Vicarious Posttraumatic Growth Among Interpreters

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Abstract

An emerging evidence base indicates that posttraumatic growth might be experienced vicariously by those working alongside trauma survivors. In this study we explored the vicarious experiences of eight interpreters working in a therapeutic setting with asylum seekers and refugees. We adopted a qualitative approach, using semi-structured interviews and interpretative phenomenological analysis. Four interrelated themes emerged from the findings: feeling what your client feels, beyond belief, finding your own way to deal with it, and a different person. Although all participants experienced distress, they also perceived themselves to have grown in some way. The implications for a theory of vicarious post-traumatic growth are discussed, along with clinical applications.

Keywords
culture / cultural competence; health care professionals; interpretive methods; interviews, semi-structured; refugees; research, cross-cultural; stress / distress; trauma

Global conflict, poverty, and human rights abuses have resulted in increasing numbers of refugees and people seeking asylum fleeing to industrialized countries (United Nations High Commissioner for Refugees, 2009). For example, according to the Information Centre about Asylum and Refugees (2009), during 2008, 25,930 applications for asylum were made to the Home Office in the United Kingdom, the government body in charge of immigration control, order, and security. The acculturation process, coupled with personal trauma, can leave many refugees psychologically distressed and in need of mental health services. The Medical Foundation for the Care of Victims of Torture, which provides care and treatment for victims of torture, works predominantly with refugees and asylum seekers, reported that since 1985 it had received 50,000 requests for help (2010). However, because of a dearth of bilingual and culturally diverse clinicians (Boyle, Baker, Bennett, & Charman, 1993), the effective delivery of psychological interventions to refugees and asylum seekers currently depends largely on interpreters. In the United Kingdom, for example, there are 2,014 interpreters on the National Register of Public Service Interpreters (NRPSI), and the numbers are rising (2009). Although inclusion on the NRPSI requires training and a diploma in public service interpreting, other statutory agencies in the United Kingdom (including the National Health Service and local authorities) do not require formal standards, and the majority of interpretation is provided by unregistered interpreters who might not have had specific interpreter training. Most interpreters are paid on a sessional basis, usually working freelance though employed indirectly by recruitment agencies.

There is an ongoing debate among health care professionals and interpreters over which is the most useful interpreting model for use in a mental health setting, with some disagreement over whether interpreters are simply a conduit for information or whether they are involved in more complex relational and advocacy roles (Granger & Baker, 2003; Hsieh, 2008; Kaufert & Putsch, 1997). The reality, however, is that interpreters often fulfill multiple roles, including that of cultural broker, by providing a cultural understanding to both the clinician and client; cultural consultant to the clinician; client advocate; and bilingual worker (Raval, 2003). For some interpreters, a shared culture or history, a shared previous experience of trauma, or a shared refugee status

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with clients might increase their credibility and skill in fulfilling these roles; however, this shared status or experience might also increase the emotional impact of their work (Miller, Martell, Pazdierk, Caruth, & Lopez, 2005). Despite the complex roles of interpreters, they are a largely neglected population within published literature (Tribe & Raval, 2003), and in emerging research, researchers tended to focus on the complexities of the interpreting role and related training issues (e.g., Granger & Baker; Miller et al.; Tribe & Raval) or therapists’ evaluations of the interpreting role (Raval & Smith, 2003) rather than the emotional impact that working with trauma survivors might have on interpreters.

Although there is a lack of empirical work in this specific area, there is a related area of literature which suggests that interpreters might experience negative and positive emotional sequelae as a result of trauma work. When reviewing research on vicarious trauma (VT; McCann & Pearlman, 1990) among therapists (Illife & Steed, 2000; Pearlman & Mac Ian, 1995), firefighters (Brown, Mulhern, & Joseph, 2002), and ambulance workers (Clohessy & Ehlers, 1999), it seems that those working with trauma survivors might also experience distress. VT is understood to develop from the cumulative and empathic engagement with another’s traumatic experiences. It is postulated that this can lead to long-term changes to an individual’s way of experiencing him- or herself, others, and the world, and to symptoms that might parallel those of the client (McCann & Pearlman; Pearlman & Saakvitne, 1995). Within the trauma literature there is an acknowledgement that, as well as distress, some individuals also experience positive changes as a result of directly experiencing trauma, leading to enhanced psychological functioning beyond pretrauma levels (Joseph & Linley, 2005; Tedeschi & Calhoun, 1995). Given the evidence for such positive changes experienced directly in trauma survivors, it might be expected that those working with trauma survivors will also experience vicarious post-traumatic growth (VPTG).

In an investigation into the positive vicarious consequences of trauma work with therapists (Arnold, Calhoun, Tedeschi, & Cann, 2005), participants reported experiences of growth similar to those described by direct trauma survivors (Tedeschi & Calhoun, 1995).

As noted previously, research on VT is currently more extensive than that of VPTG. Conceptualized within Constructivist Self-Development Theory (CSDT; McCann & Pearlman, 1990), VT is understood to result from exposure to traumatic material that challenges fundamental schema (Janoff-Bulman, 1992) that are associated with the psychological need areas of trust, power, safety, intimacy, and control within which individuals operate and understand their world. Mediating factors such as cognitive schemas, self-capacities, ego resources, and trauma material, however, render an individual’s experience of VT unique. The three conditions of clinical work that have been postulated to facilitate VT in therapists include empathic engagement and exposure to trauma material, empathic engagement and exposure to the reality of human cruelty, and therapist involvement in traumatic reenactment within the therapy relationship (McCann & Pearlman). However, the degree to which these conditions are also shared by interpreters working with trauma clients remains underexplored, and only two studies to date have investigated VT in interpreters (Butler, 2008; Harvey, 2001).

The first of these was a qualitative study within which vicarious emotional trauma in sign language interpreters working with deaf clients was investigated (Harvey, 2001). Interpreters reported experiencing “empathic injury” as they identified with the pain of their clients, and a sense of grief as they began to realize oppression was ubiquitous. A sense of being helpless to remove a client’s pain led to self-victimization and feelings of inadequacy, alongside feelings of guilt that were related to interpreters’ perceived privileged majority status. The second study (Butler, 2008) was a qualitative study within which the experience of women interpreters working with survivors of wartime sexual violence was explored. The author reported that all of the participants experienced difficulties in coping with the emotional toll of the work. This was understood as a consequence of overidentifying with clients’ accounts, which led to feelings of being overwhelmed and distressed.

Although negative experiences in interpreters who work with trauma survivors have been largely neglected in the literature, there is a complete absence of data pertaining to positive or VPTG experiences in interpreters. This might be partly because of the relatively recent development of the construct and the area of positive psychology within which it is embedded (Seligman & Csikszentmihalyi, 2000). Thus, when considering research on posttraumatic growth (PTG), it seems that it has largely explored positive changes in direct survivors of trauma rather than in those who have experienced it vicariously (Linley & Joseph, 2004). The two most comprehensive theories of PTG are the functional descriptive model of posttraumatic growth (Tedeschi & Calhoun, 1995, 2004) and the organismic valuing process (OVP) model of growth (Joseph & Linley, 2005). In both theories it is postulated that trauma can challenge an individuals’ assumptive world, creating dissonance between pre- and posttrauma worldviews, causing significant psychological distress and schematic chaos. It is the drive to resolve such dissonance, and the rebuilding of the assumptive world in a meaningful way that is perceived as growth. Factors such as personality structure, social support, and coping style are considered within both theories to moderate the emotional distress experienced and facilitate growth which is understood to result from the accommodation rather than assimilation of new.
trauma-related material (Joseph & Linley; Tedeschi & Calhoun, 2004).

Positive changes following trauma have been categorized into three broad domains of growth: interpersonal relationships, self-perception, and life philosophy (Tedeschi & Calhoun, 1995, 2004). Preliminary research into VPTG in therapists (from both Eastern and Western cultures) has indicated that alongside distress, there were growth experiences that fitted into the above domains and were comparable to changes which were experienced by direct trauma survivors (Arnold et al., 2005; Linley & Joseph, 2007; Linley, Joseph, & Loumidis, 2005). Such vicarious changes included increased levels of compassion, sensitivity and insight, appreciation for different spiritual paths, appreciation for individuals’ own lives, and changes in life philosophy. More recently, experiences of VPTG have also been reported in other professionals, including disaster response workers (Linley & Joseph, 2006), funeral workers (Linley & Joseph, 2005), British social workers (Gibbons, Murphy, & Joseph, 2010), and Israeli social workers (Shamai & Ron, 2009).

In relation to interpreters, however, only in one study (Miller et al., 2005) were positive as well as negative emotional consequences of trauma work reported. This was as part of a wider investigation into the role of interpreters in psychotherapy. The study included 15 interpreters working in a mental health setting with refugees, of whom 13 interpreters were refugees themselves. Although the interpreters, particularly those who were themselves refugees, reported initial feelings of increased anxiety, intrusive thoughts related to clients’ trauma, and reexperiencing of their own trauma, most reported the distress to be short lived. Indeed, only one interpreter reported experiencing any long-term adverse effects as a result of the work with these refugees (Miller et al.). In addition, many interpreters reported that their work had actually enriched their lives, increased their compassion for clients, and provided a useful perspective on their own traumatic experiences (Miller et al.). Although the study was designed to explore the impact of the work on interpreters’ well-being, such changes and sense of enrichment could be considered akin to VPTG.

Given that interpreters are increasingly needed to meet the mental health needs of refugees and asylum seekers, and that they work in settings in which other health professionals have demonstrated vicarious experiences, a detailed and holistic exploration of the impact of trauma work on interpreters is warranted. Furthermore, the literature contains indications that interpreters might be particularly vulnerable to any emotional impact of their work because they often have a shared cultural and racial background with the client, or might themselves be refugees with a traumatic history comparable to that of their clients (Tribe & Morrissey, 2003). These factors might increase the tendency to establish an emotionally intense relationship (Valero-Garcés, 2005). In addition, interpreters often do not have access to the mental health training or ongoing support or supervision that is often available for other professionals working in a mental health context (Amicus, 2004; Miller et al., 2005; Tribe & Sanders, 2003). The absence of adequate support systems might place interpreters at increased risk of overidentifying with their clients. A better understanding of the vicarious impact of trauma work on interpreters would allow both interpreters and services to anticipate where further training and support is needed to reduce the risk of traumatization and distress and enhance experiences of growth. In the current study, therefore, we aimed to investigate the experiences of interpreters working with trauma survivors, with a specific focus on VPTG.

**Method**

**Study Design**

We adopted a qualitative, phenomenological and idiographic approach, that of interpretative phenomenological analysis (IPA; Smith, 1996), which enabled an in-depth analysis of and engagement with individual accounts of working as an interpreter with trauma survivors. This was achieved through the use of face-to-face semistructured interviews. The use of IPA to study these experiences allowed a focus on the interpretation and meaning of such experiences. Such interpretation was made as part of a contextual constructionist viewpoint in which it is asserted that knowledge is relative to context (Madhill, Jordan, & Shirley, 2000). Rather than seeking one objective reality, in this position it is maintained that results will vary according to the context in which data are analyzed. This is fitting with the underpinnings of IPA, in which it is asserted that meaning making is a dynamic and contextual interaction, constructed within both a social and personal world (Smith, Jarman, & Osborn, 1999).

**Participants**

Sampling in IPA research is purposive; that is, the researcher seeks the experiences and opinions of the most appropriate persons for the particular research issue being addressed. Although there are various factors that might influence the sample size of a study, Smith and Osborn (2003) pointed out that there is no objectively finite sample size for an IPA study. The intense analysis of individual accounts and the examination of shared meaning, along with any nuances in these meanings, are reflective of the idiographic characteristic of IPA, which is generally characterized by small and homogeneous samples (Smith & Osborn). In accordance with these principles, participants were 8 interpreters
(2 men, 6 women) who had worked with refugees and asylum seekers in a therapeutic setting for between 3 and 8 years. The interpreters were between the ages 30 and 64 years, with a mean age of 46 years. All of them worked on a freelance basis in the north west of England. Participants were French, Iraqi, Iranian, British, and African, and between them spoke one or more of the following languages: French, Arabic, Kurdish, Turkish, Dari, Farsi, Italian, Dioula, Swahili, Lingala, and Kirundi. For all but 2 participants, English was their second language. Most interpreters worked in a range of settings including hospitals, general practice surgery, prison, and court; however, interpreters reported that between 50% and 90% of their work was therapeutic work, carried out with asylum seekers and refugees who had experienced multiple traumas. All of the participants reported having a direct experience of at least one distressing or traumatic life event, which varied from family bereavement to being a refugee themselves. Although the aim of the study was not to generalize findings, participants were generally representative of interpreters working with refugees as detailed in other studies (e.g., Miller et al., 2005), and thus respondent validity was upheld.

Procedures

Standard ethical procedures as outlined by the sponsoring academic institution were followed, and approval for the research was granted. As interpreters generally work in a freelance capacity, four organizations in the north west of England which employ interpreters to work with refugees and asylum seekers were approached. In accordance with each organization’s own ethical procedures, flyers outlining the study were displayed at reception areas, or research information sheets were emailed to their database of interpreters. Inclusion criteria were designed to identify participants who were most likely to provide theoretical insights into the research question; thus, interpreters were required to be working with refugees or asylum seekers in a therapeutic setting for a minimum of 2 years. Those who expressed an interest were given more information about the study and the opportunity to ask any questions before agreeing to be interviewed or opting out; however, no one self-excluded, and all those who expressed interest met the inclusion criteria.

Semistructured interviews, comprised of open-ended questions which were designed to enhance rapport and allow for flexible responses, were conducted. Each participant was interviewed only once. In accordance with much of IPA work, the aim during the interviews was to allow participants to express their own understandings and meanings of their experiences. Although there was a specific interest in VPTG and positive consequences of the work, interview questions inquired about experiences generally, thus avoiding a directed focus on either positive or negative aspects (e.g., “I’m wondering what it’s like for you to listen to your client’s stories”). Only if participants failed to spontaneously mention one or the other were prompts given. Interviews were conducted in English; hence, by intention, theory did not direct the course of the interviews. Interviews took place either in the participant’s home or in counseling rooms offered by participating organizations. Consent to be interviewed and for the interview to be audiotaped was given prior to interview, and an independent psychologist was available if participants wished to talk further about any distressing experiences evoked during the interview; however, none made use of this option. Eight interviews were conducted, lasting between 50 and 80 minutes, with most interviews lasting approximately 1 hour. All interviews were transcribed verbatim.

Analysis

Interview transcripts were analyzed in accordance with the guidelines for IPA (Smith et al., 1999). Consistent with IPA methodology, participants’ own constructions of meaning were given priority in the analysis, and only then were the theoretical frameworks discussed earlier drawn on to inform, rather than drive, the analysis. Each transcript was analyzed separately in accordance with IPA’s idiographic and iterative approach. Following several readings, descriptive notes that captured key words or phrases used by participants, or summations of them (e.g., such as “feeling shocked” or “sense of being lucky”) were made in the left-hand margin. These descriptions were clustered into emerging themes, such as “blurring of professional and personal boundaries,” “noticing similarities and differences to clients,” and “experiencing a negative emotional impact,” of which 10 were initially identified from eight transcripts. These were then clustered into superordinate themes which were interpretations of experience. For example, it emerged that the aforementioned themes were all representative of a broader experience that was related to identifying with clients, and became the first theme: “feeling what your client feels.” Any interpretations made were understood to be part of a double hermeneutic as researchers tried to “make sense of the participants trying to make sense of their world” (Smith & Osborn, 2003, p. 51).

It has been suggested that in enhancing validity in qualitative research, researchers should make their own assumptions and worldviews explicit (Elliott, Fischer, & Rennie, 1999). Accordingly, a reflective diary, including personal thoughts and reflections, was maintained throughout the research process. This diary was vital in informing the interview process and research questions; for example, reflection on an initial discussion with an interpreter challenged the
first author’s initial assumption that negative experiences would dominate the narrative. This led us to reformulate the research question to focus on vicarious posttraumatic growth. The use of a reflective diary also highlighted the first author’s initial tendency to represent the most articulate speakers, which was readjusted to ensure fair representation of participants throughout the report.

Further steps to enhance validity were made via the use of an audit (Smith, 1996) undertaken by the other authors. This ensured that interpretations were grounded in the text as well as adding to the analytic process by enhancing understanding of the data. For example, the second author, herself speaking English as a second language, felt that interpreters’ use of the word *victim* in relation to clients might not represent a particular conceptualization, but was a result of the linguistic inadequacy of the word *survivor* in some languages. Similarly, discussions about whether participant comments such as, “I can’t explain it,” were related to linguistic limitations or the ineffable nature of growth led to the development of a more curious stance during interviews.

We believe that these analytical processes and comparisons therefore added to the rigor and transparency of research outcomes. Finally, two further criteria which are commonly employed in IPA to assess integrity are internal coherence and presentation of evidence (Smith, 1996). Internal coherence refers to whether the argument presented within a study is internally consistent and supported by the data, whereas presentation of evidence refers to presenting sufficient data from participants’ discourse within a report to enable readers to evaluate the interpretation. Therefore, so that the integrity and credibility of the interpretations can be assessed by the reader, the emergent themes presented are supported by participants’ actual discourse.

**Results**

Four themes emerged through the analytic process. Although there were rich and varied individual expressions of these themes, consistent commonalities allowed some insight into the consequences of working with trauma survivors and the process by which this might occur. The first theme was “feeling what your client feels,” which described the process of identification by participants with clients, triggering intense emotional reactions. The second theme was “beyond belief,” which referred to ways in which participants’ general assumptions about people and the world were challenged. The third theme was “finding your own way to deal with it,” which referred to ways in which participants attempted to cope with their emotional responses to find an equilibrium that allowed them to emotionally connect with clients without being overwhelmed. The final theme was “a different person,” which highlighted the process and outcome of perceived growth, both in the self and the way life is lived. Although distinct, the themes are interrelated and inevitably overlap, particularly because witnessing the experience of another is an inherent part of all the themes. Further elaboration of the themes, accompanied by verbatim illustrative data excerpts, is provided below.

**Theme 1: Feeling What Your Client Feels**

All 8 participants described feeling a strong sense of empathy with their clients; however, this quickly became a process of identification whereby participants felt that they were feeling the same emotions as their clients: “Obviously you’ve heard stories before, but I think it’s the fact that you are dealing with that person’s emotions, you’re feeling their emotions as they say these things, as they [are] telling the stories you’re feeling how they feel.” There was a sense that the verbatim translation of a client’s traumatic experiences increased participants’ involvement in the story and triggered an identification process, as one participant noted:

> You have to visualize you know, when you do the interpreting, the interpreting process is not just about words. When you’re telling a story it’s complex, it’s set in a place and you have to process all that. So you’re hearing the story but you’re also saying the story and imagining what it was like for the person. You know the emotions, they can never be as strong as what the client feels, but you get a sense of the way they might have felt.

Furthermore, participants described an increase in emotional mirroring with clients, where there was a shared trauma history, cultural background, or mutual experience of being a foreigner/refugee. One of the participants, a refugee herself, described the experience of listening to other refugees:

> Listening to the stories makes my feelings or my emotions grow up again, because, as I said, people are going through the same sufferings, you know the same problems I had, so the feelings I have in me, they keep growing.

Participants reported a perceived lack of mental health training and supervision, which left them unclear about professional and personal boundaries. They described beliefs that it was “unprofessional” if personal or emotional aspects of themselves spilled over in the session; however, they held a mutually inconsistent belief that it was important and unavoidable to bring emotional aspects of the self into the session so as to engage the client. As one participant noted, “I don’t want to remain a stone ‘cos I sincerely believe that doesn’t help, it’s important that we are human...”
being sat there.” The lack of role clarity, combined with mixed beliefs about the professional–personal balance, appeared to relate to interpreters sharing the feelings of their clients and becoming enmeshed:

The first thing they tell us, when you actually become an interpreter, you’ve got to become very impartial, you do try, it’s not like you don’t try, you do, but there is a side of you that is much more stronger than what you actually are as a professional acting and feeling for your client.

Initially, these identification processes were associated with intense negative emotional reactions including rage, hopelessness, helplessness, fear, anxiety, and deep sadness, which echoed the experiences of their clients, and participants conveyed a belief that a process of becoming emotionally involved with clients was potentially dangerous and could lead to a sense of overwhelming distress. Participants also expressed, however, feelings of joy, happiness, hope, and inspiration as they were witness to stories of recovery and growth, with a sense that they, too, experienced what their client felt. Furthermore, as participants witnessed their clients’ feelings of joy, they, too, shared some of these positive emotions:

To actually counsel somebody who is broken in every part of their bodies and minds, then after a few years you see these people getting up again, and saying, “Life is good,” and you also feel, “Ooooh my God, this is good!”

**Theme 2: Beyond Belief**

Participants described a sense of disbelief at bearing witness to previously unimaginable atrocities. One participant noted, “Even men are raped. I didn’t know men could be raped. I bet you think that’s really naive, but I really didn’t know.” Both the content of experiences and the frequency with which traumatic experiences were repeated were described as “beyond belief” for participants, and shocking to hear:

The shock is the fact that we don’t know that type of thing here, and by hearing these stories you start to realize that this happens on a daily basis in Africa, and you just think, how can that happen?

In a similar way to the experience of “feeling what your client feels,” where identification with clients initially led to distress but then also to feelings of joy and hopefulness, all participants reported both positive and negative emotional reactions. The latter were the result of bearing witness to horrific traumas, and the former were because of bearing witness to human resilience. The initial reactions of distress were manifested in many ways, including insomnia, tearfulness, irritability, being preoccupied, and being unable to “switch off” from thoughts of the stories they had heard:

I would perhaps, you know, miss my stop, or [be] forever checking where are the car keys, and keep waking up and feeling still tired. Maybe I was taking my emotions outside with my own emotions and I found no answer to it. I went to bed with it and wake up and they’re still there.

With one exception, however, participants described a pattern whereby their initially negative emotional experience/symptoms dissipated over time, and positive emotions predominated. In fact, on reflection, participants viewed the distress that they initially experienced in eudemonic terms as signifying a healthy human aspect of themselves, and as necessary for the development of more joyful experiences:

Feeling the distress does help you understand, and without it I don’t know whether you could feel the benefits in the same way, actually. If you experience the distress, you know, even deeper, maybe you feel even more the benefits.

Positive emotions experienced by participants appeared to be related to revelations that human beings could not only survive but “flourish” after trauma, which was almost as shocking to participants as the atrocities they had heard. Although traditionally “shock” has held negative connotations, for participants there was also surprise and hope in the shock of seeing clients “grow,” leaving them feeling hopeful in the knowledge that humans are more durable than they had imagined. All participants commented on their amazement at the strength of the human spirit and the ability of humans to be resilient in the face of extreme trauma:

It was amazing. I was flabbergasted. How he actually turned from how he was to a normal, young, and happy, sort of very positive, child. What I saw in the beginning—what I’m seeing today—was amazing. Amazing. Absolutely fantastic.

It should be noted that participants felt that the move from experiencing negative to positive emotional reactions when bearing witness to the client’s stories depended in part on their ability to cope with the initial emotional distress. This issue is explored further below.
Theme 3: Finding Your Own Way to Deal With It

Participants described a pattern whereby the initial distress, which was linked to becoming emotionally involved with clients and being shocked by client’s stories, was so overwhelming that they consciously decided that they needed to develop some coping strategies to protect their own well-being. Interpreters aimed to find an “equilibrium,” or develop a “shield,” which allowed them to feel their emotions without being “sucked in” by them:

Because they are so emotionally charged, these sessions, you have to find your own ways of dealing with it, and if you don’t have a way, you don’t have this protection, then I don’t know how you can do interpreting in those context[s] really. I think it would be hard because I would be crying every session.

Coping strategies appeared to be unique to individuals, but most relied on a combination of external support and personal coping techniques. Participants relied on their family and friends to support them, and to ensure that they maintained a good work–life balance, or they turned to their employers for support, requesting counseling, debriefing before and after sessions, and peer supervision. Setting up a system with therapists whereby participants were able to halt the session if they felt the need, was also viewed as helpful: “If I’m going through a bad patch, you know, personally, then I agreed with the therapist to tell that, and say, ‘I don’t think I can hear the stories today,’ and we can stop and just ask for a break.”

In terms of personal coping, techniques ranged from exercising, watching films, meditating, and turning to religion to deliberate avoidance techniques; as one of the participants who was also a refugee noted, “I just try not to think about the effects of it, ‘cos sometimes it may affect me but I don’t want it to. . . . I try to find something that can distract me or move me onto something else.” In addition, participants also mentioned that bearing witness to the therapeutic process gave them access to “free therapy.” This allowed for insights that helped them cope with their own distress as well as opportunities to recognize their own growth and development.

Although participants described deliberate experimentation with coping techniques, they also reported that the passage of time and “getting used” (acustomed) to the stories lessened the emotional impact of bearing witness and increased their ability to cope. Being able to manage distress was understood to be a lengthy process, and although some distress was inevitable, it stopped being overwhelming. Although there were still occasional times when the balance tipped in favor of distress, all participants ultimately perceived themselves as being well equipped to cope: “It’s something that changes over time, definitely. With more experience and more training it’s something that I can manage quite well now I’d say, although there are always new things which can shock you.” Once participants felt that they had begun to manage their experiences of distress, they became aware of more positive and enduring changes in themselves that contributed to feelings of well-being and pleasure in their work.

Theme 4: A Different Person

All of the participants described a sense of change in themselves and/or the way they viewed their life priorities and ways of operating in the world, which they viewed as positive. Participants described placing more emphasis on the value of their relationships and a diminishing interest in material goods, being genuinely compassionate in an altruistic way toward others, and being more open and intimate in their relationships. Other changes described by participants included becoming more spiritual, being less judgmental, being more respectful of others, and feeling valued. For some, pinpointing exact changes was more difficult; however, there was a sense of feeling “wiser,” “richer,” or “deeper,” qualities that the interpreters felt made them “better” people. The extent to which participants felt they had grown or changed varied; for some it was a moderate experience, whereas for others it was much more profound: “I would say that I have become a much deeper person, I think deeper. I feel deeper, and material things [have] lost its importance to me.”

Participants felt that these perceived self-changes and reprioritizing processes had translated into behavioral changes. They talked about “living in the moment” more, changing their circle of friends, and being less inclined to tolerate acts of injustice: “I have a feeling of not wanting to leave things unchallenged when you know there are abuses, however small really, you know.” They also described these changes as being the result of trying to find a way to “file” a new world reality, which they had gleaned by bearing witness to the stories of their clients:

I think I’ve come to the conclusion that human beings, including myself, have got a lot of weak and strong points, which it takes, I don’t know, an accident or something that brings it out and we have to face it. And there’s a lot of strength, vulnerability, weakness, a lot of emotion involved in all of this, and I have to analyze it for myself, and by analyzing it, I have become a wiser person maybe, and this is quite satisfying to myself.
The process of analysis appeared to result in a new understanding of life for participants. For example, a common change in perspective for participants came from feeling “lucky,” or more appreciative of their own lives, having witnessed the trauma experienced by their clients. This was often accompanied by a new sense of vulnerability, knowing that “anything can happen”: “Some people tend to have a problem and say, ‘Why me? Why me?’” and you actually learn to say, ‘Why not me?’” It’s true. So instead of ‘Why me?’ it’s ‘Why not me?’” However, for one participant, this change in self-perception, which stemmed from bearing witness to repeated stories of violence, resulted in a new belief that the world was unsafe and people were dangerous:

When I’m listening to those kind of stories I just feel like there’s no need to trust anyone anymore. People are evil, people are wicked. There’s not justice at all, so I don’t want to put my trust in anyone anymore.

It should be noted that this participant experienced this change as a positive change, and her lack of trust in people as a helpful behavior: “It helps me because I don’t have to trust or be naïve again… For me it feels like a good change, but I don’t know how it looks for other people.”

Discussion

In this study we explored VPTG in interpreters who were working with refugees and people seeking asylum. Four distinct themes emerged through the analysis. The first, “feeling what your client feels,” described a sense in participants that they shared the feelings that they perceived their clients to feel, and referred to a process of identification. The second theme, “beyond belief,” related to a sense of disbelief participants described in relation to both the atrocities and personal resilience to which they bore witness. The third theme, “finding your own way to deal with it,” described the way participants decided they would manage their distress, and the final theme, “a different person,” referred to perceived changes in self and life philosophy as experienced by participants.

Consistent with the literature on VT (McCann & Pearlman, 1990), all participants in the current study described intense emotional reactions and symptoms of distress in the early stages of their job, which could be conceptualized as VT (McCann & Pearlman; Pearlman & Saakvitne, 1995). However, although within the available literature it is acknowledged that empathic engagement and therapist’s participation in traumatic reenactments within the therapy process are facilitative of vicarious trauma (McCann & Pearlman), less emphasis is given to the process of identification. Empathy and identification are interrelated processes (Wilson & Lindy, 1994) that involve the arousal of an identifying experience on the part of another (Urlic, 2005); however, identification has been described as distinct from empathy (Tansey & Burke, 1989). Empathy is understood to be a deliberate interpersonal process skillfully undertaken by a therapist to facilitate communication and change, whereas identification is often a more unconscious and intense intrapsychic reaction (Tansey & Burke). The limited research on interpreters has indicated that distancing oneself can be used as a way to cope against overidentifying with clients (Butler, 2008), as well as reliance on supervision, social support, and practical coping strategies (Butler; Miller et al., 2005).

Participants in the current study described a more intense process of mirroring the feelings of their clients, which could be considered akin to identification and enmeshment, and this appeared to exacerbate their distress. Wilson and Lindy (1994) argued that identification can result in a sense of being overwhelmed and emotionally exhausted, and can lead to difficulties maintaining boundaries, scenarios which were commonly expressed by participants. A shared cultural history between participant and client facilitated the identification process, and was consistent with published research indicating that refugee interpreters working with refugee clients experience an increase in distress, feel more anxious, and experience more intrusive thoughts as a result of experiencing their own unresolved anguish during the early phase of their work (Miller et al., 2005). Consistent with emerging research on interpreters working in mental health settings (Butler, 2008), it could be that participants were more vulnerable to identification with clients than therapists, who, by virtue of their training, are more likely to recognize and manage the identification process. In addition to distress, however, participants spoke at length about the positive emotional responses they experienced through both the identification process and the shock of witnessing growth in their clients. The shock that clients who were initially “completely broken” could recover, filled interpreters with hope, admiration, and inspiration, and participants described experiencing joy and a sense of growth which mirrored that expressed by their clients.

That the overall impact of the trauma work recalled was positive might indicate that theories of VT fail to represent the full vicarious experience of interpreters working with trauma survivors. It might be that a theory of VPTG can better account for the experiences of interpreters in the current study. In both VT and PTG theories (Joseph & Linley, 2005; Tedeschi & Calhoun, 1995, 2004) it is postulated that a degree of distress is inevitable when fundamental schemas are challenged, whether directly or vicariously; however, in PTG theories it is argued that the rebuilding process provides the impetus for PTG to occur, which leads to increased psychological well-being (Joseph & Linley). In
PTG theories it is postulated that cognitive activity, designed to reduce cognitive dissonance between pre- and post-trauma worldviews, can result in the accommodation of new trauma-related material that allows new perspectives on the self and life to occur. It is this meaning-making process which is experienced as growth (Joseph & Linley). Although evidence regarding the association between PTG and levels of psychological distress is inconclusive (Tedeschi & Calhoun, 2004), there is some evidence to suggest that more growth is experienced by those exposed to moderate, rather than very low or very high levels of trauma (Fontana & Rosenheck, 1998), and that PTG cannot occur until distress levels are manageable (Tedeschi & Calhoun, 2004).

 Participants in the current study described a vicarious process in which they shared some similarities to growth in primary trauma survivors and a temporal sequence to the change process, which was suggestive of a need to be able to reduce distress to manageable levels before they began to experience positive changes in themselves. Participants also described a process whereby they attempted to “file” this new trauma-related information in a way that was consistent with an accommodation process. For example, participants spoke of how witnessing stories of trauma had made them realize how vulnerable they were, and that they might not be immune to disaster. Rather than assimilating material and returning to their pretrauma beliefs that they were invincible, participants reported developing a new worldview in which they were more vulnerable, and thus lived their lives to the full, cherishing each moment. However, although such cognitive processes were frequently described, the overall vicarious process of growth described by participants was experienced at an emotional rather than cognitive level.

 All interpreters in the study subjectively experienced their changes as positive; however, one participant had developed a new worldview in which she was convinced that people were evil and the world was unsafe. The participant’s view that this change was a positive one was not, however, shared by her life partner. This experience is consistent with the literature, which indicates that cognitive accommodation is subjectively and socially determined (Joseph & Linley, 2005). It is noteworthy that this participant was still experiencing significant distress from her own traumatic history, which echoed that of her clients. It might therefore be that without adequate coping techniques and/or support mechanisms with which to ensure that distress is not overwhelming (as outlined in the third theme), beliefs are more likely to be reassessed in a negative light.

 Although many of the participants’ experiences in the current study are consistent with PTG literature, there were also elements of the study which we believe might add to the development of the area of PTG. Most apparent was the witnessing aspect of the process of VPTG. Although primary survivors of trauma are required to find their own pathways to growth, participants in the current study were able to observe growth and see first-hand, positive changes following trauma. Second, although participants reported growth experiences that were in line with the three broad domains of growth that are outlined in the literature (i.e., changes in interpersonal relationships, self-perception, and life philosophy; Tedeschi & Calhoun, 1995, 2004), there were some differences between outcomes of growth experienced vicariously when compared to direct trauma survivors. Accordingly, “being of value to another” was experienced as growth in the current study, having more than simply professional connotations. Participants described their sense of being valued as impacting on their sense of purpose in life, their desire to “give something back,” and to provide a deeper meaning to their lives. This is consistent with research on supporting survivors of national terror attacks, in which social workers reported a sense of value in their role which led to personal growth, including a sense of empowerment, changes in religious beliefs, and changed relationships (Gibbons et al., 2010; Shamai & Ron, 2009).

In addition, participants described an increased desire to assert themselves to fight for justice and fairness, which might be an example of VPTG specific to the role of working with refugees and asylum seekers in a political context. Finally, although direct trauma survivors have described growth as resulting in an increased sense of personal strength (Tedeschi & Calhoun, 2004), participants in the current study described a more detached admiration for human resilience combined with a personal sense of vulnerability.

Limitations

Unfortunately, to fully understand whether these outcomes had elements of cultural specificity or were related to working with a particular client group is beyond the remit of the current study, and will require future studies in these areas. In addition, all of the participants in the current study had witnessed growth in their clients. It would be important to investigate further to see whether VPTG is dependent on witnessing growth in another, as well as investigating in more detail the possible facilitative influence of working in a therapeutic environment. Finally, in the future, researchers might also want to look more closely at the relationship between interpreters’ work and their personal history and/or trauma, while inquiring into the impact of the interpreters’ personal trauma history on their relationship with their clients.

In terms of limitations, the sample in the current study included participants who worked with clients in a therapeutic context for at least 3 years. Research indicates that a longer time after trauma is associated with higher PTG (Helgeson, Reynolds, & Tomich, 2006); thus, the current sample might be more likely to represent those who had...
experienced positive changes and less likely to have included those whose distress caused them to change careers early on. Furthermore, the type and extent of participants’ training was not fully recorded in this study. It is possible that the extent and type of training of the participants had shaped, to some extent, their experiences. Finally, the complexities of transferring concepts across cultures have been widely acknowledged (Marshall, 1994; Rogler, 1999; Temple, 2002). Because of the inherent conceptual and linguistic challenges in cross-language research, words were carefully chosen and assumptions about concepts checked during interviews; however, it is impossible to be sure that all meanings were fully captured during both the interviews and the analysis.

Implications
The current study is the first, to our knowledge, to investigate both positive and negative changes experienced vicariously by interpreters working with trauma survivors. The importance of interpreters in the assessment and therapeutic delivery of services to refugees and asylum seekers (Tribe & Raval, 2003) warrants a better understanding of the vicarious impact of the work. It is hoped that this study will add to an emerging evidence base that will be helpful in guiding services to support interpreters. In turn, interpreters will then be better equipped to care both for themselves and their clients. This reciprocal aspect should be investigated in future research by exploring the impact that interpreters’ well-being and experiences have on the clients’ well-being and experiences.

The important element is that there is no professional body that accounts for their training/supervision needs. However, interpreters require access to mental health training, peer support groups, and supervision in the same way as any other mental health professional. In addition, those supervising interpreters need to be aware of the potential for growth and/or positive changes in interpreters witnessing trauma. Without such awareness, supervisors might inadvertently restrict opportunities for growth. OVP theory (Joseph & Linley, 2005) indicates that allowing clients to articulate and respond to their inner experiences is essential in the facilitation of growth, and provides an environment in which new information is accommodated rather than assimilated, thus enhancing resilience and growth. A process of joint supervision with therapists might also increase awareness of the complex roles and needs of interpreters, which might facilitate a more supportive environment. Service providers might need to help interpreters consider the impact of the work on their own personal—and possibly traumatic—histories, to adequately prepare them for the work and to anticipate where appropriate support might be required. Furthermore, service providers might need to consider the potential risks of using interpreters for “one-off” appointments (i.e., using an interpreter only for one session with a specific client, and using other interpreters for other sessions with that client), which could limit the likelihood of witnessing growth, and possibly experiencing it. Constant exposure to distress alone might be more likely to increase the experience of VT. It is only via good service development and the implementation of appropriate policies that interpreters will be able to offer a sustainable and appropriately supportive clinical intervention, alongside therapists, for trauma survivors.

Declaration of Conflicting Interests
The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

Funding
The authors received no financial support for the research and/or authorship of this article.

References


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