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How to prepare psychotherapists for interpreter-mediated therapy¹

Beverley Costa & Jean-Marc Dewaele

We were recently contacted by a psychological therapy service that wanted some advice. What should they do about the clients on their waiting list who needed an interpreter? Was there a sudden shortage of qualified interpreters? No. It appeared that very few of their therapists wanted to work with an interpreter and most refused to see clients who required one.

Perhaps the therapists feared that the presence of an interpreter risked undermining their power in the sessions. The problem was therefore not one concerning the supply of interpreters but rather the lack of awareness and understanding of multilingualism in therapeutic contexts,¹ and an uneasiness about a triadic – rather than a traditional dyadic – relationship in the room.

Unsurprisingly, many counsellors and psychotherapists can feel anxious about incorporating a third person into the intimacy of the therapeutic relationship. But there are also therapists who welcome working with interpreters.² They are the ones who have received training and who have thought about the challenges and opportunities of interpreter-mediated therapy.

It is not helpful for this type of preparation to be left to chance. It is not enough for interpreters to be trained and qualified if therapists don't know how to work collaboratively with them. It is crucial to train all psychological therapists and psychotherapists to feel confident to work effectively with an interpreter in order to address health inequalities. To provide a glimpse into the type of training that psychotherapists could be offered we look at two examples of interpreter-mediated therapy where things went wrong. These are real, anonymised cases.

The need for mutual trust

In the first case the client drives a wedge between interpreter and therapist:

Lauren/Therapist: So how have things been this week for you?

Anya/Interpreter: (Repeats in Polish)

Ewa/Client to Anya (in Polish): I am feeling even worse. I don't think she (indicates the therapist) is very good. What do you think of her?

What happens next? If the interpreter answers the client, even briefly, the therapist will start to feel excluded. If the interpreter conveys what the client has said to the therapist, the client will feel they have been betrayed (they hadn't thought the therapist would get to hear about their doubts). Any intervention is now going to be tricky. It would have been better if this situation had been avoided. The saying 'prevention is better than a cure' is good advice for interpreter-mediated working practice. In fact, this is what happens next:

Anya to Ewa (in Polish): I have to interpret this to the therapist. I am not allowed to answer your questions.

Lauren to Anya: Why are you having a conversation with the client? You are just supposed to translate.

Anya to Lauren: That is exactly what I was telling Ewa.

Ewa to Anya (in Polish): What are you both talking about?

One of the main reasons that this interaction went wrong is the position the therapist has taken on the active-passive continuum. The therapist swings between the two polar positions. She begins by passively allowing the session to begin with no attention to the specific requirements of the therapeutic interpreter-mediated frame. She then actively (one

¹ Pre-print of Costa, B. & Dewaele, J.-M. (2020) How to prepare psychotherapists for interpreter-mediated therapy. *The Linguist* 59(5), 16-17.

might say aggressively) challenges the interpreter on her professional decision.

This power play is almost inevitable when a therapist feels deskilled, disempowered and disconnected because they don't understand what is going on. Unless those processes are reflected on carefully, they will end up being acted out within the relationships in the room. Miller and colleagues demonstrated how quickly psychotherapists can feel excluded, and how they can even have competitive feelings towards an interpreter.³

One of the keys to working successfully with an interpreter is to plan collaboratively to minimise avoidable difficulties. A pre-briefing meeting with an interpreter is important. The therapist needs to establish a collaborative working relationship with the interpreter in which professional trust is established. This will not happen without spending some time together before working with the client.

In the briefing meeting the therapist and interpreter can exchange information about working methods and establish the ground rules that will need to be established from the outset. The therapist should set the ground rules in the session to establish their authority, presence and trustworthiness in the room. This is important because the initial, natural alliance will often be between the client and the interpreter.

Establishing a frame for the interaction

In the second case, Carlota and her client Viktor speak together in English as the lingua franca, though it is not the first language for either of them. At times, Viktor switches languages and speaks in a language Carlota doesn't understand. Carlota has raised this issue with Viktor. He has explained that sometimes he feels that he needs to express himself in his first language to connect emotionally with what he is saying. They agree to try working with an interpreter.

At the first session with the interpreter, Viktor becomes cross because the interpreter is translating everything Carlota says to him, even though he can understand her perfectly. Carlota is feeling lost. She feels she has done the right thing and now the interpreter is messing things up. What should she do?

This is another example of how a therapist swings backwards and forwards along the active/passive behaviour continuum. Carlota forgets to set the frame for the interpreting. From the passive position on the continuum, she leaves the interpreter to manage the communication flow and to take decisions about what to interpret, as if she has forgotten that she has the responsibility for the session.

She then 'wakes up', notices that the interpreter is making decisions (he has to as he hasn't been given any guidance) and feels cross with him. Viktor is already angry with the interpreter. This situation could have been avoided if the rules of the communication flow had been negotiated in advance.

A pre-meeting with the interpreter would have helped. But that is not enough in this case, where the negotiation about the communication flow should have been with the interpreter and the client. The specific challenges and opportunities of interpreter-mediated therapy need to be brought into the room, discussed and evaluated, with decisions made by all three as a shared endeavour. This is the "talking about the talking" we have highlighted in our research.⁴

The importance of code-switching

This example has the added complexity of a client who regards the ability to code-switch as an important part of his therapy. Not all clients who wish to code-switch will require an interpreter. They may prefer to back-translate for the therapist. But the inclusion of code-switching behaviour in therapy can be very significant for multilingual clients, as words in the mother tongue can signal identity and belonging.

Speaking in the native language can happen spontaneously and even unconsciously in a state of emotional arousal. They are typically words from the heart that may have slipped

unnoticed into the client's foreign language output. As such, they have no communicative function but signal emotion. The therapist should be aware that the fact that code-switching occurred is significant and may deserve further attention.

Clients who need an interpreter for psychotherapy can spend a long time on a waiting list when therapists feel scared and professionally challenged by the idea of bringing a third person into the relationship. Many interpreters recognise psychotherapists' lack of confidence to work with them and the impact that can have on a session. The dynamics of power and the experiences of exclusion in triadic relationships can be replayed on a loop for all the participants in interpreter-mediated therapy unless careful attention is paid to these dynamics.

Triangular relationships inevitably create patterns of inclusion and exclusion. Coping strategies are thus needed to manage anxieties, and some of those strategies may not be especially functional. But each member of the interpreter-mediated triad will bring those coping strategies into the relationship.

Acting out those strategies and dynamics is the work of the client in the room. The therapist and interpreter should have done their own work about these dynamics before the therapy begins so that they feel confident to work with one another to provide an effective service. Training can help. If psychological therapists feel confident to offer interpreter-mediated therapy then clients will get the timely help they need and equal outcomes in healthcare will be more achievable.

Notes

1 Costa, B and Dewaele, J-M (2019) 'The Talking Cure – Building the core skills and the confidence of counsellors and psychotherapists to work effectively with multilingual patients through training and supervision.' In *Counselling and Psychotherapy Research* 19: 231-240

2 Boyles, J and Talbot, N (2017) *Working with Interpreters in Psychological Therapy*. London: Routledge

3 Miller, KE, Martell, ZL, Pazdirek, L, Caruth, M and Lopez, D (2005) 'The Role of Interpreters in Psychotherapy with Refugees: An explanatory study'. In *The American Journal of Orthopsychiatry* 75(1): 27-39

4 Costa, B (2020) *Other Tongues – psychological therapies in a multilingual world*. PCCS Books

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