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"Listen! The Interpreter Is Silently Calling for Help!" Interpreter's Mental Health in a Refugee Context

Taojie Yin, Universitat Jaume I

Abstract
This paper primarily centers on the psychological well-being of interpreters, with a specific focus on those working with refugees. Through a review of existing literature on interpreter's mental health, the author identifies and explores the pressing mental health challenges encountered by interpreters in refugee contexts, as well as potential remedies. The ultimate goal is to advocate for the formulation of deliberate strategies aimed at fostering self-preservation of mental health among interpreters during their training. This, in turn, would empower interpreters to mitigate the adverse effects stemming from vicarious trauma.

Keywords: *Interpreter's mental health; Interpreting in a refugee context; Vicarious trauma*

1. Introduction

The mental well-being of interpreters varies significantly based on their individual circumstances and prior experiences. Like the general population, interpreters are susceptible to a range of mental health issues, including stress (Kao & Craigie 2013), burnout (Schwenke et al. 2014; Bower 2015), anxiety (Jiménez-Ivars & Pinazo-Calatayud 2001; Chiang 2009; Arnáiz-Castro & Pérez-Luzardo 2016), depression (Sheppard & Badger 2010), and post-traumatic stress disorder (PTSD) (Cecchet & Calabrese 2011). The profession itself presents significant challenges, demanding heightened concentration, rapid cognitive processing, and effective management of complex or emotionally charged situations (Mastracci et al. 2014). The literature on the mental health of interpreters highlights the numerous challenges they encounter, including stress, burnout, exposure to trauma, and language-related pressures. It emphasizes the critical importance of recognizing these issues and addressing them through targeted interventions and supportive frameworks, such as debriefing with professional psychologists and the establishment of regular exercise routines. After providing an overview of the key themes related to interpreters' mental health, this literature review explores each in greater detail.

2. Research methodology

This study undertakes a literature review, leveraging Google Scholar and ResearchGate as the primary databases for sourcing relevant academic materials. The focus of the investigation is on the mental health of interpreters, with a particular emphasis on those working with refugees. Targeted keywords such as *interpreters*, *mental health*, *vicarious trauma*, and *refugees* are employed to guide the search process. To ensure a thorough exploration of the available literature, various combinations of these keywords are utilized, including *mental health of interpreters*, *vicarious trauma in interpreters*, and *interpreters working with refugees*.

The scope of the review is limited to literature published within the past 25 years, specifically from 1999 to 2024, to ensure that the findings are both relevant and up to date. The inclusion criteria are intentionally broad, encompassing both empirical studies and narrative theoretical research, provided that the research is directly related to the study's focus on interpreter's mental health. During the screening process, the researcher carefully reviews the titles, abstracts, and keywords of the studies identified, in order to ensure their alignment with the inclusion criteria. Furthermore, the researcher considers the number of citations as an indicator of the quality and impact of a study, selecting only those with a minimum of ten citations.

Following this rigorous selection process, a total of 65 articles are included in the review. These selected studies are analyzed using narrative synthesis, a method that facilitates the integration of findings from diverse types of research.

However, there are several limitations to this methodology. The exclusion of non-English articles may have resulted in the omission of relevant research conducted in non-English-speaking regions. Additionally, the reliance on citation counts as a selection criterion may have excluded recently published, high-quality studies that have not yet garnered a significant number of citations.

3. Overview of relevant concepts concerning interpreter's mental health

A literature review on interpreter's mental health reveals significant insights into the psychological well-being of individuals in this profession. Numerous studies have examined various aspects of interpreter's mental health, shedding light on the challenges they encounter and potential coping strategies (Valero-Garcés 2015).

Research consistently emphasizes the high prevalence of stress and burnout among interpreters (Dean & Pollard 2001). The demanding nature of the profession, characterized by substantial cognitive requirements, intense concentration, and the need for rapid information processing, exacerbates stress levels (Christoffels & De Groot 2009). Chronic stress and burnout have been shown to negatively affect interpreters' mental health, leading to symptoms such as anxiety, depression, and emotional exhaustion (Ebren et al. 2022).

Interpreters working in specialized domains, such as healthcare or legal settings, often face profoundly distressing or emotionally charged situations (Century et al. 2007). Although Century and colleagues' statements did not specifically focus on interpreting in refugee contexts, the exposure to traumatic events can result in vicarious trauma, wherein interpreters experience emotional and psychological distress due to their empathetic connection with the clients they serve. To mitigate the potentially long-lasting effects of this emotional bond, it is crucial to establish appropriate support systems and implement targeted interventions, as highlighted by extensive research (Miller et al. 2005; Miller & Rasmussen 2010).

Additionally, interpreters encounter added stress due to the complexities of language and culture (Angelelli 2004). Navigating linguistic and cultural disparities demands significant cognitive effort, leading to mental fatigue and increased stress levels. To address these challenges, interpreting studies emphasize the importance of training programs that prioritize not only language proficiency but also cultural competence and self-care strategies (Fennig & Denov 2021).

While a considerable portion of research has focused on the challenges and risks to interpreter's mental health, there is growing recognition of the need for preventive measures to

enhance their psychological well-being (Silove 2005). To effectively manage the demands of their profession and maintain mental health, interpreters are advised to employ self-care strategies, establish boundaries, and seek professional support (Crezee 2015). Additionally, fostering a positive work environment requires implementing organizational policies and initiatives that prioritize employee well-being (Guest 2017).

3.1 Interpreter's stress and anxiety

In this section, key terms such as *anxiety*, *stressors*, *stress*, *eustress*, and *distress* will be introduced. Although interconnected in the realm of psychological experiences, these terms possess distinct meanings and attributes. *Anxiety* refers to a condition marked by a profound sense of unease, trepidation, or concern about future events or circumstances. It often includes feelings of fear or foreboding and can manifest both cognitively and physiologically (Vanin 2008). Wheaton and Montazer (2010) define a *stressor* as any event, situation, or stimulus that triggers stress, whether physical or psychological, leading to a stress response in the body. Anxiety may function as a natural and adaptive reaction to stressors, helping individuals prepare for potential dangers (Chrousos 1998). However, excessive or persistent anxiety can lead to anxiety disorders, including Generalized Anxiety Disorder (GAD), Panic Disorder, and Social Anxiety Disorder (Wells & Carter 2001).

Stress is a complex phenomenon that encompasses both physiological and psychological responses to perceived threats, challenges, or demands, known as stressors (Nelson & Simmons 2003). It is an intrinsic aspect of human existence (Vikka 2021). Stress can be positive or negative, with *eustress* representing the beneficial form of stress that motivates and energizes individuals, such as the stress experienced during demanding projects or exciting life events. In contrast, *distress* is the harmful form of stress, arising from excessive or damaging stressors (Wheaton & Montazer 2010). Distress occurs when the demands placed on an individual exceed their ability to cope, leading to feelings of overwhelm, anxiety, and an inability to manage effectively (ibid). Mismanagement of distress can have detrimental physical and emotional consequences, with stress-inducing factors arising from both external and internal sources, disrupting an individual's balance and necessitating adaptive responses or coping mechanisms (Cartwright & Cooper, 1997).

External stressors encompass a broad range of scenarios, including occupational demands, financial challenges, interpersonal conflicts, and significant life transitions, such as relocating to a new city. Internal stressors, on the other hand, stem from intrapersonal sources, such as individual thoughts, concerns, or self-imposed expectations, including perfectionism and irrational anxieties. Distress, as the adverse form of stress, emerges when an individual's capacity to manage stressors is overwhelmed (Seery et al. 2010), characterized by feelings of unease, heightened anxiety, and emotional distress. If prolonged and unaddressed, distress can have severe repercussions on both physical and mental well-being, potentially leading to conditions such as depression, anxiety disorders, and a variety of physical ailments.

To summarize, anxiety refers to a state of unease and apprehension, while stress denotes the response to stressors, which can take on both positive and negative forms. Stressors are the specific triggers of stress, and distress is the harmful manifestation of stress, which can adversely impact overall well-being. A deep understanding of these concepts can empower individuals to navigate their responses to stressors effectively and foster holistic mental and physical health.

Given the nature of their work, interpreters frequently experience significant levels of

stress (Courtney & Phelan 2019). The need to rapidly absorb, process, and accurately convey information in real-time places substantial cognitive demands on interpreters, requiring ongoing focus and concentration, which can be psychologically taxing (Camayd-Freixas 2011). Furthermore, interpreters often find themselves in emotionally challenging situations such as interpreting for individuals undergoing trauma, delivering difficult news, or participating in contentious discussions, which can negatively affect their emotional health (Ayan 2020). The limited control interpreters have over the delivery and quality of the original message adds to this stress, especially when tasked with translating unclear, fast-paced, or complex terminology (Camayd-Freixas 2011). Additionally, they may have to deal with specialized and technical material, requiring extensive knowledge and adding mental strain if they are not familiar with the subject matter.

On the other hand, *interpreter anxiety* is a psychological phenomenon that has garnered significant attention in interpreting studies and related fields (Spielberger 2013). One major factor contributing to anxiety among professional interpreters is concerns about language competency (Yan et al. 2012). Worries about proficiency in both the source and target languages, including vocabulary, grammar, and idiomatic expressions, can lead to distress (Jiménez et al. 2015). Contextual factors also play a critical role in influencing anxiety levels in interpreters (Hodáková 2021). High-stakes interpreting situations, such as those in judicial or medical settings, can heighten anxiety (Goodman-Delahunty & Howes 2019). Elements such as unfamiliar material, complex terminology, and the presence of authority figures further exacerbate anxiety levels.

The expectations placed on interpreters to deliver flawless interpretations, meet clients' expectations, and adhere to professional standards contribute to interpreter anxiety (Tribe & Keefe 2009). The fear of making mistakes or misinterpreting important information intensifies this anxiety (Paone & Malott 2008). Consequently, interpreter anxiety can have detrimental effects on performance. Research suggests that high levels of anxiety can impair cognitive processing, attention, memory recall, and decision-making skills (Blanchette & Richards 2010). This can result in reduced accuracy, slower interpretation speed, and compromised interpretation quality, and anxiety can further exacerbate language-related challenges, increasing the likelihood of errors during interpretation (Sparks & Ganschow 1993).

Various coping strategies and interventions have been explored to alleviate interpreter anxiety. Cognitive-behavioral approaches, such as cognitive restructuring, relaxation training, and systematic desensitization, show promise in addressing negative thought patterns and physical symptoms associated with anxiety (Rice 2008; Smith 2007; Sanchez 2008). Training and professional development programs can enhance interpreters' confidence, knowledge, self-efficacy, and interpreting skills, thereby reducing anxiety levels (Jiménez-Ivars et al. 2014). Support systems, including understanding coworkers, mentoring programs, and supervision opportunities, provide emotional support, guidance, and feedback to help interpreters manage their anxiety. Additionally, engaging in self-care practices such as exercise, mindfulness, and stress reduction techniques can effectively alleviate anxiety symptoms and promote overall well-being among interpreters (Crezee 2015).

Interpreter anxiety is a complex phenomenon with significant implications for professional practice (Campbell-Hunt 2007). It is evident that further research is needed to explore its intricacies in different interpreting contexts, develop targeted therapies, and evaluate their effectiveness. Addressing interpreter anxiety through appropriate interventions can improve well-being and professional development, ultimately enhancing the quality of interpretation services provided.

3.2 Interpreter's burnout

Interpreter burnout has received growing attention in the field of interpreting studies and related disciplines (Bolaños-Medina 2022). Although explicit research on burnout among interpreters is somewhat limited, studies on occupational burnout and stress in healthcare professionals, language experts, and other relevant sectors provide valuable insights into interpreters' experiences (Schwenke et al. 2014). Extensive research has identified several factors associated with burnout among interpreters, including heavy workloads, tight deadlines, emotional demands, lack of control, inadequate organizational support, challenging client interactions, and limited opportunities for career advancement (Roziner & Shlesinger 2010).

The detrimental impact of burnout on interpreters' physical, emotional, and mental well-being, as well as on their performance, is well documented. Burnout leads to increased stress, exhaustion, emotional depletion, decreased job satisfaction, reduced work output, and even intentions to leave the profession (Schaufeli et al. 2017).

Research has also explored burnout within specific interpreting contexts such as court, conference, healthcare, and other community interpreting settings (Korpal & Mellinger 2022). Korpal and Mellinger's study highlights the unique stressors and challenges faced by interpreters in these settings, offering insights into the factors contributing to burnout in each context. Additionally, researchers have examined the influence of language and cultural factors on interpreter burnout, including language proficiency, cultural disparities between interpreters and clients, and the emotional strain of interpreting in one's native language within a community context (Westmoreland 2017).

Addressing interpreter burnout requires organizational and systemic considerations. Studies by Miller et al. (2005) and Crezee (2015) emphasize the importance of implementing systemic reforms and providing organizational support. Recommendations include adopting self-care policies, managing workloads effectively, establishing open lines of communication, offering training and professional development opportunities, and recognizing the significance of the interpreting profession.

However, it is important to note that the understanding of interpreter burnout is still evolving, and further research is needed to fully comprehend the unique experiences and challenges faced by interpreters. Continued research will be essential in developing effective interventions and preventive measures to comprehensively address interpreter burnout.

3.3 Interpreter's post-traumatic stress disorder and depression

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that may develop in individuals who have experienced or witnessed a traumatic event (Javidi & Yadollahie 2012). It is characterized by a range of distressing symptoms that persist long after the traumatic event has occurred (Foa 2006), including intrusive thoughts, distressing memories, nightmares, or sudden flashbacks of the trauma. These symptoms can significantly impair an individual's daily functioning and overall well-being. Avoidance behaviors are also common, where individuals deliberately avoid places, people, or activities that remind them of the trauma (Dunmore et al. 1999), and this may manifest as emotional numbness and detachment from their surroundings. PTSD can also involve maladaptive changes in mood and cognition, such as prolonged feelings of guilt, shame, or distorted perceptions of oneself and others. Hyperarousal, including an exaggerated startle response, irritability, sleep disturbances, and a constant state of vigilance, is another hallmark of PTSD. For a diagnosis of PTSD, these symptoms must persist for more

than one month and significantly disrupt the individual's ability to perform daily activities (Breslau 2001).

Interpreter PTSD has emerged as a significant psychiatric concern within the field of applied linguistics and interpreting studies (Crezee 2013). According to Ehntholt and Yule (2006), interpreters may be more susceptible to developing PTSD than the general population, although specific research on PTSD among interpreters is limited. The nature of their work often exposes interpreters to frequent traumatic or distressing events, making them particularly vulnerable (Bhatia 2020). Interpreters working in high-stress environments, such as war zones, refugee camps, or with victims of violence and trauma, are especially at risk (Porterfield et al. 2010).

Several risk factors contribute to the development of PTSD in interpreters. Direct exposure to traumatic events, including violence, human suffering, and graphic accounts, increases the likelihood of developing PTSD symptoms (Crombach & Elbert 2014). Personal factors, such as a history of trauma and coping mechanisms as well as the intensity and frequency of exposure, are also significant. Additionally, inadequate debriefing or supervisory procedures, lack of training and support in managing stressful experiences, and limited access to mental health resources can further exacerbate the risk (Green et al. 2016).

PTSD among interpreters has profound implications for both their mental health and professional practice (Knodel 2018). Symptoms such as intrusive thoughts, nightmares, hypervigilance, and emotional numbing can severely impact interpreters' well-being, functioning, and quality of life (Beehler et al. 2012). The emotional toll of PTSD may lead to burnout, compassion fatigue, and a diminished ability to provide high-quality interpretation services (Lynch & Lobo 2012). Interpreters may struggle with emotional regulation, handling client distress, and maintaining professional boundaries (Hsieh et al. 2010).

Addressing PTSD in interpreters requires a comprehensive approach involving both systemic and individual interventions (Hettich et al. 2020). Trauma-focused therapies, such as Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive-Behavioral Therapy (CBT), have proven effective in alleviating PTSD symptoms and enhancing coping strategies (Ponniah & Hollon 2009). Creating a supportive work environment that prioritizes mental health and provides access to necessary services is crucial. Implementing peer support programs, debriefing sessions, and professional supervision can help interpreters process traumatic experiences and manage their mental well-being (Anderson 2011; Doherty et al. 2010; Berthold & Fischman 2011; Lai & Costello 2021). Additionally, self-care practices such as mindfulness, breathing exercises, and physical activity can enhance interpreters' resilience and overall well-being (Christopher et al. 2006; Crezee 2015; Griffiths et al. 2019).

Within interpreting studies, interpreter depression is another critical factor to consider (Kindermann et al. 2017; Ingvarsdotter et al. 2012). Depression, clinically known as major depressive disorder (MDD), is a severe and persistent mental health condition characterized by ongoing feelings of sadness, hopelessness, and anhedonia—the inability to derive pleasure from activities once enjoyed. Depression goes beyond typical fluctuations in mood and can significantly impair an individual's ability to engage in daily activities (McCarter 2008). Key features of depression include persistent sadness, loss of interest in previously enjoyable activities, and various physical and cognitive symptoms, such as changes in appetite, sleep disturbances, fatigue, difficulty concentrating, and thoughts of death or suicide (Kumar et al. 2012; Horwitz et al. 2016). Some individuals with depression may also experience unexplained physical pains, such as headaches or stomachaches, which are often linked to the condition.

The impact of depression on professional performance highlights the need for further

research and targeted interventions. Effective treatment of interpreter depression may involve therapy, mindfulness practices, and robust support systems (Eifert & Forsyth 2005). Continued research is necessary to fully understand the causes of interpreter depression and to develop the most effective preventive and treatment strategies. Enhancing the well-being of interpreters will not only increase job satisfaction but also improve the quality of interpretation services provided (Ku & Flores 2005; Masland et al. 2010).

4. Vicarious trauma

Vicarious trauma (VT), also known as secondary trauma or compassion fatigue, refers to the emotional, psychological, and physical distress experienced by individuals exposed to the traumatic experiences of others, especially those working in helping professions (Pearlman & Canfield 2005; Saakvitne 2013; Melvin 2015; Figley & Ludick 2017; Rauvola et al. 2019). The profound impact of VT on the well-being of helping professionals, such as therapists, social workers, nurses, and first responders, has garnered significant attention within the fields of psychology and mental health (Figley & Kleber 1995; Hydon et al. 2015; Hernandez-Wolfe et al. 2015). Despite their primary objective of providing support and care to trauma survivors, these professionals are at risk of experiencing VT (Meadors et al. 2010; Palm et al. 2004; Adams et al. 2006; Pearlman & Mac Ian 1995). As Ndongo-Keller (2015) highlights, community interpreters also fall into this category of professionals. Their work often involves exposure to the traumatic experiences of the individuals they assist, placing them at risk for VT. The cumulative effect of witnessing or interpreting distressing stories can lead to symptoms similar to those experienced by trauma survivors themselves, including anxiety, depression, and burnout.

4.1 Nature and extent of refugee trauma exposure

The extent and nature of trauma exposure among refugees vary considerably, depending on factors such as their countries of origin, reasons for displacement, and individual experiences (World Health Organization 2018). The primary impetus for refugees to flee their homelands typically arises from situations marked by persecution, violence, war, or other deeply distressing circumstances (Malkki 1996).

War and Conflict: War and conflict are significant contributors to the trauma experienced by refugees (Schauer & Schauer 2010). Many refugees have directly or indirectly encountered the devastating consequences of such conflicts (Urdal & Che 2013). These encounters often involve enduring or witnessing acts of violence, bombings, shelling, torture, and other traumatic events associated with armed conflicts (Schauer 2008). These profoundly distressing experiences have a substantial impact on their psychological well-being (Huppert 2009).

Political Persecution: Political persecution is another critical factor affecting refugees (Almqvist & Brandell-Forsberg 1997). Such persecution is often linked to political ideologies, religious affiliations, or ethnic backgrounds (Amit & Bar-Lev 2015). Refugees may be specifically targeted for violence, imprisonment, or subjected to various forms of abuse due to their political activism or affiliation with oppressed groups (Rees & Silove 2011).

Forced Displacement: Forced displacement is a common experience among refugees (Jacobsen & Landau 2003; Hathaway 2007). The forcible uprooting from their homes and communities constitutes an inherently traumatic ordeal (Gorman 2001). Refugees frequently

undertake treacherous and arduous journeys, which may involve perilous sea crossings, lengthy treks, or overcrowded and unsafe modes of transportation (Andersson 2014). These experiences cause both physical and psychological distress.

Loss and Separation: Refugees often endure significant losses, including the separation from family members, destruction of homes, loss of possessions, and disruption of social support networks (Bronstein & Montgomery 2011). The uncertainty surrounding the whereabouts of loved ones and the forced separation contributes to prolonged feelings of grief and bereavement (Lovato 2019).

Gender-Based Violence and Sexual Trauma: Gender-based violence and sexual trauma are also prevalent among refugees, particularly affecting women and girls in conflict and displacement settings (Goodson et al. 2020). They may be subjected to acts of violence such as rape, sexual exploitation, forced marriage, and other forms of abuse, leading to enduring psychological and physical consequences (Messman-Moore et al. 2000).

Interpersonal Trauma: Traumatic experiences within the families or communities of refugees are also unavoidable (Makoala 2008). These can include witnessing violence against friends or family members, exposure to domestic violence, or enduring child abuse. Such events have a profound impact on their mental well-being (Artz et al. 2014).

Torture and Severe Human Rights Violations: Some refugees have endured the horrors of torture or other severe violations of their human rights (Welch 2004). These experiences often result in complex trauma, manifesting in significant psychological, physical, and emotional repercussions.

4.2 Interpreters in refugees contexts threatened by VT

Community interpreting involves navigating complex scenarios, such as those found in healthcare, legal settings, and refugee assistance (Norström et al. 2011; Guntienė 2014; Valero-Garcés 2015). When refugees arrive in host countries, language barriers create significant challenges, highlighting the crucial role of interpreters in facilitating the resettlement process and enhancing access to mental health services. Given the limited availability of multilingual therapists relative to the demand for therapy and assessment services for refugee trauma survivors, interpreters are often called upon to work in therapeutic contexts (Brisset et al. 2014; Morina et al. 2017). It is essential to recognize the impact on interpreters, who not only listen to but also directly relay clients' traumatic experiences (Simms et al. 2021).

Previous research indicates that interpreters working in therapeutic settings with refugees and survivors of torture face risks similar to those encountered by other providers (Barrington & Shakespeare-Finch 2013; Holmgren et al. 2003; Mehus & Becher 2015; Splevins et al. 2010). In addition to common risk factors shared with other providers, interpreters face unique challenges, such as regularly translating clients' traumatic narratives in the first person and often sharing cultural or refugee backgrounds with their clients. Notably, some interpreters working in refugee mental health are themselves refugees (Holmgren et al. 2003). Interpreters with personal trauma experiences, including state-sponsored persecution, are at a heightened risk of distress due to repeated exposure to triggering stimuli.

To mitigate the stress associated with interpreting trauma narratives, it is beneficial for interpreters to have access to peer consultation and debriefing sessions with the providing therapist (Anderson 2012; Bell et al. 2003; Jordan 2010). Continuous exposure to explicit details of torture, abuse, and violent events during their work can lead to VT, which may alter interpreter's beliefs about themselves, their worldview, their faith, and their psychological

functioning (Palm et al. 2004; Sexton 1999; Canfield 2008). Interpreters are particularly vulnerable to experiencing VT and its associated effects.

Despite the importance of understanding the impact on interpreters working with refugees and asylum seekers, research on this topic remains limited (Miller et al. 2005). Additionally, existing studies have highlighted inadequate and ineffective training for interpreters, leading to role conflicts between interpreters and clinicians, as well as boundary issues with clients. These concerns will be further explored below.

4.3 Interpreters threatened by VT in psychotherapy for refugees

In recent years, there has been an increasing scholarly focus on the pivotal role of interpreters in facilitating mental health treatment for refugees, with their involvement recognized as crucial and intricately linked to the work of therapists and patients (Lambert & Alhassoon 2015). The acceptance of the relationship between the client and interpreter by mental health practitioners depends on whether they adhere to the 'black box' or the three-person alliance model of interpreting (Miller et al. 2005). The black box model views interpreters as impersonal translation machines, merely conveying words verbatim. In contrast, the three-person alliance model acknowledges the interpreter as a visible and integral part of the therapeutic space, playing a key role in fostering the therapeutic relationship and enhancing cultural awareness among all participants (ibid).

While the use of spoken-language and sign-language interpreters can help overcome language barriers, the task of interpretation within trauma therapy can pose significant challenges for interpreters who lack training in mental health (Villalobos et al. 2021). Interpreters working with refugees often encounter traumatic content while providing interpreting services in psychotherapy settings (Bancroft 2013; Searight & Searight 2009). Refugees, as a group, often have a history of trauma or have personally experienced traumatic injuries (Ehntholt & Yule 2006).

In a study by Shakespeare (2012), eight interpreters with experience in psychotherapy settings with refugees expressed strong feelings of empathy for their clients. However, they also reported feeling overwhelmed by distress, as they could intensely feel what their clients were experiencing. Knodel (2018) conducted a study based on interpreters' personal experiences, leading to an online survey of 222 sign-language interpreters. Knodel's (2018: 1) survey revealed that 83% reported experiencing VT in psychotherapy interpreting, with 58% indicating they had not received any training on managing the emotional impact of their assignments. Previous research suggests that interpreters, particularly those in the mental health field, should develop strategies to cope with emotionally charged situations (Walker & Shaw 2011).

Bontempo and Malcolm (2012) explicitly stated that sign-language interpreters are not immune to trauma exposure. Harvey (2003) further asserted that sign-language interpreters are particularly susceptible to 'empathic drowning.' Searight and Searight (2009) recommended that clinicians working with interpreters be aware of the possibility of VT in interpreters when patients discuss traumatic experiences in therapy. They emphasized that psychologists must be vigilant to this potential secondary trauma, as interpreters may resurface their own traumatic memories. Even when interpreters do not directly relate their personal experiences to those of their clients, they can still internalize the suffering they witness.

Granger and Baker (2003) discussed how the emotional demands placed on interpreters often go unrecognized, and that interpreters receive insufficient training and support to manage

these demands. Anderson (2011) supported this perspective, suggesting that interpreters are as susceptible to occupational stress as mental health professionals, but often lack adequate training to identify and counteract these negative effects. Interpreter education programs should consider raising awareness of potential stressors among their students to facilitate the early development of self-care strategies in their careers.

Despite these recommendations, there is limited evidence regarding the effectiveness of interpreter's approaches to managing VT (Wessling & Shaw 2014). Debriefing is the most commonly used psychological strategy to mitigate the negative effects of VT (Kinzel & Nanson 2000). However, some interpreters perceive it as a potential breach of confidentiality (Knodel 2018). Although some interpreters have developed their own self-care programs, significant gaps remain in interpreter education regarding the management of VT. Additional training in mental health contexts can enhance the quality of interpreting.

Searight and Searight (2009) reported that only 20% of interpreters working with long-term psychotherapy patients have received formal preparation in mental health. Walker and Shaw (2011) emphasized that a lack of training or familiarity with the therapeutic process can lead to additional stress when the demands of interactions surpass available resources. Berthold and Fischman (2014) noted that the emotional needs of interpreters are often overlooked, and their selection and training processes are frequently inadequate. Insufficient selection procedures fail to protect clients and interpreters from situations where personal history, religious or political differences, ethnicity, or other factors render their work incompatible and potentially traumatizing for both parties.

5. Discussion and Conclusion

This research underscores the significant mental health challenges faced by interpreters working with refugees, who must navigate not only language and cultural barriers but also the emotional and psychological toll of their client's traumatic experiences. Such exposure frequently leads to VT, stress, anxiety, and burnout, highlighting the urgent need for specialized mental health training and support systems tailored to the unique demands of this role.

The findings emphasize the necessity of evolving interpreter training programs to include comprehensive mental health components that go beyond language proficiency and cultural understanding. These programs should equip interpreters with the tools to recognize signs of mental health strain, provide effective coping mechanisms, and train them in stress management techniques. Incorporating these elements is crucial for mitigating the effects of VT and improving both job satisfaction and professional performance among interpreters.

The research also advocates for the adoption of innovative training methods, such as virtual reality (VR) simulations, to offer interpreters experiential learning opportunities in a controlled, immersive environment. VR scenarios can replicate the pressures and challenges encountered in refugee settings, allowing interpreters to develop and refine their coping strategies in a realistic yet safe context. This technological approach could represent a significant advancement in interpreter training, offering a dynamic and engaging method to prepare them for the complexities of their roles.

In addition, systemic changes within organizations that employ interpreters are essential. Institutions should implement policies that support the mental well-being of interpreters, such as regular debriefing sessions with psychologists, peer support groups, and routine mental

health assessments. These measures can help mitigate the effects of VT and provide a crucial support network for interpreters facing these challenges.

Further research is imperative to continuously improve the support available to interpreters. Future studies should examine the efficacy of proposed interventions and seek to understand the long-term impacts of VT on interpreter's mental health. By deepening the understanding of these issues and testing the effectiveness of various support mechanisms, the field can better protect and empower interpreters working in these demanding and critical roles.

In conclusion, enhancing interpreter training to include comprehensive mental health support not only benefits the interpreters themselves but also ensures higher quality and more empathetic communication services for refugees. This, in turn, contributes to better health and legal outcomes for this vulnerable population, underscoring the importance of ongoing research and innovation in this field.

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Taojie Yin
Department of Translation and Communication Studies
Universitat Jaume I
e-mail: yeeniver@126.com
ORCID: 0009-0002-6152-2737