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The mental health interpreter's relational agency and therapeutic alliance

[Short title: The mental health interpreter's relational agency]

Anne Delizée et Christine Michaux, Université de Mons

Abstract: A few studies suggest that, in interpreter-mediated mental health settings, the interpreter participates in the therapeutic alliance (TA) via relational agency within the triad. We have explored this hypothesis through the thematic analysis of 19 semi-structured interviews and the discursive analysis of three excerpts from an authentic interpreter-mediated French-Russian psychotherapeutic consultation using the conceptual tools of Brown and Levinson's politeness theory (1978) enriched by Kerbrat-Orecchioni (1992) and taking into consideration discourse markers (Dostie et al. 2007). The results of this descriptive and exploratory study show that the interpreter actively co-creates a supportive relationship in each of the three dyads, in particular through mitigation of Face-Threatening Acts and Face-Flattering Acts. In doing so, it may be that the interpreter co-constructs the affective dimension of a triadic TA that promotes the patient's self-expression and underpins therapeutic work. A better understanding of the mechanisms of establishing and maintaining TA in interpreted mental health settings is crucial since research in monolingual contexts shows that the quality of TA is predictive of successful care.

Keywords: Mental health interpreting; relational agency; therapeutic alliance; semi-structured interviews; politeness theory; discourse markers.

1. Purpose of the study

When addressing the specificities of mental health interpreting, some studies point out that interpreters may well participate in the construction of the therapeutic alliance (TA). TA can be defined as the partnership that unites the therapist and the patient in achieving the goals set; the cognitive dimension of this partnership relates to the negotiation of the therapeutic tasks and

goals, and the affective dimension concerns the emotional quality of the bond that shapes the way in which the patient feels understood, respected, and valued (Bioy et al. 2010, Collot 2011). When interpreters are invited to draw on their intercultural knowledge and skills to support the primary participants in their process of co-developing a shared vision of the disorder, its cause, and the means to heal it, they co-construct the cognitive dimension of the alliance (Goguikian Ratcliff et al. 2004). They may also co-construct its affective dimension by setting up relational mediation (Boss-Prieto 2013, Goguikian Ratcliff et al. 2019).

The aim of our study is to observe whether a relational influence is exerted by the interpreter during an interpreted individual psychotherapy, and if so, how and in what way such influence builds TA in its affective dimension. In an inductive, descriptive and qualitative approach, we triangulate data and methods: 19 semi-structured individual interviews are subjected to thematic and lexical analysis to examine the participants' representations, and three excerpts from an authentic interpreted psychotherapeutic consultation are subjected to a discourse analysis to bring out potential implementations of these representations. To restrict our research and standardize our data, we focus solely on the relational aspects of individual psychotherapeutic follow-ups of at least two years, interpreted face to face by trained interpreters (triadic settings). We analyse the data from a strictly descriptive and socio-discursive point of view, we do not gauge the relevance of the interpreter's actions from a psychotherapeutic point of view nor their appropriateness from a normative point of view.

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6. Conclusions, limitations and perspectives

Some studies suggest that the mental health interpreter sets up relational mediation, which co-builds the affective dimension of the therapeutic alliance (TA). The results of this descriptive and exploratory study converge with the literature. They suggest that the interpreter is likely to actively co-create a supportive relationship in each of the three dyads, notably through FFAs in non-renditions and mitigation of FTAs in renditions, and the dyads influence one another. Through relational agency, the interpreter co-constructs an empathic relational atmosphere that promotes the patient's self-expression and underpins the therapeutic process.

Admittedly, our data are scarce, were recorded in 2012-2014, and since they were collected in French-speaking Belgium and the patients and interpreters all come from the former USSR, we cannot exclude cultural determination in the representations. Further studies on larger corpora

with recent data and in other socio-cultural contexts are therefore required. The potential influence of the interviewers' positionality on the respondents' answers should also be addressed (Mellinger 2020). Moreover, our methodological approach is productive, but it needs to be complemented by other perspectives. One could draw on the TA measurement tools developed for monolingual contexts and adapt them to interpreted bilingual settings (Goguikian Ratcliff et al. 2019), and analyze non-verbal behaviour and prosodic phenomena from the prism of relational construction, especially the understudied question of the convergence of the prosodic curve between the original and the rendition. One could also scrutinize the link with the concept of empathy in psychotherapy (Shlien 2010) and compare observations in mental health with what has been observed in somatic health (e.g. Hsieh et al. 2015, Krystallidou et al. 2020).

The understudied question of the interpreter's relational agency is crucial for any interpreted psychotherapeutic care since research in monolingual contexts has shown that TA is essential to the effectiveness of any therapeutic intervention. It is therefore necessary to identify the procedural (both discursive and non-verbal), cognitive and emotional mechanisms that establish and maintain TA in a bilingual interpreted setting as well as their sequencing, and to better understand the interpreter's part in this construction. This will feed the training of interpreters and therapists and will *in fine* contribute to improving care quality and preventing discontinued or interrupted treatment.

We are still only at the very beginning of the debate on the potential relational agency of the interpreter in mental health settings specifically. If, in the long term, this position is the subject of more widely shared collective expectations on the part of the actors in the field, it could crystallise within the role of the mental health interpreter (cf. Henriksen 1998).

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Notation symbols (adapted from Jefferson 2004)

[overlapping
=	latching
(.)	micro pause
. , ? !	descending, continuous, rising and exclamatory intonation
-	sound interruption
:	stretched sound
><	increased speech rate
CAPITALS	increased volume
/italics/	paraverbal manifestations
[italics]	omission of elements to preserve anonymity