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# Shared Trauma: Implications for Signed Language Interpreters

By

Shelby R. Champlin

A thesis submitted to Western Oregon University

In partial fulfillment of the requirements for the degree of:

Master of Arts in Interpreting Studies

June 2021

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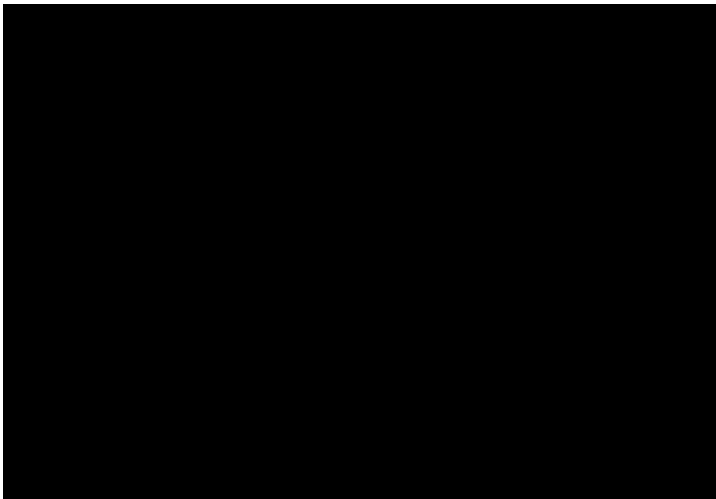

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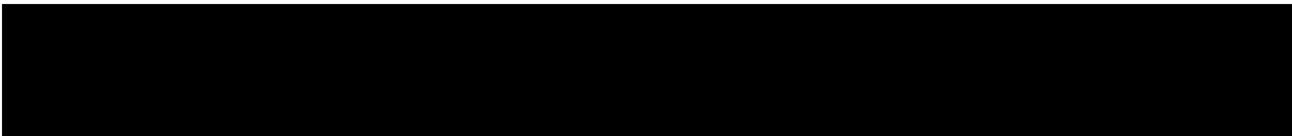

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS ..... ii
TABLE OF CONTENTS ..... iv
LIST OF FIGURES ..... vi
ABSTRACT ..... vii
CHAPTER ONE: INTRODUCTION ..... 1
My Story ..... 1
Background ..... 2
Purpose ..... 3
Theoretical Framework ..... 4
Theoretical Principles ..... 5
Definition of Terms ..... 6
CHAPTER TWO: LITERATURE REVIEW ..... 9
Shared Trauma in Psychology ..... 9
Natural Disasters ..... 9
Terrorist Attacks ..... 10
Ethics and Shared Trauma ..... 11
Trauma in Deaf Individuals ..... 12
Interpreting as a Profession ..... 13
Shared Trauma in Interpreting ..... 15
CHAPTER THREE: METHODOLOGY ..... 16
Initial Survey ..... 16
Interview Candidate Selection ..... 17
Interview Method ..... 17
Treatment of Data ..... 18
Methodology Limitations ..... 19
CHAPTER FOUR: FINDINGS ..... 20
Survey Data ..... 20
Interview Data ..... 23
Pre-Assignment ..... 24
During Assignment ..... 25
Post-Assignment ..... 29
CHAPTER FIVE: DISCUSSION ..... 34
Interpreter Training Programs ..... 34

Confidentiality ........ 35
Interpreters as Members of the Deaf Community ........ 37
Reputations ........ 38
A Voice for Interpreters ........ 39
Mental Health Services for Interpreters ........ 40
CHAPTER SIX: CONCLUSION ........ 41
Recommendations for Further Research ........ 41
Location and Number of Participants ........ 41
Marginalized Interpreters ........ 41
Shared Trauma with a Team Interpreter ........ 42
Impact on Memory for Interpreters ........ 42
Suggestions for the Profession ........ 43
REFERENCES ........ 46
APPENDIX A: INFORMED CONSENT ........ 54
APPENDIX B: SURVEY QUESTIONS ........ 56
APPENDIX C: SEMI-STRUCTURED INTERVIEW QUESTIONS ........ 57

LIST OF FIGURES

*Figure 1*. United States in five regions....................20
*Figure 2*. Region of residence of survey participants....................21
*Figure 3*. Age of survey participants....................21
*Figure 4*. Highest level of education of survey participants....................22
*Figure 5*. Years of professional interpreting experience of survey participants....................22

ABSTRACT

The concept and implications of shared trauma have been widely debated and discussed within the field of psychology, but these studies do not adequately attend to the experiences of signed language interpreters. This thesis addresses the potential outcomes and impacts of shared trauma on interpreters and consumers with special attention to assignment content that specifically relates to said trauma. Qualitative research was conducted through interviews with interpreters selected at random from participants in the initial survey. Interview data was categorized into pre-, during, and post-assignment information and several patterns were found. Within the pre-assignment interview data, interpreters discussed the decision to accept work, including assignment content, a sense of obligation, and the need to build a reputation. Within the during assignment interview data, interpreters discussed their emotional response, a fight or flight response, the value of team interpreting, and the effectiveness of their work. Within the post-assignment interview data, interpreters discussed their own personal engagements as well as debriefing and supervision. The discussion based on the interview content included several topics: interpreter training programs, confidentiality, interpreters as members of the Deaf community, the value of having a voice, and the mental health of interpreters. Recommendations for further research include studies with greater than three interview candidates, considerations for interpreters within marginalized groups who experience shared trauma, studies on the impact of interpreting shared trauma on the working memory of practitioners, and comparing the experiences of interpreters with and without a team interpreter.

# CHAPTER ONE: INTRODUCTION

*"It takes tremendous courage to be continually touched by the pain of another and to be open to the affect and memories that such intimacy engenders"* (Tosone, 2011, p. 26).

**My Story**

As an English/American Sign Language (ASL) interpreter, I have worked in a multitude of settings from video relay interpreting, to educational interpreting, to community interpreting. No matter the setting, I started to realize how often I felt traumatized on the job when topics came up that were similar or identical to my own past trauma. The American Psychological Association (APA) (2021) defines trauma as an "emotional response to a terrible event" such as a car accident, sexual assault, or natural disaster (p. 1). As a queer interpreter, I was often asked to interpret for students or members of the Deaf community who were also in the LGBTQ+ community.

In MJ Bienvenu's (2017) work *Bridge to Allyship: Accountability as Sign Language Interpreters*, she described her understanding of allyship as a verb: "I must acknowledge the privilege society grants me…In that recognition is not a call for me to surrender my privilege, rather, to explore how we can work together to create shared equity among us as peers" (p. 1). I personally felt a sense of obligation to accept assignments with LGBTQ+ consumers because I knew I could also be an ally for the individuals I served. Not only could I relate to them, but I knew that others may not respect their identities, pronouns, and experiences like I would. I believed that I was best serving the consumers despite the fact that I was emptying my own cup by continuing to expose myself to stressful and triggering situations.

I have been fortunate to be surrounded by friends and colleagues who have lifted me up and propelled me forward, and my circle grew even more when I started graduate school. Having weekly supervision sessions within my program led me to start thinking about the positions I have been in while interpreting. By participating in these structured discussions, I learned that I was not the only one who had experienced shared trauma while interpreting, a term I did not even have in my repertoire at the time. The people in my circle were constantly reminding me that I could not pour from an empty cup, but I realized that many interpreters continue to do just that.

**Background**

Professionals in the field of interpreting may see, hear, and interpret the traumas of our consumers. There is a chance, however—by intentional assignment placement or not—that those traumas are also our own. While research exists about vicarious trauma for interpreters (see Darroch & Dempsey, 2016; McCartney, 2017; Splevins et al., 2010; Stahlbrodt, 2017), vicarious trauma is different than shared trauma. The concept of vicarious trauma was originally applied to therapists as "the permanent transformation in the inner experience of the therapist that comes about as a result of empathetic engagement with clients' traumatic material" (Pearlman & Saakvitne, 1995, p. 31). Shared trauma was also initially applied to therapists as the concept of trauma experienced by both patient and therapist (Tosone, 2011). In other professions such as social work or psychology, shared trauma is a concept that has been researched and applied with recommendations of how to continue to provide effective services while remaining mindful of the possible implications (see Boasso, et al., 2015; Bell & Robinson, 2013; Boulanger, 2013; Day, et al., 2017; Sampson, 2016; Tosone, 2011; Tosone, et al., 2011). This study was initiated

in order to discover if there was any truth to the researcher's belief that shared trauma impacts interpreters differently than other professionals.

The researcher believes the role and profession of interpreting to be unique and quite different in nature from other professions, and finds it valuable to look deeper into shared trauma for the interpreting field. There has been discussion in interpreting literature about vicarious trauma, also known as secondary trauma, but is separate from shared trauma (see Darroch & Dempsey, 2016; McCartney, 2017; Mehus & Becher, 2016; Splevins, et al., 2010; Stahlbrodt, 2017). Vicarious trauma can occur when interpreters interpret information and are then exposed to the struggles and negative experiences of consumers' trauma. "Vicarious trauma refers to harmful changes that occur in professionals' views of themselves, others, and the world, as a result of exposure to the graphic and or/traumatic material of their clients" (McCann & Pearlman, 1990, p. 131). Shared trauma, however, is trauma that both parties have experienced firsthand.

**Purpose**

The purpose of this study was, through research, to analyze the experience and effect of shared trauma on the mental health of interpreters and the effectiveness of their work. Knowing professional interpreters can be isolated at times and having experienced shared trauma in my own interpreting work led me to pursue this research in hopes of validating the thoughts and emotions of interpreters, including myself, who have experienced shared trauma as well. Beyond that hope, this thesis was written with mental health considerations at the forefront to bring awareness to the lived experiences of those in the interpreting field. Following the suggestions of Hale and Napier (2013) to conduct the semi-structured interviews in a way that allowed participants to expand on their experiences when they felt comfortable, I was able to listen

closely to the interview candidates, and in turn, they were willing to share their encounters with shared trauma.

While research was found surrounding shared trauma in other professions, no literature was found to help understand the potential impact of shared trauma between signed language interpreters and their consumers. Research about vicarious trauma for interpreters is available, but shared trauma has minimal literature as it relates to interpreting, specifically signed language interpreting (see Johnson, et al., 2009; Stahlbrodt, 2017). Interpreting is a unique field because we speak in first person as we interpret, and further, we are often empathetic individuals (Mehus & Becher, 2016). Due to the uniqueness of the field, research is still emerging and therefore must depend on the work of other professions to build understanding and conduct further research.

**Theoretical Framework**

Constructivist Self-Development Theory (CSDT) was chosen as the theoretical framework. CSDT asserts that by development and use of cognitive schemas, individuals build their own realities (McCann & Pearlman, 1990). CSDT is founded on a constructivist view of trauma, meaning an individual's history and past shapes their experience of and adaptation to trauma (Leonard, 2008). Theorists McCann, Pearlman, and Saakvitne found five fundamental areas of self that are presumably affected by trauma: frame of reference, self-capacities, ego resources, central psychological needs (safety, trust, control, esteem, and intimacy), and perceptual and memory systems. (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995).

Most research (see Gottfried & Bride, 2018; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Trippany et al., 2004; Zaccari, 2017) has applied CSDT to vicarious trauma, but there are many similarities in experiences, emotions, and processing of information between vicarious and shared trauma and was therefore found to be a beneficial framework for this study.

Additionally, there are many similarities between the values of interpreters and the five psychological needs listed above, as shown here:

Safety: Interpreters value the safety of their clients. “Do no harm” is the “driving force” behind each tenant of the Code of Professional Conduct (Registry of Interpreters for the Deaf [RID], 2005, p. 1).

Trust: The guiding principle of the first tenet, confidentiality, is “interpreters hold a position of trust” in their work as professionals.

Control: Interpreters value autonomy, or a sense of control, for their consumers. The guiding principle of the fourth tenet, respect for consumers, is to “honor consumer preferences in selection of interpreters and interpreting dynamics.”

Esteem: Interpreters also value a respect for colleagues, as explained in the fifth tenet. The value of esteem, both for oneself and others, can be seen in the illustrative behaviors: maintaining civility, working together with team interpreters to foster a positive interaction, discussing errors or breaches of professional conduct in private, encouraging one another, and serving as a mentor (RID, 2005).

Intimacy: As members of the Deaf community, interpreters also value intimacy and connections with other members of the community (see Ball, 2013; Cokely, 2005; Humphrey & Alcorn, 2007; Witter-Merithew, 1999).

**Theoretical Principles**

Saakvitne, et al. (1998) defined the key theoretical principles of Constructivist Self-Development Theory as:

1. *Frame of reference*: one’s usual way of understanding self and world, including spirituality.

2. *Self-capacities*: defined as the capacity to recognize, tolerate, and integrate affect and maintain a benevolent inner connection with self and others.

3. *Ego resources*: necessary to meet psychological needs in mature ways; specifically, abilities to be self-observing, and use cognitive and social skills to maintain relationships and protect oneself.

4. *Central psychological needs*: reflected in disrupted *cognitive schemas* in five areas: safety, trust, control, esteem, and intimacy.

5. *Perceptual and memory system*: including biological (neurochemical) adaptations and sensory experience. (p. 283).

For the purpose of this study, emphasis was placed on self-capacities, ego resources, and psychological needs while research was conducted. As interpreters, self-capacity, as defined above, is important but often overlooked. Many interpreters feel a sense of worth because of the interpreting work they do, but consideration of their own mental health may become a secondary or tertiary priority when it relates to serving others (Johnson, et al., 2009). In this regard, one of the ego sources of interpreting professionals is the sense of service and worth that is gained while working. Psychological needs may be the most salient part of the work of an interpreter as they are often aware of their own needs as well as the needs of the hearing and Deaf consumers they serve.

**Definition of Terms**

The following terms will be used throughout this thesis.

*American Sign Language (ASL):* A visual language that uses shape, placement, and movement of the hands, as well as facial expressions and body movements, which all play

important parts in conveying information. ASL is used predominantly in the United States and in many parts of Canada (National Association of the Deaf, 2018).

*Audism:* the notion that one is superior based on one's ability to hear or to behave in the manner of one who hears (Humphries, 1977).

*Burnout:* Feelings of hopelessness about one's work and/or work environment. It represents the depletion of emotional and psychological resources that occurs when continuing to play a helping role while experiencing an accumulation of secondary traumatic stress symptoms (Figley & Kleber, 1995).

*Debriefing:* Speaking with another individual about a period of time during an interpreting assignment where specific decisions were made in order to understand and explain or reflect on these choices can allow the interpreter to gain support or suggestions about why these choices were made (Zenizo, 2013).

*Demands:* A factor of interpreting work that rises to a level of significance that will impact the decision-making process (Dean & Pollard, 2013). There are four categories:

*Environmental demands:* Demands that are specific to the setting broken into four subcategories: goal of the environment, terminology, participants, and physical surroundings (Dean & Pollard, 2013).

*Interpersonal demands:* Demands that are specific to the interactions of the consumers and interpreter (Dean & Pollard, 2013).

*Paralinguistic demands:* Demands that are specific to the quality of the consumers' expressive language (Dean & Pollard, 2013).

*Intrapersonal demands:* Demands that are specific to the interpreter (Dean & Pollard, 2013).

*Emotion suppression:* Inhibiting overt emotion-expressive behavior (Gross & Levenson, 1993).

*Interpreter Training Program (ITP):* A formalized education program with a dedicated curriculum that is offered through a college, university, or technical school that prepares students for a career in the field of interpreting (RID, 2018).

*Shared trauma:* occurrences in which the clinician and the client are simultaneously exposed to a collective trauma (Day et al., 2017).

*Supervision:* a type of reflective practice and, in part, involves the technique of case conferencing and are designed to assure quality service (Dean & Pollard, 2013).

*Team interpreters:* individuals who functions as support for each other, helping in comprehension of language as well as ethical choices (Zenizo, 2013).

# CHAPTER TWO: LITERATURE REVIEW

The researcher organized the literature review with the intention of sharing the research available within the field of psychology, establishing connections to the interpreting field and interpreters' work with Deaf individuals, and then presenting available literature about shared trauma as it applies to interpreters. Within the psychology profession, most of the literature about shared trauma relates to events that have been experienced by several people such as a Hurricane Katrina or 9/11 and how they then impact the therapist/patient interactions (see Boasso et al., 2015; Boulanger, 2013; Day et al., 2017; Sampson, 2016; Tosone, 2011; Tosone et al., 2012).

## Shared Trauma in Psychology

### *Natural Disasters*

In 2005, New Orleans was devastated by Hurricane Katrina. For therapists in the area after the event, some experienced fearful symmetry. Fearful symmetry occurs when a patient has a therapist with shared trauma that then impacted the perception of omnipotence that patients sometimes hold of therapists (Boulanger, 2013).

Following another natural disaster, the Christchurch earthquakes in 2010 and 2011, Sampson (2016) found herself at a crossroads as a therapist. At times, Sampson felt a sense of imposter syndrome, like she was not truly qualified to provide care for other survivors, but realized her value and abilities through supervision.

In her work with fellow survivors, Sampson (2016) was often in a state of greater emotionality and responded to her clients' narratives with tears more often than before. Sampson expressed the benefits of having clients with shared trauma as having a shared understanding and

building a stronger sense of trust. She also warned of the potential harms that could result if a therapist is not working through their own trauma in therapy sessions where they are the patient.

For some individuals with post-traumatic stress disorder (PTSD) or those with similar symptoms, hearing narratives about Katrina could elicit even stronger emotional responses than individuals without PTSD (Boasso et al., 2015). In the research from Boasso et al. (2015), individuals were asked to listen to stories from narrators who seemed to have healed from the traumatic experience of Katrina as well as stories from narrators who sounded distressed. With narrators who sound distressed, listeners with PTSD were found to be even more reactive. It is possible that listening to distressed co-survivor narratives, specifically in people with PTSD, could create deeper distress instead of fostering recovery.

***Terrorist Attacks***

The United States was forever changed as a result of the terrorist attacks on September 11, 2001. Today, the effects are still present in the form of increased airport security measures, continued presence of U.S. military members in Afghanistan, and the treatment of Muslims in America (Blalock, Kadiyali, & Simon, 2007; Matusitz, 2020). For some mental health professionals, they found themselves at a crossroads between identities of “immediate survivor,” being someone who was a victim or combatant, and of “distant survivor,” being someone who bore witness to the events and the narratives thereafter (Tosone et. al., 2012). The authors found that shared trauma allowed clinicians the opportunity for personal and professional growth as well as the ability to increase trust and intimacy with their clients. In her own clinical practice, Tosone (2011) found herself closing the gap typically established in the dyad of counseling in which the therapist is the authority figure.

In another terrorist attack in 2007, 32 individuals were killed by a shooter on the campus of Virginia Polytechnic Institute and State University, also known as Virginia Tech. After the event, counselors who were also on campus the day of the shooting later provided mental health services for students at the university. Counselors found that managing their "emotional reactivity" when clients would share narratives of their own experiences was difficult as well as "leaving thoughts of the job at the job" (Day et al., 2017). For some counselors, they found it difficult to separate their own experiences and feelings from that of the client. For others, they developed stronger relationships with their clients as a result of their clients feeling as if they were starting at the same place as their counselor in terms of working through their trauma. While shared trauma has perceived positive and negative consequences for mental health practitioners, much of the literature also discussed the impact on one's ethics and ethical decision making when faced with shared trauma.

**Ethics and Shared Trauma**

Shared trauma has been found to influence a mental health practitioner's boundaries. For mental health professionals whose place of work has been destroyed by natural disaster or other forces, they may decide to allow patients to have sessions in the professional's home or another unsecure location (Bell & Robinson, 2013; Sampson, 2016). Other therapists chose to have appointments in other locations such as coffee shops and family apartments in hopes of establishing a "safe space" for clients (Boulanger, 2013).

Aside from the physical boundaries, mental health providers also noticed the erosion of the asymmetrical nature of the relationships between therapist and patient. Therapists often follow a code of conduct that instructs they should not disclose personal information (Boulanger, 2013). "However, rules against self-disclosure, the necessity of maintaining the boundary

between patient and clinician, become particularly difficult to enforce when the asymmetrical nature of the treatment relationship has been forcibly recalibrated by a shared trauma" (Boulanger, 2013, p. 35). Additionally, counselors made themselves more available to patients by giving out their personal contact information (Boulanger, 2013; Sampson, 2016). Other practitioners found that sharing personal information was important for the trust and engagement during their sessions (Sampson, 2016).

Alternately, some mental health practitioners realized the importance of setting boundaries and limits they may not have otherwise established (Day et al., 2017). In order to manage demands and survive professionally, counselors had to reduce their number of hours worked each day and limit and diversify their caseload so that they were not solely seeing patients with shared trauma (Day et al., 2017).

Like mental health professionals working with clients with shared trauma, interpreters who interpret for clients with shared trauma also experience a shift in their professional boundaries. Green et al. (2012) found that interpreters who experienced shared trauma as part of the content of their work struggled to remain neutral, which participants identified as a required quality in interpreters. Professionals in their study reported feeling overwhelmed by "unmanageable emotions" and could no longer be impartial during the interpreted interaction (Green et al., 2012, p. 231). Interpreters felt that when shared trauma came up in their work, they could no longer negotiate their roles and responsibilities as they became blurred and unclear (Green et al., 2012).

**Trauma in Deaf Individuals**

Research about interpreting trauma also led to information about Deaf psychology and the frequency of trauma in Deaf individuals. Deaf people are exposed to trauma at a much higher

rate than hearing people (Vernon & Miller, 2002). In one study of Deaf individuals, 44.1% of men and 53.3% of women reported some form of sexual abuse (Schild & Dalenberg, 2012). These numbers align with another study that identified as many as 50% of deaf children as victims of sexual abuse compared to 10%-25% of hearing children (Sullivan, Vernon, & Scanlan, 1987). Sadly, perpetrators may feel protected by language barrier deaf children experience, making deaf children an opportunistic target (Benedict, White, Wulff, & Hall, 1990).

In another study of Deaf individuals, 50% of the participants experienced PTSD compared to an estimated 8%-20% of hearing people (Anderson et al., 2016; Kilpatrick et al., 2013). Deaf people have been found to possess many common characteristics of individuals who are more susceptible to PTSD such as limited education, language deficits, low levels of social support, and general childhood adversity. Unfortunately, many of these experiences are common in the lives of Deaf people (Anderson et al., 2016). One could conclude that the increased experience of trauma for Deaf individuals could result in an increased risk of exposure to trauma for interpreters.

**Interpreting as a Profession**

For many interpreters, their work can be very taxing on their overall wellbeing. Studies have shown that the majority of interpreters are empathetic beings (Splevins et al., 2010; Mehus & Becher, 2016). While interpreting traumatic or highly emotional content, practitioners have noted the fact that they often begin to feel the emotions of the consumers they serve (Splevins et. al, 2010; Shakespeare, 2012).

A unique feature of interpreting work is that interpreters speak in first person while they are working (Mehus & Becher, 2016; Shakespeare, 2012). When traumatic content arises and must be produced from a first-person perspective, it becomes far more intense that simply being

a listener to one's narrative (Darroch & Dempsey, 2016). Beyond taking on the first person while interpreting, professionals also take on the body language and tone to fully convey one's message, which sometimes results in losing oneself in the interpretation (Shakespeare, 2012). Interpreting information verbatim in first person has been shown to increase an interpreter's personal presence in an interaction and the empathetic connection they feel with clients (Splevins et. al, 2010).

Because interpreters may also witness the oppression and audism of their consumers—another form of trauma experienced by Deaf people—interpreting is considered a social justice profession (McCartney, 2017). According to McCartney (2017), "People who work in social justice professions typically work with those who do not have a voice in the public square" (p. 79). While the stresses of working within a social justice profession can be linked to burnout in the field of interpreting, interpreters continue to persevere (McCartney, 2017; Splevins et al., 2010). The work of Splevins et al. (2010) showed that despite the hardship and challenge of the work they were doing, all of the interview participants said they felt they had grown in some way, shape, or form afterwards. Beyond personal growth, the perseverance of interpreters requires grit and Deaf Heart (McCartney, 2017). McCartney (2017) explained that individuals must "be strong physically, mentally, and emotionally" in order to survive the challenges of being a professional interpreter, meaning they have grit. McCartney (2017) also asserted that Deaf Heart is required of interpreters in order to persist. To have Deaf Heart means that interpreters are aware of the struggles of Deaf individuals, are an ally in the community, are culturally sensitive, and as a result, are successful within the field of interpreting (Colonomos, 2013; Decker, 2015).

## Shared Trauma in Interpreting

Literature surrounding shared trauma in interpreting is scarce and, like research in psychology, relates mostly to collective traumatic events such as terrorist attacks and natural disasters. Additionally, only one particular article was found that included American Sign Language interpreters as opposed to spoken language interpreters.

One study found that shared trauma between interpreters and consumers could have positive implications. In their study of interpreters working with refugees after having fled their own country of origin, Johnson, Thompson, and Downs (2009) learned that interpreters felt an increased sense of purpose. By providing interpreting services for individuals with similar experiences, the interpreters in the study expressed that having access to those individuals and their stories gave them an opportunity to work through their own trauma. Additionally, the participants felt a deeper connection to their cultural identity by providing interpreting services for fellow refugees.

Alternately, Stahlbrodt (2017) highlighted some of the negative potential outcomes of interpreters experiencing shared trauma with consumers. Medical interpreters in behavioral health settings are more likely to see or hear stories of trauma in their profession due to the nature of their work. While Stahlbrodt (2017) focused heavily on vicarious trauma, her findings showed that interpreters with shared trauma were then at a much higher risk for vicarious traumatization, which includes similar symptoms of post-traumatic stress disorder (PTSD). Furthermore, her findings showed that interpreters with fewer years of experience may experience vicarious traumatization at a higher rate than seasoned interpreters with more years of experience.

# CHAPTER THREE: METHODOLOGY

The goal of this research is to identify the impact of shared trauma on interpreters' preparation for an assignment, perceived effectiveness while interpreting, actions taken when their job is complete, as well as the state of their mental health throughout. The target population was working signed language interpreters who had experienced shared trauma in a professional capacity. The survey data provided quantitative information while the interviews that were conducted were semi-structured and qualitative in nature.

## Initial Survey

To participate in the initial survey, individuals were required to be working American Sign Language/English interpreters over the age of 21. The decision to conduct a survey as the first step in the research process was for several reasons (see Appendix B). First, the researcher believed that sending out a survey through the Registry of Interpreters for the Deaf (RID) Research Corner and the researcher's state chapter of RID would allow access to people outside of those closest in location. Second, the researcher had a few specific questions in mind and wanted to gather a larger sample size than what would be provided in the interviews to follow. Specifically, the researcher wanted to know how many people had interpreted assignments that discussed trauma, how they rated the impact of said trauma on their work, if they felt they could let the information go post-assignment, and if they had experienced shared trauma in their work. Aside from questions about their interpreting experiences related to trauma, demographic information was collected to gain further insight into the individuals who responded to the survey.

At the end of the survey, participants were asked if they would be willing to be interviewed, and those who responded “yes” or “maybe” were asked to provide their email address for future contact from the researcher, but they still had the option to not give contact information at that point. Those who responded “no” that they would not like to be interviewed were not prompted to answer any further questions.

**Interview Candidate Selection**

After using Excel to create a list of all those willing to be interviewed, a random number generator was used to select who to would email first. In an email, the researcher informed the selected individuals that they had been randomly chosen to participate in an interview to follow up on the survey they had completed. A brief explanation was given of the study and recipients of the email were reminded that details of their own personal trauma would not be discussed if they were to agree. By using a random number generator, any potential researcher bias was minimized in regards to name recognition or geographic recognition.

Three participants were interviewed. The number three was selected because it allowed, within the timeframe established, collection of in-depth information about the experiences with shared trauma. As opposed to using quantitative data from the interviews, qualitative data allows for smaller numbers of participants to provide in-depth narratives about their experiences that could be applicable to interpreters across the board. Interview candidates were asked to complete an informed consent form prior to conducting the interviews (see Appendix A).

**Interview Method**

After researching different interview methods, a semi-structured interview was chosen as the most effective approach. “The interview process is flexible enough to allow the interviewee to express their thoughts and ideas, and build upon and explore the participant’s responses to the

prompt questions" (Hale & Napier, 2013, pp. 97-98). This approach affords the participants a level of freedom in establishing rapport with them by asking several open-ended questions while still maintaining a level of consistency across the three interviews. A semi-structured interview "enables the researcher to strike a balance between having some level of control, as well as having flexibility" (Nunan, 1992 as cited in Hale & Napier, 2013). Interview questions were established prior to the interviews (see Appendix C) and often lent themselves to follow-up on behalf of the interviewee.

Because interviews were held in the midst of COVID-19 in October 2020, they were all conducted over Zoom. Though research shows that face-to-face interviews hold great value (Flora, 2013), hosting interviews virtually allowed for interview candidates from across the United States.

**Treatment of Data**

All interviews were video and audio recorded. Using otter.ai technology, the audio was then transcribed and stored on a password-protected account. Video recordings of the interviews were stored on a password-protected computer to which no other individuals had access. Identities of participants were further protected by changing all of their names in the final write up.

Using grounded theory, open coding was applied in order to initially identify themes consistent between all three interviews. Open coding, as the name suggests, allows one to remain open-minded about what the data may present (Strauss & Corbin, 1990). Further applying open coding, the constant comparative approach was used to repeatedly compare the findings of previous literature with data emerging from the interviews in order to create meaningful

categories (Goulding, 1999). For each transcript, the following questions were used to guide the researcher's analysis:

- What is happening in this data?
- What is the basic socio-psychological problem?
- What accounts for it?
- What patterns are occurring here? (Goulding, 1999).

In the end, the researcher decided to organize the interview findings by following Dean and Pollard's (2013) categories interpreters use when discussing interpreted interactions: pre-assignment, during assignment, and post-assignment. Selecting this categorization allowed the researcher to present the information in a way that is familiar to other interpreting professionals. After attempting other ways of organizing the information, the researcher used what was found to be the most effective and cohesive. Not only are the categories widely known by interpreters, but it also presents the data in chronological order and unfolds as an interpreting assignment would.

**Methodology Limitations**

It is understood by the researcher that by interviewing three interpreters, their experiences are not applicable to all working interpreters. The researcher also recognizes that trauma impacts interpreters in a unique way, and the feelings and responses to trauma are individual in nature. Despite the goal of including diverse participants, interviewing three candidates does not allow for extensive latitude. This research is meant to reflect qualitative information, and the researcher does not make any claims that the findings are statistically significant or can be generalized.

CHAPTER FOUR: FINDINGS

## Survey Data

In the initial survey, data was collected on the age, state of residence, highest level of education, and years of experience as an interpreter of the respondents. Asked as an open-ended question, 88.7% of survey participants self-identified as female, 11.3% self-identified as male, and none of the participants self-identified as non-binary. Using a geographical map from *National Geographic* (2012), the researcher categorized the states into five regions: West, Southwest, Midwest, Southeast, and Northeast. *Figure 1* shows the map of the United States by region. The high percentage of survey respondents from the Southeast Region, as depicted in *Figure* 2, is likely due to the researcher's location. Demographic information was also collected about the age, highest level of education, and years of experience of the participants, which are shown in *Figure 3, Figure 4,* and *Figure 5*, respectively.

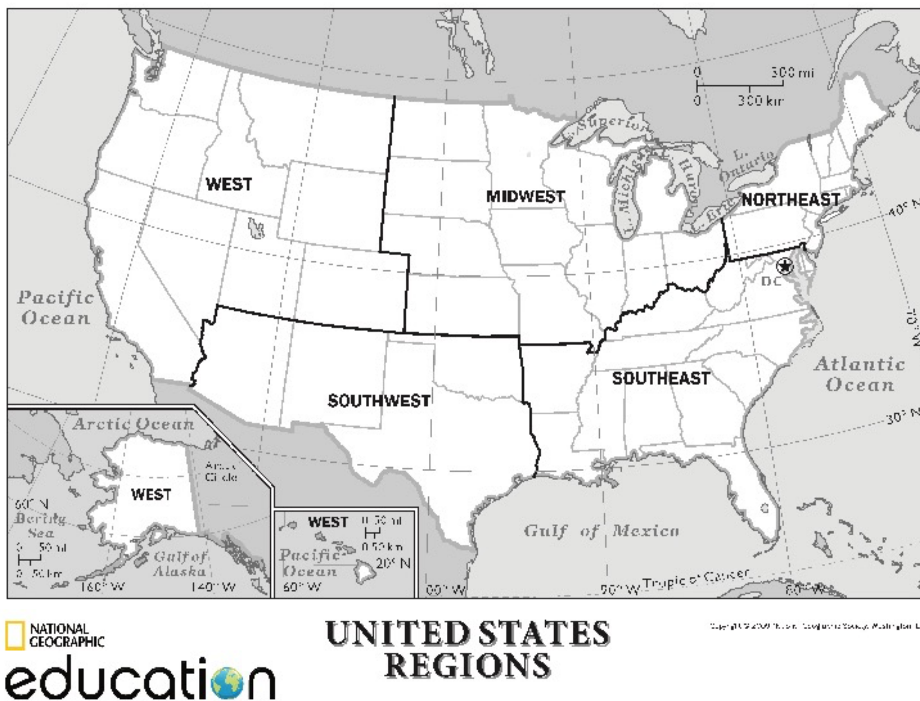


*Figure 1.* United States in five regions (*National Geographic,* 2012)

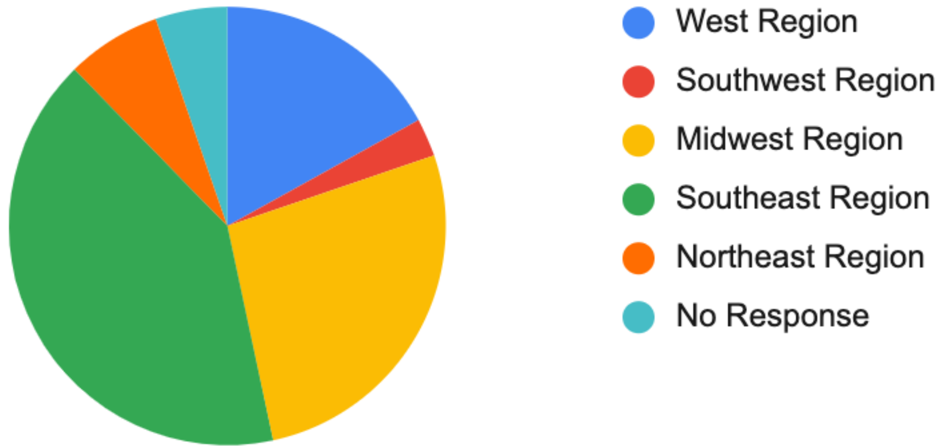


*Figure 2.* Region of residence of survey participants

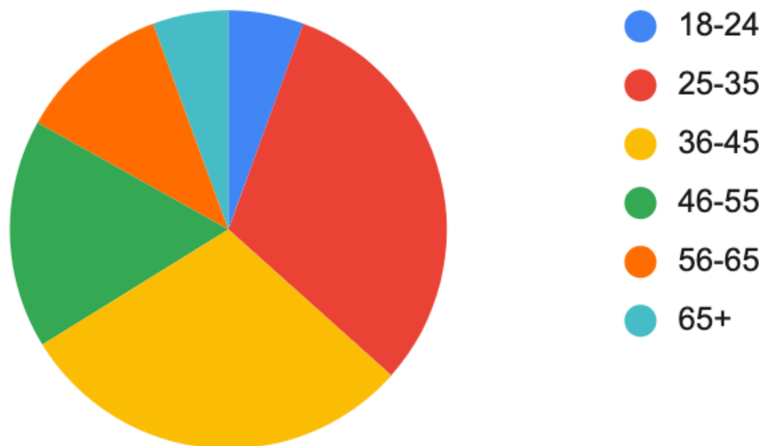


*Figure 3.* Age of survey participants

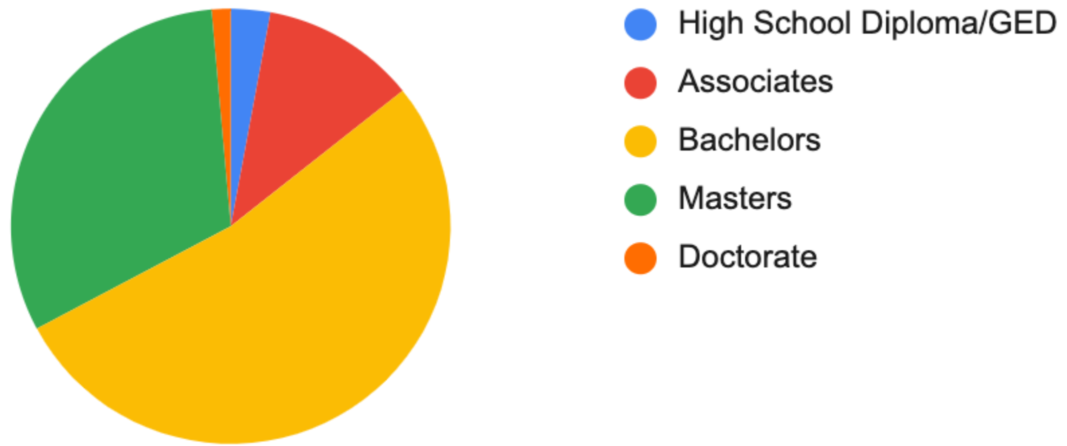


*Figure 4.* Highest level of education of survey participants

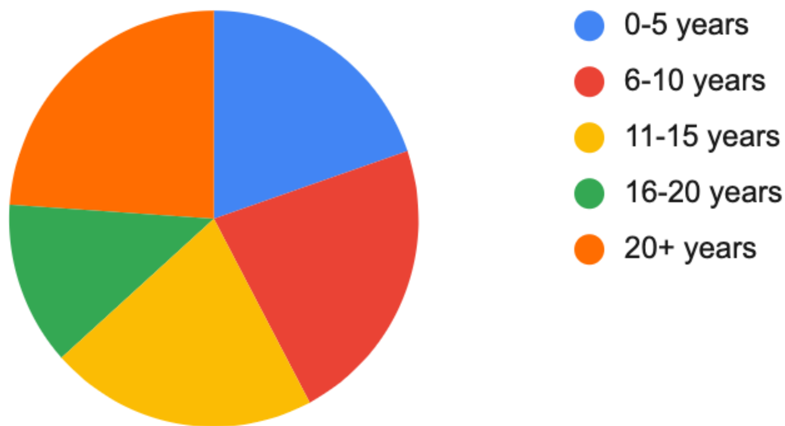


*Figure 5.* Years of professional interpreting experience of survey participants

In addition to demographic information, survey data was collected related to shared trauma. When asked if they had interpreted in a setting where a client's trauma was discussed with options of "yes," "no," or "unsure," 68 of the 71 respondents (95.8%) said, "Yes," two said, "No," and one said they were unsure. Those who responded with "Yes" were prompted to answer the next question while those who answered "No" or "Unsure" were sent to the end of the survey. Respondents who said they had interpreted in settings where trauma was the topic were asked to rate the impact—positive or negative—on the effectiveness of their work, with

Level 1 being *Did not impact my work at all* and Level 5 being *Greatly impacted my work*. Their responses are shown in *Figure 6*.

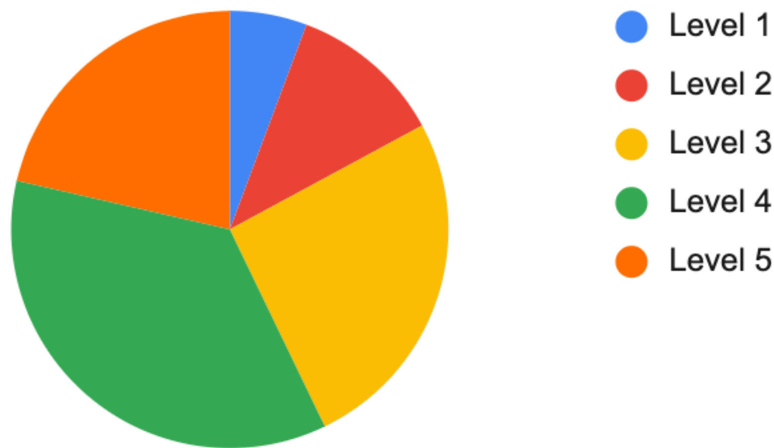


*Figure 6.* Degree of impact of trauma content on effectiveness of interpreting of survey participants

Next, survey participants were asked if they found the information regarding a client's trauma hard to "let go" post-assignment with options of "yes" or "no." In response, 76.8% said yes, it was hard to let go of the traumatic information after the assignment was over, while 23.2% said no, it was not hard to let go of that information. Last, participants were asked about their experience with shared trauma and were provided a definition of the term. A large majority of respondents, 81.2%, said they had in fact experienced shared trauma while interpreting. Of the remaining 13 individuals, one said they were unsure.

**Interview Data**

After reviewing all the interview data, information was analyzed and categorized into Dean and Pollard's (2013) controls categories: pre-, during, and post-assignment. The data was intentionally organized this way to guide the reader through a chronological unfolding of the participants' interpreting experiences. A pseudonym was assigned to each of the interview

candidates to preserve their anonymity. For the purpose of this thesis, their names are Jamie, Quinn, and Devon.

### *Pre-Assignment*

Dean and Pollard (2013) defined pre-assignment controls as "controls you bring to the assignment simply by virtue of your background, personality, and other characteristics, as well as the specific things you do to prepare for an assignment" (p. 17). From the pre-assignment data gathered from the interviews, three subcategories emerged, all of which related to accepting an interpreting assignment: content, obligation, and building reputations. Each of these was considered and guided each interviewee's decision of whether or not they should accept the assignment and if, knowing what they know now, they would accept the same assignment in the future.

**Accepting Work: Content.** When asked if they would have accepted the assignment in which they experienced shared trauma if they had known the details of the interaction, all three interviewees responded with a resounding "No." Further, Jamie made the point that, "It's the moments when you are not expecting it that it hurts the most and it's the hardest to deal with." In order to avoid such experiences when possible, it is crucial for agencies to keep interpreters informed about their assignments while still maintaining confidentiality. If the agency discloses that traumatic content may be the topic of discussion during an assignment, the interpreters could then be empowered to accept or decline based on the knowledge they have. "As an experienced interpreter and knowing what I know now," Devon explained, "I would not have taken the assignment."

**Accepting Work: Obligation.** When asked if they felt a sense of obligation to serve consumers who have similar traumatic experiences, all three interpreters said "Yes." For Jamie,

she stated that her obligation turned to advocacy and being a good ally within the Deaf community. Both Jamie and Quinn explained that the obligation was stronger to not accept the job for the sake of the Deaf consumer. They both held the belief that an interpreter aside from themselves would be more effective due to the potential impact of shared trauma on the effectiveness of their work. They also discussed how instead of accepting the assignments, they have started to educate and train other interpreters about how to effectively interpret the content of their trauma in a way that is informed and is respectful towards their consumers.

**Accepting Work: Building Reputation.** In addition to the sense of obligation to the Deaf community and those with shared trauma, Quinn and Devon both explained how, as new interpreters in the field, they were also pressured to accept assignments when offered to them by their employers. Devon stated that her agency told her outright that she must accept every assignment and declining was not an option. Devon also explained how this was the expectation set by her interpreter training program, and it was not until much later that she realized her own rights as a professional interpreter to accept and decline assignments on her own. She expressed her hope that interpreter training programs will educate students about shared trauma as opposed to presenting the information as, "Yes, you may have intrapersonal demands that arise" and not giving interpreters the tools they need to advocate for themselves in their work.

### *During Assignment*

Dean and Pollard (2013) defined assignment controls, also called during assignment controls, as follows:

> Controls that are employed during the interpreting assignment itself…They included any actions you take (such as asking for clarification or some other overt behavior), actions that you choose not to take (which is a type of control decision that should not be

overlooked merely because it is inaction), as well as all of your interpretation/translation decisions. (p. 17)

From the data collected on assignment controls, several similarities surfaced within these areas: emotional responses, fight or flight responses, the value of team interpreting, and the effectiveness of the interpreting work.

**Emotional Response.** When asked if Jamie chose to disclose her own trauma to her clients, she said it was "by way of apology." She stated that she started to feel emotional and explained to the consumers that she had experienced a similar trauma and apologized for her response. She discussed how, despite the fact that it is "normal," she tried her best not to cry or show any type of emotional reaction during the interaction. All three interviewees specifically mentioned crying as an unfavorable response, in their opinion, when shared trauma comes into the forefront of interpreting. Jamie and Quinn both said that consumers responded positively and assured them that their crying was valid and there was no need to apologize. Despite the consumers' response, Quinn stated that "crying was not ideal" and felt it was inappropriate.

Devon, on the other hand, stated that she knew she could not cry because if she did, she would not be able to compose herself again. Instead, she asked to use the restroom and excused herself briefly. In that time, she did her best to take a few deep breaths and engage in positive self-talk before returning to the assignment. "I knew I had a long commute home, so if I could maintain my composure while interpreting, I could cry it out on the way home," Devon explained.

**Fight or Flight.** All three interpreters mentioned the fight or flight response when shared trauma came up while they were actively interpreting. "During the experience of a traumatic event, the limbic system in the brain activates the amygdala, which signals the hypothalamus,

mobilizing the body to fight, flee, or freeze" (Leonard, 2008, p. 20). The body typically responds with a production of cortisol, which then minimizes the perceived threat. However, in a person who has been traumatized, cortisol may not be easily produced making it more difficult to diffuse the body's alarm response (Rothschild, 2000).

Quinn and Devon recalled a similar feeling of, "What is happening?" when they heard or saw the first mention of the topic. Both stated that they quickly reeled through a long list of control options and felt overwhelmed by their own thoughts. Quinn explained that, in one specific instance, she had a team interpreter. She immediately felt the urge to ask her team to switch but stopped herself out of fear that her distress may seem obvious to the consumers. Quinn stated that she suddenly perceived that everyone was looking at her, which in reality was not the case. She felt very vulnerable in that moment and grew uncomfortable while interpreting.

**Value in Team Interpreting.** Quinn explained how having a trusted team when shared trauma was involved greatly impacted how she felt afterward. Having someone she could depend on in a time of being triggered by her past trauma made the experience much more bearable. Devon stated that one particular interpreting assignment where she experienced shared trauma continued for four hours without a team interpreter. Throughout the assignment, she found herself thinking, "I wish I had a team."

**Work Effectiveness.** When asked if they felt their interpreting work was effective, all three candidates had similar responses. They all stated that having intimate knowledge of a situation made them feel capable of interpreting the information in either working language (English or ASL). In those instances, Devon explained, "you are able to bring out the emotion, understand, and relate" to the consumers. On the other hand, as Jamie said, "Sometimes the things that make us the best qualified are also the things that eliminate us."

In discussing whether or not they felt their interpreting work was effective, all three interpreters were critical of themselves and stated what was ineffective first. For Quinn, she realized that she had started to shy away from specific words and signs and then avoided them altogether. She started to overthink the interpreting process and, as a result, unintentionally disrupted the flow of the interaction. Devon was physically shaking, which she said negatively impacted her ability to produce signs clearly and fluently. When asked specifically about the effectiveness of interpreting work with shared trauma, Jamie said, “I have never seen it done successfully by any interpreter, whether they found themselves there accidentally or purposefully.”

Jamie related the experience of shared trauma to the Tacoma Narrows Bridge, a pair of twin suspension bridges in Washington State. When the bridge collapsed in 1940, scientists believed it was caused by resonance that led the bridge to twist and turn violently and resulted in destruction. Jamie described what she believed to be the dangers of resonance between interpreters and consumers with shared trauma:

> When you talk with someone who has the same trauma as you, yes, you have synergy that happens and you resonate with one another, but that synergy causes problems as well. Now the interpreting process is not working and you cannot cross the bridge.

Naturally, all three interpreters experienced an array of emotions in response to shared trauma in their work. An interpreter’s previous knowledge and experiences (pre-assignment controls) can lead to intrapersonal demands such as an emotional response to the content (Dean & Pollard, 2011). “Recognizing and dealing with intrapersonal demands is the interpreter’s ultimate goal in maintaining neutrality” (Dean & Pollard, 2013, p. 62). From the interview data, we can understand the impact that shared trauma may have on an interpreter’s neutrality.

In addition, each interpreter reflected on their perceived effectiveness while interpreting. Their interviews offer a greater understanding of the impact that our emotions have on the effectiveness of our work, which corresponds to Dean and Pollard's (2013) work as well: "Throughout one's practice career, one must learn about and remain continually aware of personal sensitivities of all sorts and respond to them appropriately so that they do not detract from one's work" (p. 62).

From the three interviews, unique insights were given about decisions made while interpreting and their emotional responses to the experience of shared trauma. While each person's recollections were unique, they also indicated similarities among them. The interview data surrounding emotional responses, fight or flight responses, the value of team interpreting, and the effectiveness of the interpreting work not only gives better understanding of the thoughts and feelings of the interpreter during shared trauma, but also offers guidance for practitioners and employers. The three interviewees also provided information about actions they took after the assignment was over.

***Post-Assignment***

Dean and Pollard (2013) identified the third and final control category as post-assignment controls, which are, as the label indicates, controls employed after an assignment is over. Post-assignment controls are "employed after the interpreting work is completed" (Dean & Pollard, 2013). Similar to pre-assignment and during assignment controls, multiple commonalities arose from the response of the three candidates in regard to post-assignment controls as well. From their interviews, each interpreter discussed their choices surrounding personal engagement with clients after an assignment, partaking in debriefing and supervision, and participating in individual therapy.

**Personal Engagement.** In their interviews, Quinn and Devon stated that after the assignment is over, they will sometimes offer helpful resources to their consumers in relation to their trauma. Working on a college campus, Devon has been told by other staff interpreters that she is crossing a boundary by offering helpful resources to students and by walking with students to the counseling center. In her place of employment, like several other colleges and universities, if a staff member walks with a student to the counseling center, they can often be seen immediately by a counselor. Unlike Jamie who disclosed her own personal trauma during the interpreting assignment, Devon reported that she shared her experiences after the assignment was over. “I want students to know that they are not alone,” she said. There are times, however, that interpreters do not necessarily know what happens to consumers after an assignment, which can be considered another form of trauma.

Jamie explained how often, interpreters do not receive closure after an assignment with shared trauma. “We don’t get to know what happened to so-and-so after they got their diagnosis or had this specific outcome or went to jail. You lose the thread over time.” In a situation when she was able to follow through and learn what happened to a client after she interpreted for them, she called it a “very interesting form of processing and healing that I haven’t had access to previously in my career.” Kruglanski (1989) defined the need for closure (NFC) as “the desire for a definite answer on some topic, *any* answer as opposed to confusion and ambiguity” (p. 14). Individuals seek out knowledge when they are involved, have special interest in the subject or individual, or have hope for a particular outcome (Kruglanski, 1989). Because closure is a rare occurrence for interpreters despite their proximity to their consumers, Jamie turned to advocacy as an outlet for the many emotions she experienced on the job daily.

Beyond the trauma of not often receiving closure, Jamie also explained how learning to have a voice is "the secret" to a long-lasting interpreting career. She has found that engaging with the Deaf community outside of interpreting work offered a sense of fresh air after a period of burnout. She learned that acting as an ally alongside Deaf people in the community and having her own voice gave her a sense of power she had not felt previously. She has also become more involved in a handful of committees and has served on several with the goal of changing and improving the interpreting field over time, not only for fellow interpreters, but for the Deaf community as a whole.

**Debriefing and Supervision.** When asked about their actions post-assignment, all three interpreters mentioned debriefing and supervision. At the time of Jamie's shared trauma, she recalled that supervision had not been formally developed in the interpreting field. Instead, she stated that she found a "trusted, safe space interpreter" with whom she could debrief after the assignment. After her assignment was over, Quinn debriefed with her team and shared her own personal history. She stated that she intentionally shared her own experience of interpreting shared trauma in hopes of informing her colleague on what they could do in the future. She wanted to make sure they knew what to look for and how to respond if ever the event of shared trauma happened again. Quinn explained that she also debriefed with a trusted colleague apart from her team after the interpreted assignment but did not disclose the fact that it was shared trauma. Instead, she presented the information as a difficult assignment to process.

Unlike Jamie and Quinn, Devon did not disclose any of the details of her shared trauma assignment. She stated that based on the teachings of her interpreter training program, she believed confidentiality restricted her from sharing any information after the assignment was over. "It would have been nice to know that others have had similar experiences," she explained.

If something similar were to happen in the present day, Devon said she would absolutely debrief with a trusted colleague. At her current place of employment, however, other staff interpreters have told her, “We don’t talk about it,” when referring to interpreting therapy sessions for students. Her colleagues believe that what is discussed during a Deaf student’s therapy session is “only their business” and is not to be discussed outside of their session.

Beyond debriefing, Quinn and Devon both discussed supervision. Jamie stated that if formal supervision had been established at the time she experienced shared trauma, she would have participated. Quinn first explained that, out of respect for her peers, she will preface the supervision case before they begin. She stated that she wanted to make it clear that the topic of her specific trauma would be discussed and give her colleague the opportunity to say, “No.” Quinn explained one of the reasons behind seeking out supervision: “In the moment, I was thinking so many things and I realized that if it had impacted my work, I wouldn’t have even known it.” Supervision offers a chance for interpreters to discuss the intricacies of their work in a judgement-free space with the support of peers who are experiencing the case with fresh eyes and ears. Both Quinn and Devon stated that without shared trauma being the interpreted content, they would not normally seek out debriefing or supervision. Instead, they would most often “leave the assignment behind.”

**Therapy.** In the interviews, candidates were also asked about therapy. Jamie stated that when shared trauma occurred during her work, she felt she, “didn’t need the help.” She explained that later, she realized she was wrong and did in fact need to see a therapist. She discussed how she believed mental health professionals can offer something beyond the scope of our interpreter colleagues during sessions of debriefing or supervision. “Instead, they can offer strategies to help you process and work through trauma. When we don’t, it leads to burnout in our field.” Devon

said that she did attend therapy, but had never talked about her professional work during her appointments. “Maybe I should start discussing work, too,” she reflected. At the time of the interview, Quinn stated that she had not attended therapy, but recently shared that she started and has found it to be beneficial.

# CHAPTER FIVE: DISCUSSION

After analysis of the findings and further reflection, several areas of discussion arose about Interpreter Training Programs, the understanding of confidentiality, the role of interpreters as members of the Deaf community, an interpreter's reputation, a voice for interpreters, and mental health services for those in the profession. Similar to the Findings chapter, the information was laid out in chronological order. Based on the interview data, the experiences of interpreters unfold as so: (1) Interpreters join a training program to become a professional interpreter. (2) Within their program, they develop their understanding about confidentiality and professional decisions to be made surrounding the idea of remaining confidential. (3) During or after their training, interpreters find themselves as members of the Deaf community with roles such as friends, colleagues, acquaintances, and allies. (4) As interpreters continue working in the field, they make efforts to build their reputation within the Deaf community and interpreting community. (5) After gaining interpreting experience, interpreters may start to feel a sense of burn out and begin searching for other outlets to express their own thoughts and views. They may also search for ways to cope with the stresses of interpreting or potential traumatization. (6) Interpreters may also then begin to seek out mental health services if they have not already.

## Interpreter Training Programs

Since July 2012, the Registry of Interpreters for the Deaf (RID) requires "national certification exam candidates to hold a degree (any major) or submit an approved Educational Equivalency Application" (2021, p. 1). While individuals can have a degree in any field, RID states, "One may find the background, skills development and theory learned in a recognized interpreter program are extremely beneficial in getting your national certification" (RID, 2021, p. 1). Academic programs have been created with goals such as "to provide high quality ASL

instruction and to prepare professional interpreters who are competent, ethical, and life-long learners" (Eastern Kentucky University, 2021). The interviews, however, indicated a belief that ITPs are lacking in preparation of students' ability to interpret traumatic content and process the information in a healthy way. Jamie said she was "kicked out of the nest" and left to "fly or crash" on her own. Devon explained that her ITP provided no precautionary instruction on how to handle traumatic content or what steps to take afterwards.

Conducting this research has raised questions for the researcher about the possible benefits of practicing traumatic content within ITPs. One consideration for further experimentation would be to assess the benefits of providing students with opportunity to experience interpreting such content. Within a training program, students could have a safe space to work through their emotions while also learning how to interpret effectively. By remaining ill-prepared, new interpreters may experience shared trauma for the first time while they are alone and further, may not realize the importance of debriefing or conducting supervision with a mentor or trusted colleague. While ITPs more commonly teach Dean and Pollard's *The Demand Control Schema: Interpreting as a Practice Profession* (2013), the researcher believes it is less common that instructors express the importance of the process beyond everyday, run-of-the-mill interpreting assignments. By teaching students the significance of debriefing and supervision after shared trauma or traumatic subjects in general, ITPs would be giving students permission to discuss their experiences in a meaningful way while still upholding confidentiality.

**Confidentiality**

In their writing about confidentiality, Dean and Pollard (2009) emphasize the fact that sharing information within supervision is not a breach of confidentiality. Interpreting is similar to other practice professions "like medicine, law, teaching, counseling, or law enforcement, where

careful consideration and judgement regarding situation and human interaction factors are central to doing effective work" (Dean & Pollard, 2009, p. 259). Interpreters are to "adhere to standards of confidential communication" (RID, 2005, p. 2). It could be argued that confidentiality is of the highest priority for interpreters based solely on the fact it is listed as the first tenet. The idea of confidentiality is not new, but the true understanding of the concept and applications to our professional practice are still developing (Dean & Pollard, 2009). According to Witter-Merithew (1999):

> With the establishment of the RID, there was a conscious effort to disassociate from the image of a benevolent caretaker and establish a professional identity based on standardized principles that guide most American professionals—confidentiality, integrity, objectivity, discretion, competence and accuracy. Although these principles are appropriate and necessary, the application of these principles in the early period of the RID was defined in a narrow, rigid, and punitive manner. (p. 1)

In Dennis Cokely's (2000) examination of former practice standards under the Code of Ethics from the Registry of Interpreters for the Deaf (RID), he wrote:

> Like other deontological approaches to ethics (e.g., the Ten Commandments) the current Code of Ethics places limits on behavior. Because it allows for no exceptions (i.e. the Code does not state: "Interpreter/Transliterators shall keep all interpreted and assignment related information strictly confidential *except when their job requires disclosure of information shared during an interpreted/transliterated interaction*") (p. 11).

Cokely demonstrated the limitations of the original Code of Ethics by highlighting the lack of guidance of when information should be shared by interpreters.

During interpreter training programs, students are sometimes led to believe that information cannot be shared after an assignment under any circumstances, which Devon mentioned in her interview. While Dean and Pollard (2004, 2009) have explained the validity of interpreting as a practice profession, interpreters often do not believe they are afforded the same opportunity to conduct supervision or case conferencing similar to other practice professions. In fact, they believe it to be a breach of confidentiality (Dean & Pollard, 2009). This type of approach to interpreting can lead to further isolation when professionals often work on their own already (Garrett & Girardin, 2020). Witter-Merithew (2012) explained it as such: "Few of us have the luxury of working with another interpreter on a daily basis…We often function as silos—each doing our own thing without connection to others who do our work or long periods of time" (p. 1). The idea of confidentiality as a means of secrecy is influenced by the infancy of the interpreting field and the uniqueness of interpreter-client relationships (see Ball, 2013; Humphrey & Alcorn, 2007; Cokely, 2005; Witter-Merithew, 1999).

**Interpreters as Members of the Deaf Community**

Compared to other fields, interpreting is still in its early years, having only been considered a profession since 1964 (Ball, 2013). It could be argued that time lends itself to further realization of mistakes and misunderstandings. Before the establishment of RID, interpreters were often family members or friends of Deaf individuals and worked on a volunteer basis (Ball, 2013; Witter-Merithew, 1999).  Because of interpreters' proximity to Deaf people as friends and family members as well as the lack of rights afforded to Deaf individuals at that time, interpreters viewed themselves as helpers in the early years of the profession (Ball, 2013; Humphrey & Alcorn, 2007; Witter-Merithew, 1999). In the 1980s, interpreters began to shift the perspective of their role to a bilingual-bicultural (bi-bi) model (Humphrey & Alcorn, 2007).

According to Cokely (1989), interpreters must consider the implications of language, culture, and the thought worlds of all parties involved and "therefore must have bilingual and bicultural competence as a prerequisite to successful interpretation" (Cokely, 1989, as cited by Witter-Merithew, 1999, p. 4). In the 1990s, following the shift to a bi-bi approach came the consideration of interpreters through the lens of allies (Witter-Merithew, 1999). Outside of their daily job or assignments, interpreters are "a part of the fabric of the [Deaf] Community" (Cokely, 2005, p. 3). Because interpreters often have access to the hardships and oppression faced by their Deaf consumers, they may find themselves in a position to contribute to the goals of the Deaf community and to further their agenda (Witter-Merithew, 1999). The role of ally, however, is not to be confused with "crusader" or "champion," but instead embodies "the commitment to support the political and social movement created by the American Deaf Community [which] comes from our growing awareness and appreciation of their many accomplishments and abilities" (Witter-Merithew, 1999, p. 5). Interpreters have a relationship with their clients that greatly differs from that of other professions and are expected to "develop social and personal relationships" within the Deaf community (Witter-Merithew, 1999, p. 4). Because of this fact, it could be argued that the risks and implications of shared trauma may be even more extensive for interpreters than those in other professions. In addition to building relationships with members of the Deaf community, interpreters also work to build their reputations within the profession.

**Reputations**

As stated by all three interview participants, one of the many benefits for seasoned interpreters, and rightfully so, is having a reputation. Seasoned interpreters may have the luxury of turning down interpreter assignments from agencies as a result of being established within their communities and having proven their worth to employers. They may also be able to easily

turn down assignments because they are financially stable, a position in which new interpreters rarely find themselves. Quinn and Devon, both of whom identified as new interpreters, expressed that they had been made to feel guilty by hiring agencies if they did not accept the work offered to them. Additionally, they have been made to feel guilty by employers when they decline work for a myriad of reasons. Quinn and Devon also attested to being offered interpreting assignments for which they were not prepared or qualified, which resulted in them having to process traumatic information on their own. Both Quinn and Devon perceived these experiences to show a lack of autonomy given to them by their employers. For each of the interview candidates, autonomy and the chance to have a voice were found to be highly valuable.

**A Voice for Interpreters**

Jamie mentioned that she believed there were two main causes for burnout among interpreters: frequent traumatization and not having a voice. By its very nature, interpreting is a service profession. One of the realities of interpreting, however, is that we are often empathetic beings (Mehus & Becher, 2016). When we are interpreting, we are conveying the messages of parties involved, but we are withholding our own thoughts and emotions. In moments of shared trauma, the suppression of emotions can have major implications such as impaired memory, disrupted communication, and increased blood pressure (Butler et al., 2003; Richards & Gross, 1999). After experiencing shared trauma and maintaining professionalism by reducing our presentation of self, supervision gives us the opportunity to breathe again. Through discussion with trusted colleagues who push us to think deeply and reflect on our work, we have a place to process our emotions in a safe environment. Shared trauma may bring up a flood of emotions and, in the moment, we have no voice. To have something to say and no one to listen can be

disheartening. While supervision can give interpreters a voice again, therapy may also offer interpreters a chance to express themselves freely.

**Mental Health Services for Interpreters**

Beyond debriefing and supervision, interpreters should seek out mental health services. Further, agencies and corporations such as video relay service providers should offer therapy as part of employee benefits. Even for employees who are not enrolled in benefits, larger companies could set a precedent by offering a minimum of one therapy session per month to all employees, regardless of the number of hours they work. Therapy with a mental health professional offers a place for interpreters to work through their emotions and even their traumas with someone who is trained to help them process. Because of this, it is important to distinguish supervision and therapy as two separate spaces with their own goals and benefits. Maintaining the mental health of employees can have major benefits for employers as well. Employees who are experiencing anxiety or depression, for example, start to decrease productivity by way of frequent absences from work and an "inability to perform at optimal levels" (Goetzel et al., 2002). Employers may find that it is more cost effective to provide mental health services to their employees as it would offset the deficits from decreased productivity (Goetzel et al., 2002). In the end, interpreters who are mentally well are able to provide effective interpreting services and could also improve the work environment around them. Interpreters who feel content with their work may be more likely to continue working for longer and may be able to avoid burnout.

# CHAPTER SIX: CONCLUSION

Though my research has shed light on the many hardships of working as a professional interpreter, I am still hopeful for the future and how the interpreting field will continue to grow and evolve. With further research, insight and information could be uncovered that, until now, has been untapped. By heeding the recommendations of current literature, this thesis, and the research that will follow, the interpreting field can continue to grow and improve for the sake of all involved.

## Recommendations for Further Research

### *Location and Number of Participants*

The survey data included 71 individuals, 41% of whom were from the Southeast Region of the United States. In the future, the study could be replicated to include a larger number of people and represent a population more evenly dispersed across the U.S. Additionally, a replicated study could include more than three interview candidates in efforts to deepen the understanding of the personal implications and experiences of shared trauma among interpreters. Future studies could also take a closer look at the experiences of interpreters in marginalized groups.

### *Marginalized Interpreters*

In Jamie's interview, she detailed her experience planning a Holocaust Memorial event and hiring interpreters. "Of course, you want Jewish interpreters who, when they're reading out the Kaddish, the prayer for the dead, can interpret and understand the Hebrew and they can understand the ritual. But, all the Jewish interpreters I talked to didn't want to take the job because of the emotional impact of it." In the interpreting field, one can point out other instances

when interpreters are hired because of their shared identities with the consumers or audience. In the month of February, agencies are often searching for Black interpreters during Black History Month. In June, they are looking for LGBTQ+ interpreters during Pride Month. While it makes sense for hiring entities to hope for interpreters who can related to their consumers, there could be greater implications and higher risk of shared trauma for interpreters who also fall into a marginalized group of people.

### *Shared Trauma with a Team Interpreter*

The research has shown that interpreters are often isolated and work alone, but experiences of shared trauma may differ between assignments when interpreters have a team and when they do not. In Quinn's interview, she shared that having a team when shared trauma arose made a considerable difference in her experience compared to other times when she was working alone. Replicating the study to find data on the similarities and differences between having a team interpreter and working alone during shared trauma would result in valuable implications for the interpreting field.

### *Impact on Memory for Interpreters*

The research has also shown that suppressing emotions can lead to impaired memory at the time of suppression and has an even greater impact in situations of stress (Richards & Gross, 1999). Additionally, memory is also affected by a traumatic experience.

> During a traumatic event, the hippocampus is suppressed, which is normally functioning in the processing and storage of events. The hippocampus is responsible for declarative or narrative memory which puts the memory in context and proper time and space. During a trauma, the amygdala is solely responsible for processing the event. The amygdala is responsible for implicit or sensory memory. (Leonard, 2008, p. 20)

Because interpreters use their working memory while actively interpreting, additional research could be conducted to determine the effectiveness of one's work based on what the interpreter remembered.

**Suggestions for the Profession**

Prior to working as a professional, most interpreters are now trained in Interpreting Training Programs (ITPs). I believe it would be highly beneficial for students to be exposed to traumatic content with the space to immediately debrief or reflect through supervision under the instruction of their professors. As a result, students would have the opportunity to experience the thoughts and feelings while interpreting traumatic information before they are in the field and potentially working alone. Students would then be able to discuss their thoughts, feelings, and emotions in a safe space. Moreover, students could gain insight and advice from one another as peers as well as guidance from their instructor. The ultimate goal of exposing students to traumatic stimuli during their training is to equip them with the tools and knowledge to know how to face such experiences while they are working in the field.

From McCartney's (2017) work on interpreting as a social justice profession, it is clear that most interpreters value just that: justice. Despite the challenges, the constant exposure to trauma, and the oppression witnessed towards Deaf individuals, interpreters persevere (McCartney, 2017; Splevins et. al, 2010). Because interpreters value the lives of Deaf people—their struggles, hardships, and successes—they continue to work as interpreters. As Colonomos (2013) and Decker (2015) described, most interpreters possess Deaf Heart. Along with Deaf Heart, they have grit and are committed to the continued improvement of the lives of their consumers (McCartney, 2017). Like Jamie, many interpreters experience burnout and come out on the other side with a renewed sense of passion and determination. Others, however, do not.

For the sake of interpreters, whether they are seasoned or new, as well as those who have yet to join the field, mental health services need to be strongly considered as a benefit provided to professional interpreters. The mental health of interpreters has been discussed in this study and previous research, but I believe we have only just begun. Employee-sponsored mental health services for professional interpreters could possibly improve the overall wellbeing of interpreters, increase their effectiveness while working, and decrease the instances of burnout in the field.

After reading about vicarious trauma, compassion fatigue, and burnout among interpreters, I am fearful of the direction the interpreting field is headed. As professionals, we often seek to improve the experiences of those who join the field after us—it is a common aspect of service leadership, which applies to the idea that interpreters offer a service. In his work in *Servant Leadership*, Greenleaf (1997) explained how, as a society, we often want to better the experiences of others, particularly those who come after us:

> But since we are the product of our own history, we see current prophecy within the context of past wisdom…One does not, of course, ignore the great voices of the past. One does not awaken each morning with the compulsion to reinvent the wheel. But if one is *servant,* either leader or follower, one is always searching, listening, expecting that a better wheel for these times is in the making. It may emerge any day. Any one of us may find it out from personal experience. I am hopeful. (p. 23)

I believe that as professionals who care deeply about our consumers and our colleagues, we are bound to create a better wheel as we progress in the field. As professionals and members of the Deaf community, may we continue to evolve and seek out improvements for ourselves and others and allow it to propel us forward. May we continue to find answers through research, but

also remember the value of sharing our own narratives with each other outside of academia. Our personal experiences are valuable and contribute to the improvements of the lives and experiences of those around us and will benefit interpreters in the future. Like Greenleaf, I am hopeful.

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## APPENDIX A: INFORMED CONSENT

*IRB #1123 Approval date: 7/16/2020*

You are being invited to participate in a research study titled *Shared Trauma: The Impact on Signed Language Interpreters.* This study is being done by Shelby Champlin, a graduate student from Western Oregon University in the MA in Interpreting Studies department. You were selected to participate in this study because you indicated on the initial survey that you had past experience with shared trauma between yourself and your client(s). In order to participate in this research study, it is necessary that you give your informed consent. By signing this statement, you are indicating that you understand the nature of the research study and your role in that research and that you agree to participate. Please consider the following points before signing:

- I understand that this study will address the potential outcomes and impacts of shared trauma on interpreters and consumers with attention to assignment content that specifically relates to said trauma. The purpose is to gain further knowledge and discuss the experience of shared trauma—both in intentionally accepted assignments with the content in mind and with last-minute assignments in which the shared trauma was not predicted or disclosed beforehand;
- I understand that my identity will not be linked with my data, and that all information I provide will remain confidential;
- I understand that participants must be 18 years of age or older. Any and all signed language interpreters are welcome to participate;
- I understand that there could be risk of potential psychological discomfort or harm.
- I understand that I agree to take part in this study after completing the survey, I will be asked to participate in an interview with the researcher.
- I understand that during the interview, no questions will be asked about my own personal trauma or the specifics of the case, only about my approaches to this type of work and the demands surrounding it. The interview will take no more than 30 minutes to complete.
- I understand that there is no compensation being offered for participation in this study.
- I understand that my participation in this research project is voluntary, that my refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled, and that I may discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled.
- I understand that the researcher will not reach out to me after the study is complete, and if I experience any psychological or emotional distress, I am encouraged to contact a local counseling office or call the national Crisis Hotline at 1-800-273-8255.

By signing this form, I am stating that I am 18 years of age or older, that I understand the above information, and that I consent to participate in this study being conducted at Western Oregon University.

If you have any questions at any time about the survey or the procedures, you may contact the Principal Investigator, Shelby Champlin, via email at schamplin19@mail.wou.edu, or their

faculty advisor, Professor Amanda Smith, via email at smithar@mail.wou.edu. For questions regarding the treatment of human subjects, you may contact the Chair of the WOU IRB at 503-838-9200 or at their email at irb@wou.edu.com Institutional Review Board (IRB).

Signature: ______________________________________ Today's Date: ______________
(of participant)

Print your Full Name: ________________________________________________________

APPENDIX B: SURVEY QUESTIONS

- **How old are you?** (18-24) (25-35) (36-45) (46-55) (56-65) over 65
- **What is your gender identity?** Write in
- **What is your state of residence?** Write in
- **What is your highest level of education?** High school diploma, Associate's degree, Bachelor's degree, Master's degree, Doctorate's degree
- **How many years have you been working as an interpreter?** (1-5) (6-10) (11-15) (15-20) over 20 years
- **In what setting do you interpret in most often? Educational**, Medical, Therapeutic, other?
- **What interpreting credentials do you currently hold?** NIC, BEI, EIPA, other?
- **Have you interpreted in a setting in which a client's trauma was discussed?** Yes, No, Unsure
- **If yes, have you found this information to be difficult to "let go" post assignment?** Yes, No
- **Have you been in a situation in which you were interpreting content that also applied to your own trauma?** Yes, No, Unsure
- **If yes, can you rate whether or not you felt that content impacted, positively or negatively, the work that you were doing?** (1-5 with descriptions)
- **If yes, would you be willing to participate in an interview to collect further information about shared trauma for interpreters in our field and contribute to research about how it impacts our mental health as professionals?**

## APPENDIX C: SEMI-STRUCTURED INTERVIEW QUESTIONS

- When interpreting in a shared trauma situation, where you made aware that said trauma would be the topic of discussion?
    - If yes:
        - Why did you choose to take the assignment?
        - Did the client know that you had shared trauma?
        - How did preparing for this assignment differ from preparation for other assignments?
        - What about post-assignment? Did you debrief with a mentor or trusted professional? Was that different than other assignments?
    - If no:
        - Would you have accepted this assignment had you known?
        - How did it feel when the trauma was brought up initially? Did you continue business as usual, did you need a minute, etc.?
        - What about post-assignment? Did you debrief with a mentor or trusted professional? Was that different than other assignments?
- Do you believe having shared trauma positively or negatively impacts the effectiveness of your work?
- Do you feel an obligation to interpret in those situations due to your shared trauma and experiences?
- Have you left an interpreting situation feeling the need for therapy, a meeting, or emotionally drained?

- Was there anything else that you would like to share that you have not yet had an opportunity to share? What else would you like to share that may not have come up in our discussion?

If the need for follow up occurs, these questions will be asked:

- Tell me more about _____________.
- Can you give an example of ______________?