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Abstract

The literature suggests that interpreter involvement is necessary in mental health care. The aim of this qualitative study is therefore to contribute to the definition of the notion of interpreter involvement and to determine whether it leads to specific discursive behaviour in the pragmatic dimension of renditions, that is, the processing of thoughts, emotions and the relational aspects of communication. To this end, seven semi-structured interviews were subjected to content analysis and three excerpts from Russian-French psychotherapeutic consultations were subjected to discourse analysis. The results provide a definition of the interpreter's cognitive, emotional and relational involvement and show that it is considered necessary for the effectiveness of therapy by the therapists, patients and interpreters interviewed. They also show that, driven by their cooperative pretexts, interpreters produce collaborative renditions through micro-adaptations of a pragmatic nature. Finally, the results suggest that interpreters engage in cooperative meta-coordination of interaction.

Keywords: dialogue interpreting; mental health interpreting; interpreter involvement; cooperation-oriented pretext; collaborative renditions; cooperative meta-coordination of interaction; pragmatics; Relevance Theory; Politeness Theory; Positioning Theory.

1. Introduction

Mental health (hereafter, MH) is a field characterised by the importance attached to the discourse, material on which care is based. Discursive nuances, and particularly the way in which thoughts, relationships and emotions are expressed (Elghezouani 2010), are therefore crucial in MH interpreting. These elements are part of the pragmatic dimension of discourse, that is, they relate to the use of language in action: they depend on the speaker, the interlocutor, their cognitive environments, the linguistic co-text, the extra-linguistic situation and the willingness of the participants to co-construct mutual understanding and relationships that support the communicative act (Zufferey and Moeschler 2012).

Furthermore, the involvement of interpreters has emerged in the academic literature as necessary for effective care in MH (Hunt and Swartz 2017; Miller et al. 2005; Raval and Maltby 2005). In dialogue interpreting (hereafter, DI), interpreter involvement has long been observed in non-renditions (Baraldi and Gavioli 2012; Niemants 2017; Wadensjö 1998): interpreters engage in dyadic asides with primary speakers (hereafter, PSs) and ask clarifying questions, make metalinguistic comments, or try to obtain relevant information for the service provider. Less is known about involvement displayed in renditions.

Against this backdrop, the purpose of this study is to contribute to defining the notion of involvement for MH interpreters and to determine, when there is involvement, whether they exhibit a particular discursive behaviour in their renditions, specifically in terms of managing thoughts, relationships and emotions, that is, the pragmatic dimension of discourse. Thoughts,

relationships and emotions are part of the cognitive, relational and emotional aspects of interaction respectively.

The research questions are therefore the following. In MH settings, (1) are interpreters cognitively, relationally and emotionally involved? If so, (2) how can these types of involvement be defined? (3) What are the effects of their involvement on the interactants and the therapeutic process? (4) Does their involvement trigger a particular discursive behaviour in their renditions at the pragmatic level of communication (thoughts, emotions and relationships), and if so, how?

To provide some answers to these questions, different analytical methods will be applied to the data from seven semi-structured interviews and three interpreter-mediated Russian-French psychotherapeutic consultations. Section 2 will outline the data, methods of analysis and conceptual framework. Sections 3 and 4 will present the analyses, and Section 5 will discuss the results.

The research perspective is strictly descriptive: the interpreters' actions will only be discussed from a discursive and communicative point of view, without any judgement on what is ethically, qualitatively and psychotherapeutically acceptable.

2. Data, methods of analysis and conceptual framework

The authentic data of this study were extracted from a larger corpus aimed at exploring various aspects of the MH interpreters' role. They were audio-recorded in French-speaking Belgium between 2012 and 2014 with the consent of all participants (Delizée 2018). All names are fictitious.

2.1. Profile of participants

This study involves three constellations of participants, each composed of a French-speaking therapist, a Russian-speaking patient and a Russian-French interpreter. Their profiles are described in Table 1 below. The participants were interviewed (see 2.2) and each constellation was then recorded during a consultation (see 2.3).

Therapists	Patients	Interpreters	Duration of therapy at time of study¹	Consultation code
Théodore Psychiatric nurse, psychoanalyst 10 years' experience with interpreters	Polina ex-USSR	Irina Philologist DI training: +-450 hours Experience in MH: 10 years	2 years 1/2	EnTh4
Tiffany Clinical psychologist, psychoanalytical orientation 2 years' experience with interpreters	Praskovia ex-USSR	Ida Philologist DI training: +-40 hours Experience in MH: 2 years 1/2	2 years	EnTh5
Timothée Psychiatrist 7 years' experience with interpreters	Piotr ex-USSR	Inna Economist DI training: +-600 hours Experience in MH: 11 years	4 years	EnTh6

Table 1. Profile of participants

¹ In each constellation, the same interpreter intervened throughout the therapy.

2.2. Interviews

In order to obtain some answers to the first three research questions, the author conducted semi-structured individual interviews in French or Russian with seven of the nine participants². The verbal prompts used were “How do you see the work of interpreters in MH?”, “How do you define MH interpreting?”, and “Is there anything going on relationally between you and [each of the other two participants]?”. The interviews were transcribed then subjected to a continuous thematic content analysis (Paillé and Mucchielli 2013) by the author. Themes were first extracted vertically (from each interview) and then compared transversally (within and between thematic categories). Themes were identified in an uninterrupted process as they emerged from the data and confronted to progressively build four thematic categories (see 3.). The excerpts presented in this study were translated into English by the author and a native English speaker.

2.3. Consultations

In order to possibly find answers to the fourth research question, an excerpt from each of the three consultations was discursively analysed. The transcription conventions are given in the appendix.

In order to get insights into the interpreter’s processing of thoughts and emotions, Sperber and Wilson’s Relevance Theory (1986. Hereafter, RT) was applied to the first two excerpts. RT has already been shown to shed light on the negotiation of meaning in DI (Mason 2006). The RT model of ostensive-inferential communication is based on the principle of relevance that guides both the speakers and the addressees³. The speakers, driven by an informative intention (to bring the addressees to a given piece of information) and a communicative intention (to make the addressees aware of the informative intention), produce ostensive cues to have the addressees recognise their intentions. Guided by the principle of relevance, addressees implement inferential processes to recover the speakers’ intentions, that is, what is being *said* and what is being *meant*, as they perceive them. The addressees build a set of contextual assumptions (inferences) about what the utterance communicates, and select the assumption that produces the most cognitive effects while requiring the least processing effort, that is, the most relevant inference. When two people communicate, the mutual manifestness of certain facts is not based on their prior mutual knowledge, but is constructed in an inferential way during the interaction. To formulate an utterance, the speaker makes assumptions about the characteristics of the addressee’s cognitive environment⁴, and to process this utterance, the latter makes assumptions about the speaker’s intended meaning. When during the interaction, hypotheses become mutually manifest – a shared cognitive environment is created between them.

As the analysis of the interviews showed that the interpreters endeavour to co-create supportive relationships within the triad (see 3.), Kerbrat-Orecchioni’s (2011) concept of Face-Flattering Act (FFA), which is an enrichment of Brown and Levinson’s Politeness Theory (1978. Hereafter, PT), was applied to the third excerpt. The relevance of using Kerbrat-Orecchioni’s apparatus to highlight the way speech can enhance relations has already been shown in DI (Falbo 2021; Merlini 2017). According to PT, every speaker has a positive face (positive social value) and a negative face (freedom of action). Kerbrat-Orecchioni points out that during an interaction, face-work is carried out to give value to faces in cooperative situations: the speaker

² Tiffany and Piotr were unavailable due to circumstances beyond our control.

³ Only the RT concepts that shed light on the phenomena observed in the discursive data within the objective of the study will be described here.

⁴ The cognitive environment of a person consists of all the facts s/he is aware of, and all the facts that s/he is capable of becoming aware of (Sperber and Wilson 1986: 39).

produces FFAs, such as congratulations, humour or encouragement, all being signs of interest in the other person.

None of the excerpts from the three consultations showed traces of both the processing of thoughts and emotions and the construction of the relationship, so RT and the FFA concept were applied to different excerpts.

2.4. Conceptual framework

The results of the analysis of these two data sets were conceptualised in terms of *position*, the key concept of Positioning Theory (Harré and van Langenhove 1999). It has already been shown that this theory is productive in DI as it provides a detailed explanation of the interactional play by allowing the analysis to focus on what is happening at the relational level (Mason 2009; Merlini 2009). Adapted to DI, the concept of position can be defined as follows (Delizée 2021): a position is a discursive projection of personal attributes that reflects the way in which one of the interactants, including the interpreter, considers what is said and, through what is said, envisages his or her relationship with the other interactants. Since positions arise in the *hic et nunc* of interaction, they are not labelled *a priori*, which gives the possibility of describing discursive projections without being limited to a predefined typology.

3. Analysis of interviews

The aim of analysing the seven semi-structured interviews of the two therapists, the two patients and the three interpreters is to provide some answers to the first three research questions.

The analysis shows that the cognitive, relational and emotional involvement of interpreters is considered necessary for therapy by all three categories of respondents. The four thematic categories detailed below emerged from the analysis.

3.1. The interpreters' pretexts

Specifically for MH settings, the three interpreters express their willingness to help create a climate of trust and to assist patients and therapists in transmitting their communicative intentions. This individual conception of the role of MH interpreters reflects their motivations before engaging in the interaction, their purposes, what they are processing the language for: this is what Ian Mason (2006b: 363) defines as the interpreter's pretext.

I believe that empathy is necessary for therapy to work better. Because when the patients feel our empathy – it's often through gaze and non-verbal communication - they feel 'Here, I can open up. Here I can trust'. (...) Our role is to create a climate of trust. (...) Because that's our aim: to get the PSs to understand each other without tension. (Irina 9:34, 19:45 and 38:54)

When the patient doesn't trust you, you won't be able to do a really good job for the psychiatrist or psychologist. It will not work. The therapist won't be able to perceive many things, because I won't be able to convey what the patient is feeling. It's thanks to trust that the patient opens their heart more (...) If I've been able to calm the patient down, if I've been able to make the doctor understand what they need, it's as if I got what they wanted. (Inna 2:28 and 40:42)

According to the three interpreters, their cognitive, relational and emotional involvement is necessary in order to achieve their own communicative goal, which is to promote mutual understanding, co-construct harmonious relationships and co-create a climate of trust. From their point of view, their involvement has the effects of supporting the patient's self-expression and the therapist's work.

3.2. Therapist-interpreter: relational and cognitive involvement

The two therapists and the three interpreters describe a collaborative relationship based on trust, which is built up gradually.

Between the two of us, it's a collaboration. (Theodore 23:00)

With all the therapists, we always work together. It's a relationship of trust that has developed over time (Inna 50:03)

Mutual trust is built up in particular during moments of co-reflection before and after the consultation: the therapists explain their approaches and the interpreters share their opinions and feelings. This inter-professional adjustment beneficial to the therapy and allows the interpreters to prepare emotionally.

We exchanged our ideas, so we were on an equal footing. (Théodore 21:30)

We can talk before the consultation, before meeting the patient again, about what we can do, what the patient can do, and I'm already preparing myself emotionally. (...) And after the consultation, we can discuss how it went, the patient's reaction, and the psychologist can tell me, for example, 'For the next consultation, we can do this, this and this. We can change our method, or we can continue'. In a way, we're working together on this person's recovery. (Ida 19:30 and 20:25)

In MH, it's not like interpreting in other settings. Therapists and patients feel how the interpreter is involved. I've already had therapists say to me: 'I'd rather work with you. With someone else, things don't work, (...) the interpreter is too distant. You come into the discussion, we work together, there's empathy.' So I think you have to get involved in MH therapy. (Irina 8:05)

This inter-professional collaboration also facilitates mutual understanding.

Sometimes, just by looking at each other, we communicate, and we get something going. There's complicity between the two of us. (Irina 12:31)

According to the five respondents, relational involvement between interpreters and therapists means that they co-build mutual trust, particularly through de/briefings. Cognitive involvement of interpreters means that therapists discuss their communicative goals and therapeutic approaches with them and that interpreters share their points of view.

When interpreters build a relationship of trust and mutual understanding with therapists and engage in co-reflection with them, they are in a position that we will call 'Therapist's Collaborator'.

3.3. Patient-interpreter: relational and emotional involvement

The two patients describe their communicative need: to express their innermost feelings. They feel that trust in the interpreter is essential if they are to speak freely.

When I arrived here, I felt very bad, and I had to pour out my soul. (...) It's very difficult for me to open my heart if I don't trust the interpreter. (Praskovia 46:00 and 49:35)

The most important thing for me is that you can trust the interpreter, so that you don't hide anything. (Polina 0:20)

According to the two patients, trust is built mainly through the interpreters' non-verbal and paraverbal signals of understanding, that is, through their active listening.

I trusted her, because I felt the way she considered me, I felt that she listened to me attentively. (...) She understands me because... I don't know how to explain it to you. You have to feel it. It's even just one smile. With just one smile she reassures me, as if she was saying 'everything is going to be OK'. (...) She always says 'hmm hmm', as if she understands me. (Polina 1:17, 13:32 and 50:30)

According to the two therapists, it is essential for therapy that interpreters perceive and convey emotions, and that their behaviour is in tune with these emotions.

If there is no benevolence, it doesn't work. If the interpreter remains cold, if the emotion doesn't come through, it doesn't work. (...) I think that the emotion of the language comes through her and that she has to convey it to me. (Théodore 28:13 and 15:40)

To be emotionally involved, to be appropriate, to stay in the emotional tone of the session, that's a form of involvement in the interpreter. (...) It's impossible to be emotionally neutral in MH: it would be strange if the interpreter was cold and indifferent, and that would probably create a form of withdrawal in the patient if there wasn't a minimum of involvement. (Timothée 26:02 and 26:13)

According to the two patients and the two therapists, the relational and emotional involvement of the interpreters means a benevolent openness to other participants and an adaptation to their emotions. Active listening is the manifestation of their involvement. This builds trust and encourages patients to express themselves.

When interpreters co-construct a relationship of trust through active listening, that is, by displaying non-verbal and paraverbal signals of understanding and non-judgement, by perceiving and conveying emotions and by adapting their (non-)verbal behaviour to the emotional atmosphere of the consultation, they are in a position that we will call 'Relational Mediator'.

3.4. Accuracy of renditions: relational, emotional and cognitive involvement

The three interpreters express the need to be involved in order to provide accurate renditions. Their conception of accurate interpreting in MH is to convey not only the propositional meaning but also the pragmatic dimension of the discourse, that is, the thoughts, emotions and feelings, as they perceive them. In order to achieve this goal, they stress the need for active listening, that is, their relational and emotional involvement: they try to perceive all the elements of what is being communicated by the PSs.

I try to be completely involved in the conversation. I try to be present all the time. Not to be indifferent. Because that's what can cause patients to lose trust. So I try to be present with the psychologists, to fully understand what they want to do. And I try to be attentive to the patients, to look them directly in the eyes, to try to understand everything they want to express. (Ida 40:09)

In other settings, you pass on the message and that's it. It's very technical (...) It's like an automatic pilot: you've almost got ready-made phrases and you come out with them when you need to. But in MH, it's really different: you listen differently, you look differently, you try to notice non-verbal cues. (...) Listening is different because I pay very, very close attention to little words that don't provide linguistic information but do provide emotional information. Little words like 'pew, ouch, pfft'. I also interpret emotions. (Irina 4:41, 5:55 and 12:55)

In order to accurately convey the therapists' communicative intentions, the three interpreters expressed the need to be aware of their therapeutic approaches, that is, to be cognitively involved.

It's important that I know their methods so that I can adapt to them. When you first meet therapists, you don't know how they work. You remain distant, you simply translate, but as time goes by, you understand their method and you adapt. After that, it's much easier. (Irina 10:25)

Sometimes they warn me that they're going to be quite provocative, for example, so that I'm not surprised. And I need to understand that in order to convey the message as accurately as possible. If the psychologists work together with the interpreter, if at the beginning they explain at least broadly their approach and methods, their work will be much more effective. Because the renditions will be more accurate. (Ida 18:22)

According to the three respondents, the interpreters' cognitive involvement means that they try to perceive the communicative intentions of the PSSs, beyond the literal meaning of their words. It is crucial for them to know the therapists' methods so as not to distort them through ignorance of their objective. Their cognitive involvement is intricately linked to their relational and emotional involvement, which means that all senses are alert to perceive the discourse and behavioural markers of relationship and emotion.

When interpreters convey not only what is *said* (propositional meaning), but also what is *meant* (pragmatic meaning, as perceived by them) through cognitive, relational and emotional involvement, they are in a position that we will call 'Conveyor of meaning'.

4. Analysis of consultations

The aim of analysing an excerpt from each of the three consultations is to provide some answers to the fourth research question.

4.1. Excerpt 1 (EnTh6 03:43 - 05:13)

At the beginning of the session, Timothée asks Piotr if he has any new information on his administrative situation. Piotr responds negatively. Timothée continues the sequence.

Turn number	Speaker	
1	T	>parce que< peu après qu'il soit venu >je pense< j'ai reçu l'émai:l de son avo↑ca:t demandan:t un- [un nouveau papier, >because< shortly after he came >I think< I received the emai:l from his law↑ye:r askin:g for a-[a new document,
2	I	[son avocat de? [his lawyer from?
3	T	>de [ville].< >from [town].<
4	I	de [ville]. (.) oui? from [town]. (.) yes?
5	T	demandant un nouveau papier pour le: le:: comm- ils avaient prolongé l'aide so↑ciale [pour monsieur, ils avaient demandé un nouveau docu↑ment pour qu'il puisse continuer à recevoir le:: le: l- le le cpas, asking for a new document for the: the:: as- they had extended the so↑cial aid [for him, they had asked for a new docu↑ment so that he could continue to receive the:: the: t- the the social assistance,
6	I	[>hmm hmm<
7	T	(.) donc ça ça a été fait, >°euh voilà,<° c'est la seule chose que j'ai reçue entre-temps, quoi. (.) so that's been done, >°uh that's it,<° it's the only thing I've received in the meantime.
8	I	et tu as envoyé le?= and you sent the? =
9	T	=>oui certainement oui.< =>yes of course yes.<

- 10 **I** э он говорит э после того как вы последний раз здесь были, у него э: у него был был контакт э с вашим адвокатом. адвокат попросил чтобы он опять э отправил документы, **о вашем состоянии, что вы ходите, >ещё продолжаете сюда ходить,<** чтобы спас продолжала- э продолжали вам платить. **для этого нужно ч- э доказательство что вы продолжаете ходить к доктору.** °и он отправил.°
*uh he said uh after you came here last time, he had u:h he had had contact uh with your lawyer. the lawyer asked that he send uh documents again, **on your condition, that you come, >you still keep coming here,<** so that social assistance contun- uh continues to be paid to you. **for that is needed th- uh a proof that you're still going to the doctor.** °and he sent.°*
- 11 **P** °спасибо.°
°thank you.°

The analysis of the excerpt from the perspective of RT, which sheds light on the processing of what is meant (thoughts and emotions), shows the following.

In Timothée's turns (1) and (5), four inaccuracies can be observed:

1. he mentions a request for a document so that **Piotr** can continue to receive social assistance, but he does not specify the document. What is the content of the document requested?
2. he asserts that the document was requested by the lawyer, then by the subject 'they', which has no antecedent. Who is 'they'?
3. the facts 'document request' and 'extension of social assistance' seem to be linked by a causal relationship, which is not made explicit by Timothée. What is the relationship between them?
4. he asserts that 'something has been done' but does not specify what. What has been done after the request?

These inaccuracies make it difficult to guide the addressee's (here, the analyst's) inferential process of recognising Timothée's global discourse intention (hereafter, GDI). Is it to find out if **Piotr** knows about the current administrative procedure? Or is it to explain the lawyer's request by focusing attention on the unfolding of this request (who asked whom for what)?

The fact 'document' seems to be manifest to Inna because she asks for clarification, not about the document, but about

- who made the request, in (2);
- what did Timothée do with the document, in (8).

In (10), Inna produces her rendition:

1. she verbalises her inferences as to the document requested (in bold in the transcript). She expresses three different propositional contents, which is evidence of a repair phenomenon (Schegloff, Jefferson and Sacks 1977): it is not so much a document on **Piotr's** condition, nor a document attesting that he is going to the doctor, as a document certifying that he is *still* going to the doctor. This sequence of repair shows that Inna tries not only to specify the fact 'document', but also to make the relationship between the document and the social assistance explicit: social assistance can only be extended if the patient continues therapy.
2. the double request (by the lawyer and by an indeterminate 'they') has disappeared.
3. the relationship between the document and the extension of social assistance is reinforced by the verbalised inference 'a proof that you are still going to the doctor is needed'.
4. the aim of the lawyer's request is specified twice: the lawyer contacted the therapist to ask for new documents *to be sent*, and the therapist *sent* it. By repeating the verb 'sent',

Inna makes it manifest that her attentional focus is not on the *unfolding* of the request (as it is maybe the case in Timothée's original) but on its *aim*.

In Timothée's turn, the inaccuracies make it difficult to determine his GDI. Inna's rendition reflects her inferential processing of Timothée's utterances and of the relationships between them. Her verbalised inferences first specify the fact 'document', then make explicit and strengthen the intentional relationship between the request and the aim of the request. Her actions reinforce intradiscursive coherence, which makes Timothée's GDI, as she perceived it, more manifest: 'the proof of the continuation of the therapeutic follow-up has been sent to extend social assistance'. Piotr's reaction, in which he simply thanks Timothée, indicates that the rendition has made this GDI manifest to him.

The interpreter's verbalised inferences are the tangible traces of her cognitive involvement: she tries to perceive the therapist's intended meaning. Through micro-adaptations of a pragmatic nature, she exhibits her own understanding of the original. These discursive actions make the therapist's GDI, as she perceived it, more manifest to the patient, and thereby reduce his cognitive efforts to process the rendition.

Her cognitive involvement reflects her cooperation-oriented pretext (see also 3.1):

[If I've been able to make them understand each other], it's an inner satisfaction (Inna 40:45).

Positioned as a 'Conveyor of meaning', the interpreter endeavours to identify the speaker's thoughts and, by co-creating a mutually manifest cognitive environment, facilitates understanding between the PSs.

4.2. Excerpt 2 (EnTh5 39:24 - 40:36)

Praskovia lives in a refugee centre, alone with her four young children. She says she feels extremely tired. She is in the grip of emotions, as evidenced by her sobs and sighs throughout the excerpt. Tiffany asks her if she can rest during the day, when the children are not with her.

- 1 P /вдох/ (.) °у меня в комнате постоянно бардак после того как я их в школу отправляю. /вдох/ ну в комнате убираюсь, /выдох/ (1) только иногда у меня бывает время чтоб /вдох/ от детей свободное время чтоб было. /вдох/ и уроки бывают или надо в город °или:, °° /вдох/ иногда у меня только бывает чтоб я: могла прибраться в комнате и чтоб у меня было свободное время. /вдох/ /breathes in/ (.) °in the room I constantly have a mess after I send them to school. /breathes in/ so I clean in the room, /sighs/ (1) only sometimes I have time for /breathes in/ so that there is free time without the children. /breathes in/ and there are homework or I have to go to town °°or:, °° /breathes in/ only someTIMES I: can clean the room and have free time. /breathes in/
- 2 I normalement madame heu nettoie (1) heu s- sa chambre après heu: après que les enfants aillent à l'école, **parce qu'**il y a toujours des choses à nettoyer elle dit et c'est seulement parFOIS elle a le temps pour elle-même, **parce qu'**elle a **des rendez-vous**, elle a: des devoirs aussi à faire, **et donc**, c'est seulement parFOIS qu'elle a le temps pour elle-même,
normally missis uh cleans (1) uh h- her room after uh: after the children go to school, **because** there are always things to clean up she says and it's only someTIMES she has time for herself, **because** she has **appointments**, she ha:s homework also to do, and **therefore**, it's only someTIMES she has time for herself,
/P cries throughout I's turn/
- 3 T vous avez l'impression que votre journée est pleine de choses à fai:re, que vous n'avez le temps ni de vous reposer ni de penser?
you feel that your day is full of things to do:, that you have no time to rest or think?

The analysis of the excerpt from the perspective of RT, which sheds light on the processing of what is meant (thoughts and emotions), shows the following.

In (1), **Praskovia** juxtaposes information without any explicit link between them: she names three obligations ‘tidying up, homework, need to go to town’ and repeats the idea ‘only sometimes I have free time’ twice. The two occurrences of the adverb ‘sometimes’, which indicates the occasional nature of the action, are associated with the focuser ‘only’. The second occurrence is produced with an increase in voice volume ‘some**T**IMES’. The focuser and prosodic highlighting are ostensive clues allowing to plausibly infer that **Praskovia**’s GDI is ‘I have little free time’.

In (2), **Ida** produces her rendition. The two women’s turns can be paraphrased and compared as follows:

Praskovia	Ida
I constantly have a mess + so I clean	she cleans because there is always something to clean
only sometimes I have free time	and only some T IMES she has free time
and there are homework	because of homework
or need to go to town	or appointments
only some T IMES I can have free time	and therefore , only some T IMES she has free time

In her rendition,

- **Ida** introduces explicit logical connectors, which is the result of an inferential process.
- She conveys the need to go to town by the abductive inference ‘she has appointments’: it consists in starting from a specific concrete situation and formulating an explanatory hypothesis. If **Praskovia** only sometimes has free time and expresses the need to go to the city, it is most probably not for her own pleasure, but because she has obligations there.
- She produces the adverb ‘some**T**IMES’ twice, as **Praskovia**, but both occurrences carry a prosodic emphasis, as compared to only one in the original.

Ida’s verbalised inferences have the effects of specifying what she perceives as the logical sequence of information, and of focusing on the issue of obligations (appointments) rather than on place (town). Moreover, the repetition of the prosodic ostensive clue reinforces the occasional nature of the action ‘having free time’. In other words, her pragmatic micro-adaptations make **Praskovia**’s GDI ‘I have very little free time’ more manifest, which reduces the recipient’s cognitive efforts to process the rendition. Indeed, in (3), **Tiffany** asks **Praskovia** if she feels she has no time to rest or think: her question indicates that she inferred from the rendition that her patient feels she is constantly busy.

The interpreter’s rendition is the tangible trace of her cognitive and emotional involvement, which reflects her cooperation-oriented pretext (see also 3.1):

I can be a 100% listener, I can understand, I am attuned to what the patient is saying, and I transmit the patient’s message and emotions to the psychologist in the same way. (**Ida** 17:09)

Positioned as a ‘Conveyor of meaning’, the interpreter endeavours to perceive the patient’s emotions and thoughts, and conveys them to the therapist by making them more manifest through verbalised inferences and prosodic ostensive cues.

4.3. Excerpt 3 (EnTh4 24:03 - 24:10)

At the beginning of the therapy, **Polina**'s body was covered with eczema. Her condition has since improved, and **Théodore** would like her to come to realise this by having her look at her hands, which bear almost no traces anymore.

- 1 **T** **Polina**, montre-moi un peu les mains.
Polina, show me your hands.
- 2 **I** покажи руки.
show your hands.
- 3 **T** montre-moi, (.) plus près!
show them to me, (.) closer!
- 4 **P** что, гадает?
what, he can read the future?
- 5 **T** il y a plus rien.
there's nothing anymore
- 6 **P** [а не, не гадает.
ah no, he can't read the future.
- 7 **I** [/laughter/
- 8 **I** tu sais tu [sais lire lire sur les mains? /rire/
can you [can you read read the future? /laughter/
- 9 **T** [elle n'a plus rien. non non je-
[she doesn't have anything anymore. no no I-
- 10 **I** нет ну смотри, [у тебя уже ничего нету.
no but look, [you don't have anything anymore.

The analysis of the excerpt from the perspective of the FFAs, which shed light on the construction of supportive relationships, shows the following.

In (4) and (6), **Polina** jokes when referring to **Théodore** in the third person: she is addressing **Irina**. A joke is an FFA: **Polina** is building a Patient-Interpreter teammate relationship. In (7), **Irina** laughs, which is the second part of the joke/laughter pair (Schegloff and Sacks 1973): she takes part in this privileged relationship. In (8), she renders the FFA by pointing to **Théodore** in the second person, as if **Polina** had addressed it directly to him, and her laughter can be perceived as a call to him to join the shared closeness. In other words, **Polina** initiates an empathic Patient-Interpreter relationship that **Irina** redirects towards **Theodore**: she co-creates a close Therapist-Patient relationship by transmitting the FFA as if **Polina** had directly addressed it to **Théodore**.

The same pattern repeats in (9-10), this time at **Théodore**'s initiative. In (9), he refers to **Polina** in the third person: he is addressing **Irina** as a direct interlocutor and invites her to see for herself that the eczema has disappeared. By seeking her agreement or point of view, that is, by producing a FFA, he is building a cooperative Therapist-Interpreter relationship. In (10), **Irina** renders the propositional content of **Théodore**'s statement by pointing to **Polina** in the second person, as if he had directly addressed her. The rendition is the observation that **Polina**'s state of health has improved, it is a way of encouraging her, and an expression of support is a FFA. In other words, **Théodore** initiates a supportive Therapist-Interpreter relationship that **Irina** redirects towards **Polina**: she co-creates an empathic Therapist-Patient relationship by transmitting the FFA as if **Théodore** had directly addressed it to **Polina**.

The interpreter's rendition is the tangible trace of her cognitive, relational and emotional involvement, which reflects her cooperation-oriented pretext (see also 3.1):

It's not just passing on what is said, it's really interpreting everything: words, feelings, empathy. It means interpreting everything, not just the words, but everything, everything, everything. (*Irina 12:59*)

Positioned as a ‘Conveyor of meaning’, the interpreter renders the propositional content of the joke and the encouragement (FFAs). Concomitantly, she has positioned herself as a ‘Relational Mediator’: by replacing the third-person personal pronouns with second-person pronouns, she co-creates a supportive Therapist-Patient relationship.

5. Discussion

The analysis of the interviews provides some answers to the first three research questions. (1) The involvement of interpreters is considered necessary in MH. (2) Their cognitive involvement means that they are aware of the therapists’ communicative goals and therapeutic choices, that they can express their opinions and engage in discussion with the therapists in order to better adapt to their needs, and that they try to perceive the communicative intentions of the PSs beyond the literal meaning of the words. Their relational and emotional involvement means that they co-create a relationship of trust with therapists and patients, that they try to perceive the discursive and behavioural markers that build the relationships and convey emotions (active listening), and that they adapt their (non-)verbal behaviour to the emotional tone of the consultation (paraverbal and non-verbal signals of benevolent openness towards the other participants). Their cognitive involvement is inextricably intertwined with their relational and emotional involvement. Their behaviour reflects their pretexts (as defined in 3.1): the three interpreters adopt a cooperative stance. (3) Their involvement has the effects of underpinning the patient’s expression and the therapist’s work, increasing the accuracy and completeness of their renditions and, *in fine*, supporting the therapeutic process. Their involvement is manifested in the positions of ‘Therapist’s Collaborator’, ‘Relational Mediator’ and ‘Conveyor of meaning’ (as defined in 3.2, 3.3 and 3.4).

These findings illustrate what Bot (2005) has called the ‘interactive model of interpreting’ and are in line with those of other studies. Involvement entails metacommunicative exchanges between therapists and interpreters (Chang et al. 2021; Goguikian Ratcliff 2010; Gryesten et al. 2023), the ability to co-construct supportive and reassuring relationships (Boss-Prieto 2013) and controlled emotional mobilisation (Goguikian Ratcliff 2010; Hanft-Roberts et al. 2023).

The analysis of the consultations provides some answers to the fourth research question, as it shows that (4) the involvement of the interpreters leads to a specific discursive behaviour in the renditions, which can be conceptualised in the positions of ‘Conveyor of meaning’ and ‘Relational Mediator’. Both positions can be concomitant (as shown in 4.3). During the active listening phase, interpreters try to perceive not only what is *said*, but also what is *meant* and *why* it is meant. In other words, they use all their senses to grasp the intended meaning, that is, the thoughts, feelings, emotions and manifestations of empathy that run through the speaker’s verbal and non-verbal behaviour. During the production phase, they convey these elements, as they perceived them, through micro-adaptations of a pragmatic nature (in our data, verbalised inferences and prosodic cues as shown in 4.1 and 4.2, management of FFAs as shown in 4.3). Interpreters thus produce a type of expanded renditions (Wadensjö 1998) or renditional formulations (Baraldi 2012) that we suggest to call ‘collaborative renditions’, in the sense that

- the interpreters make the speaker’s communicative intentions (as they perceive them) more manifest to the addressee, which co-creates a shared cognitive environment and reduces the latter’s cognitive efforts to process the renditions (for additional examples, see Delizée and Michaux 2019).
- they co-create supportive relationships (for additional examples, see Delizée and Michaux 2022).

The interpreters’ collaborative renditions reflect their pretext, that is, their cooperative stance: they display their belonging to the group and their willingness to put themselves at the service of communication and therapy.

Their involvement is facilitated by their position as ‘Therapist’s Collaborators’, which gives them access to extra-linguistic information. It is also based on their capacity for empathy, a cognitive perspective-taking ability which entails an understanding of the other’s situation, along with a degree of other-oriented concern communicated through carefully selected affective displays (Merlini and Gatti 2015: 154). The interviews show that for all three categories of respondents, it is crucial for interpreters to be able to perceive discourse markers and other manifestations of emotion and empathy, and to behave in a way that is in tune with the affective tone of the consultation, while maintaining a measured relationship with the PSs. This confirms that the manifestations of empathy are a joint activity of all participants (Merlini 2017: 13).

In addition, fundamental studies have long shown that interpreters:

- 1) coordinate interaction implicitly (Wadensjö 1998): when interpreting, they manage turn-taking.
- 2) coordinate interaction explicitly (Idem): when asking for clarification, making metalinguistic comments, etc.
- 3) coordinate interaction reflexively (Baraldi and Gavioli 2012): when empowering PSs by giving them a space to talk through opportunities to express cultural identity, or by obtaining information from the patient that is medically relevant to the doctor.

Explicit and reflexive coordination is mainly achieved through non-renditions.

This study has shown that they:

- 4) produce collaborative renditions.

All the studies and findings cited in this section point to the following hypothesis. Driven by their cooperation-oriented pretexts, interpreters are likely to exercise a cooperative meta-coordination of the interaction which is manifested in the four types of discursive actions mentioned above. The meta-coordination is cooperative in the sense that through these actions, interpreters cooperate and get the PSs to cooperate by avoiding the risk of misunderstanding or damaging the relationship. This means that interpreters are likely to make discursive choices that have the effects of facilitating mutual understanding between the PSs and of co-creating supportive relationships, which in turn contributes to the satisfaction of the PSs’ communicative intentions. In MH settings, the cooperative meta-coordination of the interaction has the particular effects of supporting the patient’s self-expression and the clinician’s work, which contributes to the success of the therapy.

6. Limitations and conclusion

This qualitative study suggests linking MH interpreters’ pretexts, types of involvement, types of discursive actions, and coordination activity. It is based on data collected in French-speaking Belgium, and the influence of the cultural macro-context cannot be excluded. The data is audio only, not video, which limits the perception of the pragmatic aspects of communication. However, the results, combined with those of other studies, suggest the hypothesis of a cooperative meta-coordination of the interaction, which requires the cognitive, relational and emotional involvement of the interpreter. Each of the elements of this study, and the links between them, need to be further investigated with other data in order to confirm, refute or refine this hypothesis.

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Notation symbols

bold	verbalised inference
[	overlapping
=	latching
(.)	micro pause
(1)	pause equal to a hand clap
. , ?	descending, continuous and rising intonation
-	sound interruption
:	stretched sound
↑	intensity accents
> <	increased speech rate
CAPITALS	increased volume
° °	decreased volume
<i>/italics/</i>	paraverbal manifestations
<i>[italics]</i>	omission of elements to preserve anonymity