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Dealing with emotionally challenging cases in public service interpreting: Interpreter experience and the need for self-care training / Abordaje de casos emocionalmente desafiantes en la interpretación en los servicios públicos: La experiencia del intérprete y la necesidad de formación en autoayuda

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Abstract: Recent years have seen an increasing body of studies on vicarious trauma among interpreters, which shows that interpreters, in contrast to assumptions associated with the conduit model and invisibility perception, are not immune to the impact of traumatic client material. Apart from traumatic cases, public service interpreters are exposed to various emotionally challenging scenarios in their routine interpreting assignments, ranging from violent crimes in legal interpreting and domestic abuse in social work interpreting, to end-of-life care in healthcare interpreting. Does this have an impact on interpreters' psychological wellbeing? Is there any training to prepare them for the emotional challenges?

Adopting a qualitative approach, a two-part study was conducted in the UK. First, data were gathered through semi-structured interviews with six practising public service interpreters to investigate emotional challenges interpreters experience in their day-to-day work and how they cope during and after interpreting assignments. Results of the interviews reveal that this group of interpreters were not prepared to handle these emotional challenges at the beginning of their careers due to a lack of training, and no support is available to help them sustain mental wellbeing.

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Based on the interview outcome, a training workshop was delivered to 60 trainee interpreters on various emotionally-challenging cases they may encounter and offered possible coping strategies. Responses from the participants show that this workshop is effective in raising trainee interpreters' awareness of the emotional challenges in their future work and helping them assess their dispositional traits and job fit before taking up the work. The research concludes by advocating the inclusion of holistic training on self-care in public service interpreter training and calling for providing support to interpreters in safeguarding their mental wellbeing.

Keywords: public service interpreting; emotional challenge; self-care; resilience

Resumen: En los últimos años ha aumentado el número de estudios sobre el trauma vicario entre los intérpretes, lo que demuestra que éstos, a diferencia de la percepción de conducto e invisibilidad, no son inmunes al impacto del material traumático de los clientes. Aparte de los casos traumáticos, lo que se pasa por alto es el hecho de que los intérpretes de los servicios públicos están expuestos a diversos escenarios emocionalmente desafiantes en sus cargos rutinarios de interpretación, que van desde los delitos violentos en la interpretación jurídica y el abuso doméstico en la interpretación del trabajo social, hasta la atención al final de la vida en la interpretación de la asistencia sanitaria. ¿Influyen estas situaciones en el bienestar del intérprete? ¿Existe algún tipo de formación que les prepare para ello?

Adoptando un enfoque cualitativo, basado en datos extraídos de entrevistas semiestructuradas con seis intérpretes de servicios públicos en activo en el Reino Unido, este artículo pretende investigar los retos emocionales que experimentan los intérpretes en su trabajo diario y cómo los afrontan durante y después de las tareas de interpretación. Los resultados de las entrevistas revelan que los intérpretes no están preparados para afrontar estos retos emocionales debido a la falta de formación, y no disponen de apoyo para ayudarles a mantener el bienestar mental. Basándose en los resultados de las entrevistas, se organizó un taller para los intérpretes en formación sobre los distintos casos emocionales que pueden encontrar y las posibles estrategias para afrontarlos. Las respuestas de los participantes muestran que este taller es eficaz para concienciar a los intérpretes en formación de los retos emocionales que les planteará su futuro trabajo, y les ayuda a evaluar su idoneidad para aceptar el puesto. La investigación concluye abogando por la inclusión de una formación holística sobre autocuidado en la formación de intérpretes de los servicios públicos y pidiendo que se preste apoyo a los intérpretes para salvaguardar su bienestar mental.

Palabras clave: interpretación de servicio público; reto emocional; autocuidado; resiliencia

1. Introduction

In a multicultural society with a growing population of migrants, as such is the case in the United Kingdom (UK), public service interpreters play an important part in ensuring equal access to public services by providing linguistic support to service users with limited English proficiency (LEP). Public service interpreters are seen to work in a wide range of settings, from primary care clinics and hospitals to courtrooms, police stations and immigration tribunals. They are often exposed to dire and upsetting cases involving illness, death, violence, and trauma, which may give rise to negative emotions such as sadness, anger, and horror. They work closely with LEP speakers and are attentive listeners of their real-life problems, struggles and sufferings, both present and past. Despite this, there has been relatively less attention given to the emotional impact of interpreting work on interpreters' wellbeing and the proper training on self-care to look after their wellbeing in Interpreting Studies. Recent years have seen a growing body of research in this area. Many of these

studies centre on vicarious traumatisation in which interpreters working with traumatised clients, mostly refugees and asylum seekers in mental health settings, are found to be at risk of experiencing vicarious trauma themselves (e.g., Crezee et al., 2013; Harvey, 2001; Lai & Costello, 2021; Lai & Heydon, 2015; Splevins et al., 2010), hence attention afforded to interpreters' self-care and recommendations for interpreter support in these contexts (e.g., Doherty et al., 2010; Costa et al., 2020). In other settings such as healthcare and law, where emotionally upsetting cases often occur, the emotional impact on interpreters, however, is less documented.

Filling in this gap, the current study, situated in the UK context, aims to explore the emotional challenges facing public service interpreters in their routine work and find out the usefulness of training to prepare trainee interpreters for these challenges. It is hoped that by understanding the needs of experienced interpreters on the ground and providing proper training to novice interpreters, we may enhance interpreters' mental wellbeing. With these aims in mind, this study attempts to answer two research questions:

RQ1: What is the emotional experience of public service interpreters in their routine interpreting assignments?

RQ2: How can a workshop informing trainee interpreters of and preparing them for these challenges benefit them?

2 Literature review

The comparatively small amount of attention given to the emotional impact of interpreting work on interpreters may be associated with the misconception of the role of interpreters as a conduit, typically held by service providers working with interpreters. Literature shows that for a very long time, the role of interpreters has been likened to that of a "conduit" or "translation machine" (Morris, 1999, p. 6). In other words, interpreters are often expected to do nothing more than just interpret messages from one language into another, with no involvement in or having no impact on the interaction and participants; they are expected to be present but invisible. In Berk-Seligson's observation, for instance, legal professionals in the common-law system typically expect interpreters to be "non-intrusive" and "unobstructed" (2002, p. 96) and provide verbatim interpretation. Under this perception, interpreters are seen as "a mechanical instrument" (Morris, 1999, p. 6), and naturally they are assumed to be emotionally immune.

In addition, codes of ethics and professional conduct often require interpreters to maintain neutrality and impartiality in their interpreting work (e.g., AUSIT, 2012; NRPSI, 2016), which may play a part in downplaying interpreters' emotional exposure. Though the code of practice aims to ensure that the interpreter does not side with either party in the interaction, there seems to be an underlying assumption that interpreters would not be influenced by external factors. Under this norm, interpreters may be discouraged from speaking out or expressing their emotional experience, fearing that they may seem unprofessional.

Despite the conduit conceptualisation and the prescribed code of practice, many studies have confirmed that interpreters are active participants in the interaction, and they can influence interactants' participation and the interaction dynamics in one way or another (e.g., Hale, 2004; Keselman et al., 2010; Wadensjö, 1998). Moreover, a growing number of studies point out that interpreters are not immune to the emotional impact of their work. These studies, mostly on interpreters working with refugees and survivors of torture in mental health settings (e.g., Lor, 2012; Shlesinger, 2005; Simms et al., 2021; Splevins et al.,

2010; Sultanić, 2021), reveal that interpreters, who are listeners and narrators of traumatic account of their clients, report experiencing negative emotions, such as sadness, misery, anxiety, stress, and anger (Doherty et al., 2010), which may have a long-lasting effect on their personal lives and physical health (Darroch & Dempsey, 2016). Some of them develop post-traumatic stress disorder, while others experience physical and somatic symptoms, including nightmares, intrusive thoughts, insomnia, lack of concentration and loss of appetite (Splevins et al., 2010; Yick & Daines, 2019). Interpreters working in other healthcare settings, like palliative care for adult patients, are also found to experience distress, guilt, and overwhelmedness (Hancox et al., 2023). These emotions might rise if no controls are in place, and therefore, it is important to build resilience, which is the “ability to find appropriate support after negative experiences and to use the support to move forward with confidence” (Costa et al., 2020, p. 40).

Unlike professionals such as psychologists and social workers, a standard peer support and consultation practice has not been established among interpreters (Anderson, 2012). To address emotional disturbance from their work, interpreters adopt multiple coping strategies (Bontempo & Malcolm, 2012; Korpall & Mellinger, 2022). In Lai and Costello’s (2021) study on Australian community interpreters, some interpreters reported the use of alcohol, over-sleeping, disengaging socially, and wishful thinking to distract themselves from empathic engagement, while others chose more engaging or positive strategies. Korpall and Mellinger (2022) discover that professional community interpreters in their study adopted various self-care strategies such as physical exercises and social support to mitigate work-related stress. Crezee (2015) suggests psycho-social self-care measures, including turning down assignments, getting rest, spending personal time on hobbies and with friends and family, practising mindfulness, having a healthy and balanced diet, and doing regular exercises to help interpreters overcome occupational burnout and stress. However, these measures are not specifically targeted at the negative emotional impact of the work.

Despite the empirical evidence to show the emotional effects of interpreting on interpreters’ physical and mental health, not much formal training has been provided or documented to prepare interpreters to work under distressing conditions. In Knodel’s study (2018), 58% of 222 professional American Sign Language interpreters in mental health settings reported not receiving any training to manage the emotional impact of interpreting assignments. Similarly, Korpall and Mellinger notice a lack of formal training for self-care in community interpreters and observe that interpreters tend to focus on self-care strategies for “establishing and shaping expectations of interpreting services users rather than the interpreters themselves” (2022, p. 294). As Green et al. point out, interpreter training “may not have included developing awareness of the needs for emotional self-care that is usually part of a therapist’s training” (2001, p. 6). Accordingly, there has been a call from researchers and practitioners to provide and include formal training in the interpreter education curricula (e.g., Bontempo & Malcolm, 2012; Korpall and Mellinger, 2022).

3. The study

3.1 Research context and design

This research was conducted in the UK, where the provision of interpreting services to LEP speakers in public service domain is primarily through private-sector companies. Public service providers such as National Health Service (NHS), criminal courts and police forces provide free interpreting services to linguistic minorities. They book interpreters

through external language providers. There are few in-house interpreters and most public service interpreters are freelance. They receive jobs from translation agencies and provide interpreting face-to-face, over-the-phone or via video links.

This study is designed with two aims: first, to discover what emotional challenges public service interpreters encounter in their daily work, and then investigate the usefulness of a training workshop to help trainee interpreters prepare for these challenges. To this end, a two-part study was carried out between 2022 and 2023. The study adopted a qualitative approach and data were collected through semi-structured interviews with professional public service interpreters and trainee interpreters. The study obtained ethical clearance from the author's university. All participants were well informed of the research objectives and procedure and gave their consent before interviews. They were given opportunities to ask questions and could withdraw anytime without any consequence. With the participants' consent, interviews were all audio recorded, and then transcribed by the author. All transcripts were analysed and coded using NVivo, a qualitative analytical tool, where emerging patterns were identified. Findings are presented in narrative form in Section 4.

3.2 Research procedure

The research was conducted in two stages. In the first stage, the author conducted semi-structured interviews with six public service interpreters in the UK about their experience of dealing with emotionally challenging cases in their work. These six are all female interpreters with at least five years of experience in public service interpreting in the UK. They have received training in interpreting, some at undergraduate level and some at postgraduate level, in their home country or the UK. Their language directions include English-Mandarin, English-Cantonese, English-Polish, English-Italian, and English-French. They work in various medical and legal contexts. The interviews took place on Zoom, lasting from 50 minutes to an hour, and the result of the data analysis is presented in Section 4.1 below.

Based on the interviews, the author worked with a professional legal interpreter to develop a workshop. The interpreter had over a decade of experience in public service interpreting in the UK. She delivered the workshop to a cohort of 60 trainee interpreters on a postgraduate programme in Chinese-English translation and interpreting at a UK university. This programme was chosen for convenience as the author was one of the teachers there. The postgraduate programme consists of various modules, including conference interpreting and public service interpreting. The workshop was delivered to students taking the module of public service interpreting, a one-year module covering topics of social services, healthcare, and law in the UK context. The module was compulsory for students of interpreting pathway and optional for translation pathway. The teaching methods of this module were a combination of lectures and small-group practices in which trainee interpreters role-played with their peers to interpret dialogues related to social work, healthcare, and law. The students did not receive any other training on emotion-related aspects. The workshop took place in Semester 2 and focused on legal interpreting.

The content of the workshop was not relevant to the module assessment. Students were informed that their participation in the research was voluntary and had nothing to do with the assessment. After the workshop, when the assessment outcome was released, eight trainee interpreters voluntarily agreed to participate and be interviewed on the usefulness of the workshop and their reflections. All these trainee interpreters were female interpreters in their early twenties. None of them had worked as public service interpreters before.

The interviews took place on Zoom, lasting from an hour to 70 minutes, and the result is presented in Section 4.3 below.

4. Results

4.1 *Professional interpreters' emotional experience*

In the interviews, practising public service interpreters were asked to provide information on three issues: their emotional experience, coping strategies, and prior emotion-related training.

When asked about their emotional experience in their interpreting assignments, all six interpreters reported that they had experienced various emotions in their daily work, including sadness, sympathy, empathy, embarrassment, shock, and horror. Most of the negative emotions stem from service users' emotional expressions or distressing experiences. The interpreters had sympathy for asylum seekers' persecutions and sufferings; they felt sad when interpreting for end-of-life patients; they were shocked upon hearing accounts of violent crimes and felt embarrassed to interpret details of sexual violence cases. In the following extract, an interpreter recalled how she was impacted by the service user's emotions.

I remember once I interpreted over the phone for a mother whose son was in a hospice. The mother was crying, and I was almost in tears. I tried to control my emotion to concentrate on my work, but after interpreting I was still feeling sad. (Professional Interpreter 3)

Responding to these distressing emotions, the interpreters said they had developed some coping strategies over the years to detach themselves from work. Some said they would try not to think about work and resort to their hobbies and interests when returning home; some would write down their experience. They also felt age, experience, and maturity helped them handle these negative emotions better and had become less emotionally impacted.

I did not know how to separate work from life at the beginning. But as I become more experienced and older, I get used to the working condition and become less emotionally affected. I suppose experience and maturity help. (Professional interpreter 1)

I set a boundary between my work and life. I don't talk to my family about my work. You know, we need to keep everything confidential. And I don't think they will understand my work, to be honest. So, I sometimes write a diary or a blog about what I have done in a day, but I can't share too much with others. (Professional interpreter 4)

In addition, the interpreters reported feeling lonely and desired peer support or a professional network. They hoped they could have colleagues to talk to or ask for advice. One interpreter recalled the support she received from service providers. When interpreting for a psychotherapeutic session, she was asked by the therapist about her feelings in debriefing, which made her feel being cared for and respected. The interpreter hoped other service users would also care about interpreters' emotional experience.

Finally, none of the six interpreters had received formal training in dealing with emotionally challenging cases before working as public service interpreters. They gradually learned how

to handle negative emotional reactions from the work. They all agreed that it would be useful to have such training to prepare them psychologically ready for the distressing working conditions. This is similar to the responses from mental health interpreters in Knodel's study, where some interpreters managed to learn effective coping strategies, but "this was often learned 'on the job' rather than being taught how to develop a self-care routine in their training" (2018, p. 17).

I was trained as a conference interpreter during my university study in my home country. We did not have any courses or any training on how to handle upsetting cases or avoid being emotionally impacted. Later on when I took up public service interpreting work in the UK, translation agencies did not provide any training either. (Professional interpreter 5)

I hope I have been taught some strategies to handle negative emotions and avoid being affected during my interpreting training, so I could prepare myself better for the work. (Professional interpreter 2)

4.2 The workshop on dealing with emotionally challenging assignments

The workshop, delivered by the professional legal interpreter to a group of trainee interpreters, consisted of several parts. First, the speaker introduced the work of legal interpreters in different courts and the typical locations from which interpreters would provide interpreting. For instance, criminal court interpreters may sit next to defendants in the dock, stand beside witnesses on the witness stand, or provide remote interpreting through videoconferencing. The locations and proximity may affect interpreters emotionally and psychologically, and hence be to the detriment of interpreting quality and their wellbeing. Some interpreters may feel fearful or distressed when standing close to a defendant charged with violent crimes. From her own experience, the speaker gave examples to illustrate distressing and upsetting cases interpreters might encounter, such as modern slavery, sexual violence, and violent offences. Based on her personal experience she also shared her coping techniques and gave suggestions on seeking support. After interpreting these upsetting cases, interpreters may seek support from friends and family, and professional or voluntary counselling organisations.

4.3 Trainee interpreters' responses

After the workshop, eight trainee interpreters were interviewed about what they had learned from the workshop and emotion-related matters in public service interpreting. Based on the thematic analysis of the transcripts, several themes were identified.

4.3.1 Expectation and preparedness

The first theme emerging from the interviews is expectation and preparedness. Even though the trainee interpreters had practised many different scenarios in class, they were not fully aware of the degree of complexities until they were informed by the speaker of the workshop. Some of them were shocked to hear about the horrible cases in legal settings, and they all felt the workshop was useful to prepare interpreters for these challenges.

In the following extract, Trainee Interpreter 2 commented on the usefulness of the workshop with regard to the uniqueness of public service interpreting where interpreters usually do not have knowledge of interpreting assignments beforehand.

I think it's absolutely necessary to have this workshop. I felt public service interpreting is pretty unpredictable because when you get a booking, you don't really have much information until you are there. I think it would be useful for students to prepare for horrible cases they may have to interpret. (Trainee interpreter 2)

Unlike conference interpreters who can prepare for what and who they interpret for, public service interpreters constantly deal with unpredictable factors with little preparation and prior knowledge. This means they may have to interpret for something they do not feel comfortable with or have strong emotions, such as fear or disgust. In the extract below, Trainee Interpreter 4 pointed out that prior to the workshop she had not anticipated or psychologically prepared to interpret horrific cases.

It was a bit terrifying to hear of those legal cases, such as murder or violence cases. I did not expect I would have to handle these cases, to be honest. (Trainee interpreter 4)

Interpreters can be negatively impacted even if they have been previously informed of the possibilities of encountering these emotionally challenging cases. Therefore, it can be reasonably assumed that without being informed of these challenges, interpreters are at a higher risk of being adversely impacted. One example, which the author learned from a colleague, involves one of our interpreting graduates, who was shocked and terrified upon seeing bloodshed crime scene pictures during court interpreting, and decided to quit the job afterwards. At that time very few interpreter education programmes in the UK included training in their curricula to prepare trainees for such challenges. The interpreter was caught off guard when taking up the work.

Through this workshop, the trainee interpreters had a better understanding of the range of cases they might need to interpret in legal settings, and they reported feeling more ready to handle their future interpreting assignments.

4.3.2 Personality traits and job fit

Another theme emerging from the interviews is trainee interpreters' personality traits and their perceived competence. As the previous example involving the graduate quitting the job shows, not all interpreters can withstand emotional challenges. In public service interpreting, especially in legal interpreting, apart from dealing with upsetting subject matters, interpreters often work with vulnerable or emotional clients. For one thing, interpreters need to consider how to respond to clients' emotions and convey emotion adequately in the target language; for another, interpreters themselves may be impacted, which could affect their interpreting performance or their own mental health. During the interviews, several trainee interpreters spoke of their personality and whether they felt they were well suited to the work.

After this workshop, I think I know the best and worst of this career, and be ready for how bad the things can go. I think it is important for us to ask ourselves: is this job really for me? Am I capable of handling those difficult cases? (Trainee interpreter 5)

Frankly speaking, I may not choose to work as a public service interpreter. I feel I may not be competent to interpret in those difficult situations. I am quite emotional, and I noticed my interpreting performance is often impacted by my own emotion. Since public service interpreting often involves emotional scenarios, I don't think I am suitable for this work. (Trainee interpreter 8)

As seen from the extracts, Trainee Interpreter 5 felt that trainee interpreters must consider their capability before taking up the job. Moreover, Trainee Interpreter 8 went further by acknowledging her weaknesses and feelings of incompetence for the interpreting work. She observed that emotional instability had impacted her interpreting performance, and as a result, she felt she did not have the competence to work as a public service interpreter. Regarding the link between interpreters' personality traits and competence, Bontempo et al. (2014), based on a survey of over 2000 sign language interpreters residing in 38 countries, discover that interpreters' dispositional traits can be predicative of their occupational performance. Among other things, their findings show that competent interpreters are "more emotionally stable" (Bontempo et al., 2014, p. 39). In interpreter education, apart from bilingual proficiency, public speaking skills, and intercultural communication capabilities, an important aspect, which has not received a great deal of attention, is emotion-related ability, such as the ability to remain emotionally stable, the ability to manage clients' emotions, and interpreters' emotion self-regulation. For instance, conference interpreters need to overcome stress and anxiety in their work. And for public service interpreters, the standard is even higher because they need to constantly work under the impact of negative emotions and upsetting scenarios. Medical interpreters often interpret for patients with serious diseases. But unlike doctors and nurses who are trained to handle bad news, many interpreters have no prior training. When applying to medical schools, students usually need to take aptitude tests to ascertain whether they are a good fit for the profession, for instance, whether they can remain calm under pressure. However, it is not common that interpreter education programmes require interpreters to go through this aptitude test. In the absence of such a test, interpreters' self-evaluation of their dispositional traits can help them assess interpreting assignments and prepare better coping strategies, and hence greater interpreting performance and quality (Bontempo et al., 2014), which may be in the best interest of both interpreters and service users.

4.3.3 Coping skills and emotional support

As interpreters are not immune to negative emotions and are constantly exposed to upsetting cases in their work, it is vital that interpreters know how to minimise the impact for the good of their mental wellbeing. Several coping strategies were introduced in the workshop, including talking to friends and family and seeking help from professional interpreting organisations or professional counselling organisations. Through the workshop, the student interpreters not only realised the importance of emotional resilience, but they also called for more practical support.

I think interpreters should be emotionally resilient. I also want to know how to get help and where to get help. For instance, if I am emotionally impacted or traumatised, what are the strategies to handle them? (Trainee interpreter 7)

I think I will try to detach myself from the negative emotion from the work by engaging with my own hobbies and interests. (Trainee interpreter 1)

After attending the workshop, I feel public service interpreters are lonely and helpless. (Trainee interpreter 3)

Seeking support could be difficult for public service interpreters. Due to the confidentiality of the job, public service interpreters may find it difficult to talk about their work with their families and friends, who may not understand the nature of their work. Unlike other

professionals who can turn to their colleagues and mentors or have in-house support, public service interpreters are mostly freelancers and do not often meet or even know their colleagues. Most of the time, they work on their own. What is worse, in countries like the UK, where public service interpreting services are outsourced and privatised, very few translation agencies offer support to interpreters. Many interpreters felt helpless, as Lai and Haydon report in their study of the Australian context that “54% of respondents felt that they had no recourse to any form of support, counselling, debriefing or even a sympathetic ear” (2015, p.15). In recent years, some attempts have been made by mental health professionals (e.g., Anderson, 2012; Costa et al., 2020) to offer voluntary support services to interpreters working in mental health settings, and the findings indicate positive improvements in interpreters’ resilience, confidence, and mental wellbeing.

5. Conclusion and recommendations

In this paper, a small-scale, two-part study in the UK has been presented to explore the emotional experience of public service interpreters in their routine interpreting work and the usefulness of a workshop to prepare trainee interpreters to work in these conditions. There are three key findings.

First, findings from interviews with six professional interpreters echo those of previous studies that public service interpreters often experience negative emotions in their day-to-day interpreting assignments. However, in their prior interpreter education, these interpreters received little or no training in dealing with distressing emotions. They were not psychologically ready for emotional challenges from the outset and only learned to cope with them on the job. It is true that training of public service interpreters generally focuses on language skills, interpreting techniques and specialised area knowledge, and does not often include or emphasise real-life, emotionally challenging situations interpreters will encounter. As a result, novice interpreters could feel disoriented and experience distress at the beginning of their careers. Lack of experience impairs resilience, which in turn means increased vulnerability to emotional challenges. If trainee interpreters are not mentally prepared for the encounter of distressful assignments, they may find it difficult to recover from negative emotions and do not know how to finish their work with optimistic closures.

Second, findings from the responses of the trainee interpreters after the training workshop show that informing trainee interpreters of various challenging cases is a good way to help them prepare for the emotional challenges they will have to handle. As Crezee points out, “alerting students ... the negative impact of such stressors at an early stage” may “avoid potential initial impairment of physical (biological) health through to mental ill-health and impacted general functioning on the bio-psycho-social levels” (2015, p. 77). The workshop has also been found to be useful for student interpreters to evaluate their personality traits and job fit and make informed decisions about their careers.

Finally, the study reveals a gap between the training workshop and the real needs of interpreters. This includes the impossibility of replicating the actual working environment in a training programme for trainee interpreters to experience real-life challenges, so they can be more mentally ready. Another gap is that external support and peer support, as desired by the six professional interpreters, cannot be offered through interpreting education.

On the basis of these findings, it is clear that public service interpreters are equally vulnerable to the negative impact of their work as other professionals such as mental health professionals, doctors and police officers. And therefore, there is a need for holistic training

on self-care and emotional resilience to be included as a compulsory part of interpreter education, as self-care activities can “reduce susceptibility to vicarious trauma and help individuals maintain their physical, mental, or emotional health, as well as stay robust enough to carry out and fulfill their work and responsibilities” (Costa et al., 2020, pp. 40–41).

When interpreting trainers design training on self-care, there are several recommendations for them to consider. First, interpreting trainers need to teach trainee interpreters self-care measures that are proven effective for service providers. For instance, public service interpreters in medical settings are often involved in breaking bad news to patients, and they should be provided with the same training as doctors and nurses on receiving and communicating bad news. Second, service providers can be invited to train interpreters on self-care. In this way, service providers become more aware of the emotional impact of interpreting on interpreters' wellbeing. They may be willing to provide support to interpreters, for instance, through briefing and debriefing, which are found to be useful in reducing stress and anxiety among interpreters (Knodel, 2018). As Anderson (2012) argues, there is a need to raise attention to the mental wellbeing of interpreters by working with service providers and asking them to provide briefings and debriefings to reduce the impact of emotional distress on interpreters. Aside from mental health professionals, other professionals, such as police officers and social workers, could also be involved in offering training on self-care and emotional resilience to interpreters, as these frontline workers, who have received training as part of their occupational education to offset emotional disturbances and look after their wellbeing, have relevant experience and expertise to share. In the meantime, this may raise the awareness of service providers working with interpreters to heed interpreters' emotional reactions, thus changing the misperception of interpreters as translation machines only. In addition, a holistic self-care measure may encompass peer support, which can be achieved through professional counselling or volunteering counselling professionals. Studies show that peer support from mental health professionals can improve interpreters' self-care. Costa et al. (2020) discover that remote, personal support sessions effectively increase confidence, resilience, and effectiveness in non-professional interpreters working for NGOs. In Anderson's study, interpreters who attended the Peer Support and Consultation Project for Interpreters felt that they had “a variety of strategies for self-care and self-management” (2012, p. 17). Finally, there needs to be an effort to build up a professional network for freelanced interpreters, so they can have a channel to speak to their colleagues and share emotional experiences and coping techniques.

To conclude, to offset the negative impact of constant exposure to the emotional distress of their clients and increase resilience, public service interpreters should be taught to have a routine of self-care. Interpreter educators need to develop useful teaching tools and incorporate such training in interpreter education as core components of interpreter competence (Bontempo & Malcolm, 2012).

The limitations of this study are that it was conducted in the UK context with only a small number of participants and that the focus of the training workshop was on legal interpreting. Some of the findings may not apply in other countries or other contexts. Despite the limitations, the results demonstrate the value of training in raising trainee interpreters' awareness of the demanding nature of interpreting work and preparing them for the challenges ahead. For future research on this topic, questionnaires combined with interviews involving a larger number of participants can inform us a bigger picture of the effectiveness of a training session. If possible, a longitudinal approach can be adopted to trace the impact of this workshop on the participating interpreters' emotional experience, coping strategies, emotional resilience and overall mental wellbeing.

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