Wellness of Interpreters: Stress-Related Occupational Hazards and Possible Solutions

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ABSTRACT

This study focuses on the issue of mental well-being of interpreters. It aims to examine interpreters' current working conditions, particularly during COVID-19, and the measures being taken in protecting their mental wellness. The study is based on interviews with five interpreters from Jordan, China, Iraq, and U.S. Current findings show that interpreters' emotional, psychological, and physical concerns are being marginalized and neglected. To ensure the psychological well-being of interpreters, this study proposes possible methods from the perspective of training, self-care, and society.

KEYWORDS: compassion fatigue; interpreter; mental wellness; occupational burnout; vicarious trauma

1. Introduction

Ever since the beginning of the COVID-19 outbreak, hospitals have been in demand of on-site interpreting services (Kaplan 2020). In such circumstances, interpreters may face risks of getting infected through contact with patients with or without COVID-19 symptoms, as following physical distancing recommendations can be a challenge for them (Beckman et al. 2020; Ferriss 2020). Working in such a high-risk environment with low-security conditions, medical interpreters are faced with a tremendous amount of stress. As care providers, they may also suffer from compassion fatigue, occupational burnout or vicarious trauma as they work with patients with serious conditions (Choudhary 2020). These will all negatively influence the mental health of interpreters.

According to Figley (2002), compassion fatigue results from being emotionally affected by other people's experiences of traumatic events. He also indicates that interpreters who work with traumatized clients may experience extreme distress. The symptoms of compassion fatigue include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance, and exaggerated startle response. The measures proposed by researchers to handle compassion fatigue can have general value regardless of the affected profession. Figley (2002) studied compassion fatigue among psychotherapists and proposed four ways to treat it: (1) providing comprehensive overview of compassion fatigue, (2) desensitizing the therapist to traumatic stressors, (3) utilizing therapeutic dosage of exposure, and 4) enhancing social support. Anderson (2011) proposed an intervention model called Peer Support and Consultation Project for Interpreters (PSCPI) to support the mental well-being of interpreters who work alongside health professionals. The findings indicated that attending the PSCPI group can positively influence the interpreters' perception of their work and help them learn self-care strategies and self-management strategies.

Maslach, Jackson, & Leiter (1997: 192) defines occupational burnout as "a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with other people in some capacity." In their study of therapists, Devilly et al. (2009) found that burnout is influenced by job stress and the lack of support from supervisors and colleagues. This finding is further proved by Papaefstathio et al. (2019), who studied occupational burnout among trainee doctors in hospital educational environments. They found that occupational burnout was independently and negatively correlated with social support.

The concept of vicarious trauma was originally used to describe the "emotional residue of exposure that counsellors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured" (American Counseling Association 2011). There are different signs and symptoms of vicarious trauma. Valero-Garcés (2005) explained that these signs could be manifested on three levels: (1) physiological level (high blood pressure, chest pains, headaches or backaches, nausea, antisocial behaviours, insomnia, changes in appetite, etc.), (2) cognitive level, and lastly (3) effective level

(sadness, anxiety, irritability, fear, and shock). In addition, vicarious trauma has been linked to causing post-traumatic stress disorder-like (PTSD) symptoms or secondary traumatic symptoms (Birck 2002).

Based on our interviews with five interpreters from Jordan (one with seven years of experience and work at Za'atari Refugee Camp; the other has one year of experience and work at Azraq Refugee Camp), China (a freelancer with two years of experience), Iraq (a freelancer with ten years of experience), and the U.S. (a part-timer since 2009, full-timer since 2017 and works as a medical interpreter), this descriptive research will focus on the issue of the mental well-being of interpreters and investigates the following questions: (1) What are the current working conditions of interpreters and the measures being taken? (2) How to provide care for interpreters and ensure their well-being psychologically? Hopefully, the findings can contribute to providing care for interpreters, especially during this stressful time caused by COVID-19.

2. Working Conditions of Interpreters

Four out of the five interpreters we interviewed think that they are aware of 'occupational burnout'. However, only two of them have heard of the terms 'compassion fatigue' and 'vicarious trauma'. There is a lack of awareness and training for interpreters concerning these terms. Thus, interpreters may experience the symptoms of fatigue, burnout, or vicarious trauma without realizing their mental health is being affected. Consequently, this would result negatively in the long run, emotionally, professionally, and personally.

2.1 Compassion Fatigue and Vicarious Trauma

Interpreters face and experience vicarious trauma and compassion fatigue of different levels and categories. The categories may comprise psychological, emotional, physical, professional, and spiritual trauma, and they may overlap with one another.

- *Psychological Trauma*

In our interview, interpreter A reported, "I remember once I was interpreting for a case at court, it was sexual assault, and as a female, it affected me deeply. I was completely silent for two days after that bad day." This reveals how listening to horrible cases such as sexual assault during the interpreting process would have a deep negative impact on the interpreter.

The psychological effect may be so serious and damaging that it would change the interpreter's view of life or even mentality. For instance, interpreter A also said that it changed the way she views the world and society. For war zone interpreters, a lot of genocides and atrocities are committed and working as an interpreter in such places can experience "a constant fear of dying a violent death" (Ndongo-Keller 2015: 346). Interpreters could also have nightmares, and some may trivialize death, they may become numb, easily irritated, or insensitive to people who suffer.

- *Physical Trauma*

In our interview, three of five interpreters have experienced symptoms of physical trauma, including headaches, exhaustion, insomnia, and stomach aches. These symptoms match the ones identified by previous scholars and therapists: the interpreters shared symptoms of headaches, insomnia, and exhaustion. Ndongo-Keller (2015) also identified these symptoms among warzone interpreters who worked at the tribunal of Rwanda's genocide in 1994. He reported other symptoms including goose pimples, over-eating, high blood pressure, irritable bowel syndrome, thyroid problems, and sporadic episodes of constipation or diarrhoea.

- *Emotional Trauma*

Upon listening to clients' horrible, sad, and shocking stories, interpreters may experience feelings of anger, irritability, isolation, tears, and deep sadness. In our interview, four of our interviewees have experienced feelings of emotional trauma. Interpreter D said "Yes, during the assignment, when clients start telling their stories, crying, getting emotional, seeking their hearts, I will also get emotional feelings of sadness and grief sometimes." Their answers indicate that it is difficult

for interpreters to separate their personal feelings when they are exposed to continuous hearing of traumatic events, as they would feel sad, stressed, anxious, and grieved about what happened.

- *Professional Trauma*

Bad experiences may negatively influence interpreters' professional lives as they experience stress, anxiety, desire to quit their jobs, and impairment in the quantity and quality of their work. Among our five interviewees, interpreter A decided to quit her job at court and refused any hearing assignments after her bad experience of interpreting for a sexual assault case. Interpreter B stayed in her job, but she decided to place more emotional distance between herself and patients or their families, and only share the contact information of the organization where she works.

2.2 Occupational Burnout

Though occupational burnout is mainly discussed under healthcare and education settings, interpreters also work under a huge amount of workplace stress, especially during the COVID-19 pandemic, and can experience occupational burnout. In our interviews, all the interviewees think that they have been affected by workplace stress and four out of five interpreters think that they have taken self-care measures to deal with this issue. Interpreter D thinks that the continuous working time and uncontrollable intervals have caused him to experience occupational burnout. Apart from continuous working, interpreter A also mentioned that the lack of support from colleagues and supervisors has created lots of workplace stress for her. She thinks she was suffering from occupational burnout and said "I couldn't handle all that, I felt literally like I wanted to burst!"

3. Care for Interpreters

3.1 School: Training on Pressure Handling and Mental Wellness

Interpreters have "equal vulnerability to occupational stress [as mental health professionals] but lack adequate training in order to recognize it or take necessary steps to offset negative impacts" (Anderson 2011: 1). Some interpreter training schools and programs are beginning to notice the emotional demand of interpreting jobs. On the website of an interpreting school named Language

Connections (n.d.), there is an article on tips on handling negative emotions and stress while interpreting. It listed some negative reactions, such as stress, helplessness, and exhaustion, which are symptoms of compassion fatigue, occupational burnout, and vicarious trauma.

An important step before treating a syndrome is measurement, which can also be incorporated into translator training. Several survey instruments have been developed to measure burnout, such as the Oldenburg Burnout Inventory, Copenhagen Burnout Inventory, and Mashlach Burnout Inventory (MBI) according to the National Academy of Medicine (n.d.), which is a leading measure of burnout that has been validated by years of research, originally constructed by Christina Maslach and Susan E. Jackson. Below is a chart that compares three types of MBI survey, including MBI-Human Services Survey, MBI-General Survey, and MBI- General Survey for Students (Mashlach et al. 2019).

Table 1: Three Types of MBI Survey

MBI-Human Services Survey (MBI-HSS)	**MBI-General Survey (MBI-GS)**	**MBI-General Survey for Students MBI-GS(S)**
Designed for professionals in the human services, it is appropriate for respondents working in a diverse array of occupations, including nurses, physicians, health aides, social workers, health counsellors, therapists, police, correctional officers, clergy, and other fields focused on helping people live better lives by offering guidance, preventing harm, and ameliorating the physical, emotional or cognitive problem.	Designed for use with occupational groups other than human services and education, including those working in jobs such as customer service, maintenance, manufacturing, management, and most other professions.	Designed for use with adult students in college and university.
Emotional Exhaustion measures feelings of being emotionally overextended and exhausted by one's work. **Depersonalization** measures an unfeeling and impersonal	**Exhaustion** measures feelings of being overextended and exhausted by one's work. **Cynicism** measures an indifference or a distant attitude towards your work.	**Exhaustion** measures feelings of being overextended and exhausted by one's studies. **Cynicism** measures an indifference or a distant attitude towards your studies.

response toward recipients of one's service, care treatment, or instruction. **Personal Accomplishment** measures feelings of competence and successful achievement in one's work.	**Professional Efficacy** measures satisfaction with past and present accomplishments, and it explicitly assesses an individual's expectations of continued effectiveness at work.	**Professional Efficacy** measures satisfaction with past and present accomplishments, and it explicitly assesses an individual's expectations of continued effectiveness at school.

In measuring compassion fatigue and burnout, people have used the Professional Quality of Life Scale (ProQOL) created by Beth Hudnall Stamm to self-test or examine others. The ProQOL measure is designed to reflect on the negative and positive influence of helping traumatized people. It is available in 26 languages, including Arabic and Chinese. The latest version of this test is ProQOL 5.

This research believes that it would be very beneficial if schools and programs can help future interpreters be aware of their job's emotional demand and learn to deal with negative emotions and stress. This may include introducing the concept, symptoms, measurement, and impacts of compassion fatigue, occupational burnout, and vicarious trauma, and help students develop ways to provide self-care, which will be further addressed in the next section.

3.2 Self-Care: Support Group (Friends & Family), Healthy Lifestyle, and Other Resources.

Self-care allows interpreters to have satisfaction in their work and reduce possible stress in the future. Crezee et al. (2015) recommend that trainers and educators should engage their students in self-care practices and prepare them for potential stressors throughout the training which may assist them in coping with the impact of probable traumatizing experiences. In addition, they establish a document concerning the practice of interpreters' self-care, and list various options for interpreter's self-care to include the following:

- Time and workload management
- Rest and diet considerations
- Regular Exercise
- Mindfulness

- Third person interpreting
- Counselling or debriefing

Accordingly, instructors, organizations, and training schools should pay attention to the significance of engaging students and interpreters in precautionary self-care by considering the above measures. They may apply training for interpreters' self-care through three steps:

1. Becoming aware of being negatively impacted and choosing to take action.
2. Making a decision regarding what self-care action to take.
3. Dealing with the consequences of either lack of awareness or not taking action at the various stages of being negatively impacted, and discussing with students potential stressors and suggestions for action at Step 2 will help interpreters maintain their mental, emotional, and physical health. (Crezee et al. 2015: 77)

There are several tricks to reduce stress and avoid being affected by occupational burnout, compassion fatigue, and vicarious trauma. In our interview, interpreter D said that breathing exercises helped him control stress. Other activities such as meditation and praying can also be helpful. Interpreters should find enough spare time to meet with family and friends and even take a vacation every now and then. Leisure activities or personal hobbies such as gardening or hiking are also effective ways to escape from the stress brought by work. If the interpreter is bound by the tight schedule of interpreting work and cannot find enough time to engage in any leisure activities, s/he can try not to solely rely on the interpreting job financially by finding another job that is not as busy, so that s/he can have enough spare time to relax.

Interpreters also need to maintain a healthy lifestyle, which is important for their health both mentally and physically. During the time of COVID-19, interpreters should wear masks, use sanitizers, and keep social distance to protect themselves. Interpreters often have busy schedules and some novice interpreters may feel shy or find it difficult to ask for time out to rest or have their meals during the work hours. It is, therefore, necessary to help interpreters become familiar with their rights and learn to avoid overwork.

As Crezee et al. (2015) mentioned, interpreters can try to use third person instead of first person interpreting at work so that they can maintain some distance when translating stressful contents. This tip can also be applied to the context of COVID 19. Outside of work, interpreters can make use of help projects to better learn about the mental health of themselves and find ways to prevent and handle the syndromes. For example, interpreters can find information about compassion fatigue on the website of the Compassion Fatigue Awareness Project (n.d.), founded by Patricia Smith, a compassion fatigue expert. The mission of this project is to promote people's understanding of compassion fatigue and its effects. Interpreters can use this website to learn about what is compassion fatigue, available self-tests, and how to deal with this syndrome.

3.3 Society and Clients: Pay Attention to the Well-being of Interpreters

In an interview with Maslach in Harvard Business Review, Maslach expressed her concern about the WHO classification of burnout and said "categorizing burnout as a disease was an attempt by the WHO to provide definitions for what is wrong with people, instead of what is wrong with companies. Then, it becomes that person's problem, not the responsibility of the organization that employs them." Indeed, it is crucial to note that while self-care is important, suffering from compassion fatigue, vicarious trauma, or occupational burnout is not a personal problem. It is also the problem of the interpreter's clients and the society as a whole.

Interpreters might be at high risk in certain conditions or be exposed to exploitation by some companies, particularly at this time of COVID-19 pandemic. For these reasons, interpreters should be acknowledged by their rights. Take the code of ethics created by the International Federation of Translators, Red T, and the International Association of Conference Interpreters (2012) as an example, it clearly states that interpreters "have a right to protection both during and after the assignment… should be provided with protective clothing and equipment, but not arms ... Medical and psychological assistance must be made available". However, the problem is whether the rights of interpreters are effective in reality or not. Do interpreters feel supported by their clients? In our interviews, most interpreters think that clients are supportive. One interpreter thinks that most clients do not provide support unless they are asked to. Another interpreter shared his experiences of not receiving support from clients.

Organizations in the field of interpreting can utilize some tools to learn about the mental well-being of their interpreters, such as the Vicarious Trauma Toolkit (VTT), constructed by the Institute on Urban Health Research and Practice at Northeastern University, U.S. It provides resources for organizations to address vicarious trauma, including a Vicarious Trauma-Organizational Readiness Guide (VT-ORG) specifically designed to help organizations "assess their capacity to address employees' work-related exposure to trauma and prioritize organizational needs, and to assist in navigating the VTT and the Compendium of Resources." (Office for Victims of Crime n.d.) There is also an OVC Training and Technical Assistance Center (OVC TTAC) that can provide training and assistance on the toolkit.

6. Conclusion

This study examines the issue of the mental well-being of interpreters and finds that the emotional, psychological, and physical cases of interpreters require more attention, especially during the COVID-19 pandemic. The researchers conclude that interpreter training and self-care play important preventive roles in reducing the impact of vicarious trauma, compassion fatigue, and occupational burnout on interpreters. The role of organizations in supporting interpreters' well-being should be more effective. Future research may focus on the education of interpreters and developing models or strategies to help interpreters care for themselves and be self-advocates.

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