Chapter 67
Interpreting in Mental Health, Anything Special?

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ABSTRACT

This article discusses some of the key issues of mental health talk in general, both in attitude as well as in words, and dwells upon the difficulties this can pose for interpreters. Subsequently, ways to deal with these difficulties are given. The issue of empathic stress is touched upon. It is argued that, with general background knowledge of disorders and treatment methods and with support to deal with emotional situations, interpreting in mental healthcare will be a very rewarding type of work. Without such preparation and ongoing support, interpreters may not always be able to join into the therapeutic communication properly, which may harm the progress of the treatment and may also hamper their own feelings of well-being and job satisfaction.

INTRODUCTION

The medical sector is a wide and differentiated field. So, it is probably true that each medical specialisation poses specific challenges to interpreters and has its own specific requirements for them. In this chapter, the focus is on interpreting in mental healthcare which differs from the somatic sector on at least one very important point: complaints can nearly only be expressed in words, next to some additional observation of behaviour. Analyses of various bodily fluids, palpation, testing of reflexes, listening to bodily sounds et cetera are relevant in the somatic realm; in mental healthcare only as far as somatic checks relating to medication are at hand. In mental healthcare there is a strong dependency on words in interaction with the patient for both diagnosis and cure. For interpreters this implies a heavy responsibility. The objective of the chapter is to provide the reader with some background knowledge of the characteristics of mental health talk in general and the specific ways interpreters have to relate to these in order to do a good job and to ensure long lasting job-satisfaction.

DOI: 10.4018/978-1-7998-8544-3.ch067

Some of the key issues of mental health talk in general; both in attitude as in words will be outlined. After that, the influence of these issues on the attitude of the interpreter is described in some depth and the amendments that interpreters may need to make – deviations from most Codes of Conduct – in order to ensure effective communication. Following that, some problems that the words of both therapist and patient may give the interpreter, are outlined in some detail; solutions are discussed. Specific problems, interpersonal and emotional, can arise in mental health talk due to what is called 'empathic stress' and this is discussed as a third aspect. Empathic stress may pose a challenge to the emotional welfare of the interpreter and may affect his proper functioning in the sessions. As far as possible, issues are illustrated on the basis of scientific investigations of interpreter mediated mental health talk or on basis of the authors ample experience with interpreter-mediated mental health talk as a practising psychotherapist working with patients with severe psychiatric disorders and her discussions with interpreters both while working together in actual mental health talk and in training situations.

MAIN FOCUS OF THE CHAPTER

Within the field of mental health care there is much variation in aim, method and style that is impossible to capture in a single chapter. Necessarily, the focus is on the general characteristics and three important aspects of mental health talk.

The Therapeutic Relationship and Therapeutic Interaction

Psychotherapy both refers to a general psychotherapeutic conversation technique and to specific treatment methods.

First and foremost, in both modes, attitude is of utmost importance and there is remarkable agreement amongst the various schools of psychotherapeutic thought about how this attitude should be. The basic characteristics of the attitude of the therapist are: understanding and non-judgmental. The therapist has a positive approach, he conveys empathy, he is authentic and shows a healthy trust in his own treatment methods.

In fact, this psychotherapeutic attitude is seen as the 'common factor' in psychotherapies which, together with the relationship between therapist and patient, has proven to be the most important factor contributing to therapeutic improvement (Wampold, 2010; Wampold & Imel, 2015). Since the early 80's of last century, therapists' qualities as perceived by patients have been given research attention. Rating scales have been developed and the most important factors (does the patient see the therapist as attractive, trustworthy and as an expert) determined (Corrigan & Schmidt, 1983). Evidence is arising that the early (immediate) impression the patient has of the therapist has a significant effect on the outcome of the therapy (the better the impression, the better the outcome) (Reefhuis et al., 2019).

The relationship between therapist and patient is an asymmetric one. The patient talks about his problems and innermost feelings, thoughts and behaviour. The therapist listens and his reactions are directed at understanding the patient and helping him to improve. Sometimes, however, some talk about himself, by the therapist, can be helpful in the therapeutic process. In psychotherapeutic terms this is called call 'self-disclosure' and it may be used as a technique.