


2015

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Recommended Citation

Macdonald, Jami L. (2015) "Vicarious Trauma as Applied to the Professional Sign Language Interpreter," *Montview Liberty University Journal of Undergraduate Research*: Vol. 1: Iss. 1, Article 6.

Available at: <http://digitalcommons.liberty.edu/montview/vol1/iss1/6>

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Vicarious Trauma as Applied to the Professional Sign Language Interpreter

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Abstract

This collected research and analysis will focus on vicarious trauma as applied to the experience of the professional Sign Language interpreter. Sign Language interpreters work in a vast scope of different settings where there can be a high risk of exposure to traumatic events or content and where the staffed professionals are equipped with training and support services. Sign Language interpreters do not have access to training or support services for managing vicarious trauma, though they are widely impacted by it. The extent of impact depends on the nature of the assignment as well as the susceptibility of the interpreter. Sign Language interpreters face a unique risk due to the nature of a dual-mode interpretation process, majority status struggle, and the required strict adherence to confidentiality through their Code of Professional Conduct. The lacking discussion of vicarious trauma for professional Sign Language interpreters has resulted in a dearth of effective preventative strategies and support systems within the field. This deficiency has resulted in positive and negative consequences of interpreters self-discovering active and inactive coping strategies. The overview of impact and current coping strategies will conclude that the addition of interpreter training and education on vicarious trauma, interpreter self-analysis, and colleague support groups would be valuable to the profession.

Vicarious Trauma as Applied to the Professional Sign Language Interpreter

The American Counseling Association (2011) has defined vicarious trauma as “the emotional residue of exposure” to “the pain, fear, and terror that trauma survivors have endured” (p. 1). To be succinct as well as sufficiently generic for application purposes, vicarious trauma has also been described as “the absorbing of another person’s trauma” (Vigor, 2012, para. 3). Through his work as a clinical psychologist, Dr. Michael Harvey (2003) reports learning that trauma is, in fact, contagious. Professional Sign Language interpreters work in any and all settings, including medical, mental health, psychology, emergency response, and social services. The internal personhood of the Sign Language interpreter is impacted by trauma through the variety of assignments, the extent to which depends on both the external factors of the assignment and the internal susceptibility of the interpreter. Sign Language interpreters thus require training and education on vicarious trauma as well as support services just as other professionals who work in settings with high-risk for vicarious trauma.

Sign Language Interpreter Job Assignment Scope

When one considers trauma, certain situations and environments tend to come to mind: hospitals, emergency rooms, mental health facilities, courts, prisons, treatment and recovery programs, therapy or counseling, shelters for women and children, refugee shelters and more. Some of those who are trained for work in these areas include police, parole, and probation officers, emergency responders, medical staff, counselors and therapists, addictions or recovery workers, social service workers, refugee service providers, victim or witness service providers, and Children’s Aid Society workers. The training necessary for any of these occupations includes instruction on how to function professionally in the face of disturbing situations or information. As many of these occupations are under an agency or larger collective hiring entity,

and due to their understood risk of exposure to trauma, they commonly have access to counseling or support services within their field.

Sign Language interpreters can be called into any one of the situations mentioned above. They have a highly diverse work environment, as they can work assignments in preschool classes, high-profile business meetings, cult services, or notifying families of a loved one's death. They also often work in more than one of these situations within a single day. Studies have shown that the result of such exposure is that "nearly all language interpreters experience some symptoms of vicarious trauma, burn out, compassion fatigue, or increased stress as a result of their repeated exposure to traumatic information and stories" (Vigor, 2012, para. 2).

In the public eye, Sign Language interpreters are thought to be fascinating. The public wonders at the curious visual language they use as they see them at church, at public events, or on public broadcasts. What the general public does not see is the Sign Language interpreter in the ER, in the Child Protective Services office, or in the mental health facility, but interpreters are at least just as likely there as on a screen or stage.

Vicarious Trauma Manifested

The impact of vicarious trauma on the Sign Language interpreter may vary by the individual's history, resilience, personality, coping mechanisms, maturity, training, experience in the field, gender, and cognitive ability. External elements such as the severity of the situation, the environment, and the nature of the content being interpreted can also be factors. According to Czech author, Milan Kundera, the initial pain is then "intensified by the imagination and prolonged by a hundred echoes" (as cited in Harvey, 2003, p. 207). This intensified pain leads to feelings of anger/irritation, dread, anxiety, sadness, hopelessness, and guilt. Remaining unchecked, signs of vicarious trauma begin to develop. The individual may experience:

flashbacks, dreams/nightmares, being easily startled, low self-image, withdrawal, isolation, difficulty talking about feelings, change in eating habits, diminished joy and sense of accomplishment, feeling trapped by work, blaming others, overworking, rejecting closeness, poor communication, avoidance of traumatic assignments, relationship difficulties, and decreased product quality (American Counseling Association, 2011; Bontempo & Malcom, 2012; Vigor, 2012).

There can also be physical consequences including sleeping issues, physical pain, headaches, exhaustion, stomach problems, and other health deterioration (American Counseling Association, 2011; Bontempo & Malcom, 2012; Vigor, 2012). The end result of this track can be a taxing effect on the product and the interpreter - personally, physically, and professionally (Whynot, 2012). Vicarious trauma is thus a valid concern among interpreters, due to its severe consequences and prominence in the field.

Specific Complications for Sign Language Interpreters

Assignment Settings and Content Exposure

The extent of damage that vicarious trauma can cause depends on the combination of set external factors and the determined susceptibility of the Sign Language interpreter. External factors are dictated by the setting, events, communication content, and the hearing and Deaf clients – all things which are beyond the control of the interpreter. A survey of sixty-seven Sign Language interpreters from across New England, New Jersey, and New York revealed a relationship between the assignment setting and the degree to which one experiences vicarious trauma, “with greater trauma experienced by interpreters working in the healthcare setting” (Andert & Trites, 2014, p. 2). Also noted was that there was no correlation between an

interpreter's years of experience and the degree of severity in struggling with vicarious trauma (Andert & Trites, 2014).

Simona, a Czech-Slovak language interpreter, found for herself that "...interpreting for victims of physical abuse and rape, or for a person with a terminal disease, are the hardest situations" (Vigor, 2012, Q. 4). Sign Language interpreters report having assignments which include interpreting for Deaf adults or children who have been victims of physical or sexual abuse, clients threatening suicide, recounting abuse, severe psychotic episodes, yelling profanities and accusations at people, as well as interpreting in medical setting including "telling a patient they [have] cancer and end of life decisions (interpreter interviewees A & C, 2015)." One interpreter admitted to typically leaving such assignments absolutely exhausted, "and feeling the kinds of feelings that I would expect the Deaf person to have (interpreter interviewee A, 2015)." Interpreting in settings which are emotionally-charged becomes a challenge, as the professional interpreter has an immersive experience in the content communicated.

The Myth of Neutrality

If there is to be an understanding of the reality of vicarious trauma, there must be one also of the undeniable personhood and vulnerability of Sign Language interpreters. In order to maintain the flexibility needed for dynamic equivalence – the equivalence of the interpreted message, meaning, and intent to the original source and delivery – Sign Language interpreters have historically been instructed to remain neutral. Restricting the interpreter from having personal impact on the interpreted message has been misconstrued to seem that the interpreter must not herself *be* or *feel* impacted. Pearlman & Saakvitne have noted that "it is possible to act neutral in high-stress situations, but one cannot feel neutral" (as cited in Harvey, 2003, p. 207).

The difference is subtle, and the misconception is that these are synonymous: the

restricted *external expression* of personhood and impact on the interpreter, and the *actual internal experience* of the personhood and impact on the interpreter. Interpreters Bontempo and Malcom (2012) went as far as to say that “it is never possible to temporarily block the self” (p. 110). Though one interpreter deliberately tried to prepare ahead of time not to fall apart while working with material directly related to a fatal tragedy, this individual admitted that even now, “whenever someone mentions [said tragedy], all those pent-up feelings spill out and I'm likely to cry even this many years later (interpreter interviewee A, 2015).” For the selfhood of the interpreter to not *be* affected, it must be squelched, meaning also that there will be a lack of the intuition and sensing which are necessary to the interpreting profession. This results in mechanic and therefore insufficient interpreting and service.

The Interpretation Process

Interpreters have susceptibility to vicarious trauma simply as human beings. However, they are more than mere witnesses of trauma: they are facilitating the exchange of the disturbing or emotionally-charged information, and thus have a unique experience with vicarious trauma, differing from other professionals. Interpreting requires efficient cognitive processing of all the source material. Professional coach Arlyn Anderson (2011) explains that “The quality of listening in which the interpreter engages is qualitatively distinct from that of the caregiver, therapist, or helper. Interpreters report that they not only listen to, and are present for, the retellings of traumatic experiences by clients who perpetrate or have experienced trauma, but they also interact with the trauma material on a visceral level” (p. 3). Therefore, not only are interpreters exposed to disturbing events and information, but they channel it: abuse, torture, violence, loss, tragedy, pain, grief, suffering, trauma, death, and any other graphic or emotional material (Vigor, 2012).

Interpreting effectively requires an element of taking on the source speaker or signer to provide dynamic equivalence. This can often include switching between stark emotional contrasts. For example, an interpreter facilitating between a patient and a doctor would face contrast if the doctor is curt and the patient is receiving news that their condition is terminal. As one spoken language interpreter stated, “I am the one relaying the information; so to these people who don’t understand English, I am the one delivering the news. But I am also the one who interprets the reaction and the pain of the patient to the doctor” (Vigor, 2012, Q. 3). In fact, the use of first-person voice, which is typical in professional interpreting, has been thought to increase the interpreter’s risk of experiencing vicarious trauma (Bontempo & Malcom, 2012): “You start associating with the story much more than if you were just reading or hearing about it, and you unwittingly start to absorb the trauma as if it were your own” (Vigor, 2012, Q. 3). Sign Language interpreters do not only process and engage with the material auditorily, but also visually. “The interpreter visualizes the scene of brutality or persecution...” (Anderson, 2011, p. 4). This increases the cognitive and dynamic investment in the material.

Majority Status

Sign Language interpreters have an especially unique struggle as they work with a minority population. Everywhere there are deaf people, they are the minority both culturally and linguistically. They have and still regularly experience oppression (Bauman, 2004). One clinical psychologist has found through working with Sign Language interpreters that “a sense of being helpless to remove a client’s pain [leads] to self victimization and feelings of inadequacy, alongside feelings of guilt that [are] related to interpreters’ perceived privileged majority status” (as cited in Bowley, Cohen, Joseph, Murray, & Splevins, 2010, p. 1706). Repeated exposure to oppression leads to vicarious shame and a higher risk of vicarious trauma (Harvey, n.d.).

Code of Confidentiality

Another complication Sign Language interpreters face is the National Association of the Deaf (NAD) and the Registry of Interpreters for the Deaf (RID) Code of Professional Conduct (CPC) (NAD-RID, 2005). The CPC demands a strict adherence to assignment confidentiality which causes some interpreters to refrain from seeking a personal support system. An interpreter who has just spent her morning working in an Emergency Room with a victim of child abuse is bound by confidentiality not to disclose any information about her assignment to anyone. Some interpreters agree with Dean and Pollard and opine that “talking about one’s work for the express purpose of professional development and work improvement clearly is consistent with the highest ethical standards” (as cited in Anderson, 2011, p. 3). However, it takes acute discernment to process personal responses apart from disclosing any confidential information, and that is a difficult balance to find and maintain.

Dearth of Discussion and Resources

Most, if not all interpreters have experienced some level of vicarious trauma. The reality is “if you are in this field more than 5 minutes, you will run into these types of situations (interpreter interviewee A, 2015).” Many Sign Language interpreters are not prepared by education programs for the situations they may face on the job (Bontempo & Malcom, 2012). One interpreter reports though having over twenty years experience in the field, receiving no training or education on vicarious trauma as an interpreter (interpreter interviewee A, 2015). Another interpreter with nearly 20 years of experience also reported no training on the subject, though a previous position in the mental health field had provided education and training on dealing with vicarious trauma (interpreter interviewee C, 2015). Both reported having been affected by vicarious trauma.

As this is a concern of so many within the Sign Language interpreting field, there ought to be solutions such as a resource bank or available support services to sustain and strengthen the profession. Instead, Anderson (2011) reported that “A search of the Registry of Interpreters for the Deaf, Inc. (RID) website, which is the member organization for this nation’s nearly 15,000 professional sign language interpreters, yielded no mention of vicarious trauma, secondary trauma, or compassion fatigue” (p. 2). A current search (April 2015) of the RID website revealed no update to her findings.

Current Coping Strategies

Interpreters have had to develop their own outlets and processing techniques for dealing with vicarious trauma. Some of these include allowing themselves to cry; verbally processing alone, with a pet, or with a team interpreter if one was present; and sharing feelings and responses with other interpreters or people they are close to in a way that does not disclose assignment information (interpreter interviewees A, B, C, 2015).

There are active and inactive coping strategies. Inactive strategies include isolating oneself, disengagement, avoidance, overworking, minimizing, denial, blaming, apathy, distress and aggression (Bontempo & Malcom, 2012). Interpreters who try alone to manage their exposure to disturbing experiences face a more threatening risk of struggling with vicarious trauma (Anderson, 2011). Inactive strategies lead to numbness, bitterness, and depression. One participant in a survey of spoken language interpreters in England reflected on her experience and where it has brought her: “I just feel like there’s no need to trust anyone anymore. People are evil, people are wicked... I don’t have to trust or be naïve again” (Bowley et al., 2010, p. 1712).

Other interpreters deliberately choose active coping strategies such as forgiving mistakes, humor, problem solving, hobbies, peer and social support, receiving mentoring, spiritual care, counseling, exercise, journaling, and leaving a transition time between work and home to help compartmentalize thoughts (Bontempo & Malcom, 2012, p. 118). One interpreter reported allowing for a set period of mental processing time, “then put it in a case, label it, and store it in a ‘mental vault.’ I work to separate that person’s experience from my own experience (interpreter interviewee C, 2015).”

Many of the interpreters who seek out active coping strategies report having a renewed appreciation for life, vulnerability, and relationships (Bowley et al., 2010, p. 1713), and appreciate that their job teaches them “to treat people with dignity and respect regardless of their life situation” (Vigor, 2012, Q. 8). It is important for interpreters to consciously remind themselves that it is not their personal trauma to wear (Vigor, 2012). Dr. Harvey reports that learning to effectively manage trauma can become a transformative experience (Harvey, n.d.).

Conclusion: Moving Forward

The resources currently available to interpreters are vastly self-discovered coping strategies. Just as any other professionals working in high-risk trauma settings or with disturbing content, Sign Language interpreters require access to education, training, colleague collaboration, and support services (Bowley et al., 2010, p. 1714). In 2011, a Peer Support and Consultation Project for Interpreters (PSCPI) was conducted where a group of sixteen nationally certified Sign Language interpreters, whose experience varied from 4 – 35 years in the field, met monthly for 2 hours. The goal was to test the effect of group support on dealing with vicarious trauma. The study displayed a strong positive relationship between participation in a PSCPI group and “increased positive perception of being part of a productive and supportive

professional network, as well as having a variety of strategies for self-care and self-management” (Anderson, 2011, p. 1). Participants felt that the opportunity led to validation of their struggles, decreased stress, feeling more equipped to personally handle the effects of vicarious trauma, and a positive experience within a colleague support network (Anderson, 2011).

Other experienced Sign Language interpreters are recommending that interpreters in training are better prepared for the gravity of what they will face in the field. They need to have exposure to high-risk subject matter before walking into a high-risk assignment, and be guided in self-analysis to determine if there are certain settings that will trigger an emotional personal response (interpreter interviewees A, B, C, 2015).

Training and education in prevention strategies need to be implemented to decrease the likelihood and degree of effect of vicarious trauma. Bontempo and Malcom identify that because the personal susceptibility of the interpreter plays a large role in how they will experience and deal with vicarious trauma, “incorporating trait awareness into interpreter training and developing skills such as self-confidence, positive coping strategies, assertiveness, and resilience would also most certainly be useful” (Bontempo & Malcom, 2012, p. 123). They also note that peer groups within interpreter training are important for the development of trust and coping strategies. Educators and mentors who cultivate cooperative classrooms better equip their students for their future in the field (Bontempo & Malcom, 2012).

With a healthy awareness, training, and access to support services within a collaborative professional colleague network, interpreters could be better prepared on how to reduce their risk of vicarious trauma and properly process trauma. Their personal care as well as the quality of their professional services and the Sign Language interpreting profession as a whole will experience vibrant growth when equipping supports are established.

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