

# Dealing with traumatic contents in interpreter-mediated triadic settings to prevent vicarious traumatization



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# What is vicarious traumatization?

# Vicarious traumatization

**«Vicarious traumatization is the transformation in the inner experience of the trauma worker that comes about as a result of empathic engagement with clients' trauma material»**

**Trauma material : any real confrontation with death**

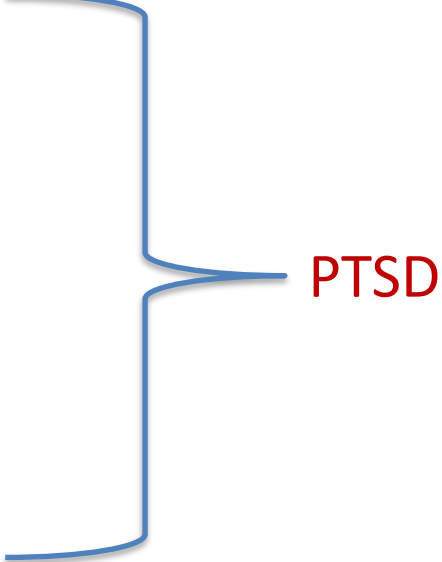
- **Violence**
- **War**
- **Torture**
- **Child abuse**
- **Rape**
- **Witnessing someone else's violent death**
- **...**

# Vicarious traumatization

Transformation of:

1. Identity
2. Psychological needs
3. Beliefs
4. Memory system

## Symptoms of vicarious traumatization

- **Re-experiencing : flashbacks, nightmares**
  - **Avoidance: thoughts, people, places, activities**
  - **Sense of threat: hypervigilance, startle**
  - **Dissociation**
  - **TRANSFORMATION OF THE HELPERS' INNER EXPERIENCE**
- 
- PTSD**

# Vicarious traumatization among interpreters

- Few studies (37)
- Mostly small cohorts
- Only 1 study with 800+ participants

Show :

- Important emotional impact on the person of the interpreter
- More at risk when the interpreter has a trauma in the past

Because:

- Higher probability of unprocessed trauma material
- In frontline for confrontation with trauma material

Consequence:

**-> less availability for translation task**

# Vicarious traumatization and the interpreter

**Common resources** for interpreter and therapist, counsellor, social worker, doctor, etc:

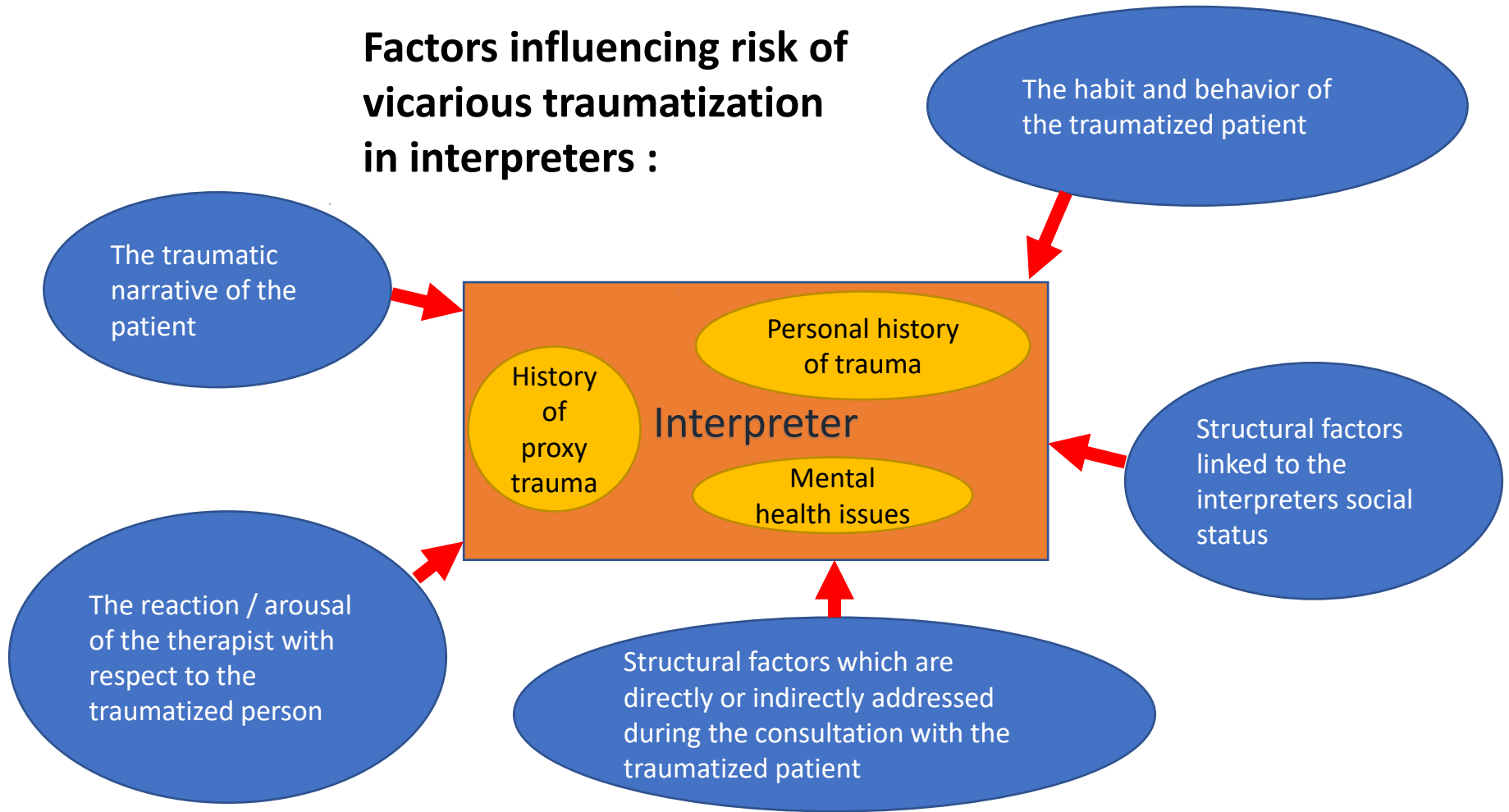
- Psychoeducation on VT
- Training
- Supervision
- Use of preventive tools to rate emotional disturbance and act on it (physical, emotional, cognitive exercises)

**Specific resources for interpreters:**

- Cognitive focus on interpreting
- Preparatory and feedback meeting with the professional



## Factors influencing risk of vicarious traumatization in interpreters :



# The traumatic narrative

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- Specificities in contents and formal aspects of language
- Traumatic narratives are usually very «film-like» and it is (too) easy to create active images of the patient's trauma (vivid images of traumatic scenes)
- In the mother language the traumatic narrative is emotionally charged
- Omissions, avoidances, incoherencies, difficulties in retrieving memories, etc. make interpreting more difficult
- Being taken by surprise
- Picture oneself or loved ones in the position of the victim

# The traumatized patient

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Habitus and behaviour (nervous, fidgety, startles easily, re-experiencing, etc.)

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Non-verbally communicated trauma contents

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Strong emotions: shame, helplessness, anger, sadness

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Dissociative reactions

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➔ activation of mirror neurones, neurophysiological attunement, shared body state

# Reaction/arousal of the therapist

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- Therapist might get disorganized, fuzzy, talk a lot, not respect rules, etc.
  - Therapist might react to his/her own felt helplessness or loss of power and get angry with patient and/or interpreter
  - Might make the interpreter unsure about who leads the interview
  - Depending on the proximity/identification of the interpreter with the patient, the interpreter might want to protect the patient from the reactions of the therapist
- ➡ Symmetrical escalation of helplessness

# Structural factors

- Similarity in life events (migration, family history, political opinion, membership of a minority or political group, trauma, etc.) → identification with the patient
  - Questions of differences in profession, social status, caste, ethnic group, etc.
  - Injustice in the treatment of an asylum claim in the light of evident trauma
  - Difficulties in adaptation and integration into the host society
-  Emotional and cognitive resonance

# Structural factors in interpreters

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Institutional support

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Availability of supervision

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Precariousness (low salary, fluctuating demands, etc.)

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Work-load and agency regarding work-load

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Social recognition of professional status

# TRIADIC ENCOUNTERS AS INTERACTIVE ACHIEVEMENTS

- Participants convey and negotiate meaning within triadic interactions (ie. a sequence of turns at talk)
- Restitutions (=«translations») are a central part of interpreters' actions
- Other interpreter's actions: coordination, summaries, provision of additional information
- Clinicians sometimes address directly the interpreter
- All parties take action to influence the course of interaction: metacommunication on collaboration, encouragement to speak, etc.

# FACE-WORK: TAKING CARE OF THE RELATIONSHIP IN INTERACTIONS

- Goffman/Brown & Levinson: Interlocutors tend to protect:
  - Positive faces: valorizing social image
  - Negative faces: personal territory or space
- In interpreter-mediated clinical encounters, face-work is an important part of precautions all parties take, e.g.
  - when interpreters do other things than restitutions or summarize
  - when clinicians and patients speak directly to the interpreter



# OUR HYPOTHESES:

- Face-work plays a role in the handling of interpreters' vicarious trauma in consultations
  - Confirming a positive image of good, professional interpreter can block metacommunication about possible emotions and trauma
  - Clinicians may avoid interpreters' emotions and trauma not to be intrusive
  - ...

# The mental health interpreter's relational agency

