

Stress, Vicarious Trauma and Emotional Impact of Dialogue Interpreters in Healthcare Settings: An Exploratory Review of Coping Strategies and Self-care

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Abstract

This exploratory research deals with the stress, vicarious trauma, and emotional impact experienced by dialogue interpreters in healthcare settings while emphasizing the critical need for preventive coping strategies and self-care. Although technology and globalization have made communication faster and more accessible, language barriers persist, placing significant emotional and psychological demands on interpreters. Existing literature predominantly highlights the challenges and trauma interpreters face, but it falls short in providing practical and preventive solutions, particularly in the context of self-care tailored to the interpreting practice. Traditional coping strategies, often generalized and post-event focused, are insufficient for addressing the acute stressors health care interpreters face. This paper highlights the need for more nuanced and preventive self-care practices which includes journaling, participation in support groups, and ongoing professional training. These strategies aim to enhance interpreters' resilience, mental well-being, and long-term professional sustainability. The research also calls for a deeper exploration of self-care within the field of dialogue interpreting, with an emphasis on developing specialized training programs that integrate self-care into the interpreter's professional development. By doing so, interpreters can better prepare for both predictable and unpredictable stressful scenarios, ultimately improving their performance and safeguarding their mental health. The findings suggest that a more comprehensive approach to self-care, tailored specifically to the challenges of dialogue interpreters in healthcare settings, is essential for mitigating the risks of vicarious trauma and ensuring the long-term well-being and sustainability of interpreters in this demanding field.

Keywords: Interpreting, vicarious trauma, dialogue interpreting, stress coping techniques

Introduction

Globalization has dismantled numerous longstanding cultural and regional barriers, fostering unprecedented interconnectedness across the globe. Technology has made communications more immediate and accessible than ever, while faster and more efficient means of transportation have shortened most physical distances. Additionally, Artificial Intelligence is quickly becoming a part of our daily life, and social media continues to shape people's perception of reality. However, despite all these new technologies and developments, language remains an untamed tool, a final obstacle and a complex system of signs impregnated by culture, tradition, and ideologies. When it comes to talking with people and understanding each other, humanity becomes a requirement, but it also takes a toll on those responsible for such interaction.

Even though there is vast literature regarding the emotional impact that dialogue interpreting entails, few studies explore the solutions for this problem. Some of those studies focus on determining the validity of the claims, while others explore the effects that such impact has on interpreters (e.g., vicarious trauma). The few studies that examine self-care as a solution fail to define it within the interpreting experience, but instead tend to implicitly use the concept from a general perspective: one that applies to all kinds of jobs.

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Preventive self-care is also omitted from all these studies since it is approached from a post-activity perspective, meaning how to deal with the consequences of what already happened on the job.

There is no doubt that stress is an ever-present force in the life of a dialogue interpreter. This can be particularly observed within the healthcare industry because the interpreting events that occur in medical settings are, by nature, dialogic and very human; thus, these can be quite stressful. However, preventive self-care may be a solution to avoid the negative effects that the literature describes. The aim of this paper is to explore dialogue interpreter's preventive self-care in the healthcare industry to provide them with tools and mechanisms to prepare for both predictable and unpredictable stressful scenarios, keeping stress and vicarious trauma under control.

1. Dialogue interpreting and stress in the healthcare industry

Dialogue interpreters face occupational stress daily. Dialogue interpreting, a term proposed by Wadensjo (1992) and encouraged by Tipton and Furmanek (2016), refers to the interpreting that happens in community or public services contexts. This term is preferred because it "indicates a certain emphasis on equal, balanced, respectful communication and has broad appeal since it does not imply a specific setting or service" (Tipton & Furmanek, 2016, p. 6). The type of stress that medical dialogue interpreters face can be categorized as occupational stress, defined as the type of stress in "which the characteristics of the work environment or events related to being in the workplace generate intense or cumulative levels of stress that lead to physical or psychological ill health" (Bontempo & Malcolm, 2012, p. 105). This definition applies to the healthcare context normally charged with urgent and highly sensitive matters.

Dialogue interpreters in healthcare settings deal with unique challenges that test their own empathy, mental sanity, and soft skills to carry on with their ethical duty of remaining as neutral as possible. Although stress management and neutrality are essential when interpreters communicate highly anticipated or unexpected good news, more stressful scenarios may occur when interpreters must deliver bad news because they witness the patient's pain and frustration directly. Some of the context-based challenges that increase occupational stress in healthcare settings are described by Bontempo and Malcolm (2012) in the following excerpt:

Interpreters often lack the contextual information to make sense of an interaction; they have limited control over the workload and the pace of information delivery. Assignments that conflict with personal goals, values, or beliefs can cause intense stress, and the management of complex message transfer among parties can often be challenging. The individuals involved are frequently medically compromised and emotionally vulnerable and are likely to be experiencing high levels of physical and or psychological distress. (p. 107)

The challenges described above are common, forcing the interpreter to quickly adapt to settings that include such working conditions, oftentimes with little to no preparations or briefings for what they are about to face. Coping with stressful situations with such frequency can dramatically impact the interpreter's performance and well-being. In other words, if interpreters are incapable of dealing with the intrinsic stress of the job, their performance will be compromised regardless of their linguistic competences.

Therefore, interpreters must develop high levels of stress tolerance, and a well-rounded awareness of self-care to put up with the demands of the healthcare field. Without these, the interpreter's ability to remain in the profession will decrease considerably. The human factor in interpreting is not only a blessing in terms of understanding the cultural nuances and human communication in ways that machines will never

be able to, but it also puts them at risk of developing vicarious trauma, as well as physical and mental burn-out syndromes. After all, interpreters are human beings who are vulnerable to emotions.

2. Impact of emotional and psychological factors on dialogue interpreters

Several studies show that interpreters are susceptible to emotional and psychological factors, as well as stress, resulting from their work activities. Carmen Valero (2015) in her article “The Impact of Emotional Psychological Factors on Public Service Interpreters Preliminary Studies” compiles the most important literature regarding this matter up to 2015. Her article presents the sound corpora that scholars have built around the environmental impact on community interpreters and their emotional well-being. This author guides us through meaningful research and provides her insights on such studies.

According to Valero, one of the most important results from research done by L. Louton, T Farinelli and S. Pampallona (1999) is the recurrent symptomatology of interpreters, including “nightmare depression and insomnia” (p. 91). This study suggested that informative sessions before and after the interpreting event will be beneficial. The second study that Valero refers to is the one done by Baistow (2000). In this study, the results suggest that interpreters identified their main challenges as follows: “maintaining neutrality, discomfort with the topic at hand, being affected by the distress in anxiety after service users in, [and] feeling powerless to be able to help clients directly” (Valero, 2015, p. 91). Later, she mentions Westermeyer’s work (1990), which concludes that medical interpreters are more vulnerable to developing mental disorders. Even when Valero notes that these studies are incipient, she highlights the fact that dialogue interpreters’ emotional well-being is at risk.

In addition, Valero provides a summary of several master theses on this topic by students in the European Masters in Intercultural Communication, Public Service Interpreting and Translation. Her main insight regarding these works is that they concur with and validate the main claim of the previous studies: there is a psychological impact on dialogue interpreters. Finally, she discusses the studies from Boskovic (2010), Navarro Moreno (2010) and Marquez Olalla (2013), which deal with stress and interpreting. Boskovic focuses on stressors during simulations, Navarro Moreno compares how stressors affect dialogue interpreters and conference interpreters, while Marquez Olalla examines stress and its relationship with different settings. These studies support the idea that stress levels during dialogue interpreting are unique and insufficiently explored. Valero’s compilation is extensive, but it focuses mostly on providing evidence that dialogue interpreters are subject to stress and emotional/psychological factors. However, there is no mention of self-care as a tool to deal with potential outcomes. In other words, Valero’s main contribution to the field is clear: she not only provides evidence that dialogue interpreters are subjected to emotional impacts and distress as a result of their interpreting activities, but she also shows how limited literature is about self-care for interpreters.

3. Vicarious trauma

Witnessing a traumatic event can make one feel traumatized, and this is known as vicarious trauma (VT). Psychologists Laurie Anne Pearlman and Karen Saavitne (1995), and Costa et al. (2020) clearly define vicarious trauma as “a transformation of the helper’s inner experience, resulting from accumulative empathic engagement with a clients’ trauma material over time” (p. 38). This empathic reaction is expected of some interpreters because of the occupational stress they are exposed to. VT in medical personnel, including interpreters, has been widely explored. Even when it is true that not all interpreters suffer from vicarious trauma, authors such as Bontempo and Malcom (2012) acknowledged that VT is likely to happen

to interpreters because they are working in the same stressful environment as doctors, nurses, and other healthcare professionals.

Costa et al. (2020) elaborate on the reasons why interpreters are so susceptible to vicarious trauma: interpreters “hear, engage empathically, and give voice to distressing and horrific personal testimonies, they are also often in a bystander position-witnesses to horror and unable to do anything about it” (p. 40). The fact that interpreters use the first-person pronoun for their renditions makes them internalize the traumatic situation, and with this, the overflow of emotions and empathy may cause a symptomatic episode. Although interpreters must remain neutral and impartial, sometimes clients, practitioners, and even interpreters themselves are unaware that such neutrality carries a cost for the interpreter. The reason behind this phenomenon is that human beings are not designed to suppress emotions and empathy; on the contrary, a healthy human being is expected to show empathy and will be more prone to get involved.

Costa et al. (2020) agree with Bontempo and Malcom (2012) on the premise that because of the nature of dialogue interpreting in the healthcare setting, interpreters are at risk, and they may suffer VT just as any other healthcare professional. However, Costa et al. (2020) also highlight the only disadvantage that interpreters have compared to other healthcare personnel: specialized training on the matter. Therefore, not only inexperienced interpreters, but also seasoned interpreters could find themselves helpless dealing with traumatic scenarios due to insufficient preparation and/or a lack of training that other healthcare workers receive.

4. Coping strategies for stress, vicarious trauma, emotional and psychological impacts

The above-reviewed literature also mentioned and proposed a series of coping strategies that interpreters have taken or may consider taking when faced with stressful experiences. Nevertheless, as humans, not all interpreters will react in the same way to stress, VT, emotional, and psychological impact. All possible reactions can be summarized as discouraged, general or recommended strategies.

Discouraged coping strategies include, but are not limited to, quitting interpreting altogether, refusing assignments, isolating, and denying the existence of the problem (Costa et al., 2020). Similarly, Bontempo and Malcom (2012) dedicate an entire section of their article to the negative practices that interpreters have undertaken over the years. The most important insights regarding those practices can be summarized as follows:

- overuse of alcohol and drugs,
- overwork,
- isolation, denial, avoidance,
- trivializing the situation,
- inappropriate blaming of oneself (Bontempo & Malcom, 2012, pp. 117-118)

Unfortunately, all these negative strategies are quite common because they stem from the misconception of interpreting as an activity that requires mostly linguistic competences. Valero (2015) also mentions some of these discouraged outcomes in her compilation of literature as part of the results of previous studies. There is a fine line in determining whether these actions are intentional, unintentional or just a logical aftermath of VT and occupational stress.

The second category refers to the general strategies that are “prescribed” to any person, interpreter or not, under stress. These recommendations include “doing yoga, eating healthy, balancing your work and

personal life, exercising, mediation, engaging in hobbies, relaxation techniques, self-care, acceptance, journaling, sharing feelings, mentoring, positive thinking, taking control, appealing to humor, forgiving mistakes, debriefing, and taking a holiday” (Bontempo & Malcom, 2012, pp. 118-119). While these are without doubt good suggestions, they are still too general and not clearly fleshed out (including the concept of self-care), so they fail to address the intricacies of the occupational stress and VT risks that dialogue interpreters are exposed to specifically in healthcare settings. Using only these general suggestions as coping mechanisms for healthcare interpreters does not sufficiently address the severity of the issue and will end up underestimating it.

Finally, Bontempo and Malcom (2012) mention some recommended coping strategies that are specific for interpreters in the healthcare industry. The following list summarizes their main recommendations:

- drafting a discourse map to help prepare for a challenging assignment,
- journaling and reflecting on the assignment,
- practicing visualization as part of an exercise to separate oneself from the traumatic content,
- allowing time to transition between work and home,
- allowing a determined amount of time to complain about the assignment,
- ensuring that there is enough time between assignments,
- developing relationships with co-workers,
- becoming a member of a local professional interpreting association,
- attending professional development seminars, (pp. 121-122)

Most of these recommendations deal with the aftermath of the interpreting event and may fall short at the precise moment an interpreter is in a highly stressful scenario. The applicability of these suggested strategies can be insufficient because, as the authors admit, they may depend on external factors such as the interpreter’s contract, availability of associations and the specific dynamics among interpreters of certain regions. Despite how all those recommendations are relevant because they show the current state of the matter, further analysis is required to provide more accurate preventive strategies for dialogue interpreters in the healthcare industry.

5. Preventive self-care

The concept of self-care has been implicitly studied in the literature. However, the actual coping strategies focus on specific actions that interpreters have taken, as well as recommended actions (mostly post-interpreting event), and/or discouraged outcomes and consequences. For example, in the article “Self-care as an Ethical Responsibility,” Costa et al. (2020) fail to provide a clear definition of self-care despite having the concept on their title. These authors choose to describe self-care as a strategy to deal with vicarious trauma by stating that it “requires the deliberate practice of activities which keep a person healthy, engaged, and well-functioning” (p. 40). This lack of clarity points to the conclusion that self-care is one of those terms that are taken for granted, and it is generally applied to all fields because many jobs, if not all, could benefit from the self-care activities they describe. These authors also state that self-care is a component of the interpreter’s ethics and that it has been included in many codes of ethics (p. 40). However, self-care should be approached as a preventive and specific goal targeting dialogue interpreters in the healthcare field, rather than a series of general actions or strategies to deal with a negative aftermath.

Self-care for an interpreter should be defined as the preventive actions that interpreters take to avoid and properly handle the risks associated with their daily occupational stress. In other words, it should not be understood only as a series of activities (even when they are necessary) that a person does as a response to a traumatic interpreting experience. In dialogue interpreting, self-care should be understood as the ability to protect emotional responses by anticipating stressful situations and having a plan beforehand.

Continuous exposure to vicarious trauma is well-documented, and even when not every interpreter experiences it, having a plan in case it happens could only improve the interpreter's ability for self-care. Some of the recommendations that will help interpreters be successful in their self-care may be found in the responses that interpreters have had to stressful events. First, self-care strategies should be built through the awareness of the risks that come with the job. This awareness should start in academic and professional programs that train future dialogue interpreters. Having discussions about VT, stress and emotional impact is a first step in the right direction. Bontempo and Malcom (2012) certainly point out the idea of demystifying the profession. The interpreting community should turn down the idea that an interpreter equals a machine and recognize the human side as a strength instead of a flaw. Therefore, academic programs are responsible for starting an ongoing discussion about VT and occupational stress in all interpreting fields.

Second, support groups should be conceived as prevention hubs rather than a rapid solution to a specific traumatic event. Support groups that work only on the aftermath of a particular event fail to recognize the occupational stress and the VT risk that interpreters face daily, and this may contribute to the misconception that interpreters are external agents of the healthcare setting. Frequent conversations about hypothetical scenarios and a diverse brainstorming of possible ways to deal with them will improve dialogue interpreters' preparation for their everyday tasks. Listening to other interpreters' experiences (while keeping confidentiality) will allow less-experienced interpreters to visualize themselves in each situation. This will also allow them to plan and define the best course of action should they ever be in that position.

Third, ongoing training and learning the skills required for healthcare settings should be an integral part of the interpreters' self-care activities. Formal medical training for interpreters, as well as reading and researching about the most recent medical developments and challenges are fundamental to the profession. However, interpreters should also develop soft skills that are specific to the medical field. This can be a good strategy to anticipate potential stressful situations dealing with angry, desperate, sad and/or frustrated patients and relatives. It is important to remember that healthcare settings are impregnated with social factors and denying or overlooking them will result in loss of accuracy and poor performance.

Finally, another recommendation that will let the interpreter achieve self-care is journaling. Keeping a personal journal can help interpreters keep track of their emotions and how they respond to specific scenarios. Having a detailed record of past experiences can aid interpreters in determining to what extent they are at risk of VT or occupational stress. Sometimes, interpreters get caught up in their job and lose track of their own feelings. An uncensored journal serves three purposes: debrief each day, keep an eye on one's mental health, and avoid past errors in similar future scenarios. Furthermore, sharing these experiences in the support groups mentioned above will help interpreters vent and develop a stronger sense of community. The recommendations provided in this section aim at guiding interpreters to understand that self-care is a preventive and never-ending process, as opposed to a prescriptive tool to deal with negative experiences.

Conclusion

The successful incorporation of preventive self-care for dialogue interpreting will require a lot of joint efforts from both academia and professional interpreters. However, the fact that there is literature discussing emotions, stress and the impact of VT on dialogue interpreters opens the door to further studies that could bring light to an overlooked and underestimated reality. There is clarity regarding the following terms: occupational stress, vicarious trauma, and emotional and psychological impact. However, the term self-care remains ambiguous and too broad to be effectively applied to the interpreting field. Thus, further research and deeper theorization of the concept seem pertinent.

The proposed coping strategies found in the literature are relevant, but they lack the precision that the dialogue interpreting field requires, especially for healthcare interpreters. However, they can serve as a basis for rethinking and evaluating the efficacy of more accurate coping strategies that focus on prevention, such as the ones proposed in this paper. Finally, acknowledging personal differences and how each interpreter reacts to difficult scenarios is crucial not only to determine the most effective strategies but also to share valuable experiences and develop a sense of community where preventive discussions can happen inside and outside of the academia.

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