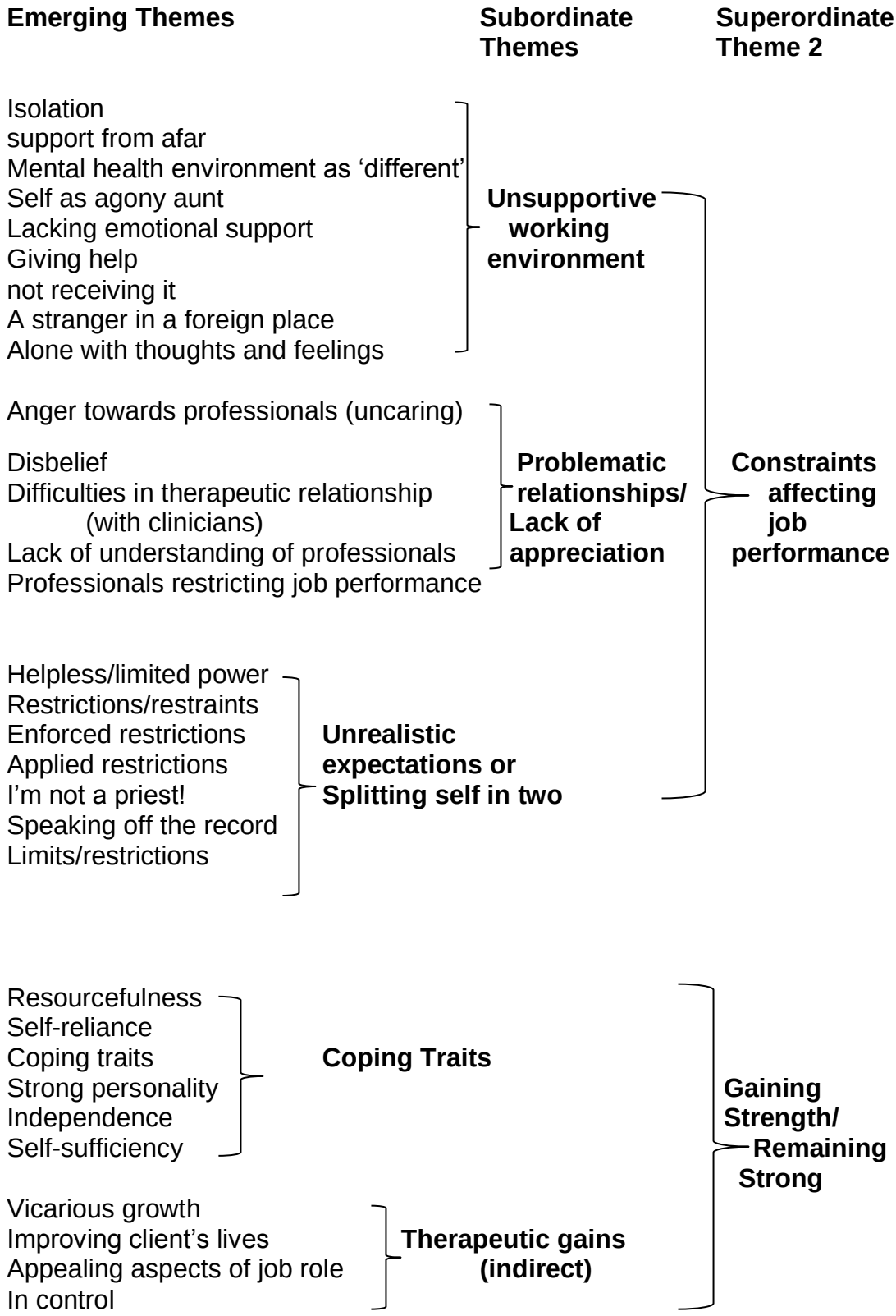
They know what they're getting into but interpreters don't always.

treated like a machine "but nothing else".

therapists could do more.

Appendix 9: Analytic process for one participant: Clustering themes




Emerging Themes
Subordinate Themes
Superordinate Theme 2
Isolation
support from afar
Mental health environment as 'different'
Self as agony aunt
Lacking emotional support
Giving help
not receiving it
A stranger in a foreign place
Alone with thoughts and feelings
Unsupportive working environment
Anger towards professionals (uncaring)
Disbelief
Difficulties in therapeutic relationship (with clinicians)
Lack of understanding of professionals
Professionals restricting job performance
Problematic relationships/ Lack of appreciation
Helpless/limited power
Restrictions/restraints
Enforced restrictions
Applied restrictions
I'm not a priest!
Speaking off the record
Limits/restrictions
Unrealistic expectations or Splitting self in two
Constraints affecting job performance
Resourcefulness
Self-reliance
Coping traits
Strong personality
Independence
Self-sufficiency
Coping Traits
Vicarious growth
Improving client's lives
Appealing aspects of job role
In control
Therapeutic gains (indirect)
Gaining Strength/ Remaining Strong

Superordinate and Subordinate themes for Waleria

1. Internalising clients' emotions
"Become that person"
"Putting self in client's shoes"
Not just a machine/ "we're humans as well"
Lasting negative effects

2. Constraints affecting job performance
Unsupportive working environment
Lack of appreciation for the role
Splitting self in two

3. Gaining strength
Coping Traits
Indirect gains/secondary benefits

Emerging themes not explicitly incorporated in to subordinate themes
The effects of a past life
No language as lonely
Knowledge is power/Developing knowledge
Mental health work as different
Inferiority/inadequacy
Professionalism
To translate not to interpret
Translating despair
Remaining professional by not showing emotions
Giving help not receiving it

Appendix 9: Analytic process for one participant: Table of extracts

Super-ordinate Themes	Sub-ordinate Themes	Page. Line	Participant's Extracts
1. Internalising clients' emotions	"Become that person" (identifi-cation)	3.62	*it's very important that first of all interpreting the first person, so basically I become that person*
		4.79	*…I don't say, actually, you asking that already, or even if I know the answer, I don't say the answer, I still ask the patient because he may not want to give the same answer, he might want to give different answer, he may not want to give any answer the second time or the third time around, and that could mean something for the … you know for the health professional.*
		5.118	*I have to become that person, so everything what she or he says to me, I have to say it, and you know, we're only humans, you can't sort of completely switch yourself off or detach from an emotions and when people sometimes say things like oh my life is not worth living, I don't want to live no more, and obviously I can't say that my life is wonderful and I'm … but generally speaking I'm quite happy person, so saying things like that, I find it quite difficult because it doesn't agree with me, you know, saying oh, my life is so bad, that I want to kill myself, or I want to kill myself and my daughter because I had one patient like that who was referred to a psychology services because she wanted to commit suicide and she wanted to take her daughter after the break of the relationship or marriage, and uhh I find it quite difficult because I've got a daughter, I'm a Mum myself, and I'm saying out loud I want to kill myself and I want to kill my daughter which is like hold on, you know, the light is flashing, don't say that, don't even you know say it out loud, but obviously this is my role*
		8.182	*I uhh … I was very (pause) I mean lonely I can say uhh in a way and depending on myself (links to loneliness of client-mum who was threatening to kill herself-identification, then talks about coming to England not knowing anyone..)*
		10.247	*…sometimes you just do too much for nothing really because you know my work is just interpreting… but you know, it doesn't cost me anything, so I don't mind. I know that I would*

			appreciate somebody's help, when I came here first, so I would offer that help to other people….because I struggle, I must honestly say, I did struggle quite a lot at the beginning because like I said I didn't have any friends, I didn't have any family, I didn't know English, I didn't know London
		28.677	*Sometimes I could be going for four hour assessment because there could be patient after patient after patient, you know, and you are sitting as a part of the medical team, and the patient just coming in and you are interpreting, and sometimes, it's like I said, because you have to do word for word, you have to do it in first person, you have to concentrate much more and after like let's say four hour session… I had done once, four hour session, three patients, completely different issues, came out, and I forgot my own name, I didn't know, you know, I had like a little black out, you know, I didn't know what's happened to me because it was really really drained. (a loss of self)*
	"Putting self in client's shoes" *(empathy for)*	6.145	*I remember I was a little bit umm … I could even say like confused, you know, and I was definitely thinking about what would make me to say that, what would need to happen in my life, what would need to be so bad, for me to say it, which is you know a bit weird things because if you're quiet content in your life, and then you start thinking about what would be the worst case scenario and trying to implement that, in your life, it's not very nice.*
		7.152	*Sometimes it's even a little bit scary, I would say, yes, afterwards, when you think about it all, you know, her whole life just collapsed because of that break of her marriage, that was her … you know, her husband was the bread winner, so it was her income, with income came the house, and no money, no house, no food, so maybe she did feel like that, and you start thinking oh what it did happen to me, you know, start putting yourself in her shoes.*
	Not just a machine/ "we're humans as well"	30.730	*They just expect it will just go...the water will go over like that.*
		32.790	*They say, 'oh thank you very much', like you know, you are a machine who was saying what I'm saying and I was receiving the information, but nothing else.*

		32.784	*We're humans as well*
	Lasting negative effects	6.135 7.166	*…plays on your mind afterwards, you know, after sessions, because like I said, you can't turn yourself completely … switch yourself off during the sessions. I try to you know not to take my work home. I try to a little bit after I finished a session I try not to think about it, as much as I can, but sometimes if there are quite severe cases, you can't, you know, you can still, you know, think about it, even like couple of days afterwards.* *I found it probably more difficult afterwards, you know, during the interpreting, because I've got quite a lot of experience, I try to stay you know very professional and don't show any emotions, don't get involved or at least uhh don't show that I am getting involved into that, but it starts afterwards, you know, if you start contemplating what you just said, after the session, especially…usually there's some kind of travelling involved, either to your next assignment, or back home, and then you know if you are sitting, find yourself sitting on the tube or on a bus, and obviously you're on your own, you know, there's nobody to talk, so obviously it just comes back to you.*
2. Constraints affecting job performance	Unsupportive working environment	7.173 23.563 25.609 26.648	*you're on your own, you know, there's nobody to talk, so obviously it just comes back to you.* *We never see each other. We never get any Christmas parties. We don't get things like that, so we never meet. The only way I know other Polish interpreter, the only reason because it was a double booking….I met them like, you know, coincidence, and we exchange numbers, which you are not supposed to do.* *I don't mind because I'm used to them now, I've been working for them for a long time, but I know other interpreters who would rather ring me to ask what to do, than ring the agency, because they feel that if they ring the agency, asking what to do in certain situations, it's sort of, they are not experienced enough, they're letting them know their weaknesses, you know, so they rather, you know, ring me, and ask me, or what do I do.* *We had an internal audit on the [interpreting agency] when I was invited to take part, and we're talking to somebody who was completely*

			independent and he wanted us to bring up some issues and one of the issues I brought up was about the lack of support...some people didn't even know who in the office was responsible for what,..if something goes wrong who do you go to?
		28.691	*Nobody says oh are you okay, do you want five minutes break between patients, no, just get the next one in.*
		29.702	*Not very often it happens that people after even the sessions they say you know if it was a difficult session, probably during my 12 year career, had about five people which after very difficult session, they ask if you were okay, or how did it go.*
	Lack of appreciation for the role	17.409	*some people they have never worked with interpreters, and they completely forget that we are in the room…and they start going on and on and on and on and on, and I've got very good memory, and I can remember quite a lot, but there is a limit, and because then I don't want to miss something, so I have to stop them, and I don't mind if I'm doing it once or twice, but if I have to stop them every time, they start talking, I think it's a little bit of ignorance, you know, because at the end of the day, they should know they are using interpreter and I have to remember what they're trying to say, so if they want me to be you know to be passing all the information, then they have to stop and let me do my job.*
		22.530	*I had one lady[therapist]…she rang the agency, and she said, I don't think she [interpreter] was telling me the full story, she says, because there was an awful lot of talking between the people who are in the room, and she was only telling me a little bit….she had never seen a gypsy family at home….I said 'they always argue, they always talk to each other, they always talk over each other, there could be like two people talking at the same time, that's normal'. I'm used to it because I work with them quite a lot, but for some reason, she felt that I didn't say enough.*
		29.709	*I think if Officer is dealing with patients, non-English speaking patient, with interpreters quite a lot, they could do with some … maybe not training as such, but somebody you know bringing it to the attention that they need to stop at frequent intervals, sometimes … It wouldn't do any harm, after the session they just say you know are you okay, was*

			everything … I'm not saying every session because some of them are just you know quite quite easy, but if it was a difficult session, obviously they are the professionals, they know if it was a difficult session, they could you know make sure that you're okay.
		30.735	*I had a patient who had a problem in mental health hospital and she had a problem with eating disorders, that was probably the worst interpreting of my life, they could see that I was so close to just walking out from that…she was shouting at me..what was really funny is that they think, I was really struggling to contain her, and through this two hour session, and I said I'm sorry, I don't think I can interpret for her anymore, and they say, 'oh, but is there anybody else?' Oh thanks for your concern, thank you!*
		15.363	*I've got Polish people who I've been working with, sometimes for years, you know, and uhh because I know what they've been through, I heard the stories like you know many times before, so whenever we meet new person [therapist], you know, for various reasons, they want me, you know, to once again to tell them because I know it already, so they don't feel that it has to come from them, I can just say it*
		4.75	*at the end of the day, I'm only interpreter, I'm not the therapist, I'm not the psychologist, so maybe the way … obviously in the best case scenario, everybody would try, or would prefer, to work with a non … English speaking person in their own language, but obviously we don't speak every possible language, so they have to use interpreters*
	Splitting self in two	5.105	*sometimes people try to talk to you and to see you as they sort of like not the solicitor but somebody on their side, and wanting you to help them, if it comes to any difficult questions they will ask you or what do you think I should say, for example, and once again, I have to say that to the English speaking person, that's what they ask me, but I can't advise or I can't give any answers to that.*
		17.423	*Sometimes I don't like when they [therapists] say to me, oh I don't want you to say that, but blah blah blah blah blah, I'm like, hold on, I'm here for your convenience, but at the same time, that's quite rude*

		18.445	*[When visiting an English doctor] They [clients] used to say to me at the beginning like, oh don't tell him, but I've been to a Polish doctor… I was like, listen, I can't do that, because if anything happens to you, then you will say, oh I told the interpreter that I'm taking those tablets which may be completely you know wrong tablets for you, or this doctor can give you another tablet which will you know collide with them ones which are you taking, and I don't want to take that on my conscience, so if you don't want to say to him, don't say anything, I don't want to know, I say I'm not a Priest, you know, the Polish people, because they always think that they're in confession…I'm not a Priest, I don't want to know.*
3. Gaining strength	Coping Traits	8.182 9.207 9.220	*I've got quite strong personality, I'm very independent* *my upbringing I think made me quite strong person and quite resourceful and sort of you know I know I can … I can't rely on many people you know so I have to rely on myself.* *I was spoilt from a materialistic point of view, because I had everything…..but at the same time, I didn't have my mum….I had to pay the price for having everything materialistic, but I didn't have that emotional support, so that's what probably made me quite strong.*
	Indirect gains/ Secondary benefits	12.286 14.331	*I like my freedom. I like being with people....I've never had the same job twice...you never get bored, you know, the time goes really quickly, plus you are obviously your own boss in a way of time managing.* *sometimes you learn from your experience, but it doesn't have to necessarily be your own experience, you can learn from experience of others…*

Appendix 10: Table of master themes with extracts for all participants

Master Theme	**Sub Theme**	**Extract and page/line number in transcript** (underlined name is an extract included in write-up)
Theme 1. Feeling *for* the client	**'One of them'**	*Agrin: I went through as a youngster myself, that same problem, and it was difficult to balance it as well. So the communities that I live in, more or less go through some of the things I went through myself as well, my family 12.132* *Agrin: It's hard when it's your own countryman or countrywoman going through so much difficulties in their life 24.1018* *Agrin: He didn't have much friends and he was not seeing people and he was living in an area quite near to where I live as well and at one point I even felt that if you feel lonely I'll come and visit you, I can talk to you as well, so I felt very close to him. 7.268* *Waleria: I know that I would appreciate somebody's help, when I came here first, so I would offer that help to other people [researcher paraphrases] yes, because I struggle, I must honestly say, I did struggle quite a lot at the beginning because like I said I didn't have any friends, I didn't have any family, I didn't know English, I didn't know London. 10.258* *Zehra: I feel more close to women patients because you know women issues in Turkey, are a bit difficult, because especially if you were from the villages, countrysides, have been really abused, and this really affects me as a woman so I always feel more for a women patient because I know somebody in my family, somebody in my neighbourhood, I know have been through something like this. 20.465* *Lahn: I believe I'm not the only one who having that thought, many people were thinking the same way that I did. Many people were having the same problem that I was facing. Many of them were struggling as I did, so it gave me more understanding through course of my life, the problems, and be familiarised with their circumstances, and it enabled me to be close to them, and help me to develop a different type of approach of how to be able to work and get more trust from the service user. 19.400* *Lahn: If you lower your level down and can see that you are in the same level with the service user, you will get more understanding from them and you will trust from them more easily because they will see you as **one of them.** 19.413*

		Lahn: I am one of these so called 'boat people', and when I arrive to this country and having a certain advantage of the language which I acquired during my school time, and when I entered the UK, I saw a number of my fellow citizen, people who were struggling on a daily basis because of their language barrier, and I said to myself, 'okay, why not helping these people whereas you have a certain command of English', and so I am starting to use my bi-lingual skills to support them. 3.47 *Jiang: …maybe as an oriental man, like you know being responsible for your family, trying to get the best to your family and stuff like that...cultural thinking I could relate to. 18.493* *Jiang: I think I've found it easier to interpreting for men because…I think I can relate to them better I think, yes, better… I think it's just the way you know the mind-set, culture, background, I think I know how an oriental man you know must feel when they expressing something…20.550* *Jiang: they need us to go and you know help them you know in the language terms but for the same time, you know, culturally maybe uhh emotionally, maybe as an oriental person, I might be able to understand the patient better…14.365* *Ambicja: I understand where they come from and it may only help, but also having an insight to the British culture and I have lived only with English people ever since I moved here, so for six years, it was quite intense, so I think I allowed myself to become a part of English culture. But I can notice, from the short conversations with my clients, is that I may help them to bridge that gap between our cultures. 18.468*
Theme 1. Feeling *for* the client	**Putting yourself in the client's shoes**	*Agrin: I was trying to imagine you know the kind of torture he went through, the pain he went through, you know, physically. And the pain about how his close relative was killed in front of him. 6.232* *Agrin: So I try to at that point, I sort of, you know, put myself in to his position. Then I try to, I try to understand what he went through as well at the same time. 6.219* *Agrin: I'll try to put myself in the client's position so 'how would I feel?' 3.84* *Waleria: I was definitely thinking about what would make me to say that, what would need to happen in my life, what*

		would need to be so bad, for me to say it, which is you know a bit weird things because if you're quite content in your life, and then you start thinking about what would be the worst case scenario and trying to implement that, in your life, it's not very nice. 6.145 *<u>Waleria:</u> Sometimes it's even a little bit scary, I would say, yes, afterwards, when you think about it all, you know, her whole life just collapsed because of that break of her marriage, that was her … you know, her husband was the bread winner, so it was her income, with income came the house, and no money, no house, no food, so maybe she did feel like that, and you start thinking oh what it did happen to me, you know, start* ***putting yourself in her shoes****. 7.152* *<u>Zehra:</u> I think it is more difficult for me to understand the man, because for a woman I can imagine the causes why she is in this situation, it is always the same story, like domestic violence, abuse. 22.529* *<u>Zehra:</u> I feel sad because I really wish that their husbands would be a bit kinder and gentle. This woman could accomplish a lot. They could be great wives. They can be great human, I mean, they can be just great, but they suffer so much, they are so sad, because of their husband's rudeness or something like this, so I am … I also feel sad. 21.499* *<u>Farah:</u> I could have easily been her, the only difference is that I was born in a different family, in a different town, and I was just … lucky enough not to be her really. When you see people come from your own country, she was not from my country, but she was close, then you just think that it could be me, it could be me, it could be my Mum, it could be my Auntie. She was very intelligent, yes, and very … well-spoken and very willing to be back to normal, but unfortunately she had gone through a lot of really bad things in life. 25.601* *Jiang: I can see what their concern is, and you know, how they feel and how… I think maybe how they got in to that state really because…I could imagine how much pressure he's on, he put himself on, in to, then getting in to that mental state, and then being unwell and then yes, I think…I mean culturally I can because he's the eldest son and everything like that… 18.481*
Theme 1. Feeling *for* the client	**Losing self**	*Ambicja: There are situations when I feel overwhelmed by what I hear. 8.200*

		Ambicja: The very overwhelming aspect is when you actually see a person who is very unwell, and you feel that helplessness...you see how much they struggle to be understood. 8.214 *Zehra: So sometimes it might be really confusing because sometimes you know because these patients are really in pain, it affects you, and most of the time they cry a lot. This affects you as well. 3.51* *Ambicja: You hear those words first and now it's almost as if it's you who needs to communicate this message, bring it across 11.292* *Waleria: I have to become that person, so everything what she or he says to me, I have to say it, and you know, we're only humans, you can't sort of completely switch yourself off or detach from an emotions and when people sometimes say things like oh my life is not worth living, I don't want to live no more, and obviously I can't say that my life is wonderful and I'm … but generally speaking I'm quite happy person, so saying things like that, I find it quite difficult because it doesn't agree with me, you know, saying oh, my life is so bad, that I want to kill myself, or I want to kill myself and my daughter because I had one patient like that who was referred to a psychology services because she wanted to commit suicide and she wanted to take her daughter after the break of the relationship or marriage, and uhh I find it quite difficult because I've got a daughter, I'm a Mum myself, and I'm saying out loud I want to kill myself and I want to kill my daughter which is like hold on, you know, the light is flashing, don't say that, don't even you know say it out loud, but obviously this is my role. 5.118* *Waleria: sometimes, it's like I said, because you have to do word for word, you have to do it in first person, you have to concentrate much more and after like let's say four hour session… I had done once, four hour session, three patients, completely different issues, came out, and I forgot my own name, I didn't know, you know, I had like a little black out, you know, I didn't know what's happened to me because it was really, really drained. 28.680* *Farah: Most of the time you become that person. 22.534* *Farah: I remember after work, when I went home at 6 o'clock i was like totally exhausted. I couldn't...I would sometimes go to sleep at 7 o'clock. My brain was totally exhausted. I just couldn't even...I couldn't keep awake. I...and I was upset all the time, but yes, later on, I just got used to it. 7.171*

		Farah: I could feel exhausted after some particular sessions, because it was being held in a very small room, and we were sitting very close to each other, and the therapist told me that this is called uhh … mood transferring, or mood transference, something like this, she told me that when you are sitting next to people who are you know talking about very sad experiences, then somehow their mood transfers to you, and that's why you feel a bit maybe exhausted or tired after some of these sessions 23.564 *Farah: [10 years ago] I remember that … I just couldn't forget about it, it was in front of my eyes, all the time, I was thinking about it all the time, still, to this date, I always keep thinking what happened to that baby, because I never saw that woman again, I just registered her, and you know, did the initial registration form and the initial interview, which is about like 20 minutes, and then I never saw her again. 8.185* Contrasting experience: *Jiang: …not seriously, seriously affected, but knowing their stories, yes it was a bit like you know hmm sad or something like that, but not…I wouldn't like.. I wouldn't lose my sleep over it but I would you know certainly feel for them, that I won't…yes, I won't lose my sleep. 16.426* *Agrin: I can't see someone suffer, so I feel like helping them in one way or another…..but I blocked my thoughts in a sense, how I wanted to help him, whether I wanted to help him or should be able to help him. 7.271* *Lahn: If you are stuggling or you have kind of in doubt or emotional divided, you would not be able to retain any information and do the work correctly. 17.360*
Theme 1. Feeling *for* the client	**Reciprocal gains**	*Agrin: I was quite happy for them as well. I was sort of affected by their happiness. That was quite a positive thing which affected me as well. I am quite an emotional person as well so I was more or less happy like them as well in a sense. 9.381* *Waleria: sometimes you learn from your experience, but it doesn't have to necessarily be your own experience, you can learn from experience of others, and now for example, I go quite a lot for therapy sessions, psychology therapy, behaviour therapy, and once I'm interpreting, I'm thinking about some of the things what they're saying, like hold on, yes, that makes sense, yes, I like the sound of it, and I do*

		implement them in my own life. 14.331 *Ambicja: It's great seeing when they actually succeed [health professionals] and meeting the patient when you saw them at their worst and then a few months later when you see them normal it's like a miracle. 15.387* *Ambicja: It's very rewarding because you see that actually, without you, there would be no communication whatsoever, and you can sometimes feel how those people trust in you and how much they depend on you to communicate their problem.16.412* *Farah: it's very rewarding when you attend long term psychological treatments and you can see that person is getting better, little by little, week after week, yes, I've attended some sessions, like maybe more than 15 sessions, 20, two years ago, with a lady who had gone through a really traumatic experiences, and then in the end of those sessions, she was nearly quite well, I mean, when she started she was so depressed, she had no self-esteem, she was just sad, a sad lady, sitting, and not even willing to talk. In the end of those therapies, yes, she was back to her normal self, and that was particularly rewarding to think that you have been a part of this, because that particular lady didn't speak a word of English, so if I was not there, she wouldn't be able to even communicate two words with her therapist, so it is rewarding to feel that you have facilitated that, yes. 22.549* *Lahn: …there's so much for me to learn from them. 28.607* *Nario: Working as a Community Interpreter you can help people. Well obviously they are foreigners and many of them with difficulties so I am happy to give them a help. 1.20* *Jiang: At the beginning it was very interesting for me because I…I got the opportunity to meet different people, see different things, and also helping you know whoever needs help too, which gave me a lot of satisfaction 2.33*
Theme 2. Relationships in Context	**'opened my eyes' to an unknown world**	*Zehra: You don't know what a depressed person can do… she got really angry at me. I didn't expect this, for example, you know. And she got really angry at me. She didn't want to speak and look at me. 14.330* *Zehra: sometimes umm the patients look into your eyes very intense and sometimes so many things are going in patient's mind that maybe it is better you stop the eye contact with the patient… with normal patients there's no*

		problem, because they are okay, but with the mental illness, you know, sufferers, I don't always keep the eye contact, I mean of course I'll look at them, but not always like this, because some of them are really aggressive. 10.240 *<u>Farah:</u> sometimes when you go to mental health hospitals or mental health places, centres, they expect you to go in and wait with the client while the professional is not there, which is not right really, because first of all, because of your own health and safety, you don't know that person, you don't know their state of mind, you don't know how well or poorly they are, so it's not right for them to ask you to go and sit there on their own. 2.37* *Farah: there was this young girl, particularly, who either loved people or hated people, and when she hated people, she was capable of assaulting them, and I was … she actually liked me, so whenever she was with me, she just liked to kiss and cuddle me, but you never know … if this kiss and cuddle is going to turn into something like a physical assault later on. 2.49* *Farah: it's always possible that the client, the person, is going to later accuse you of having done something that you haven't done, because sometimes they have paranoia, sometimes they are schizophrenic, so you never know what claim they are going to later make about you, you know, something that you haven't done, but they may just imagine you have done it, so it's not really right to be with them, on your own, when the professionals are not present.3.60* *Farah: when I go for an interview or when I go to just interpret for a patient in a GP surgery, I don't know anything about the patient's background. Sometimes I see them for the first time, I really don't know anything about their medical history, their condition, nothing.5.102* *<u>Ambicja:</u> In the mental health institution there comes that extra factor when you may start feeling insecure because of the environment, um, so even though you know you can cope linguistically, not necessarily are you equally able to cope emotionally, so I did a number of interpretings in such institutions and I remember the first few ones were very emotionally draining. 2.43* *<u>Ambicja:</u> Dealing with patients who, all of a sudden, use very abusive language...this is one of the aspects that you know, may shock you..it may look for the person from the outside, quite scary when the ill person starts abusing someone verbally or makes sudden movement. And I*

		remember I always feels very insecure in such environment. 3.56 *<u>Ambicja</u>: I hate being seated exactly next to the patient because of this unpredictability. I never know what he or she may do. 3.65* *Ambicja: it's incredible, I've always been amazed by it, because I find it's like one of the most difficult areas that they have to deal with, helping those patients. It's not like cancer that you can either cure or not, it's like almost untouchable problem which is so hard to diagnose because it's got those tiny little bits that may make such a huge difference as far as diagnosis is concerned, that it makes their job really hard I can imagine.14.380* *Ambicja: Sometimes fear of them, but then I don't fear them as a person, I fear their illness 22.583* *<u>Ambicja:</u> Fear of the unknown, I don't know what to expect, I've never spoken to a mentally challenged person before in a very open, free way so that's again, is very uncomfortable being surrounded by mentally ill people and not knowing what to expect. And even though nothing has ever happened, I think it's because that belief that…well mental institutions are being locked for some reason… 26.714* *Nario: ...it doesn't feel threatening (laughs). I'm aware it's potentially threatening but I never felt really threatened. I need to carry an alarm with me just in case but i don't...I never felt threatened by the people who went there.* *<u>Nario:</u> working with people with mental health problems sometimes it's difficult to…because sometimes it doesn't make sense what they are saying…and I still need to interpret for them. And I think 'oh my god, I hope they won't think it's me who is always the one unable to interpret properly' because it doesn't make sense to me what they are saying. And yeah, I find it difficult. 3.50* *Nario: The problem is just I try to make sense of what they are saying and then I thought I'm not supposed to make sense of what they are saying. I dunno, I dunno how to behave in those situations. 10.215* *Waleria: interpreting for mental health patients is completely different. 2.38* *<u>Lahn:</u> some of these stories that when we are doing the work, we thought that it could not happen in our culture, because we strictly brought up by pretty much in strictest*

		ways, guidance, by our parents and schooling when we attended, however, we forgotten that times are changed and people perception have changed, and the ideas have changed too, so we very surprising that it is happen to our community, so when we listen to the story, we do the interpreting, we pretty much shock in a way. 9.195 *<u>Agrin:</u> I don't know how it affects the other individuals there are some interpreters that only do psychological therapy, psychiatric therapy so that it could affect them a lot but i do different kind of work as well at the same time. So it all balances out in my mind, so I don't become so much affected by it. But I'm thinking, if I was working in like a psychiatric unit interpreting everyday for people with like mental health problems, I think in the end it might affect me as well because it would be a bit stressful going over the same things over and over again.18.764* *<u>Farah:</u> I think that's the worst thing you can do to yourself, to just remain an interpreter, at the place like this, where you are only hearing sad stories on daily basis, all the time, and there's no change… what I do here, is very different.13.310* *<u>Ambicja:</u> I saw babies being born, I saw naked women who got so close to me within a few hours that they weren't embarrassed to strip themselves naked when they were in labor, and you see dying patients who you know look at you and kind of ask with their eyes whether there is any hope...you are invited to so many environments that you wouldn't be able to take part in that it's incredible. 16.422* *<u>Jiang:</u> At the beginning it was very interesting for me because I…I got the opportunity to meet different people, see different things…just you know,* ***opened my eyes*** *even more by doing this line of work. 2.33* *<u>Jiang:</u> At the beginning it was a bit like uncomfortable because you know, people inside there, it's a bit…they are a bit like mad, but because I've got used to the environment and you know trying to like you know be friendly with whoever in there, I think it was fine. 5.121* *Jiang: Initially I wasn't really confident, you know, what am I going to start in to it, every single job, because it could be different things, but now, as I've accumulated my experience, I feel quite comfortable about going to any job to help anybody, and umm, yes, it's good 23.631*

Theme 2. Relationships in Context	**Disempowered**	*Waleria: at the end of the day, I'm only interpreter, I'm not the therapist, I'm not the psychologist, so maybe the way … obviously in the best case scenario, everybody would try, or would prefer, to work with a non … English speaking person in their own language, but obviously we don't speak every possible language, so they have to use interpreters 4.75* *Agrin: The service provider, the lady, was very ignorant of what the client was saying, didn't want to hear it, didn't want to hear what the client was saying, wasn't very helpful to them, even though the client had rights. I was thinking why is she doing this? She should do better, but then again I can't say anything to the service provider, 'listen you are doing this wrong', she'll say 'who the hell are you to tell me this' and obviously she'll make a note of my name and I'll get in trouble again. 14.576* *Farah: all I want them to do is to explain because I'm not a doctor, in the end of the day, I'm only an interpreter, and there are always new things that I hear for the first time, and I would really expect them to explain a little more rather than expecting me to know everything there and then. 4.79* *Farah: I've been put in a situation where I thought the professional is really looking down or you know … not treating me nicely because I just said I didn't know that word, or I didn't quite understand what they meant 4.85* *Farah: sometimes you know when you don't understand some people or sometimes when they are rude to you, you tend to roll your eyes or just make like a suggestion or with your body language you make it clear to them that you're not happy with the situation.18.429* *Farah: the interpreters are being underestimated even more… a private firm came and won the tender with the National Health Services [in the area]…and we had to start working for this private firm, which is based in London, and leave treating us with respect, they don't even pay us on time, I mean, you always have to you know chase the payments and talk to them, and you know, leave messages, no-one calls you back, so now I have other worries…the rates they are paying is so low, and I mean, the last time they were going to send me to Corby, I just said, listen, with this money, it's not really worth it for me to go there, because this is like I'm paying you to work for you, not you're paying me to work for you, then they threatened kind of, okay, so we're not going to give you any phone calls any more, we're not going to give you any*

		jobs any more, and I didn't take it very seriously, but they have stopped giving me any jobs 26.628 *<u>Farah:</u> It seems that it's not worth it anymore. I'm not getting even enough jobs, and these people, they don't really care if you're a professional interpreter or you're just a person who just speaks the two languages. They don't even make a test. 28.698* *<u>Ambicja</u>: I've been taking part in some interviews with the patient where the doctor was very impatient and almost not letting the patient to communite through me. The moment when the patient was starting saying something that was not logical, the doctor was like, 'yes, whatever', like 'let's move on, I've heard enough', and that I found very upsetting for myself also. Sometimes they could even stop me in half way through and say, 'okay, I've had enough, I don't really want to hear anymore', and you feel like, hold on, that person didn't have a chance to communicate, no matter what they say. I can understand they are ill and I know they don't make sense in what they're saying, but isn't it part of the process of making them better to understand how they reason at that point? So that makes me feel very frustrated and helpless, because I feel like my job hasn't beeen alowed to be done properly.* *Agrin: I think to myself, there's a lot of cultural difference and sometimes service providers find it hard to understand this cultural difference.* *Agrin: I feel anger towards the service provider and I feel like speaking to someone and explaining the situation. (If it was a really open racist or prejudiced words then I would report it to the service provider manager but if it's been done psychologically in a sense then it's not very easy to report that). 15.611* *<u>Zehra:</u> We don't see the therapist, we don't even know the subject, because the therapist is busy with other patients. 17.399* Contrasting experience: *Jiang: kind of trying to befriend with him too, is like a befriender really, yes, otherwise I couldn't really...I can't really do anything, if he doesn't want to speak 7.172*
Theme 2. Relationships in Context	**A human shield**	*<u>Ambicja</u>: You hear those words first and now it's almost as if it's you who needs to communicate this message, bring it across, so it's actually not doctor telling them they are dying, it's you telling them, and when you realise that, and*

		you are face to face with that patient, depending on the reaction of the patient, it may be an excrutiating task. 11.292 *<u>Ambicja:</u> It's very uncomfortable for me when I have to interpret what the doctor just said which wasn't nice. So i think, okay not only did the doctor offend him but now it looks like I offend you aswell, because you hear it coming from me and the mentally ill person doesn't necessarily understand that the doctor has said that. He sees me. He sees the words coming from my mouth. 21.566* *<u>Jiang:</u> I think sometimes some people might express their anger in…quite a serious way and I couldn't really you know…do that because it's not my you know my right to express like his or her anger upon somebody else because I just need to say you know what she said, I can't like…I try not to [carry the emotion of the professional] because I'll just speak, you know, trying to translate what the other person says 11.292* *Jiang: Sometimes when the nurse saying something about the patient, which I think maybe she doesn't really need to know about this, maybe just the view of the nurse, so I'll just ask the nurse saying do you really want me to interpreting this bit? 12.319* *<u>Zehra:</u> It is frustrating. Because they can't take it from the doctor sometimes because of the language barrier, you are the easiest…. when I speak in their language, they feel very close to me, but they don't feel close to therapist, so I am sometimes the easiest you know to … easy to harm me, in this sense. They sometimes complain, they sometimes say like aggressive words.29.690* *Zehra: when I interpret it, it's like she is making me responsible, you know, because I am the one who speaks so she in her mind maybe she thinks that she is saying this 11.262* *<u>Zehra:</u> she accompanied the words that I speak with me, with this, you know, body, so she blames me. 12.272* *Waleria: Sometimes I don't like when they [therapists] say to me, oh I don't want you to say that, but blah blah blah blah blah, I'm like, hold on, I'm here for your convenience, but at the same time, that's quite rude, if we are chatting and I'm not telling her what we're chatting about 17.423* *<u>Waleria:</u> They just expect it will go…the water will go over like that. 30.730*

Theme 2. Relationships in Context	**Isolated and un-supported**	*Waleria: I had a patient who had a problem in mental health hospital and she had a problem with eating disorders, that was probably the worst interpreting of my life, they could see that I was so close to just walking out from that…she was shouting at me…what was really funny is that they think, I was really struggling to contain her, and through this two hour session, and I said I'm sorry, I don't think I can interpret for her anymore, and they say, 'oh, but is there anybody else?' Oh thanks for your concern, thank you! 30.735* *Waleria: Nobody says oh are you okay, do you want five minutes break between patients, no, just get the next one in 28.691* *Waleria: probably during my 12 year career, had about five people which after very difficult session, they ask if you were okay, or how did it go. 29.702* *Waleria: We had an internal audit on the [name of agency] when I was invited to take part, and we're talking to somebody who was completely independent and he wanted us to bring up some issues and one of the issues I brought up was about the lack of support...some people didn't even know who in the office was responsible for what...if something goes wrong who do you go to? 26.648* *Waleria: I don't mind because I'm used to them now, I've been working for them for a long time, but I know other interpreters who would rather ring me to ask what to do, than ring the agency, because they feel that if they ring the agency, asking what to do in certain situations, it's sort of, they are not experienced enough, they're letting them know their weaknesses, you know, so they rather, you know, ring me, and ask me, or what do I do. 25.609* *Farah: but they are not treating us right. They are not paying us right and they are very unprofessional 27.671* *Farah: they always told you, you are only an interpreter, your job description says interpreter is only a voice, they never came to me and asked, okay, how are you feeling 14.344* *Waleria: We never see each other. We never get any Christmas parties. We don't get things like that, so we never meet. The only way I know other Polish interpreter, the only reason because it was a double booking….I met them like, you know, coincidence. 23.563* *Ambicja: I might be wrong here...I may unnecessarily feel*

		frustrated...because I'm not part of the system, I don't know how it works.10.254 *Ambicja: You enter the environment where everybody is familiar except you and the patient, so you don't know what to expect at first 2.38* *Ambicja: Just an outsider 9.220* *Ambicja: It's like you are a guest and you are only there for a few minutes just to communicate with whatever specialist. 14.365* *<u>Ambicja:</u> I don't know what may happen and I'm not trained to take certain actions to help the patient or even help myself… I think it's very easy for the staff working in mental institutions to lose that sensitivity because they know the patients, they know their job and know what to expect. For someone from the outside, even if according to their opinion there is no threat to our person from anyone, or from the patient, I think they should reassure us by simply not putting us in to situations. 6.144* *<u>Farah:</u> it's always possible that the client, the person, is going to later accuse you of having done something that you haven't done, because sometimes they have paranoia, sometimes they are schizophrenic, so you never know what claim they are going to later make about you, you know, something that you haven't done, but they may just imagine you have done it, so it's not really right to be with them, on your own, when the professionals are not present. 3.60* *Farah: when I go for an interview or when I go to just interpret for a patient in a GP surgery, I don't know anything about the patient's background. Sometimes I see them for the first time, I really don't know anything about their medical history, their condition, nothing. 5.102* *<u>Farah:</u> I don't know where to go, who to find to talk to, and now … honestly, I'm just thinking about a change of career, I mean, it's not paying … I mean, even before, it was never enough to you know to live on, the money that I was … but I was doing it because I was enjoying it….but now it's just stress all the time 28.680* Contrasting experience: *<u>Lahn:</u> Luckily, I am working in a very supportive environment, so I come back to the first incident when I was shocked when I heard the story, after that session, I contain my surprisings and shocking when in first session,*

		but when I came out, and I talked to my line manager, we started to have a conversation, and I've been given guidance and support and de-briefing about the services, and then I been allocated to be shadowed, to work with my colleagues who experience this kind of work, so gradually you get used to these things. 14.289 *<u>Lahn:</u> You should have a briefing/debriefing to support your employee. You should have a more robust protocols and procedure to carry out supervision and support your employees adequately to make sure he or she has been supported throughout their work, because you never know […] the worker could end up to a lot of mental health problem for him or herself.21.440*
Theme 2. Relationships in Context	**'We don't have the training to cope'**	*Zehra: they know how to cope with this, I mean, they know the answers, but we don't so sometimes I question myself a lot like is there a way to help them, is the system okay, or is … you know questioning myself, the system, this kind of things, and if there is no help, so why are we helping, maybe you know it is the best, so if it is the best this is so bad, something like this, like questioning. 8.189* *Zehra: what makes me different [to therapists] is I don't have the education to cope with it, you know, because education can clear your mind, and can make you a bit stronger, because personal experience doesn't make us stronger. 9.203* *Zehra: I think they need to educate interpreters in mental illnesses, not all of them, the ones who are going to work with the mental illness patients, to help them, for example, they can give lectures like what will happen if you come across this, what can you do if you come across this. 9.215* *<u>Zehra:</u> I said, <u>alright,</u> but maybe it was wrong to say this, I don't know, because this is why I am saying we just need a bit of education about this because I said this, maybe she felt worse, I really don't want her to feel worse, I can cope with this kind of things, but she's obviously really offended, really sad, more sad than me, so I don't want to give anything to her that she can't cope with. I'm not sure maybe if it was good or it was bad, I don't know. 12.283* *<u>Zehra:</u> I was thankful to God that it didn't happen to me, first of all. I was also questioning myself is there anything I can do in this world because it is also very difficult just to stare at people and do nothing but you are just hopeless there because you know you don't have this power to help them, but you still question yourself in your … inside of*

		you, like maybe there is something I can do, but I don't know, maybe I am not pushing myself enough, am I, I don't know, so you question yourself like this, I mean I question myself 6.142 *Zehra: I also feel sad, but I don't think I can help them because it's a big problem, social problem, in Turkey, it's really big [domestic violence] 21.503* *<u>Nario:</u> Working with senile people or people who are not coherent in what they are saying. I would be happier to have more training in that area. So I can feel less frustrated or less, how can I say, worried about other people thinking that I am the one who doesn't know how to interpret. 9.203* *Nario: I dunno, I dunno how to behave in those situations 10.217* *<u>Ambicja:</u> [health professionals] being more aware of the fact that we do not have that training of how to cope with the patient....a little bit more sensitivity of the fact we have never been trained or made aware of what if? Scenarios.....sometimes they are so unaware of our position...I'm not trained to take certain actions to help the patient or even help myself.5.133*
Theme 3. Balancing the personal self and the professional self	**To the limits of the role**	*Agrin: My hands are tied 7.282* <u>Agrin:</u> At one point, I remember that even though I wouldn't do such a thing, I wanted to do it anyway, I felt like saying to him, speaking to him after the interpreting session ended, saying I hope everything gets better for you, those kind of things. But I didn't want to, you know, and err […] you know my professional values as an interpreter as I'm not allowed to do that. 6.248 *Ambicja: It's very annoying because I have no word to express my opinion. I have no right to do it. I feel like slapping the doctor and saying, hey, listen (laughs), I didn't finish, and the patient didn't finish, this is how I feel, but obviously (laughs), I professionally just let it finish then and leave the room when they ask.9.240* <u>Farah:</u> *there are some clients that I'm seeing on a regular basis, and I mean sometimes I do get worried about them, because I know that, for example, if I were their friend, I could help them, but because I am only working with them as a professional interpreter, I not even give them … I'm not even allowed to give them my telephone number, so they can call me, at emergencies, and maybe ask me to*

		interpret between them and someone else, for only two minutes, I'm not allowed, I'm not allowed to see them outside work, I'm not allowed to do anything with them. There are still people that I keep in mind, and I think about, yes, but unfortunately there is nothing I can do, or I may lose my job, if you know what I mean. 9.214 *<u>Farah:</u> there have been situations that I was interpreting for people, where I knew they are lying, but I had to just translate or interpret what they were saying, because I'm just there as an interpreter. [It was] awful… it was really difficult to just you know remain impartial and interpret all the lies that they were saying, just to get a … just to you know apply for housing. Yes, but you have no choice really, you have to do it. 19.469* *<u>Farah:</u> just things that I hear, they have very deep roots in the cultural background of those people, and you are not allowed, even … I mean especially at [name of trauma service] I was not allowed to just later see the legal officers and say, listen, these things that he's said, may not make sense to you, but it does make sense to me, because of this and that, or because this is in their culture, or because this is the way it is in my country 15.353* *Farah: even if I know the answer, I'm not allowed to answer. 19.460* *<u>Waleria:</u> I don't want to know, I say I'm not a Priest, you know the Polish people, because they always think they are in confession…I'm not a Priest, I don't want to know.?18.445* *<u>Waleria:</u> sometimes people try to talk to you and to see you as they sort of like not the solicitor but somebody on their side, and wanting you to help them, if it comes to any difficult questions they will ask you or what do you think I should say, for example, and once again, I have to say that to the English speaking person, that's what they ask me, but I can't advise or I can't give any answers to that. 5.105* *<u>Waleria:</u> Sometimes I don't like when they [therapists] say to me, oh I don't want you to say that, but blah blah blah blah blah, I'm like, hold on, I'm here for your convenience, but at the same time, that's quite rude, if we are chatting and I'm not telling her what we're chatting about 17.423* *<u>Nario:</u> Sometimes I was very tempted to say something to intervene (laughs). I didn't. But I was very very tempted to say something. ..I was extremely tempted to tell her, why don't you ask him that question?...I was very very tempted*

		to say 'you know he's probably gay this man'…I was very very tempted but then it's good that I didn't. That would have been very unprofessional (laughs, laughs) to even say 'oh, why don't you ask him?' 'have you ever thought about asking him this question?' 11.240 *<u>Jiang:</u> I'd just pace up and down with him, you know, so that he can recognise that I'm there to help him and also trying to you know connect with him as well. And then eventually...we got to you know got to a point that he decided to talk to me, no, I will always need to ask the question first, then he will only respond, it's always life that, so and then I finally managed to get something out of him, and then the doctor umm...appreciate very much appreciated my help and then he was having the report with more information of his, like background history and stuff like that. 6.146* *Jiang: kind of trying to befriend with him too, is like a befriender really, yes, otherwise I couldn't really...I can't really do anything, if he doesn't want to speak 7.172*
Theme 3. Balancing the personal self and the professional self	**Pressure to hide emotions**	*Agrin: If I was to take that thought with me all the time, I think it would affect me as well because I feel sorry for him and obviously it would affect my role as an interpreter as well in the future.7.286* *<u>Agrin:</u> At the end of the day, I can't let my feelings of feeling sorry for them to affect me in a sense because for the reason if it affects me, then I go over the line of being an interpreter. 13.545* *<u>Zehra:</u> at this time of interpreting I don't show anything because I can't cry with the patient, but there was one time that I was about to cry as well, because she … the patient was suffering from domestic violence, and she was really emotional, the woman was really emotional 6.123* *Zehra: almost cried, but I said, excuse me, can we just stop just for a few minutes 6.130* *<u>Farah:</u> sometimes you know when you don't understand some people or sometimes when they are rude to you, you tend to roll your eyes or just make like a suggestion or with your body language you make it clear to them that you're not happy with the situation. As an interpreter, you are not even allowed to do that. You just have to sit there and do everything impartially, which is not really the easiest thing to do when sometimes the professionals are expecting too much or being slightly rude to you 18.429*

		Farah: you are not really allowed to come home and talk about them 11.252 *<u>Ambicja:</u> You don't feel like complaining on the doctor because that's not your position there, that's not why I'm there for. 9.245* *<u>Ambicja:</u> It's very annoying because I have no word to express my opinion. I have no right to do it. I feel like slapping the doctor and saying, hey, listen (laughs), I didn't finish, and the patient didn't finish, this is how I feel, but obviously (laughs), I professionally just let it finish then and leave the room when they ask. 9.240*
Theme 3. Balancing the personal self and the professional self	**'Sometimes I have to be just a human'**	*Lahn: It was wrong for me to say, I did admit that to the health professional, but I made a challenge, it's unethical for me to have done that but if I did not do that, then the reality is the service user would be penalised by ignorance of that health professional. 30.642* *<u>Lahn:</u> I was in…a bit…probably a bit hasty but I was thinking balancing from my professional and the beneficial of the service user, who had been in the situation where had none of her choice, or his choice, being there, and I waive my professional conduct and I think it's less important than the benefit of a detained patient being kept in that situation. 31.660* *Lahn: Okay, you are a professional worker, you have to maintain your professional conduct and your ethical work, but that's purely on your personal choice, your self, individual choice, but your choices may be less important than the choice or the benefit of the person who's [being detained] not by their choice […] their benefit is more...is far more important than my own self-interest benefit. 32.683* *<u>Farah:</u> at the end of the day, you're a human being and I mean if you see someone in need, and you can do something about it, you would do it. 10.227* *Farah: For example, this happens very often, still it happens. Sometimes the client, or the asylum seeker, gets very frustrated because the legal officer of the health professional they don't really understand what he is talking about, because he doesn't know the culture, or the background or anything about that country, and then … or says something like, ohh, these people don't understand anything, or says something rude, and as an interpreter you're actually supposed to … you have to say everything they say to each other, but you know that if you say it, it's*

		an insult and it may … it may interrupt the therapy or it may be turned against them, it may … and you understand why they are frustrated, so it's really big dilemma, so do I need to say it, or do I just need to keep quiet or not say it. It happens very often. It still happens. 16.387 *Farah: I think, as a human being; that is seeing two sides of the story, sometimes better to be tactful rather than just say everything you hear. 17.416* *<u>Farah:</u> unfortunately I've never been able to be like that interpreter that they are telling me about, in the trainings,* ***sometimes I have to be just a human****. 17.421* *Farah: but when you are interpreting, and you know the things that you are saying is not right or are not the truth, then umm … it sometimes feels as if you are lying yourself, or there's like continuing to lie yourself, so it's not really something nice 21.501* *<u>Jiang:</u> I just feel like you know…even though I feel I might be doing slightly more than just interpreting, but I think it's something that needs to be done, is necessary for me to do it, so I just do it anyway…because it's good for the patient or the other person so why not. 14.371* *Jiang: …translating literally, those words, mixed together in Mandarin doesn't sound right, it doesn't make sense so sometimes I just need to like you know umm… I can use a different term to know of you know express it. 19.511* *Jiang: sometimes they got really angry but I wasn't as angry, then I can't really experience the anger… I'll just say he or she's really angry because you did this and that, you know, she just asked you not to do it again, that's it, but I won't say in whatever way the person was saying to her...11.229* *Jiang: Sometimes when the nurse saying something about the patient, which I think maybe she doesn't really need to know about this, maybe just the view of the nurse, so I'll just ask the nurse saying do you really want me to interpreting this bit? 12.319* *Waleria: I don't want to take that on my conscience, so if you don't want to say to him, don't say anything, I don't want to know, I say I'm not a Priest, you know, the Polish people, because they always think that they're in confession…I'm not a Priest, I don't want to know.*

Theme 4. 'You need to protect yourself'	**'I need to be ghost-like'**	*Zehra: They still expect something from me, for example, they expect me to talk on behalf of them, but I can't do that, they need to talk, and I need to interpret.So they don't understand even I explain my role, but because **i need to be ghost-like**. 4.76* *Zehra: with normal patients there's no problem, because they are okay, but with the mental illness, you know, sufferers, I don't always keep the eye contact, I mean of course I'll look at them, but not always like this, because some of them are really aggressive. Sometimes they call the agency even complain about you, because they suffer so much, that you know they throw stones to everywhere and **you need to protect yourself** sometimes. 11.246* *Zehra: don't tell anything that you can't tell to the therapist. I should be in the middle. 'So don't expect me to talk on behalf of you'. I say something like this to you know explain but they don't always listen. 16.381* *Zehra: I don't believe in any religion, first of all, I believe in God, so if you consider that 90% of Turkey is Muslim, I am already conflicting with them, but for me, I really … I was grown up with the Muslim culture, culturally I believe it, and I live it, I celebrate every kind of Muslim celebration and you know I am part of it, I am not denying this, but religiously I don't believe so much, so even at this point, I never think that they are contrasting or something like this. Because even I don't believe I know their point because I was grown up in a really religious family as well, like you know, many Turkish people. 27.640* *Agrin: I try to look as a third person in a way so I don't think about a situation how I was there but as a third person watching that situations.20.838* *Nario: I have to say that I felt nosy a little bit. But I dunno, I think I probably, yeah I put a distance, not to experience that feeling. I don't know how I managed to do that but I didn't run out of there. 4.80* *Nario: I don't remember feeling too emotional about someone 5.111*
Theme 4. 'You need to protect yourself'	**Balancing the emotional challenges**	*Jiang: I just need to keep reminding myself saying you know they're actually in a safe place, they're being well looked after, you know, so there's nothing too much to worry about really, because they are safe.14.384* *Agrin: I try to convince myself it's not my job to do*

		that.....It's up to the professional to make a decision on that person. So I don't feel so much guilt on it, not being able to help that person. 8.327 *<u>Zehra</u>: so this person, no choice, I mean, she is going to suffer for all her life, so when you see this on the patient, so how can you think, I mean, how can you help, but my friend said to me of course you can't delete everything of her mind, but you can decrease something, so this is the luckiest that she can get, she can be, I mean, it's just to help as much as you can do, because I think you know psychologists know as well that nothing can be 100% cure for this kind of mental illness, you know, sufferers in this world I guess. 7.162* *<u>Farah:</u> I could see that if I get emotionally involved, it doesn't really help the people, if like you worrying about them, it doesn't help those people either, I mean, if I keep thinking about them and then just like I'm not in the right state of mind to do the interpretation, then I'm actually not doing my job right 12.280* *<u>Jiang:</u> …males try not to show their emotion that much, they control it quite well too…I can relate. 21.574* *Agrin: If I was to take that thought with me all the time, I think it would affect me as well because I feel sorry for him and obviously it would affect my role as an interpreter as well in the future. 7.286* *Agrin: At the end of the day, I can't let my feelings of feeling sorry for them to affect me in a sense because for the reason if it affects me, then I go over the line of being an interpreter. 13.545* *Agrin:'I can't do nothing about it so there's no point in leaving it for later and thinking about it again. But this is just a general, how I look at things, it doesn't have to be an interpreting situation, it could be something else I go through in life. So I just delete it, I can't do nothing about it, that's it'.* *Agrin: 'But blocking it in a sense, I will block it in that I will think about it later on when the time comes, bring it up, face with it and deal with it then, so it stays with me at some point […] somebody was doing reiki on me and I realised some of the things I've blocked in the past have come back again. So I realised hold on, I've forgotten about this, why's it coming back? It comes to my mind again, then I realise I have to delete it properly to get rid of it. It's like saving a file on a computer. So you put it in to a trash box or just press 'save' and have a look at it again*

		later'. *<u>Agrin:</u> It's like saving a file on a computer. So you put it in to a trash box or just press 'save' and have a look at it again later. 22.898* *<u>Agrin:</u> There's no point in keeping it with me, as an attachment 21.916* *<u>Nario:</u> I don't experience anything I don't want to. 5.106* *<u>Zehra:</u> What I do is I ...I tell them to my friends, of course, without giving the name, just the story, so I can relieve, so I can call somebody, my boyfriend, or when I go home, I tell everything to my room mate, so I tell the same thing to my boyfriend again, so I tell the same story to a few persons until I am relieved. 5.108* *Lahn: I would not hesitate to look for a solution 26.557* *<u>Agrin:</u> When I feel something really err, keeps me down or makes me feel negative about something, I try to meditated myself into releasing that unwanted energy from me 8.322* *<u>Agrin:</u> It all balances it out in my mind, so I don't become so much affected by it. 18.768*
Theme 4. 'You need to protect yourself'	**'You have to draw the line'**	*<u>Zehra:</u> you need to stay a bit away from them, physically and psychologically 2.39* *<u>Lahn:</u> Professionally doing that I know you have to control that [emotions] because you are doing professional work, but afterwards you are having to re-think to yourself when of this is the right environment for you to do the work, because when you are in doubt, or you have certain suspicions or you don't know whether you could contain your emotional feelings when you're doing the work, then you shouldn't be doing the work. 10.218* *Lahn: …a professional doing the work, you can't disclose your personal details you don't […] you create a mutual understanding with them but you still continue to observe and perform your professional work by setting a basic professional boundary with the service user. 20.420* *<u>Ambicja:</u> **You have to draw the line** and say 'okay this is my job, this is a client, I am just a messenger and that's it'...I think this is one of the ways that allows me to do my job. 12.328*

		Ambicja: You sometimes lose patients..you hear of death...and you've been a part of their treatment by interpreting...you kind of reflect on it later on..but you have to move on...what I'm trying to do is not to have a personal connection with the patients, which I struggled with initially...later on you have to reflect that this is just a job and if you get very personal with those people then both of the sides will suffer...it's a very delicate balance that you have to learn to acquire, where you are warm towards them and personal, and yet mentally you don't get involved. 23.607 *Ambicja: What have I gained?...the increased ability to draw the line between your reality and their reality and being able to switch off when it's needed, which helps me to do my job in a better way. 14.368* *Farah: When I started 11 years ago, as I told you, I was working with asylum seekers… and all these stories really affected me, but I suppose somewhere along the way, little by little, developed this defence mechanism that kept myself detached from these people, because in the beginning, I remember, I used to get quite emotionally involved, and you know, get upset and you know think about it later on, when I went home, but little by little now, it just umm … it just was a story that I was hearing and I was supposed to interpret, it's not maybe very nice to say that, but I always say that working at a humanitarian organisation makes a little bit cruel because you have to keep yourself … the same thing is very true for people who are attending long term psychological treatments, or you know, therapy sessions, you have to keep your … I mean you have to be detached from the client and the story you're hearing, because otherwise it can affect you, yes. 7.152* *Farah: one thing which was common among all of us is that we all had that kind of that detachment from the stories we were hearing, and it all was different when you started, and it changed later on. 14.327*
Theme 4. 'You need to protect yourself'	**'I belong to the lucky ones'**	*Nario: Well of course there are people who are better than me, who are feeling better than me, there are people feeling worse than me, who are having more difficult lives. So I guess overall I am a lucky one. 6.127* *Zehra: I try to relax, I say to myself this is okay, I mean, she [the client] is getting help at least, which is great, so she's going to be okay soon. 7.148* *Nario: I belong to the lucky ones 6.132*

		Farah: just before I started this work as an interpreter, I went through a very traumatic period of my own life, and then after I started this job, it taught me a lot of things about life, and one thing it taught me, in particular, was to appreciate what I have, because I could see so many people who didn't have it, so many people who were deprived of their basic freedom, had to flee their country, had no money, I mean, young children, no place to stay, so it taught me to appreciate life. 11.270 *Jiang: There's no point to dwell in the past really, because, even though it's sad, but you know, you need to live your life, start from now on and then move on, and see how you can live your life from now on. A lot of the patient tend to just dwell in the past experience or incidents, and yes, sometimes, I actually encourage them, saying you know, that's the past, you should look forward to the future, and trying to move on, and see what you can do in the future so that you can get better, go to work, earn some money, and then you know do whatever you need to do 16.441* *Jiang: I think I just need to keep reminding myself on you know…being hopeful and you know the future is bright, it's not as gloom as I you know I feel inside, yes. 17.468* *Jiang: Keep being positive too, yes, sometimes you just can't help yourself to being dragged down by you know negatives and stuff…17.467* *Jiang: There was kind of a joke that I was trying to make, you know, and then trying to connect him as well, so that we can laugh and joke, even though it's like quite sad situation he got himself in to, but sometimes you've got to laugh really. 13.354*
Theme 4. 'You need to protect yourself'	**Resilience and growth**	*Lahn: I'm not shocked anymore. I'm not surprised anymore. 14.306* *Lahn: I'm quite up front and strong character, person, myself, I'm quite assertive 26.553* *Waleria: my upbringing I think made me quite strong person and quite resourceful and sort of you know I know I can … I can't rely on many people you know so I have to rely on myself. 9.207* *Waleria: I've got quite strong personality, I'm very independent 8.182*

		Waleria: I was spoilt from a materialistic point of view, because I had everything…..but at the same time, I didn't have my mum….I had to pay the price for having everything materialistic, but I didn't have that emotional support, so that's what probably made me quite strong. 9.220 *Ambicja: I think I had to learn at certain point independence from being very depending on people. There came a point where all the strings were cut very abruptly and I had to start from very deep water and build up my confidence from there and my independence almost straight away, so I think that gave me a lot of strength and made me a stronger person that I kind of find different situations easier to cope with. 13.342* *Ambicja: Determination is probably also one of the traits that helps me coping with those difficult situations 13.351* *Ambicja: The fact whether you can do it or not [interpreting] depends on your character, that's the only thing you can build up from, so I can imagine people emotionally weak or whose character does not take bad messages easily to struggle to do their job. 12.304* *Ambicja: I kind of got used to it by experience 11.284* *Agrin: But I've survived I suppose 8.314* *Farah: I think that traumatic experience that I had gone through before that, and these things that I was seeing on daily basis, just helped me […] how can I say, maybe I became stronger. 11.270* *Farah: you never learn how strong you are until being strong is actually the only option you've got, then you realise and I can be that strong person and do it 13.307*

Appendix 11: Table of recurrence of themes

Theme	Agrin	Waleria	Ambicja	Nario	Jiang	Zehra	Farah	Lahn
Feeling *for* the client								
"One of them"	✓	✓	✓		✓	✓		✓
Putting yourself in the client's shoes	✓	✓	✓		✓	✓	✓	
Losing self	O	✓	✓		O	✓	✓	O
Reciprocal gains	✓	✓	✓	✓	✓		✓	✓
Relationships in Context								
"Opened my eyes" to an unknown world	✓	✓	✓	✓	✓	✓	✓	✓
Disempowered	✓	✓	✓		O	✓	✓	O
Human shield		✓	✓		✓	✓		
Isolated and unsupported		✓	✓				✓	O
"We don't have the training to cope"			✓	✓		✓		
Balancing the personal self and the professional self								
To the limits of the role	✓	✓	✓	✓	O		✓	
Pressure to hide emotions	✓		✓			✓	✓	
"Sometimes I have to be just a human"		✓			✓		✓	✓
"You need to protect yourself"								
"I need to be ghost-like"	✓			✓		✓		
Balancing the emotional challenges	✓			✓	✓	✓	✓	✓
"You have to draw the line"			✓				✓	✓
"I belong to the lucky ones"				✓	✓		✓	
Resilience and growth	✓	✓	✓				✓	✓

✓ presence of theme

O contrasting experience