Chapter 29
The Mental Health Interpreter:
The "Third Space" Between Transference and Counter-Transference

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ABSTRACT

This chapter aims to provide an interpretation of the role of the mental health interpreter, using the concept of "third space" taken from the field of cultural translation and the psychoanalytical concept of transference/counter-transference. Such interpretation provides a unique and novel analysis of the work of the mental health interpreter through the perspective of the "third space", thus enabling a broader view of the interpreter's role in the therapeutic session. The authors' insights are based on a reflective journal written by the first author while working as an interpreter during a parental training in a public mental health clinic in Israel. By reviewing the different roles, powerplays, and challenges in this third space, the authors will suggest some practical recommendation regarding the training and supervision of mental health interpreters, allowing them to serve as competent and ethical mediators between the patient and the therapist.

INTRODUCTION

The literature on interpreters in public services (including mental health interpreting) has long been recognized the interpreter-mediated session as an interaction (Wadensjö, 1992) in which not only the main parties have distinct voices (e.g. "the Voice of Medicine" and "the Voice of the Life-world", as Mishler [1984] refers to them) but also the interpreter. Brisset and colleagues (2014) have found that collaboration with a competent interpreter helps the healthcare provider to better listen and understand the patient's lifeworld (Leanza, Bolvin & Rosenberg, 2013). Such examination of the interpreter's dynamics

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in public service settings challenges "the myth of the uninvolved interpreter" (Bot, 2003) and assumes a more present, active and involved role for her (Hseih, and Nicodemus, 2015). The dynamics in the triadic encounter are even more significant in mental health settings, as will be further elaborated later on.

This paper aims at analyzing the work of the mental health interpreter from a new perspective – that of the "third space", thus enabling a broader view of the interpreter's role in such settings. The authors base their insights on a reflective journal written by the first author while working as an interpreter during a parental training in a public mental health clinic in Israel. She interpreted between Hebrew and Italian throughout 20 sessions that took place between January and August 2016. With the background of a mental health worker and a trained interpreter, her observations refer to the linguistic, cultural and psychological aspects of the interpreted session.

BACKGROUND

Language, Interpreting and Health

The importance of the mother tongue in psychotherapy is extensively discussed in the literature (Amati-Mehler, Argentieri & Canestri 1990, Santiago-Rivera & Altarriba, 2002). The centrality of words in psychoanalytic psychotherapy is crucial as a pathway to analysts' and patients' access to the content and effect of pathogenic unconscious, fantasy, memory and complexes and contribute to an effective therapy.

A meta-analysis of 76 studies found that therapies offered in the patient's mother tongue were twice more effective than therapies offered in English (Griner & Smith, 2006), with more effectiveness being measured when the therapy included culturally adapted measures. In the macro level, patients who are not proficient in the country's primary language may encounter barriers to the use of mental health services (Sentell, Shumway, & Snowden, 2007), as well as higher rates of treatment dropout, recurrent and longer hospitalizations, poor adherence to medication and treatment recommendations, lower client satisfaction. Naturally, all these barriers may contribute to health disparities among fragile populations.

When patient-therapists language concordance is not possible, the session should be mediated through an interpreter (Brisset et al., 2014). Based on understanding of the importance of language in psychotherapy, some therapeutic models, e.g. the Cultural Consultation Service (CCS) in Canada, suggests considering the social, cultural and political context of the patient's behavior and symptoms, to provide better diagnosis, assessment and treatment plan (Kirmeyer et al., 2003). In such cases, cultural mediators (sometimes referred to as cultural 'brokers') eliminate not only the language gaps, but become go-betweens who sensitize clinical practitioners to patients' belief systems and encourage patients to "trust" the institutional system. According to Miklavcic and Leblanc (2014) who studied the Canadian CCS mentioned above, cultural brokers can help in assimilating the immigrant's point of view to the healthcare system and broader society, by offering a more inclusive two-way exchange of the other's perspective.

Since the triangular encounter of the therapist-patient- interpreter requires specific expertise and preparation, many providers often lack the appropriate training to effectively use interpreters during therapy. For example, a survey among mental health providers in Montreal, Canada, revealed that even when linguistic resources such as interpreters were available, many providers were not aware to issues like the dynamics in the triadic encounter, the possible roles of the interpreter, and key elements for a successful interpreter-mediated intervention (p. 1245).