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Dynamics of the triadic therapeutic relationship: Interpreters' perceptions of the counselling process with non-English speaking clients

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Abstract: This article explores how interpreters made sense of the dynamics of the triadic therapeutic relationships and interpreting processes involved when working with non-English speaking clients and mental health practitioners. The research was designed as a qualitative inquiry and undertaken in two stages: first, a focus group with interpreters; secondly in-depth interviews with interpreters were held. Ethical approval was obtained, and the participants were recruited locally and regionally through interpreting and translation agencies. Findings show that interpreters regarded their job mainly as a human relationship, emphasizing its impact on all parties involved throughout. They asserted that they were bridging the communication to provide the information and guidance offered to clients by the practitioner, which required a fine balance due to the interpreters' presence and position within the framework. They however suffered from significant role conflicts, mistreatment through attitudes, isolation, lack of recognition for their contribution as language practitioners, and support they needed. They found their job and the interpreting processes and the triadic therapeutic dynamics challenging and yet rewarding. The results suggest better tailored training to learn about the relevant field related knowledge and ongoing supervision for the best practice. The author suggests Inter-professional educational model, pioneered in the UK, for an integrated learning for interpreters along other practitioners.

Introduction

This research aims to provide and assist the relevant academia in the fields of counselling, psychology and interpreting with greater insights and knowledge of the dynamics of the process. This paper forms the first part of the research exploring the experiences of the interpreters by reporting the findings of the interpreters' data.

There is research on the use of interpreters, particularly in the medical field but few studies explored the interpreters' experiences of the actual interpretation process (Fatahi, Mattson & Skott, 2005; Hudelson, 2005). Further research findings on the impact of the process on interpreters are being reported (Costa, 2011, 2014). Interpreting in psychotherapy is different from interpreting in other fields as it involves an ongoing relationship with the client and requires working with highly emotional content (Miller, Martell, Pazdirek, Caruth & Lopez, 2005). Working with interpreters should be regarded as a positive but challenging development in helping this clientele. Trivasse (2009) infers that it improves insights and practices of mental health practitioners.

Ethnic minority groups known as BME groups in Britain includes people from Black African, African–Caribbean, South Asian, and Chinese heritage, and other white and non-white minority groups whose cultural heritage differs from that of the majority population (National Institute for Mental Health in England, NIMHE, 2004). In response to the growing ethnic minority population and the increased demand for psychological services among minority clients, therapists and researchers have attempted to identify competencies and improved guidelines for providing culturally sensitive approaches (White, Gibbons and Schamberger, 2006).

Interpreters constitute a triadic conversation in which they facilitate what Holder (2002) calls a 'mediated or processed communication'. Facilitating communication between clients and healthcare providers entails more than transmitting information between them. They should coordinate the communication in such a way that the involved parties can negotiate their goals and identities (Baker, Haynes & Fortier, 1998). When counselling clients it is of great importance that they have a clear understanding of the different cultures, backgrounds and languages, of that ethnic group within the host culture as the acculturation process itself can cause stress (Sue and Zane, 1987). D'Ardenne & Mahtani (1999) also note that an effective counsellor is expected to have the responsibility for finding a shared language with the client through a clear mutual level of communication.

The dynamics of therapeutic work with non-English speaking clients through interpreters has been investigated in various ways. Most previous research explored the topic from the view of either one or two parties. The triadic nature within this framework gives rise to further complexity.

Research aims

This research was aimed to give a voice to the client, the counsellor and the interpreter, and to identify what their work entailed and what they needed the most. The overall questions were about the challenges for counsellors in working non-English speaking clients and interpreters, the perception of non-English-speaking clients about being helped through interpreters, and the coping strategies that interpreters used in dealing challenges.

This part of the research however intended to explore the interpreters' views on the triadic therapeutic relationship and interpreting process. They were mainly asked the following:

- how did interpreters view the process?
- how did they cope with the difficulties they encountered?
- what did they feel were the shortcomings of the process and what they needed to improve?

Method

The research was designed as a qualitative inquiry as the aim was to obtain deep and rich lived experiences (Marshall and Rossman, 2014). Qualitative methods are effective in understanding people's social, psychological and emotional experiences, their feelings, and the ways of addressing those (Liamputtong, 2007). It also allows the researcher to be an active agent and part of the process (Miles and Huberman, 1994), which would help the researcher to look at the issues from closer eyes from inside.

Flick (1998) considers methodology as the status of the text, and this status is largely informed by the researcher's epistemological position. Regarding the epistemological stance, the researcher believes that there are multiple realities based on the time and context which people live in, creating their own realities as well as responding to external realities in certain ways. Throughout the study, the meanings and quality of participants' experiences will be explored.

In this regard, the study is ontologically and epistemologically based on post-modernist, social constructionist, and interpretivist views in approaching and analysing the data. Individuals keep creating and responding to these multiple realities in various ways. Therefore, this study is exploratory, interpretative as well as descriptive and contextual.

As an important aspect of qualitative research regarding its quality and validity, the researcher took reflective notes and look at the findings through them in addition to the literature. All these were shared with the supervisors throughout.

Data collection

The data was collected in two ways: first, a focus group was organised with a group of five interpreters, second, five further semi-structured in-depth interviews were carried out with different interpreters. This data was merged and analysed later together. The main reason for using a focus group interview was to understand the topic concerned within the group dynamics as focus groups are known and widely used as they facilitate talks around feelings and opinions of the participants as long as the topics are not too sensitive to talk about (Field, 2000), and more importantly the focus group was chosen to decide and derive the questions to ask in the in-depth interviews later in the process instead of drawing the questions from the literature.

Semi-structured interviews were used to explore the issues touched upon in the focus group to get more in-depth insight about their experiences. In-depth interviews are defined as purposeful conversations (in Banister et al, 1994) and are powerful tools in studying perceptions and appropriate for addressing sensitive topics. They also allow the researcher to tailor bespoke questions throughout the interviews when the participants bring in further relevant topics (Etherington and Nell, 2011). Semi-structured interviews are not strictly pre-arranged/organised interviews; the researcher had the guiding questions following the main topics around the questions, but the participants were offered many open- ended questions and allowed to add as they wanted.

Recruitment and Setting

Interpreters were invited through interpreting and translation agencies that were sent comprehensive information about the study to circulate amongst their interpreters. Interpreters were selected on the basis of having a work experience in mental health field, having worked with mental health professionals and registration with an interpreting agency. In total, ten interpreters were accepted to include in the study. Fifteen interpreters came forward by emailing. However, two could not make it and one offered his/her answers in writing. But that was not included.

The focus group and most of the interviews took place at a local counselling organisation that was offering talking therapies and capacity building courses to various clienteles such as asylum seekers and refugees. Ethical approval was obtained from the University of Leicester. Health and safety checks were confirmed by the organisation; risk assessment was carried out by the researcher. Before starting off the interviews and group meeting, the researcher met the participant(s) at the door, comforted them by offering drinks and briefed them about the study and ethical concerns such as confidentiality and anonymity and so forth. Their consents were then obtained. In total, all ten agreed to consent.

The group talk lasted one and half hours and each interview's duration ranged from 45 to 90 minutes. Recordings were made. All procedures were facilitated and moderated by the researcher.

Analysis

Thematic analysis was used to analyse the data. It is a theoretical and flexible technique for all qualitative analyses and therefore has a wider applicability (Braun & Clarke, 2006). TA provides an appropriate lens through which dynamics of the triadic relationships can be looked from inside and outside. It is a process of recognizing the patterns within the data (Fereday and Muir-Cochrane (2006, p.4) and requires repeated attempts of reading of the transcripts and checking the reflective notes taken throughout the analyses. As McLeod (2001) notes that patterns of meanings would not emerge by themselves and the process of drawing them out is significantly shaped and helped by the researcher's skills and experiences This process involved several re-readings of the meaning units, categories and themes, and repeated checks done by both the researcher and others. Thematic analysis is described by Braun & Clarke (2006) who named the six-steps as 'Familiarisation with the data; Generating initial codes; Searching for themes; Reviewing themes; Defining & Naming themes and Producing the report (p.87)'. These steps were followed throughout.

TA is chosen over Grounded Theory as GT aims to develop an explanatory theory in the end, researchers are advised not to be heavily informed about the study topics and to have any pre-identified list of concepts by becoming involved in a prior reading of the literature (Strauss & Corbin, 1998). However, the researcher of this study, as a psychologist and an interpreter, felt that she had already read a reasonable amount of literature regarding issues both in counselling and interpreting fields before starting this research.

Interpretative Phenomenological Analysis was also not selected. IPA is a theoretically informed framework underpinned by phenomenology (Smith, Flowers and Larkin, 2009) and also an idiographic inquiry in which the researcher looks at the data through the eyes of the participants as if he or she is one of them (Willig, 2001). Although the current study aimed to understand and search for the patterns of meanings in participants' experiences, the participants were encouraged to be experiential. IPA focuses on the unique characteristics of the participants and although the researcher had similar experiences to the participants, the main aim was not to provide idiographic accounts of the participants' experiences. That is, the focus was not on participants as individuals but on their understanding and meaning-making processes.

Thematic analysis allows the researchers to be theoretically neutral and take positions in between. It can be used for any type of qualitative data.

Findings:

Socio-demographic information

The average age of the interpreters was 40.7. Eight were female, two were male. Two were Asians, three Europeans, two Middle Eastern, one Azeri and one Somalian. The average number of languages spoken was 3.3. Four interpreters had short training towards working with counsellors; three stated that they had training towards interpreting and translation; three did not have any formal training. Seven stated that their main occupation was interpreting and translation, one was in a management position, one was a support worker, and one did not respond to this question.

The average length of the stay in the UK was 17.7 years. The average length of working as an interpreter was 6.1 years. All the interpreters in the focus group were working in areas of health care, two of the five were also working in social and legal fields. Three of the five interpreters in the interview group had received supervision.

Findings of the analyses

Thematic analyses yielded three themes, thirteen main categories, thirty-six sub- categories in total. These themes are named as 'Support and Train Me', 'The Dynamics of the Triadic Relationship', 'Interpreters' Perceptions of their Work'. The order of the categories to report is decided by the frequency of the emerging meaning units and categories. The most mentioned meaning units are reported first.

Theme A: Support and train me

This theme concerns the challenging and demanding nature of the interpreting, including the difficulties of the interpreters and their needs. They are detailed in the following main and sub-categories:

An uncaring sector

This category illustrates that the interpreters work in a field where most practices are not regulated hence monitored. It is also clear that professional support is often unavailable. This led to a significant level of frustration in interpreters over the managerial and organisational issues. Their responses show that the ways in which the organisations are managed, the communication and work are organised left them to feel unsupported, be confused and alienated. They felt that they lost their confidence and furthermore a lot of resources were wasted as a result. These matters are explored in the following sub-categories:

- Consequences of mismanagement
- Insufficient language services
- Lack of recognition

The interpreters argued that they were unnecessarily and unexpectedly put in difficult positions as a direct result of organisational incompetency and inherent managerial problems. They further underlined that a failure or unwillingness to acknowledge the needs of the clients who were service users at the time of the consultation was an indirect consequence of lack of proper service provision. Interpreters reported the use of untrained or ad-hoc interpreters and the agencies providing interpreters who did not speak the dialect of the clients.

They therefore reported that three types of clients' needs were commonly missed; namely, speaking in their preferred language; having the same interpreter during the intervention; and being able to trust the service providers. Below quote indicates a lack of matching language/dialect between the clients and interpreters.

'...they [the agencies] say that ***interpreter*** *speaks a particular language, but they do not…!'(P10)*

Unnecessary bookings and/or booking two interpreters for the same client or no interpreter being booked were also common. This participant talked about an emerging community over new arrivals to the UK, hence could not get any formal service provisions towards their language need, using the children as interpreters.

'...I have done this job when my family came over…you had to do it, because your parents do not have anyone to call upon and services were not offered, or nobody speaks the language.'(P7)

In mental health interpreting, the need for the same interpreter was critical for the clients in terms of consistency. Participants argued that failing to do so had an adverse impact on the clients, undermining their trust in the healthcare staff and the services that were offered, which led to further anxiety.

'...if the patient is happy with the interpreter, the interpreter should be coming back because it can be unsettling to see different faces every week.'(P4)

In addition to being traumatized by the client stories or being caught between managerial difficulties, they experienced a fear of being complained about; of not being paid or of being struck off the interpreter register. One participant shared how she was chastised when she extended her conduit role to an additional advocate interpreter role.

'I got a call that I was rude… I wasn't, I was trying my best for her [the patient] because she's an old lady, has a daughter and she's blind…Since that time, the agency has not given me a job…'(P2)

They further reported that staff treated them unprofessionally, presenting disrespect and a lack of recognition for their work which was commensurate with inadequate remuneration.

*'...It depends on their mood. They [*staff*] probably had a bad night, so they probably be next day in grumpy mood! ...'(P10)*

This participant indicates the arbitrariness in the staff as to how they should deal with language workers. This was a common experience both focus and interview groups.

Interpreters' needs

Interpreters' needs

This category shows an overriding aspiration of the interpreters, which was of gaining professional recognition by maintaining or exceeding a level of expertise. The following are the areas for improvement suggested by the interpreters:

- Training
- Supervision

- Respect and trust

The results show a lack of proper training offered to interpreters. Training is likely to save time with a more professional service that provides a better understanding of the complex issues involved in a triadic relationship. The interpreters were aware that working in mental health with mental health professionals required them to acquire some specialist knowledge on for example counselling/therapy, safeguarding and common mental health problems.

'They[interpreters] should learn what counsellors do…what their job is and… who counsellors are.'(P9).

Interpreters were also keen on working safely and professionally, knowing that trained interpreters can set the boundaries both for themselves and their clients.

'…if you do not have that clinical training to desensitize yourself, then you have to create mechanisms of your own...There is no briefing for safeguarding and a set training...'(P6)

It was unusual for interpreters to discuss their difficulties with other interpreters, therefore ongoing trainings were crucial to their understanding of their roles and remits. This participant indirectly emphasized the importance of being updated about emerging knowledge and practices within the field.

*'…some of the interpreters [*were*] trained 10 years ago, but still using the same methods. But nowadays a lot of things have been changed…'(P6)*

The interpreters expressed their need for clear and detailed instructions about the upcoming bookings and the clients to be met as they could be in a vulnerable position when instructions and briefings afterwards were not offered.

'...I think the counsellor should actually spend a few minutes with the interpreter asking if they need to talk about...if there was anything that upset them. Because we are all human beings and yes, we have to provide a certain kind of service but at the end of the day what we hear stays with us.'(P4)

They claimed that interpreters did not receive enough support and respect from their agencies or organisations they were working for. It seems that granted support and respect are perceived as trust building blocks by the interpreters. The participants however further argued that trust should not only come from the service providers but also from the clients trusting interpreters for their linguistic competency.

Requirements: Interpreters

In addition to their linguistic skills, interpreters identified the following skills and standards that needed to be hold and practiced:

- Linguistic skills and knowledge
- Ethical considerations

Interpreting involves processing the information received linguistically, socially and emotionally, preserving the expression, content and the intent. The participants added that interpreters should recognize subtle codes and specific terminology in the target and the source languages, identifying overt and covert meanings. One participant underlined good attention skills:

'…especially facial expression…I need to understand his gesture, posture and his body language to understand what he wants to say...'(P1)

Some added that interpreters should have the curiosity and the willingness to get to know the client.

'…know about how they have been here, about their family... …'(P8)

The participants also underlined the need for an increased awareness in relation to ethical issues such as confidentiality and safeguarding. They shared their difficulties, particularly working in small communities in which everyone knows each other, reminding us that those clients could be apprehensive for sensitive matters.

'...if you break the confidentiality and taking the information from therapeutic sessions to outside, I think, that ethically is not acceptable…'(P6)

Participants further emphasized the importance of maintaining space and operating safely within that space. Distance needs to be maintained for the client or the provider, following professional guidelines set by the regulatory bodies such as NHS, BPS and BACP. Interpreters are known in their communities for their linguistic and other skills, clients therefore can go back to them independently, and declining these requests can be regarded culturally rude.

'...you're here not to know…., not to exchange telephone numbers…you're here to provide a service.'(P4)

They similarly acknowledged their need of being part of a regulatory body such as ITI (Institute of Translators and Interpreters) for safeguarding reasons as well as for their personal development. The participants also

highlight the importance of training and support through which they learn about professionalism, how to set the boundaries and understanding what they can and cannot do. Without this support it is easy to be dragged into other roles that potentially can lead up to role conflicts

'…if you are not affiliated with an organization. It is easy to step into that trap when you just being a nice human being.'(P7)

Some participants argued that being isolated from professional circles led them to suffer in silence. It is not surprising that they were feeling lonely in their work.

Theme B: 'Dynamics of the triadic relationship'

This theme concerns the ways in which the interpreters viewed the triadic therapeutic relationship. Their responses illustrate how the three-way relationship effectively worked or how it did not; what the hindering factors were, and how the counsellors established working alliance with both clients and interpreters. Theme B consists of the following categories:

Obstacles to establishing trust

Counsellors tend to work with limited resources, therefore adding the third party can be a threat to the working alliance of the triad. Following factors were highlighted as obstacles:

- Clients' well-being
- Culture and gender
- Interpreting and translation

Client reactions establish the direct sign for their collaboration. Services offered may not always be appropriate and as inclusive as they should be, particularly for ethnic minority communities. They are still expected to utilize the services. Clients' physical health problems also affected their mental health and their adherence to the services offered. They may not want to utilize the services for a variety of reasons or reflect this on their behaviours and attitudes such as by being uncooperative. Some did not engage when they felt they were not being listened to.

'...with people who don't speak English....it's very stressful. It takes a lot of courage to put yourself on the spot...to actually express your feelings.'(P4)

In case of having a mental health illness, cultures tend to provide explanatory frameworks for them as this participant explains below:

'...They see it as cultural…when they are in a mental health institution, they feel like they are not there, they feel like there is no such thing!...Sometimes they will be like 'I am not mental'…When there is a lack of information...they think they are fine...'(P4)

The participant also refers to the fact that clients/patients need a clear information regarding what happened to them, why they were admitted and what their conditions were. When this information is not provided clearly, they tend to undermine the support given and furthermore become more suspicious about the whole process. Providing the right language support to them becomes a key service provision in the complexity of language world. The participant below reminded that the same language might not provide common cultural understanding:

'…even if...they speak French, they don't have a French background, as culturally speaking they are mainly from African French speaking country...and obviously the culture is extremely different…'(P4)

Participants also argued that client behaviour should be looked at from cultural codes of meanings and practices as they can be misleading for the service providers who do not share the same cultural background with the clients.

'…in Asian culture, it is especially important that women do not have eye contact directly to the other person...'(P10)

Findings also show that not only client attitudes but also service providers' attitudes were found influential on the interpreters' perceptions and work. Most participants underlined poor attitudes often displayed by other health care staff, and this was argued to undermine their confidence and self-esteem.

'…the receptionists treat us like a third-class person...'(P2)

Another highly dynamic significant factor affecting the triadic relationship was interpreting itself. Interpreters are expected to convey clients' meaning systems and feelings in highly charged environments. There are different linguistic patterns between languages, which makes translation more difficult when conveying value laden concepts.

Participants argued that using the right mode of interpreting, particularly in mental health sometimes went beyond words.

'…there's so much more than the words, when you say it, you know…your tone and your body language...the whole meaning behind it.'(P7)

In mediated communication, the length of conveying what was said to the other part in another language can be another source of uneasiness and this can be caused by the interpreter's own work or indeed the nature of the languages.

'…so, the doctor is looking at you, thinking, 'she says this in 3-4 sentences!' But I finish it often in 3-4 words. He's thinking 'Hang on, it is not correct because I said many things..!'(P4)

Clearly, different linguistic patterns and rules inherent within the languages expectedly produced different outcomes which did not fully satisfy the listener. As the participant above explains, the mismatch or discrepancy in the length of what was said by different speakers tend to cause uneasiness in the service providers. These incidents can put interpreter on the spot as to why they omitted from what was said, questioning the competency of the interpreter unless the interpreter did not cut the words arbitrarily. It must be noted that depending on the clients'/patients' age and level of literacy, interpreters do linguistically work on what was said and convey it to the listener accordingly. Also because of the dynamic nature of the languages, sometimes clients, sometimes service providers, repeat themselves many times throughout the conversation. This repetition can effectively be cut; however it too must be communicated with both the speaker and the listener.

Being the third person

This category illustrates the ways in which interpreters influence and are affected by the interpreting and the therapeutic processes. It reports how the interpreters felt and reacted to the emotional ordeals they went through. Their responses regarding how they perceived themselves are presented in two categories:

- Interpreters as information providers
- Traumatisation of interpreters

Interpreters' main role is not only translating what they hear, but also providing relevant information to both clients and the counsellors. The participants agreed that their contribution was important to maintain the triadic relationship, providing the clients with additional information on how the system or the organisation worked and informing the counsellors about the clients' cultural background and their understanding of what has happened. They were also aware that lacking in this knowledge could cause unwanted outcomes such as misunderstanding and misinforming the parts about each other.

*'... it's important because it can only help them to do a better job...I think that any extra knowledge that the counsellors can have [*from the interpreters*] with reference to the cultures can only be a positive thing...'(P4)*

Experienced and better qualified interpreters emphasized the importance of relevant information provided by the interpreter. This information in mental health particularly might be the key in making clients adherent to the intervention used.

Any health and mental health encounters can be highly charged for all involved for different reasons. However, interpreters tend to be deeply affected by what they hear and observe when they did not expect them or not quite understand what was going on. Findings show that they tend to see themselves as vulnerable in this complex process. Difficulties arose in discharging the content of some sessions, understanding what was going on, and at times, possibly relapsing to their own past traumas.

'It really, really, sort of, traumatized me… I went home and cried.'(P7)

'...she [the client] was talking few words and crying, err, she wanted to express herself. So, it was difficult for me... She was telling a story about her husband and children, and how her husband, you know, tortured her, err, you know...[silence]*'(P1)*

Interpreters tried to keep the content intact but were still subject to transference and counter-transferences. They emphasized that they were humans and emotionally touched and sometimes unexpectedly shocked by the client stories. They also argued that negative emotions such as feeling scared, upset, shocked, angry, and experiencing sleeping disturbances exhausted them. These emotions were mainly caused by the service providers' attitudes and by hearing traumatic stories and, sometimes, witnessing traumatic scenes.

Role conflicts encountered

This category extends the challenges that the interpreters encountered, showing the most common dilemmas. The participants claimed that conduit interpreting was not always fit for purpose especially when dealing with mental health issues. It did not allow interpreters to exercise their linguistic skills and communicative strategies,

and many frustrating incidents resulted from being pushed into conflicting arenas with service providers and clients. The dilemmas presented below resulted in confusion in their roles:

- Clients' expectations from the interpreters
- Unexpected disclosures of the clients
- Unexpected remarks from the service providers

The first conflict resulted from the clients' tendency to expect or ask for more than an interpreter could do. Their extended demands included requests for letters to be translated or making phone calls on behalf of them. Clients also expected the interpreters to tell the healthcare practitioners more than the client had already told them before the sessions commenced, expecting the interpreter to summarise everything at once inside. Below, the participant indicates the expectation of the client from the interpreter who share the language with them.

'...there is this confusion; the interpreter has to become some sort of a friend! ...Someone who can speak my language and, maybe, he can help me do something else!'(P4)

The participants therefore argued that clients should be informed about the respective roles of the triad. Sometimes cases were dealt with by service providers informing the client about the interpreter's role. Clients' unwillingness to cooperate could result in interpreters feeling obliged to do more for an uncooperative client.

'...some will be saying things like 'You are my sister. You speak the same language!'...you have that connection.' (P9)

Interpreters shared the view that clients' stories or comments confused them to the extent that they were unsure as to whether they should interpret or not. Clients not only made unexpected disclosures about themselves, but also commented on the services and service providers. Clients may not know how to maintain the communication or the relationship in an expected manner or pace.:

*'...I can't say to the counsellor that '... [*the client*] didn't like you'...I am not there to tell who she likes or not... Also, you can't whisper... !'(P3)*

Another participant shared her dilemma after the disclosure of a client's criminal activity:

''... 'I will go and steal'...I said to him 'Shall I translate this? 'He said 'Yes'... The nurse was shocked!''(P2)

Another role conflict concerned the healthcare staff's comments either on the interpreter's performance or the client's story. All participants acknowledged the duty to interpret as accurately as possible, but situations could change unexpectedly when any judgemental remarks were made.

'They [staff*] sometimes speak against the clients…They do racism…!'(P2)*

The service provider below disclosed their opinion about the client, ignoring the interpreter's role.

'He [service provider] said that 'He [the client] knows how to speak English, but don't tell him that….!'(P10)

These quotes present us rather dynamic and live encounters where the parties' feelings, thoughts, biases, and expectations come into play. Service providers work under a lot of strains, interpreters work through many unknowns and clients tend to be highly anxious about everything ranging from their understanding own difficulties and sharing their privacy with strangers. When there is no support mechanism in place, interpreters had to deal with those behaviours by either interfering or keeping quiet but not feeling happy about that, feeling less competent.

Coping strategies

This category reports how the participants dealt with emerging challenging situations. Their responses indicate that they coped mainly using their own resources or just obliging. The most helpful resources they had were family members and friends instead of organizational support.

'... There are some agencies and organisations offer support. But some others don't. I've been doing this job for a long time now and sort of use my own techniques to move on...'(P4)

Maintaining confidentiality, neutrality and anonymity can be a major concern for interpreters, especially when they are not professionally supported through supervision, and also if they live in a small community. Knowing all that information and not going through them, keeping them inside caused burnout in themselves. Some used their positive thinking and utilized acceptance to combat their bewilderment:

'...I make myself realise that there are situations out there like that, and I shouldn't take it personally, and realise that this may be another experience...'(P9)

A common strategy that they employed was 'go with it', do whatever the situation dictated. This indicates being unprepared for the unexpected and taking risks, especially when interpreters lack in training. Some participants conformed to what clients asked them to do.

*'If he [*the client*] said so, I have to translate that. If he says: 'Keep quiet.' Then you have to keep quiet…'(P2)*

This participant described the outcome as somewhat inhumane suggesting a loss of individuality.

'Personally… I have become a machine!'(P10)

The participants' coping mechanism ranged from listening to music, accepting whatever comes to them and that this is nature of their work, praying, and speaking to their best friends. However, these would not substitute supervision.

Theme C: Interpreters' perception of their work

This theme concerns how interpreters perceived what they do, the processes that they had gone through, and how they defined their work. All participants acknowledged that their jobs had all the aspects of human communication and relationships, naming it humanely, educational, and challenging. Some participants drew attention to empowering aspect of their job, and some reported challenging aspects of it in two categories:

- Satisfying
- Challenging

Satisfying

For interpreters, going through a learning curve throughout makes it worth of everything as they felt that they have grown, moved on and been more informed about life. They were aware that interpreting was based on individuals' accounts and emotions, therefore it was inevitable the whole process would be emotional and intimate. Furthermore, there was a consensus that interpreting was about human relationships, helping people, facilitating the communication, and bridging people and meeting their needs as a result.

> *'...I see myself as a bridge between two people who without me would not be able to communicate....'(P4)*

Participants further reported excitement, curiosity, and motivation to learn more and improve their skills. They stated that they were pleased when clients seemed moved on, and their moods were lifted. They also reported satisfaction when mental health professionals became happy with the work they produced. This participant defined what she did as the most desired job for herself.

> *'…it is like doing my dream job...' (P8)*

They also mentioned different contexts that they worked in and that required different working arrangements and interpreting styles such as courts, family doctor clinics, hospitals, mental health clinics, welfare offices, refugee centres and social services. Some of these places were challenging and some were relatively easy to work. This participant described the delicate nature of home visits from client's point of view, comparing seeing clients where they were to seeing them in more formal contexts.

> *'...it's a different environment… a more familiar environment for the patient because the social services try to be representative and as friendly as possible... Otherwise people are very worried when they see Social Services staff...'(P4)*

Challenging

The aspects that were perceived as challenging in interpreting by the participants include language, context and individuals related matters. Some difficulties mentioned reflect the physical aspects of interpreting jobs such as driving long distances and not being able to find the premises that they needed to do or relying on public transport in bad weathers and not being able to make the booking on time.

Interpreting can take various shapes depending on the settings. Participants stated that they found mental health interpreting hard in terms of understanding the clients' mental health conditions. Some depicted more risky sides of their work as this participant:

> *'…as soon as you leave the building...you don't know who is following you!'(P10)*

Interpreters further noted that mechanical interpreting where no emotions were allowed was not helpful, particularly in mental health field. To them emotions too should have been interpreted, showing one's empathy.

> *'...you have to be in their shoes.'(P5)*

However, this created internal conflict in them due to further internalization with the client.

> *'....I really suffer emotionally, because you are feeling the client's feelings…because you are culturally more closer to the client rather than the counsellor.' (P6).*

However, how the empathy should be showed was not clear for interpreters as they could not add to or comment on what was said. In relation to human feelings, this participant below highlighted how she could not hold herself back from what was to come but interfere when she witnessed an unacceptable practice. This interpreter

confronted the healthcare professional at the risk of losing her job when advocating for the patient's right to be treated respectfully.

'…a doctor was talking to an old lady. She was about 70....trying to move her, lady said: 'I can't do that.'…Doctor was shouting at her! I had to tell him off…couldn't keep quiet.'(P7)

Another challenging aspect of interpreting mentioned was related to interpreting itself. The participants were clear and acknowledged their prime role in interpreting.

'Interpreter is only a voice; I was not allowed to add on...'(P10)

However, their opinion tended to be mixed when conveying emotions and more subtle information. This participant was concerned about translating non-verbal communicative acts.

'…If that person tries to tell his emotions...stop there and let that translates itself.... When you translate, her cry stops, and her emotion has gone!.'(P2)

Therapeutic relationships may not be established fully if it is done through a mechanized process. This refers to conduit interpreting which acknowledges message transmission, following word-for-word translation, and accepts interpreter as invisible. Culture broker interpreting however acknowledges interpreters' social presence in their community and their further input. This mode of interpreting is argued to be better suited to mental health interpreting as it involves cultural meanings being exchanged. This participant shared her experience with a psychiatric nurse:

'.... There are Gypsy travellers… and their culture is completely different from English culture. ...the young man was questioned. His dad has taken away his money... He did not have any independence, and this was affecting him; he was very depressed... and the CPN was saying: '... we will find your own house, we will move you there'. And I couldn't explain to them that it was no use, because his dad controls the whole family; you answer to the father. Even if he leaves it wouldn't work...'(P7).

The early dichotomy regarding the role of interpreters has now been expanded to being more inclusive and diverse, depending on the context where the interpreting takes place. They argued that that may not be required in court interpreting, however, might be highly needed in hospitals and mental health clinics.

Discussion

The findings show that interpreters found the interpreting and triadic therapeutic processes challenging as well as empowering. At times they found interpreting itself as hindering when a therapeutic relationship had to be established and needed to put the message across as clear as possible when clients could not express themselves and service providers did not much cultural understanding. It seems that interpreters obliged to involve further when they observed clients not getting the services deserved or were treated expectedly. These could be the signs of parties not recognizing the complex dynamics of both processes, interpreting and therapeutic.

Clients, interpreters, and service providers can clash for known and unknown and visible or invisible reasons. These reasons might include not grasping the presented problem of the client, not knowing what to do and being belong to a certain sect or a political ideology. Furthermore, clients' and service providers' expectations can cause frustration throughout the process. Also, the interpreters' working mode/style may create uneasiness for all parties. Hsieh (2004) argued that re-defining relationships and identities imposes challenges when dealing with inappropriate, unethical and irrelevant comments. It seems that working at premises such as mental health units and prisons made some participants feel in need of more information and supervision as to what those premises expect and how they operate. Interpreters needed briefing and debriefings before and after the sessions to help them process the information that they were given and that they gave. As Benjamin, Swartz, Hering, and Chiliza (2016) note, the benefits of having supervision on -site can be invaluable and include them as team members.

We now understand that it is not common interpreters getting together and discussing their difficulties or jobs. They do not to talk about what they see with family members or friends. This can however make them feel isolated thus anxious about their competency. Due to lack of proper support and not recognizing the importance of their contribution, they hardly pursue joining regulating bodies. Interpreting agencies tend to provide basic trainings for them when registered however it is not ongoing and insufficient. They were keen on being updated with relevant developments both linguistically and clinically. Therefore, group supervision or peer supervision in addition to clinical supervisions would be a great support.

Interpreters considered confidentiality and adherence to the codes of conduct as essential to their work, however following these guidelines in a consistent way was problematic for them. The reasons of this ranged from varying practices in different organisations to the ways through which they were treated. Interpreters'

descriptions of being treated as third-class citizens might indicate this tendency in the institutions. Although consultations through interpreters are invaluable and expensive (Fatahi, Mattisson & Skott, 2005), interpreters are not always welcomed. This study found that they were subjected to patronizing attitudes. The literature document similar findings that interpreters are sometimes regarded as 'technical tools' (Holmgren, Sandergaard and Elklit, 2003), a 'necessary nuisance' (Tribe and Thompson, 2009), an 'unfortunate necessity' or a 'potential obstacle' to the therapeutic encounter (Miller et al., 2005). These attitudes and thoughts could suggest system-related problems in which foreign language users and interpreters are not fully accepted and integrated within the mainstream politics/practices.

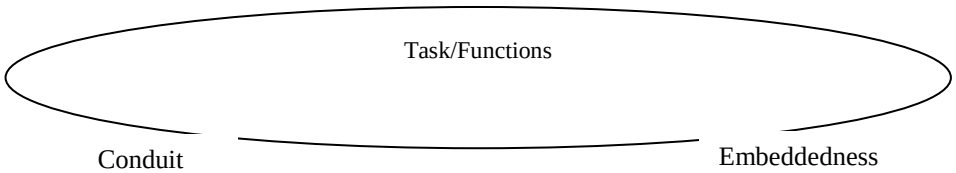
Trust was as a key quality for the interpreters to see in clients and service providers towards themselves. As professional working alliance can easily be broken down without trust, it is suggested a recognition policy for interpreters through which trained medical interpreters will be given an equal status of social workers, psychologists, or physiotherapists in healthcare field (Williams and Bekker, 2008). Mental health interpreting can be emotionally intense compared to other settings (Doherty, MacIntyre and Wyne, 2010), moreover being with clients going through painful experiences and also being in premises where interpreters are not necessarily familiar with can be traumatic for them. This vicarious trauma could be another reason for their isolation (Salihovic, 2008), which again reminds us the importance of supervision and training in mental health field (Elkington and Talbot, 2015).

Despite all challenges, interpreters were rather passionate about their work. They expressed their satisfaction remembering those times when they saw positive results in clients who felt understood and moved on, and also when they were appreciated by the service providers who showed their appreciation and recognition by booking the same interpreter again or expressing their satisfaction on the feedback forms. Helping clients provided them with a sense of contribution and a mean for engaging with the bigger society. Interpreting in certain settings and working with specialists ranging from surgeons to judges potentially provided them with greater opportunities to gain experience and knowledge, and access to important events such hearings and surgeries. This perhaps explains the reasons why they prefer to stay in the industry.

The interpreters are not only gatekeepers for professionals but also for people whose language competency is not sufficient in English; community members can be inspired by the experiences of interpreters as a working model who come from the same community. This would encourage others to learn the language and engage with the society (Wren, 2004). It is not uncommon for interpreters in the small communities to hear praises for what they do, and sometimes it is the opposite that they feel bad for not learning the language or for needing an interpreter.

The fact that interpreters were traditionally expected to function as conduits that transmit what was said only was found somewhat unhelpful and hindering the dynamic nature of the working alliance. For interpreters, extending their roles would not be easy and might not be welcomed. Different authors therefore suggested various role titles for mental health particularly such as 'cultural experts' or 'cultural consultants' (Tribe 1998a; Drennan & Swartz, 1999) or 'referral advocates' where they could suggest referral of the patient to a better-suited place (Avery, 2009). These seem to be in practice in some parts of the world where there are different provisions to serve communities' varying needs, therefore, utilizing interpreters' further skills. Swartz et al. (2014) reported the use of community interpreting model in South Africa, which is usually practiced in less formal settings, cost-effective and interpreters usually share the healthcare user's cultural and social background, promotes cultural competence. Dubus (2009) notes the beneficial aspect of Team Model approach in which interpreters provide wide range of information to the therapist. At the time of the study none of these roles were officially recognised in the UK although practiced in certain organisations dealing with specific clientele such as asylum seekers and refugees.

The ideas and attempts to accommodate a variety of modes of interpreting have led policy makers to be inclusive in their models. The National Council on Interpreting in Health Care (Avery, 2001) in the USA, recognised the different perspectives. This continuing evolution is grounded on an important principle of growth and development between the polar perspectives in the field. The term 'creative tension' (see below figure) was borrowed from Peter Senge by Maria-Paz Beltran Avery to describe the tension. On the Creative Tension the polarities are critical.



The conduit perspective keeps the field grounded in the central function of the interpreter. The embeddedness perspective challenges the profession to consider its place in a holistic view of the patient's well-being. In the middle are the perspectives of the interpreter as manager of the communication process, and of the incremental intervention model (Avery, 2001; p.14). The evolution of the role will continue; without the conduit perspective, the profession runs the danger of losing its focus and without the embeddedness perspective, it runs the danger of losing the heart and spirit of those for whom the survival of their communities is paramount (ibid, 2001).

Although this model is not widely shared by the linguistic community, it fits the research findings and practical needs in the relevant fields. It is also the experience of the researcher as a freelance registered interpreter that interpreters can act as cultural information providers when requested for by service providers. It should be noted that not all interpreters would be suitable for this extended task as knowing a language does not necessarily make one an expert on a given culture, or the interpreter might know the language, but the client might speak a dialect. Moreover, these further involvements can be effective when the task/role is defined well by the service providers and, also when the interpreter is experienced and trained. As the researcher of this study, I can share that being a psychologist helped me understand where service providers and clients were coming from regarding mental health difficulties and interventions. I understood the dynamics of the processes, however, it must be acknowledged that it is not an easy ride, and the processes are prone to go in any unexpected directions due to implicit and explicit dynamics and specific knowledge required.

Interpreters must have a good understanding of themselves and others they work with as they may go beyond the linguistic aspects of the encounter. Very few practitioners would for example, be ready to brief the interpreter who is likely to be blind to a lot of information. Pre-sessions are generally not arranged by service providers although literature shows that even a short talk with a relevant practitioner can be hugely beneficial (Costa, 2011). It is reported that improved practices and effective usage of interpreters resulted in higher return rates after assessment, and most importantly improves well-being of the client (Kline, Acosta, Austin and Johnson, 1980). No doubt that these practices must be incorporated in the practice guidelines for working with interpreters (Tribe and Lane, 2009).

Since continuous training and supervision are essential for practitioners, the researcher recommends the same for the interpreters too. The resources are decreasing while the demand is increasing. I therefore propose that interpreters are trained within the Interprofessional Education model (IPE) where they would learn along with practitioners-to-be such as social workers, nurses, solicitors and even police force. IPE is an educational model pioneered in the UK and involves developing a common understanding amongst different professionals (CAIPE, 1997). The Leicester Model promotes active learning between patients/clients/customers; reflective and experiential learning; collaboration, critical thinking, and problem-solving skills (Anderson & Lennox, 2009). The author believes that, if not clinical, theoretical parts of relevant modules can be effectively taught under the advancement of online teaching and learning currently. This model would accommodate interpreters to develop better and informed practices through mutual learning about other professions and practices. In the case of counsellors and mental health interpreters, they would learn about impact of the language and culture on mental health difficulties, the common mental health conditions, therapeutic and supportive approaches, how to establish working alliance and trust, safeguarding, self-care and coping strategies. The least impact of an improved training and supervision would be a better service provision.

Limitations

A small purposive sample was used therefore the findings cannot be generalised. However, diversity of the participants was ensured by recruiting across a wide geographical area in the UK. Although interpreters who had experience in mental health field were aimed to recruit, this was not fully achieved. It can be concluded that interpreters who specialize solely in mental health would produce different outcomes.

The researcher's impact on the interpretative process of devising themes and categories cannot be ignored. The researcher takes responsibility for these intellectual processes by scrutinizing her assumptions and expectations from beginning to end. In terms of checking the reliability and validity, the researcher tried to critically and intellectually utilize the supervision sessions to check if she was on the right track and not derailed from the research aims. In terms of the reliability of the devised categories and the themes, a group of people comprising doctorate students checked the researcher's working outs for categorisation.

As a qualitative researcher, my potential impact on the participants cannot be ignored. The participants knew that the researcher was a psychologist and an interpreter. This seemed to facilitate their eagerness and trust to share their concerns. Their confidence for the interviewing process was also high, based on my observation and reflective notes, I note that their reactions to a novice researcher might have been different. Despite the researcher' meticulous work, reflective and critical stance, it would still be impossible to claim any neutrality

towards the interpretation of the responses. Therefore, the researcher critically utilized the supervision sessions from her supervisors throughout.

The results should be treated as the best snapshots of the time the research was undertaken with those participants. The interviews took place about 7 years ago, and it is expected that service provisions have changed since then. But more importantly, the COVID-19 pandemic has brought in new practices such as online interpreting services, which is presumably creating new dynamics, learning processes and outcomes.

Conclusion

This paper details the findings of the research on how interpreters made sense of the interpreting process and their work within the triadic therapeutic framework. Interpreters underlined widespread inconsistencies in service provision, lack of understanding and recognition in the field. The results suggest that interpreting particularly in mental health requires significant improvements and show the common factors that hindered and intervened in establishing trust and alliances. The attitudes of staff towards interpreters and clients were argued not only made things difficult but also placed interpreters into a conflicting position.

They were however satisfied with their jobs in many aspects. They enjoyed helping and bridging clients' needs and services offered and learning a lot along the way. They recognised their needs for further development, supervision, and support, and welcomed better regulated and improved guidelines. The consequences of poor service provision would cost more and may result in long-term damage. This makes it more important that a standard of excellence should not only be a priority aim but a minimum standard for all practitioners involved. In doing so, a joint educational training is recommended.

In terms of further research, identification issues regarding interpreters identifying with clients and sometimes with healthcare providers, and the clients identifying or aligning with interpreters should be further explored. Also, interpreters, service providers and clients' responses to new hybrid service provisions because of the pandemic such as providing language services through online, video conferencing should clinically and ethically be explored.

Data Availability Statement

Due to the nature of this research, participants of this study did not agree for their data to be shared publicly, so supporting data is not available.

Public Significance Statement

This research is hoped to increase awareness of highly dynamic nature of interpreted-mediated communication in the mental health field particularly and recognize their needs.

Competing Interests

The author has declared that no competing interests exist.

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