

The interpreter in the therapeutic relationship: therapist or client?

I think the interpreter is the hardest to be understood of the two!

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In this paper we present an analysis of the role of the interpreter in psychological therapy, the content and processes of which are mediated by the interpreter. Firstly, we analyse the multiple influences of interpreters in the delivery of psychological therapy. In the second part strategies are outlined and recommendations are made which have come out of our experiences both of success and failure.

1. The interpreter

Many have written about the role of the interpreter in different fields, especially in the field of literature and diplomacy. These two fields are rich with anecdotes of everyday misunderstandings and quotes from authors who felt betrayed by the translator or interpreter. "Poetry is what is lost in translation" wrote Robert Frost, an American poet.

a) Interpreters first need to process the thoughts and feelings expressed by client and therapist before they can translate them.

Interpreters may come from the same country as the client, but they may have noticeable differences in belief systems, values, religion, political views, migration experiences, settlement success, socio-economic status and educational background. Interpreters may be prominent members of the community, or the opposite. Clients may find it difficult to disclose to someone who they cannot identify with or do not think would understand or represent them accurately. Sometimes the interpreter is well known to the client and can inhibit client self-disclosure for fear of losing face and confidentiality. (Clearly, care must be taken in booking the appropriate interpreter).

b) Interpreters have feelings and thoughts of their own regarding what is being discussed.

The interpreter may in some way include their thoughts and feelings regarding the interaction. They may do this as transference, countertransference, defenses, or issues of motivation which are unobservable and unknown to the therapist. They may, in different ways, add to or detract from what has been offered by both the therapist and client.

c) Interpreters can unintentionally fail to adequately convey the ideas and experiences expressed by both client and therapist.

Interpreters may have had similar experiences which they may not have dealt with well. They may feel the need to avoid emotional pain by splitting or denying the words or meanings expressed both by client and therapist in order to avoid remembering their own suffering. In defense, they may become bored, tired, sleepy, distracted, or even detached.

d) Interpreters can knowingly or unknowingly cross therapeutic boundaries.

Interpreter can break boundaries by cutting therapists off, re-modeling the setting, trying to redirect the course of the session and in effect take control of the session. In some cases the moral view, traditional expectations, and social and community support represented by the person of the interpreter becomes more important to the client than the therapist's help.

Boundaries are usually broken when a situation is painful, unbearable, and unable to be contained. Sometimes the interpreter in this situation prefers to act rather than to think. This is the opposite to what the therapist wants to do.

2. Strategies

To avoid, as much as possible, counterproductive misunderstanding in therapy, interpreters would need to be trained to not only to translate the words used by clients but also to include the meaning and feelings the clients attribute to the words they use, without the influence of the interpreter. This is a task that a health service working with migrants and refugees, and committed to the principles of access and equity, should undertake. The health service should be involved in providing specialised training to interpreters who show an interest in wanting to work in mental health. Interpreters can be trained to improve their ability to connect words and feelings, without missing, misunderstanding or even worse, manipulating the meaning of the client's communication.

Ideally, the therapist should work with interpreters she/he knows well. Reciprocal trust, linguistic debate, search for nuances, variations in semantics, identification and analysis of both verbal and non-verbal communication are some of the aspects of the ongoing and reciprocal re-examination and supervision necessary for the work that is done together. This effort helps therapists recognize the interpreter's involvement both in order to clarify the client's communication and the interpreter's unexpected involvement. This exercise trains interpreter for a role that he or she was not really been trained for.

Training should focus on developing:

- 1) a basic knowledge of most commonly used concepts of psychological therapy
- 2) a list of most common misunderstanding between the two languages:
- 3) an accurate register of words related to subjectivity and expression:
- 4) knowledge of the subtle differences between the two languages:
- 5) a system for feedback on performances using peers to iback interpret using audio visual equipment

Most of us hope these issues outlined above do not exist and so we risk colluding with the interpreter's belief that they are absolutely neutral. Yet we must take this influence into account and train both therapists and interpreters in dealing with the actual liaising nature of the role of

the interpreter. Many of us collude with the interpreter in ignoring intrusive enactments. These could easily be realised by a third person who with the client's permission observes the session. This liaison role could be very supportive when the interpreter understands that the therapist's role is to be a thinker who can help the client think differently.

The Migrant Health Service has taken steps in this direction by training accredited interpreters as Health Liaison Workers. Their role is to facilitate their community's access to health services. They work closely with health workers and assist them in providing services by acting as cultural and linguistic mediators. They correct misunderstandings on both parts and educate on cultural differences in beliefs and practices.

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