Emotional Challenges of Interpreters Working with Refugees in Türkiye

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ABSTRACT

This article discusses the emotional distress experienced by the interpreters' meeting communication needs of Syrian refugees in Türkiye in non-governmental organizations (NGOs) and legal and healthcare settings. The study presented in this paper also examines ethical challenges faced by the interpreters under emotionally difficult conditions and how they overcome this emotional distress. Semi-structured interviews were conducted with 29 interpreters working in the aforementioned settings. The interview data were subjected to thematic analysis, and it was found that the majority of the interpreters were sometimes emotionally affected while interpreting traumatic stories. It was also found that interpreters may deviate from the prescribed behavioral standards when interpreting traumatic content even though they seemed aware of the relatively neutral interpreter role expected of them. Moreover, the interpreters experiencing emotional distress during their interpreting assignments were understood to develop their own methods of coping with it due to the lack of guidelines, relevant trainings and support mechanisms.

KEYWORDS: emotional distress, neutrality, refugee interpreting, trauma, Turkey

1. Introduction

Public service interpreters facilitate communication between service users and service providers in various public and social spheres, such as healthcare, legal and educational settings (Wadensjö 1998:33). The dynamic nature of these spheres has led to questioning of the 'conduit' role traditionally attributed to interpreters, which conceptualizes interpreters as 'nonfeeling beings' (Hsieh 2008:1367) and which requires them to behave in a 'machine-like' manner in interpreter-mediated assignments (Pöchhacker 2004:147; Hsieh 2006:721). In this

regard, several studies have identified a fairly active participation of interpreters in communication processes (Barsky 1996; Pöchhacker 2000; Valero Garcés 2003; Angelelli 2004; Pöllabauer 2005; Williams 2005; Hsieh 2006, 2008; Hale 2008; Crezee et al. 2011; Green et al. 2012; Lai et al. 2015; Merlini and Gatti 2015; Costa et al. 2020; Raga et al. 2020; Rudvin and Carfagnini 2020). The literature thus shows that interpreter performance in real-life situations largely deviates from the principle of absolute neutrality specified in numerous ethical codes.

Interpreters mostly work with vulnerable groups in host countries, such as refugees and asylum seekers. Refugees and asylum seekers are forcibly displaced migrants who have left their country because of oppression and serious human rights violations and who seek protection in another country. The terms 'refugee', 'asylum-seeker' and 'migrant' are used interchangeably to identify Syrians in Turkey, the forcibly displaced group to whom the interpreters discussed in this article provide services. The term 'refugee' is preferred in this paper, as it is currently the most frequently used term for Syrians living in Turkey. Interpreters themselves can also be from a refugee background. Given the social and psychological aspects of public service interpreters' work, another challenge they may face is emotional distress. Interpreters who must convey refugee stories about traumatic experiences, such as survival in war conditions, loss of relatives, torture and oppression, may find it difficult to cope with emotional distress stemming from hearing such stories (Miller et al. 2005; Splevins et al. 2010; Crezee et al. 2011; Green et al. 2012; Crezee et al. 2015; Lai et al. 2015; Costa et al. 2020; Raga et al. 2020; Rudvin and Carfagnini 2020; Sultanić 2021).

The present article discusses the issue of emotional distress experienced by interpreters meeting communication needs of the Syrian refugee population in Turkey in non-governmental organizations (NGOs), and legal and healthcare settings. Due to the civil war that broke out in the Syrian Arab Republic in 2011, millions of Syrians were forcibly displaced and took refuge in neighboring countries, particularly in Turkey, Lebanon, Egypt and Jordan. Today, with around 3.7 million Syrians, Turkey is the country hosting the largest number of refugees in the world (The UN Refugee Agency 2021:2). Syrians in Turkey are granted 'temporary protection' under the Temporary Protection Regulation adopted in 2014 (Temporary Protection Regulation 2014). Although the regulation recognizes Syrians' basic rights to accommodation, healthcare and education, studies have shown that many Syrians living in Turkey still face language and communication issues (Torun et al. 2018; Nimer and

Oruç 2019; Çangal 2022). Under these circumstances, interpreting services in the mentioned public institutions are a solution to Syrian refugees' communication needs.

This article also explores the interpreters' ways of handling emotional difficulties in the mentioned settings and provides a discussion of the issue of emotional distress against the backdrop of behavioral standards prescribed for interpreters. The article concludes with certain recommendations for the issues and challenges identified.

2. Previous Studies

Refugees are vulnerable individuals due to harrowing experiences they may have undergone in their home countries, such as oppression, violence, human rights abuse, loss of loved ones, and physical and sexual maltreatment (Neumayer 2005:389; Bronstein et al. 2012:554). Linguistic and cultural differences in the host countries, difficulties accessing services, discrimination and bias against them, and other similar factors may exacerbate their vulnerability (Williams 2005:37). These individuals receive humanitarian services in host countries from therapists, healthcare providers, social workers and interpreters, among others.

The work with vulnerable individuals requires emotional skills. One of the skills is the ability to care about and empathize with the other (Guy et al. 2008:11). Empathy, a very important component of the work of the mentioned service providers, is defined as the ability to perceive and value the other's situation with its emotional meanings and to respond to it accordingly (Guy et al. 2008:66; Rogers 1959:210-211). The literature on healthcare providers shows that, within reason, empathy can improve the provision of medical services and their outcome (Coulehan et al. 2001; Gleichgerrcht and Decety 2013). It is also suggested that an empathic bond helps to build a relationship of trust between service users and providers, including interpreters, especially in emotionally charged settings (Rudvin and Carfagnini 2020:126). However, the literature also suggests that continuous exposure to harrowing stories and excessive empathy within the service setting can lead to exhaustion and distress (Guy et al. 2008:98; Rudvin and Carfagnini 2020).

Research on emotional distress among healthcare providers, settlement workers, counsellors and psychologists working with refugees has demonstrated that these groups can develop the

same psychological symptoms as the individuals they support (Lansen 2001; Century et al. 2007; Barrington and Shakespeare-Finch 2013; Hernandez-Wolfe et al. 2015; Puvimanasinghe et al. 2015). The most frequently reported symptoms were anger (Lansen 2001; Century et al. 2007), anxiety and tiredness (Lansen 2001; Hernandez-Wolfe et al. 2015), feelings of hopelessness and helplessness (Puvimanasinghe et al. 2015), frustration (Century et al. 2007), sleep difficulty (Hernandez-Wolfe et al. 2015), and shattering of beliefs (Barrington and Shakespeare-Finch 2013), among others. Conversely, it was found that work with refugees had positive effects on some service providers in the long run, such as personal growth, resilience building and meaning-making skills (see Barrington and Shakespeare-Finch 2013; Hernandez-Wolfe et al. 2015; Puvimanasinghe et al. 2015). Self-care strategies and methods for coping with emotional distress were also employed by some service providers, such as counselling, therapy, and mind-body practices including meditation (see Barrington and Shakespeare-Finch 2013; Hernandez-Wolfe et al. 2015).

Studies on the emotional burden of interpreters working with refugees have shown that symptoms displayed by some interpreters as a result of continuous exposure to traumatic stories were similar to those developed by other workers mentioned above (Lansen 2001; Century et al. 2007; Barrington and Shakespeare-Finch 2013; Hernandez-Wolfe et al. 2015; Puvimanasinghe et al. 2015). Some of these symptoms are insomnia (Loutan et al. 1999; Rudvin and Carfagnini 2020), depression (Loutan et al. 1999), anxiety (Miller et al. 2005; Rudvin and Carfagnini 2020), sadness and anger (Sultanić 2021). Nevertheless, Miller et al. (2005:35); Splevins et al. (2010:1711); and Sultanić (2021:236) also reported a decrease in the impact of the emotional burden on some interpreters over time thanks to their gained experience. Consistent with findings involving other professions (Barrington and Shakespeare-Finch 2013; Hernandez-Wolfe et al. 2015; Puvimanasinghe et al. 2015), working with refugees was also identified as contributing to interpreters' personal growth and positive change in perspective (Miller et al. 2005; Splevins et al. 2010; Sultanić 2021). In this regard, the work with refugees was found to enrich the interpreters' lives (Miller et al. 2005:35), to give them "a sense of feeling 'wiser,' 'richer,' or 'deeper'" (Splevins et al. 2010:1711), and to increase their awareness "of other people's situations" (Sultanić 2021:235).

Interpreters' "age, experience, gender, and cognitive ability" (Bontempo and Malcolm 2012:116) are some of the factors identified as contributing to their emotional responses in emotionally charged settings. As demonstrated by several studies (Miller et al. 2005:35;

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Splevins et al. 2010:1709; Crezee et al. 2011:261; Green et al. 2012:231-232; Sultanić 2021:234), another important factor affecting or worsening interpreters' emotional distress is their own background as refugees or forced migrants. Also exacerbating the emotional burden on interpreters is their exposure to trauma from a "bystander position" (Costa et al. 2020:40). In other words, interpreters are only responsible for giving voice to distressing stories, unlike other service providers who can offer first-hand assistance. Such limitation and 'dehumanizing' interpreter role definitions (Bontempo and Malcolm 2012:109) effectively rule out their empathic involvement (Merlini and Gatti 2015:143-144). Empathic responses and emotional distress are also rarely recognized in ethical guidelines for interpreters, with a few exceptions (see CHIA 2002:27; NCIHC 2004:16). Consequently, such contrast between standards and the interpreters' natural responses may lead to ethical challenges. Many studies have shown that interpreters working in refugee settings can struggle to maintain neutrality and detach themselves emotionally from stories involving trauma and conflict (Williams 2005; Crezee et al. 2011; Green et al. 2012; Raga et al. 2020; Rudvin and Carfagnini 2020; Sultanić 2021; González Campanella 2022).

Research on emotional burden among those working with refugees highlights the necessity of support services, such as counseling, supervision, debriefing and training. The literature suggests that such services should be provided by organizations to improve the well-being of both the practitioners and their clients (Lansen 2001; Century et al. 2007; Crezee et al. 2011; Bontempo and Malcolm 2012; Barrington and Shakespeare-Finch 2013; Crezee et al. 2015; Hernandez-Wolfe et al. 2015; Puvimanasinghe et al. 2015; Costa et al. 2020). Contrary to such recommendations, many studies have found a lack of systematic and organizational support, especially for interpreters (Splevins et al. 2010; Crezee et al. 2011; Lai et al. 2015; Rudvin and Carfagnini 2020; Sultanić 2021). Under these circumstances, interpreters may have to employ personal strategies to cope with emotional distress. One of the most frequently reported strategies is talking to friends, relatives or colleagues (Splevins et al. 2010:1711; Green et al. 2012:232; Lai et al. 2015:13; Rudvin and Carfagnini 2020:134; Sultanić 2021:241). Other reported coping strategies include seeking support from therapists, doing physical exercise, turning to religion, and meditating (Miller et al. 2005:35; Splevins et al. 2010:1711; Lai et al. 2015:13; Rudvin and Carfagnini 2020:134; Sultanić 2021:241), which are consistent with the findings of studies on other occupational groups (see Barrington and Shakespeare-Finch 2013; Hernandez-Wolfe et al. 2015).

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In light of the aforementioned literature, the study presented below discusses perceptions of interpreters working in refugee settings in Turkey on their emotional distress. The discussion aims to contribute to the understanding of interpreters' experiences of emotional challenges when narrating harrowing stories and how they respond to such challenges.

3. Research Design

Data presented in this article were drawn from the author's doctoral research. The study examined the background and perceptions of interpreters working with Syrian refugees in NGOs and legal and healthcare institutions in Turkey regarding their work (Polat Ulaş 2021a).

A qualitative case study approach (Stake 1995; Creswell 2007, 2009) was adopted to explore the emotional distress experienced by the interpreters when narrating traumatic refugee stories. The study presents an in-depth analysis of the phenomenon through multiple data sources pertaining to certain settings (Stake 1995; Creswell 2007, 2009). The main data source of the study was semi-structured interviews probing into the participants' experiences, feelings and opinions on the subject (May 2011:131). The said interviews were conducted with nine interpreters working in NGOs, ten legal interpreters and ten healthcare interpreters. For the sake of anonymity, the interpreters were given codes and numbers. NGOI stands for NGO interpreter, LI stands for legal interpreter, and HI stands for healthcare interpreter.

The NGO in question was the Association for Solidarity with Asylum Seekers and Migrants (ASAM), one of the few refugee organizations in Turkey recruiting in-house interpreters. The organization provides its interpreters with annual two-day in-service trainings and a code of conduct manual (Ulusoy and Rezaei Osalou 2019). Among the nine interviewed NGO interpreters, five were female and four were male. All of them were staff interpreters. Except for one, none of them held a degree in translation and interpreting. The legal context refers to interpreting in courthouses, police units, legal interviews and child monitoring centers where interpreters facilitated communication between Syrian refugees and Turkish staff. These interpreters were registered on the lists of provincial justice commissions according to the regulation based on Article 202 of the Turkish Code of Criminal Procedure (*Ceza*

Muhakemesi Kanunu 2004). The regulation does not require interpreters to hold a degree in any field or attend any training on translation and interpreting (*Ceza Muhakemesi Kanununa Göre Tercüman Listelerinin Düzenlenmesi Hakkında Yönetmelik* 2013). It briefly specifies several ethical principles court interpreters must adhere to, such as impartiality, confidentiality and telling the truth (ibid.). The only training for this group of interpreters was the three-day in-service training entitled 'Child Friendly Interpreting in Judicial Processes', organized in cooperation with the Department of Training of the Turkish Ministry of Justice and the United Nations Children's Fund (UNICEF) Turkey between January and March 2019. In this training, interpreters were provided with a code of conduct manual (Aydın et al. n.d.). Among the ten interviewed legal interpreters, five were female and five were male. They were not staff interpreters, but rather freelancers working for the courthouses. None of them held a degree in translation and interpreting. The healthcare context involved interpreting in public healthcare institutions, which recruited interpreters as patient guides in the scope of the project 'Improving the Health Status of the Syrian Population under Temporary Protection and Related Services Provided by Turkish Authorities' (SIHHAT), funded by the European Union. The patient guides were responsible for accompanying Syrian refugees when visiting healthcare institutions and facilitating communication between them and the Turkish staff. Seven rounds of three-day in-service training on topics such as intercultural communication and international migration legislation were organized for patient guides until November 2019 (see SIHHAT n.d.). Of the ten interviewed healthcare interpreters, two were female and eight were male. All of them were contract workers within the scope of the aforementioned project and none of them held a degree in translation and interpreting.

The interpreters' ethnic, educational and professional training backgrounds are presented in Table 1.

Table 1. The Interpreters' Background

Participant	Ethnicity	Educational Background	Interpreter Training
NGOI-1	Arab	Bachelor's Degree	ASAM training
NGOI-2	Arab	Bachelor's Degree	ASAM training
NGOI-3	Kurdish (Syrian)	Secondary education	ASAM training
NGOI-4	Arab	Bachelor's Degree (Translation and Interpreting)	Bachelor's Degree, ASAM training
NGOI-5	Kurdish	Bachelor's Degree	ASAM training
NGOI-6	Arab	Bachelor's Degree	ASAM training

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NGOI-7	Kurdish (Syrian)	Bachelor's Degree	ASAM training
NGOI-8	Kurdish (Syrian)	Secondary education	ASAM training
NGOI-9	Arab	Bachelor's Degree	ASAM training
LI-1	Arab	Bachelor's Degree	Child Friendly Interpreting in Judicial Processes
LI-2	Arab	Secondary education	Child Friendly Interpreting in Judicial Processes
LI-3	Arab	Primary education	Child Friendly Interpreting in Judicial Processes
LI-4	Arab	Secondary education	Child Friendly Interpreting in Judicial Processes
LI-5	Kurdish	Associate Degree	-
LI-6	Kurdish	Associate Degree	-
LI-7	Turkish	Secondary education	Child Friendly Interpreting in Judicial Processes
LI-8	Arab	Master's Degree	Child Friendly Interpreting in Judicial Processes
LI-9	Arab	Bachelor's Degree	Child Friendly Interpreting in Judicial Processes
LI-10	Arab	Bachelor's Degree	Child Friendly Interpreting in Judicial Processes
HI-1	Turkmen	Secondary education	SIHHAT Project training
HI-2	Arab	Secondary education	SIHHAT Project training
HI-3	Turkmen	Secondary education	SIHHAT Project training
HI-4	Turkmen	Associate Degree	SIHHAT Project training
HI-5	Turkmen	Secondary education	SIHHAT Project training
HI-6	Turkmen	Primary education	SIHHAT Project training
HI-7	Turkmen	Secondary education	SIHHAT Project training
HI-8	Arab	Bachelor's Degree	SIHHAT Project training
HI-9	Turkmen	Secondary education	SIHHAT Project training
HI-10	Turkmen	Bachelor's Degree	SIHHAT Project training

When the interpreter backgrounds are comparatively examined, it can be observed that none of the interpreters except NGOI-4 had received extensive training in interpreting. It can also be suggested that they have learned on the job under varying conditions and with differing levels of resources.

The semi-structured interviews conducted with the interpreters consisted of 36 open-ended questions under the themes of social background, perceptions of image, role, autonomy, norms and ethics, expectations of the parties concerning the interpreters, and professional challenges, strategies and expectations. The interviews with the interpreters were conducted between October 2018 and June 2019 in the provinces with the largest Syrian populations in Turkey: Gaziantep, Adana, Mersin and İzmir. Before the fieldwork, the approval of the Ethical Board of the Faculty of Letters of Dokuz Eylül University was obtained. The interviewed NGO interpreters were contacted through the officials of the relevant organization, whom the researcher previously visited to explain the purpose and importance of the study. The legal interpreters were found through the interpreter lists of the justice commissions for the year 2019, obtained from their websites. The healthcare interpreters were identified through the researcher's personal and professional contacts. Before the interviews, which were audio-recorded, the interpreters signed consent forms indicating that information would only be used for research purposes and would be kept anonymous.

The audio-recorded interpreter interviews were transcribed verbatim. The transcripts were subjected to deductive thematic analysis (Braun and Clarke 2006), which involved the processes of manual coding, categorizing, and deriving themes and sub-themes. In the analysis process, an interpretative phenomenological approach (Smith et al. 2009) was adopted with the aim of interpreting the participants' reflections on their experiences from the viewpoint of both the participants and the researcher. The triangulated data sources included semi-structured interviews conducted with three ASAM officials, five legal professionals and six healthcare professionals working with the interpreters. Also used were documents about working conditions and work procedures for the interpreters, including the institutional code of conduct manual for ASAM interpreters (Ulusoy and Rezaei Osalou 2019) and the aforementioned training manual for legal interpreters (Aydın et al. n.d.). The relevant discussions on the themes and sub-themes have been published in other articles by the author (Polat Ulaş 2020; Polat Ulaş and Gündüz 2020; Polat Ulaş 2021b). The current article presents findings from the data set related to the emotional challenges experienced by the interpreters in distressing assignments involving refugees and their strategies for coping with emotional distress.

4. Findings and Discussion

4.1. Emotional Distress

Of the 29 interpreters interviewed in this study, the majority (19) were found to experience emotional distress during their interpreting assignments with refugees. The factors contributing to their emotional distress were identified as cases involving children, empathic bonding developed due to shared background with refugees, the task of reporting bad news, and discrimination against refugees and the interpreters in the workplace. Interpreting for refugee children was a source of emotional distress particularly for the legal interpreters. Consistent with findings in the literature (Amato and Mack 2017; Sultanić 2021), nearly half of the ten interviewed legal interpreters remarked that they empathized with the victims and were deeply affected in those cases. As suggested by Amato and Mack (2017), children are subject to multi-layered vulnerability due to such factors as their age and mental or physical state. The interpreters stated that this kind of vulnerability among children increased their emotional distress compared to cases involving adults. One interpreter, LI-8, mentioned the distress she once experienced when interpreting for a sexually abused child:

O anda uzak tutmak için hakikaten çok uğraşıyorum. Duygulandığım durumlar oluyor. Çocuk tecavüzü olayında bir an gözüm dolmaya başlamıştı mesela. … En can alıcı noktada… Onun canı ne kadar yandıysa benim de canım çok kötü oldu. Gözüm dolmaya başladı. Baktım onun gözleri direkt doldu. Ve iç tokat attım kendime.

[I try hard to distance [myself] from that moment. There are situations which affect me. For example, in a child rape case, my eyes started to fill with tears. … At the most critical point… I was hurt as much as she was. My eyes started to fill with tears. I looked; her eyes were also filled with tears. And I slapped myself deep inside.][1]

The interpreter implied that she empathized with the child to such an extent that she felt almost the same physical pain and nearly cried. This interpreter's identified empathy is consistent with the definition proposed by Rogers (1959:210) in his seminal work, according to which empathy involves sensing another person's hurt or pleasure as she/he senses it.

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[1] The translations of the excerpts from the data sets from Turkish into English belong to the author of this paper.

Another factor found to contribute to the emotional distress of the interpreters was the empathic bonding developed due to a shared background with refugees. The literature suggests that interpreters having similar experiences or a common background with refugees tend to develop stronger empathic bonds (Miller et al. 2005; Crezee et al. 2011; Green et al. 2012; Rudvin and Carfagnini 2020). Holmgren et al. (2003) also found that interpreters that share a background with their clients might experience distress due to identification with the ethnic group and with traumatic content. The issue appeared in the interviews with NGOI-3 and NGOI-8, who shared a common background and origin with Syrian refugees. Talking about her first interpreting experiences, NGOI-8 mentioned a situation in which she deeply empathized with a refugee mother:

> *İkinci ayımdı. Seans bana ağır gelmişti. ... Oturdum. Kendimi tuttum. İster istemez göz yaşlarım danışanın karşısında aktı. Psikolog arkadaş da duydu. Sonuçta bir anneydim ve eğitimsiz girmiştim. Sonra hatta danışan kendi de sustu. O bana baktı çünkü o da anneydi, ben de anneydim. ... Bir kelimesi, dedi ki: 'Çocuğum bana 'Anne' dedi'. O 'Anne' kelimesi beni etkiledi. ... Ve gözyaşlarım istemeyerek aktı ama sonra bitirdim.*

> [It was my second month. The session was difficult for me. ... I sat down. I controlled myself. Yet I unavoidably shed tears in front of the refugee. The psychologist also felt it. After all, I was a mother, and I was untrained. Then the refugee also stopped talking. She looked at me because she was a mother, and I was a mother, too. ... Her one word, she said: 'My child called me 'Mom'. That word, 'Mom', affected me. ... And I unwillingly shed tears, but then I stopped.]

Miller et al. (2005:34-35) mention arguments for and against using interpreters who share similar experiences with their refugee clients. These individuals are, on the one hand, thought to facilitate service providers' understanding of refugees' experiences (ibid.). On the other hand, this practice is considered to carry the risk of traumatizing the interpreters (ibid.). The dichotomy between the benefits and problems of using refugee-background interpreters was also observed in other studies (for instance Green et al. 2012:231). Several other studies also draw attention to similar risks of strong empathic bonding and identification (for instance Rudvin and Carfagnini 2020). The above-mentioned interpreters in this study were not found

to experience ongoing trauma. Similar to what was observed by Miller et al. (2005:35), they reported an increase in distress when they first started working as interpreters, yet within a short time, they got used to the work. Nevertheless, the potential risks for refugee-background interpreters should be considered, and acquisition of adaptation skills should not be left to them (Sultanić 2021:244). These interpreters should be provided with regular debriefing and training by their organizations to be prepared for these situations.

Giving bad news to refugee patients or their relatives was reported to be a cause of emotional distress by more than half of the interviewed healthcare interpreters. For instance, HI-6, who worked at a maternity hospital, noted that she sometimes had to leave the doctor's room to cry after delivering news of pregnancy termination. Sharing bad news is considered an extremely difficult task by healthcare professionals as well as interpreters (Espondaburu 2009:12). Similar to healthcare service providers, interpreters are recommended to choose their words carefully and pay attention to their non-verbal communication and tone of voice while delivering bad news (Espondaburu 2009:17). In this regard, Hsieh (2006:724) also suggests that giving bad news calls for cultural sensitivity and may require interpreters to adapt their wording to the person receiving the service. Consistent with the literature, two of the healthcare interpreters interviewed in this study mentioned the adjustments they made when delivering bad news. HI-1 remarked that, especially when giving bad news to conservative patient relatives, he used a wording involving religious content, rather than rendering the doctors' scientific explanations. Likewise, HI-10 noted that she conveyed bad news to refugees gently and indirectly, so that they could become familiar with the idea:

> *Doktor 'Maalesef bebekleri ex oldu', diyor. Önce ben hemen bebeğiniz öldü diyemiyorum. Burada önce duygusal yaklaşıyorum. Diyorum, 'Biliyordunuz, durumu bayağı ağırdı. Bayağı ciddiydi. Biz size herhangi bir şey olacağını söylemiştik bundan önce'. ... Alıştırıyorum çünkü ben bile etkileniyorum. Anneye böyle bir şey söylesem kesin kaldıramaz, diyorum.*

> [The doctor says, 'Unfortunately, their baby died'. I can't say that right away. First, I approach [patients] sentimentally. I say, 'You know, [the baby's] condition was quite serious and critical. We told you before that anything could happen'. … I am familiarizing [them] because I, too, am affected. I think that if I told the mother such a thing, she would not be able to bear it.]

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Empathy shown to a patient who needs consolation is considered an appropriate response of a caring interpreter in certain guidelines (NCIHC 2004:16). On the other hand, adjustments in the messages when delivering bad news need to be made with caution. Therefore, it would be beneficial to address the issue in training programs and guidelines and to equip the interpreters with the tools to make informed decisions when giving bad news.

The other factor found to contribute to the distress of the healthcare interpreters was discrimination against refugees and the interpreters in the workplace (see also Williams 2005). The majority of healthcare interpreters in this study were Syrian Turkmen (see Table 1). The literature shows that Turkish people show strong prejudices and reactions against Syrians, and the major causes are differences in language, culture and lifestyle, and the burden placed on public services by large numbers of refugees (Oytun and Gündoğar 2015). Consistent with this finding, two interpreters interviewed in this study touched upon prejudices of hospital staff against them. Another interpreter, HI-1, highlighted discriminatory behaviors by Turkish patients towards refugee patients. As a Turkmen Syrian, HI-1 remarked that he considered both Turkey and Syria as his 'parents' and was caught in the middle of Turkish patients' negative reactions toward refugees. His inability to object to such discriminatory behavior due to his precarious working conditions exacerbated the psychological burden. As an individual sharing the same cultural background and past experiences with Syrians, he developed an empathic bond with refugees, resulting in frustration:

> *Bizim çalıştığımız kişiler, Suriyeliler, hizmet verdiğimiz kişiler toplumdan dışlanıyorlar. Yani mesela doktora gidiyoruz. Doktor nefret ediyor hem bizden hem hastadan. Yani millet de tepkili. 'Biz kendi ülkemizde tedavi olamıyoruz', diye tepki veriyorlar. … Ama aslında o [Suriyeli] adam randevu almış, randevusuna gelmiş, sırası var. [Türk hastalar] Sıra vermek istemiyorlar. Bu sefer biz de arada kalıyoruz. Doktorlarla da aynı. Herkes değil de böyle bir durumlar oluyor yani genelde.*

> [The Syrians whom we work with and provide services to are excluded from society. For example, we go to the doctor. The doctor hates both [refugee] patients and us. [Turkish patients] are also reacting. They react, saying, 'We can't receive

> treatment in our country'. … But actually, that [Syrian] person makes an appointment, comes to the appointment, waits for her/his turn. [Turkish patients] don't want [Syrians] to have their turn. This time we get stuck in the middle. The same goes for doctors… Not for everyone, but such situations generally arise.]

The literature shows instances of interpreter interventions against discrimination (Williams 2005). Contrarily, the healthcare interpreters in this study seemed to lack the power to resist discriminatory behaviors (Polat Ulaş 2021b). As contract workers from a migrant background (see Table 1), they might be concerned about their working relationship with the authorities. Incidentally, the California Healthcare Interpreting Association (CHIA) recommends bringing instances of discrimination in the workplace to the attention of a relevant department (CHIA 2002:47). Yet, the study showed that the institutional mechanisms to remedy situations adversely affecting the interpreters' mental health were not available. More importantly, prejudices and discrimination against refugees are a social and political problem, which require nationwide actions and sound integration policies.

4.2. Difficulty Maintaining the Prescribed Standards of Conduct

The norm of complete neutrality in ethical standards for public service interpreters generally necessitates remaining invisible and mechanically translating words between two languages. Yet the literature shows that interpreters can deviate from this norm in real-life conditions (Barsky 1996; Pöchhacker 2000; Valero Garcés 2003; Angelelli 2004; Pöllabauer 2005; Hsieh 2006, 2008; Hale 2008; Crezee et al. 2011; Green et al. 2012; Merlini 2015; Raga et al. 2020; Rudvin and Carfagnini 2020). One example of such conditions is assignments involving traumatic refugee stories. As emphasized by Patel (2003:221-222), the historical and socio-political characteristics of refugee contexts make absolute neutrality impossible, turning the 'robot-like style of interpreting' expected of interpreters into an unachievable goal (Hsieh 2008; Hsieh and Nicodemus 2015:1477).

The majority of the interpreters interviewed in this study—particularly the NGO and legal interpreters—stressed the importance of maintaining the standards of conduct defined in the manuals and guidelines drawn up by the institutions they worked for (Aydın et al. n.d.; Ulusoy and Rezaei Osalou 2019). The code of conduct for the NGO interpreters describes a

good interpreter as one displaying emotional maturity and resilience, and maintaining neutrality in traumatic cases. It stipulates that interpreters avoid behaviors that may adversely affect the course of interviews in such cases (Ulusoy and Rezaei Osalou 2019:Section 10). One of the interviewed officials of the relevant organization acknowledged interpreters' challenges in coping with severely traumatic situations and expressed his appreciation for the hard work done by interpreters who were refugees themselves. The same official paradoxically mentioned that interpreters were not allowed to become emotional within institutional boundaries. In parallel with the mentioned standards of behavior, all of the NGO interpreters interviewed in the study emphasized the importance of remaining neutral and controlling emotions (for further discussion see Polat Ulaş 2020; Polat Ulaş 2021b). Nevertheless, a small number of interpreters, for instance NGOI-4 and NGOI-5, were found to contravene the behavioral standards expected of them and showed their distress in emotionally charged assignments. The words of NGOI-5 portray the effort to maintain neutrality:

[Duygusallaşmayı] o an hizmete yansıtmam ama şeyi de bekliyorsunuz. O duyguyu sakinleştirmeyi içinizde. Bunu yaşıyorsunuz. Sonra etkisi sürüyor ama. Hatta bunu, sonra başka böyle mesela, beraber görüşme aldığınız arkadaşınızın da dikkatini çekiyor. Üzerine konuştuğumuzda böyle bir daha da hüzünleniyorsunuz, biz hiçbir şey yapamıyoruz diye. ... Tabi, tabi. Yansıtmıyorum. Zaten, ortam o kadar bir şey ki, bir koparsanız karşı taraf da dağılıyor.

[I don't reflect [emotional distress] during my [interpreting] service, but you also want to calm that feeling inside. You feel this and it continues. This also attracts the attention of the colleague with whom we conduct interviews. We feel even sadder when we talk about it because we cannot do anything. … Of course, I don't reflect. The atmosphere is already such ... that if you burst with emotions, the other side also falls apart.]

Similar to the NGO interpreters, nearly all of the legal interpreters interviewed in this study stressed the importance of complying with legal provisions and adhering to the relevant ethical principles (Aydın et al. n.d.; *Ceza Muhakemesi Kanununa Göre Tercüman Listelerinin Düzenlenmesi Hakkında Yönetmelik* 2013). The interpreters also emphasized that they were expected to take on a highly restrictive role in legal settings (for further discussion see Polat

Ulaş 2021a; Polat Ulaş 2021b). Conversely, the interviews showed that the vast majority of the interpreters were not acting like a machine and could not always maintain the neutrality expected of them. For instance, LI-2, LI-8 and LI-10 mentioned that they could project their emotional distress to the other party in interpreting assignments through their posture and facial expressions. LI-10, stressing that interpreters are not robots, remarked:

> *[Duygusallaşma] çevirimi etkilemiyor ama bu olayın beni etkilemiş olduğunu çevirisini yaptığım kişiye hissettiriyorum. ... Yani, eğer beni üzdüyse duruşumla, yüz hatlarımla üzüldüğümü gösteriyorum. ... Çünkü yani neticede robot değiliz. Her ne kadar tarafsız çeviri yapıyorsak da neticede insanız ve ben yani gözyaşlarıma zor hakim olduğum şeyler de gördüm yani.*

> [[Emotional distress] has no effect on my interpreting [service], but I let the person I interpret see that the content has an effect on me. … If it distresses me, I show this with my posture and facial expressions. … Because, after all, we are not robots. Although we interpret impartially, we are human beings, and I have witnessed cases in which I could hardly control my tears.]

According to the manual provided in the aforementioned training, interpreters' non-verbal communication can have an impact on the interview process. The interpreters' tone of voice and body language thus need to be neutral, so as not to affect the course of the interview (Aydın et al. n.d.:150). In this case, the interpreters who reflected their emotions when interpreting traumatic content actually failed to meet behavioral standards expected of them.

Similar to earlier observations (Costa et al. 2020; Rudvin and Carfagnini 2020; Sultanić 2021), the findings of this study suggest that interpreters working with vulnerable groups such as refugees can find it hard to remain neutral when interpreting traumatic content and can deviate from the prescribed behavioral standards. The findings also demonstrate a lack of guidelines with practical solutions for handling emotions effectively in interpreting settings. In contexts "where psycho-emotional aspects are part and parcel of the communication situation" (Amato and Mack 2015:265) —such as refugee settings —interpreters, professionals working with interpreters and institutions employing interpreters need to be made aware of this through relevant workshops and guidelines. Considering the possible attitudes and behaviors of all the parties involved in the communication and the likely

emotional effects on interpreters would allow more realistic expectations concerning interpreter performance and constructive methods of handling emotions.

4.3. Coping Strategies

As stressed in the literature (Miller et al. 2005; Splevins et al. 2010; Crezee et al. 2011; Lai et al. 2015; Rudvin and Carfagnini 2020; Sultanić 2021), interpreters often have to develop their own methods of overcoming emotional distress due to the lack of guidelines, relevant training and support mechanisms. Consistently, the interpreters interviewed in this study highlighted the lack of relevant guidelines or training. The in-service training received by the interpreters was limited in scope and content (see participant details in Section 3). Besides, although the code of conduct manual for NGO interpreters and the training material provided to legal interpreters mention the potential burden of interpreting in sensitive and emotionally charged cases (Aydın et al. n.d.:150; Ulusoy and Rezaei Osalou 2019:Section 10), they offer no suggestions on how to cope with such situations. Thus, it was understood that some interpreters in this study developed their own solutions to manage their emotional distress, such as getting help from a therapist within the same service.

Debriefing with the mental health service provider after emotionally charged interviews was found helpful by the three interviewed NGO interpreters. In this respect, NGOI-3 remarked:

> *İlk seanslara başladığımda etkileniyordum çünkü ben de yeni gelmiştim. Etkileniyordum ama ben karşıdaki kişiye belli etmiyordum. Mesela seanstan sonra ben oturup psikolog arkadaşla konuşuyordum. ... Çünkü bu yöntem çok iyi aslında. Bir şeyden etkilendiğin zaman direkt anlatmak, yani içime atmaktansa…*

> [I was affected when I started the sessions because I had just come [to Turkey]. I was affected, but I wasn't showing this to the other person. After the session, I sat and talked to the psychologist. … When you are affected by something, talking about it directly - rather than enduring in silence - is a very good method.]

The other two groups of interpreters in this study did not mention this opportunity. The NGO mentioned in the study had relatively better working conditions (see Section 3) and employed

dedicated mental health providers for refugees in interpreter-mediated sessions. NGO interpreters seemed to benefit from mental health providers' service as a coping strategy. Talking to therapists was also considered a useful coping strategy by interpreters in other studies (Miller et al. 2005; Lai et al. 2015; Sultanić 2021) as well as by others working with vulnerable groups, such as healthcare providers (see Barrington and Shakespeare-Finch 2013; Hernandez-Wolfe et al. 2015). Accordingly, the California Healthcare Interpreting Association (CHIA) acknowledged the need for interpreters dealing with traumatic stories to protect their own well-being. In their guidelines, they recommend debriefing as a coping mechanism and encourage institutions employing interpreters to offer support in the form of workshops (CHIA 2002:38).

Another way of handling an emotionally difficult situation was suggested by HI-7, who struggled to report bad news to refugees. In such cases, he mentioned asking another colleague to deliver the news instead. For handling the distress of giving bad news, healthcare interpreters are advised to seek support from the institutions they work for, if such opportunities are available (Espondaburu 2009:18). Given the lack of institutional support programs and resources, the healthcare interpreters in this study seemed to develop instinctive behaviors (for further findings see Section 4.1.) and find their own solutions when delivering bad news.

The literature suggests that becoming familiar with the nature of the work over time can help decrease the emotional burden on interpreters (Miller et al. 2005:35; Splevins et al. 2010:1711; Sultanić 2021:236). In the same vein, four of the interviewed NGO interpreters in this study stated that, over time and thanks to the experience gained, they had become less emotional when dealing with refugee stories. Nevertheless, not all interpreters dealing with traumatic stories can develop adaptive skills. Therefore, institutions should provide their interpreters with regular training and debriefing sessions that will facilitate the acquisition of the skills necessary to reach emotional maturity.

5. Conclusions and Suggestions

This article discussed the emotional distress experienced by the interpreters working with Syrian refugees in Turkey in NGOs and legal and healthcare institutions. The article also

examined ethical challenges the interpreters faced in distressing situations and their strategies for coping with emotional distress. The majority (19) of the 29 interpreters interviewed in the study acknowledged that they occasionally experienced emotional difficulties during interpreting assignments with refugees. The main factors contributing to their emotional distress were cases involving children, empathic bonding developed due to shared background with refugees, the task of reporting bad news, and discrimination against refugees and the interpreters in the workplace. It was also found that interpreters sometimes failed to meet ethical expectations when interpreting traumatic content and showed their emotions to the other parties. This was particularly the case for NGO and legal interpreters despite an apparent awareness of binding ethical principles and the neutrality expected of them. Hence, it can be argued that emotional distress may lead to deviations from the norm of complete neutrality prescribed in interpreter standards of behavior, as also identified in the literature (Costa et al. 2020; Rudvin and Carfagnini 2020; Sultanić 2021). The findings also show that some interpreters experiencing emotional distress had to adopt their own coping strategies due to a lack of support, which was also identified in other studies (Splevins et al. 2010; Crezee et al. 2011; Lai et al. 2015; Rudvin and Carfagnini 2020; Sultanić 2021). The most reported strategy —talking to a therapist —is consistent with the findings of existing research (Miller et al. 2005; Barrington and Shakespeare-Finch 2013; Hernandez-Wolfe et al. 2015; Lai et al. 2015; Sultanić 2021). Also consistent with earlier observations (Miller et al. 2005; Splevins et al. 2010; Sultanić 2021), some interpreters seemed to get used to handling distressing stories over time.

Overall, the findings presented in this study suggest the need for constructive guidelines applicable to real-life interpreting assignments, and regular training and workshops on the ways of handling emotions efficiently and making informed decisions in distressing situations. These workshops can involve role-play scenarios with traumatic content and modules on emotion management. It is also important to make interpreters aware of the likely causes and consequences of emotional distress and inform them about self-care and coping methods (see Crezee et al. 2015:79). It would also be highly beneficial to provide interpreters with regular debriefing and group or individual therapy sessions (see Costa et al. 2020). As also suggested by Green et al. (2012), it may be useful to offer more intensive support to novice interpreters with a refugee background. It is also important to inform staff working with interpreters about the interpreters' roles, task boundaries and psychological needs. This might foster more realistic expectations regarding interpreter performance in refugee settings.

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Last but not least, the mentioned actions require awareness of interpreters' demanding and sensitive work among the public and the cooperation of relevant training institutions, professional organizations and agencies employing interpreters.

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