

Stress and coping in traumatised interpreters: a pilot study of refugee interpreters working for a humanitarian organisation.

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Twelve Kosovo-Albanian interpreters at the Danish Red Cross (DRC) asylum reception centre participated in an interview about their background and work. The majority had fled from the Serbian persecution in Kosovo, which involved living in a permanently hypervigilant state, with intense fear of rape, ethnic suppression and civil war. All of the interpreters reported a heavy workload and a high level of distress. The most distressing part was interpreting at interviews for psychologists, where stories of torture, annihilation, persecution, and loss were told. A considerate and respectful treatment of this staff group may enhance the quality of therapeutic work as the interpreters get an opportunity to contribute with their culture specific knowledge.

Keywords: interpreters, qualitative research, coping.

Introduction

Little attention has been given to the emotional plight, background, and working conditions of interpreters, who have the same origin as the refugees for whom they interpret. Westermeyer (1990) studied 10 interpreters employed in one US refugee programme and found that eight required psychiatric treatment at some point. The most common diagnosis was major depression ($N = 7$). He concludes that knowledge and experience in the psychiatric field is not

necessarily 'immunising' for bilingual psychiatric assistants. On the contrary, they may be vulnerable to psychiatric disorders. Røkenes (1992) studied 33 interpreters in Norway and found that 25% of them had been exposed to organised violence/torture, while 20% had been exposed to other traumas. High stress was associated with clients reporting traumas which were similar to the traumas of the interpreters, having psychosocial problems, and being exposed to external pressure. 66% of the interpreters now and again had emotional reactions that made their work difficult. More than 50% reported that their emotional reactions resulted in problems outside the therapy room. 25% described the work as very distressing and 43% as 'to some degree' distressing.

Loutan, Farinelli, & Pampallona (1999) studied 18 Geneva Red Cross interpreters and concluded that a substantial number suffered from recurring painful memories, and that distressing feelings and symptoms increased in proportion to the number of sessions with victims of organised violence. More than 80% of the interpreters expressed a strong need for supervision after sessions.

Many Kosovar-Albanians were terrorised, suppressed, and persecuted in the 1980s

and 1990s. Many refugee/immigrants arriving in Denmark had previously been traumatised. Some of these people work as interpreters in Denmark today, and participate in psychological and medical sessions. Many of the situations in which they interpret, and the circumstances under which they interpret, include aspects that they appear to find extremely distressing. This study concerns Kosovo-Albanian interpreters employed at the Danish Red Cross (DRC) reception centre for asylum seekers in Randers, Denmark. The focus of the study is the working conditions of these interpreters as well as the perceived difficulties and strains of their work. In addition, the interpreters' suggestions for the improvement of their work are outlined.

Participants and method

Through the DRC in Randers, 24 interpreters attached to the 'health clinic' at the centre were sent a letter inviting them to participate in the study. 12 out of 24 persons participated in the survey; four wished not to participate because they did not want to be confronted with their distressing experiences, and due to heavy workload; one was prevented due to practical reasons, and seven did not respond. Eight men and four women participated in the study. The age range was 21-38 years, with an average age of 30 years. Nine participants were married, two were single, and one was living with a girlfriend. Eleven of them had arrived in Denmark in 1989 or the early 1990s. Seven were UN-quota refugees; four were *de facto* refugees; and one had been born in Denmark, but had all his extended family in Kosovo. Half of the participants had been denied education, or restricted in their efforts to achieve it by the Serbs in Kosovo. All of the participants were either studying or working full-time, and no one wished to

be on welfare. 10 of the participants had previous experience with interpretation. 10 of the participants had permanent employment within the Danish Red Cross, while two were employed on a free-lance basis.

The qualitative research interview was chosen to describe and understand the central themes that each individual interpreter reported. The theoretical foundation is based on 'grounded theory' (Strauss & Corbin, 1990), and Eneerth's application of the theory (Eneerth, 1984), using an inductive approach. An exploratory semi-structured interview guide was applied to ensure that a number of general topics were covered. Listening actively is a respectful method, which helps to make the participants feel safe. Data were analysed in three rounds, and each time summarised into more general categories. The survey was carried out in the period October 1999 – March 2000, and lasted 1-2 hours. 10 interviews were carried out at the DRC Centre in Randers, while two interviews, due to practical reasons, were carried out at another DRC Centre.

Results

Life in Kosovo. All of the interpreters who arrived to Denmark reported experiencing fear and insecurity in Kosovo in connection with Serbian oppression throughout the 1980s. Some had lived in constant hyper-vigilance and fear of ethnic harassment, physical assault, imprisonment, and murder.

Arrival in Denmark. Upon arrival in Denmark, nine had lived at a centre for asylum seekers, and had been transferred between a number of different centres during this period. The majority had lived at a centre for asylum seekers for two to three years. The period of asylum, which in one case lasted 5½ years, was predominantly

experienced as a distressing and depressing period with almost no privacy, as several people had to share one small room. The period was characterised by the uncertainty of getting asylum, the limitation of activities such as work, school attendance and Danish lessons, and was experienced as degrading. These difficulties, they reported, weakened the participants' motivation to become attached to the country.

Many still hoped and dreamed of returning to their home country, but believed that it was unrealistic. They felt divided and alienated towards their home country. Their future plans were predominantly to be employed full-time in Denmark; however, uncertainty about these possibilities was prevalent.

Motivation for working as an interpreter. Motivation to work as an interpreter was based on the frustration and powerlessness of being unable to do anything for their home country and fellow countrymen. These conditions led them to report feelings of survival guilt and helplessness.

Although working as an interpreter was viewed as an expression of the desire to help and to do something for their home country (a moral duty), the interpreters did not experience much satisfaction in doing so.

Preparation for the work. The interpreters had been minimally prepared or educated for the job. In connection with this employment, some of them had only attended a two-hour introductory meeting about background and interpretation guidelines. Most of them started working as interpreters without even this course. They lacked mental preparation as well as training in interpretation ethics, techniques, and technical terms.

Cultural differences. The interpreters experienced several difficulties in their work. One

difficulty was the differences between Albanian and Danish social norms and conventions, which the interpreters were aware of, but which were no longer a problem to them in their relatively good adjustment to the Danish culture. As an example, when meeting people, Albanians consider it impolite and a form of rejection to not enquire about family, which is not the case for Danes. Older people are given greater precedence than younger people as they have a higher status, and should therefore be treated with more respect within Albanian culture. Distinction of gender is another example, where it is culturally unacceptable in Albanian society for a younger male doctor to examine a pregnant woman. Within the Albanian culture patients are not directly informed of the diagnosis, and psychological help is associated with insanity. These examples reflect the complex situations which the interpreter meets in his daily work with Albanians in Denmark.

Workload. All interpreters reported that they were generally very busy at work and under great stress. In addition, other stressors were working overtime (up to 14 hours), lack of breaks, and pressure from staff and residents, as well as interpretation assignments outside the centre. Waiting time and delays in connection with external assignments (e.g. hospital visits) increased the pressure further.

The interpreters experienced the work as demanding, as within the interpretation situation they needed to hear what two or more parties are saying during sessions, while remaining neutral to this content. Furthermore, it was difficult to take part in the conversation without offending anyone (e.g. by asking for shorter sentences or interrupting the refugee client).

Preparation before interpretation. The inter-

preters often felt that they had not been sufficiently prepared for the individual session. Their need for information about the client was ignored: this constitutes a violation of the DRC guidelines for interpretation, which states that preparation before a session is obligatory.

Emotional stress. Everyone reported severe emotional distress due to their work as interpreters. This was partly due to the above-mentioned frustration and powerlessness caused by listening to reports from the home country, where their own families might still be living, without the possibility of contact. Especially distressing was interpretation work for psychologists in interviews, when they heard stories of armed attacks, violent assaults, torture, persecution, annihilation, loss etc. This contributed to feelings of exhaustion and burn-out. One interpreter had been in therapy to process his own Kosovo trauma. This benefited his work, as he was now familiar with the working method of a psychologist. The presentation of malign medical diagnoses such as cancer was another example of the emotional strain in the interpreter's work. Additionally, many participants experienced flashbacks from conversations and identification with some of the refugees, and often had twinges of conscience towards the clients, as lack of time limited the possibility of follow-up contacts. To sum up, the interpreters reported huge psychological pressure from work, with the result that half of them had quit their jobs at the time of the interview.

Cooperation with other staff. In relation to other staff at the centre, the interpreters felt that they were far from being regarded as their equals, and felt that they were seen only as a 'technical tool'. They did not participate in staff meetings and were not informed about current events and decisions.

Lack of recognition. The interpreters experienced a low level of recognition and respect, such as the absence of the right to breaks, restricted access to patients' notes, and low wages. There was no additional bonus for availability at weekends, and time off in lieu of wages was not possible, due to pressure of work at the centre. Furthermore, the interpreters felt that they were generally spoken to in a degrading tone of voice, and that conversation with other staff stopped when they entered the staff room. Finally, in situations where they wished to say 'no', the interpreters' refusal was not respected. Thus, the majority (10) felt badly treated, while two employees felt that they were treated well and were satisfied with their place. A high level of social support was found among the interpreters.

Symptoms. All of the interpreters had had a variety of psychological and physical reactions as a result of their work. Tiredness and exhaustion influenced their private lives, where a high degree of peace and quiet was needed. Some of the interpreters did experience difficulties with concentration and sleeping. Many had problems with letting go of the events and interpretation situations. They often experienced intrusive thoughts and pictures, and half of the group reported that they had nightmares. One interpreter felt that these dreams reactivated his own previous trauma. War-related fear and mood swings were also reported. Two interpreters suffered from depression, while one of them experienced crying spells. One interpreter had periods when he withdrew from his family, because of his irritability and quick temper. Another had to distance himself emotionally from his family. Physical stress reactions such as headache and dizziness, which could be due to lack of breaks (e.g. lack of time to drink and eat), were mentioned by several people.

One interpreter suffered from increased production of gastric acid, and back pain.

Coping. Generally speaking the interpreters dealt with these working conditions by the following general coping strategies:

1. Detachment: cognitive withdrawal from the situation – e.g. *‘While interpreting I had to tell myself: This is just work, remember! I have not been exposed to this. One has to switch off part of the brain and look at it as work. But right afterwards one remembers everything’.* Many of the interpreters had tried to actively confront and change their situation; however, they felt that they had not been heard. They therefore used a lot of energy in order to control their feelings.
2. Self control: regulation of feelings and actions – e.g. *‘I tried to swallow it and keep it down’; ‘After work, I went into the countryside. I concentrated on something quite different, like fishing; sometimes when I felt sick, I just drove around in my car’.*
3. Flight-avoidance: wishful thinking and behavioural efforts in order to avoid thoughts and feelings – e.g. *‘When I get headaches while interpreting. I take some medicine right away. When I can’t stand it any more, then I need some headache pills’; ‘I had no choice; all I could do was to go downtown and get drunk. This made everything disappear, and then I was ready again. I did this all the time’.*
4. Social support: seeking informational and emotional support - e.g. *‘Talking to the other interpreters has been my salvation’; ‘I spent many evenings together with my Albanian friends; we talked about our worries; our situation was the same; many of my friends had no idea where their families were or if they were still alive; we found strength in one another’.* Regarding social support, the interpreters stated that they relied on each other for this; however, the norms of professional confidentiality limited the possibilities of doing so. Two interpreters mentioned humour.

Work improvement solutions. There was no established arrangement for processing sessions or debriefing. The opportunity for this depended on the individual therapist. Several had been informed that they could ask for a private individual session, but held back due to pressure of work at the centre. They believed that such an arrangement would provide psychological reserves of energy, and that it should be obligatory. None of the interpreters knew of the concept of supervision, and when the concept was explained to them, did not feel that there would be time for such a ‘service’. No fixed arrangement existed therefore, although a psychologist was, in principle, available for this.

The interpreters came up with several suggestions to combat the deficiencies, difficulties, and problems they met in their job. Shorter working hours, fair wages, observance of breaks, and more interpreters on the staff were some of the proposals. Another wish was for better coordination between the various occupational groups, through staff meetings or other mechanisms. They felt the latter would help to prepare them better for the content of the individual sessions. Clearer information for clients (e.g. through displaying signs) would mean that the interpreters’ time was not used to inform refugees about ordinary practical matters. The interpreters suggested that seminars and educational arrangements should be implemented, in order to prepare them for their work. Seminars for interpreter users (therapists, etc.) could also be a possibility, in order to teach them methods that would aid interpretation and reduce complications. Establishment of regular teams with the same staff members would also assist the process, as the individual parties would then be familiar with each other’s rhythm, practice, body lan-

guage etc. In addition, they proposed fixed arrangements with supervision for personal and professional development, as well as a regular person (counsellor) who would be responsible and practically available for the interpreters. Finally, to safeguard the interests and rights of the interpreters, a union was also proposed.

Conclusions

The general impression of the interpreters is that they were active, hard working, conscientious, and resourceful. Despite this, most of the interpreters' resources were exhausted due to the stressful, demanding, and psychologically degrading working conditions that they experience. Based on this pilot study, we recommend that supervision of the interpreters should be given by an experienced psychologist in psychotraumatology, in order to convey an understanding of the client's and the interpreter's reactions and the dynamics of the sessions, and to assist in processing emotional distress. A comprehensive course in psychological reactions after trauma and efficient coping strategies may also be recommended. We also recommend that every professional or humanitarian organisation should formulate or review its policy and practice concerning the use of interpreters, to ensure that this group is treated with respect and offered decent working conditions. Such a policy, where interpreters are seen and treated as an important resource, is very likely to enhance the quality of work with refugees, and protect another potentially vulnerable group of workers.

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