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ASL-English Interpreters and Anxiety

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ABSTRACT

Reflective of the American population, there are a number of interpreters who have Generalized Anxiety Disorder. Using a mixed methods approach, credentialed interpreters share their experience with anxiety as a professional interpreter. Participants relate both the positive and negative effects of anxiety on their interpreting work. Several anxiety coping strategies are explored, as well as, detailing the importance of finding a confidant. Issues such as potential professional stigma and the consequences of declining assignments for anxiety reasons are discussed.

INTRODUCTION

Every interpreter experiences some level of nervousness at times: maybe before a national exam, a large venue interpreting assignment, or working in a new setting. Both nervousness (mild symptoms) and anxiety are typical stress responses and are completely normal feelings. However, the National Center for Health Statistics (Terlizzi & Villarroel, 2019) found over 15% of adults in the United States had a Generalized Anxiety Disorder (herein anxiety). Anxiety diagnoses include at least six months of excessive worry about everyday situations or worry in anticipation of a future event that may or may not occur. People living with anxiety often experience an increased sense of worry and severe anxiety can manifest itself in panic attacks.

One aspect that is rarely discussed is how interpreters with generalized anxiety disorders manage their anxiety and what strategies they use. Nor is there any discussion of the experiences of interpreters with generalized anxiety.

LITERATURE REVIEW

Anxiety is defined as “an emotion characterized by feelings of tension, worried thoughts [usually recurring and intrusive] and physical changes like increased blood pressure” (American Psychological Association, n.d.). Coping mechanisms or strategies include “efforts, both cognitive and behavioral, to manage environmental and internal demands and conflicts affecting an individual that tax or exceed that person’s resources” (Coyne, Aldwin, & Lazarus, 1981).

To manage workplace stress, emotional regulation skills are vital (Salavera, Antonanzas, Noe & Teruel, 2014). Psychological stress is more complex than simply identifying a stressor and addressing it. To understand it fully, a person must look at the individual’s appraisal of a situation as well as their response. The amount of stress experienced is largely due to that

individual's interpretation of the situation, not the situation itself (Lazarus, 1999; Lazarus & Folkman, 1984). As such, people with generalized anxiety may perceive a situation differently than someone without anxiety. Combatting such stress and the related unpleasant emotions requires effective coping skills (Chang, 2009). Interpreters know stress.

The *Interactive Theory of Occupational Stress* (Karasek, 1979) detailed occupational stressors were not inevitable and workers had some levels of control over some stressors. Dean and Pollard (2001) adapted this framework for interpreters and put forth the *Demand Control Schema (DC-S)* which has become a widely used framework adopted by interpreters to manage notions of a lack of control in an interpreting scenario. The schema includes four demand categories interpreters experience. First, environmental demands or those specific to the setting. Second, interpersonal demands or those related to the dynamics between users of interpreting services and the interpreter themselves. Third, paralinguistic demands include issues specific to the language use of the consumers. Lastly, intrapersonal demands entail the specific thoughts and feelings (and anxiety) of the interpreter in that setting. Intrapersonal demands in general, and specifically anxiety concerns, can stem from predicted stress, as well as, from lingering feelings from a previous assignment. Intrapersonal factors deplete some mental energy and include the "dynamic nature and intensity of the event, vicarious reactions, safety concerns, physiological responses and distractions, doubts or questions about performance, availability of supervision and support, anonymity and isolation, no legal cloak of confidentiality, and liability concerns" (Dean & Pollard, 2001, p. 5).

To address this litany of demands, the DC-S includes controls or behavioral actions, interpreting decisions, and internal acknowledgment of the demand and can be employed pre-assignment (before the interpreting work), during-assignment (while one is actively in the interpreted scene), and/or post-assignment once the interpreting work has been completed (Dean & Pollard, 2013). Similar to coping strategies, controls have a very similar purpose. Controls are "any and all resources that the worker may bring to bear in response to job demands" (Dean & Pollard, 2013, p. 162-163). Controls are more related for interpreting purposes, while coping strategies are more focused managing anxiety itself and/or the effects of anxiety.

Self-talk and anxiety are often closely related in the literature as anxiety frequently manifests itself as constant self-talk and self-criticism (Conroy & Metzler, 2004). This negative internal dialogue can lead to an exponential increase in anxiety, at which point, anxiety can become both the source and the response for that situation (Beck & Emery, 1985).

Among interpreters, Maddux & Nicodemus (2016) noted examples of pre-assignment self-talk included: wondering about team interpreters and consumers, practiced self-motivating speeches, planning ahead for restroom needs, and re-analyzing previous demands from other assignments. Post-assignment self-talk was usually centered on criticizing or lauding one's interpreting performance or wondering if any future action will come from that assignment. Although the majority of respondents reported both positive and negative self-talk, fourteen percent of participants reported exclusively negative self-talk. Thus, an interpreter's assignment may not begin and end with the allotted time because of "the committee in one's head" (Maddux & Nicodemus, 2016, p. 187).

Interpreters with anxiety may face an overabundance of negative self-talk due to a tendency "to self-handicap; anticipate future failure or maintain a pessimistic future orientation;

cope poorly with stressors and therefore prolong stressful episodes through negative automatic thinking, self-blame, preservation, and rumination; and intensify the negative impact of stressful conditions by associating self-worth with job performance” (Schwenke, 2012, p. 21). And negative appraisals of work, self-doubt and self-criticism have been linked to burnout amongst sign language interpreters (Schwenke, Ashby & Gnilka, 2014). Combatting one’s anxiety often includes strategies such as mindfulness and meditation, journaling, relaxation techniques and using *positive* self-talk (O’Donnell, et al., 2022).

Persons with anxiety may experience stigma and barriers in the workplace by way of ignorance, prejudice, and/or discrimination (Brohan & Thornicroft, 2010). There are many drawbacks associated with disclosure in the workplace – none the least of which is stigmatization and ridicule. Rose, Thornicroft, Pinfold, and Kassam (2007) detailed two hundred and fifty common labels that youth use to negatively describe their peers with mental health conditions. These labels included: nuts, psycho, crazy, loony, freak, disturbed, confused, and ill.

People with non-visible disabilities or conditions rarely disclosed their conditions out of concern about discrimination (Honey, 2003; Goldberg, Killeen & O’Day, 2005). Bishop (2002) documented the experiences where attempts at disclosure in the workplace produced negative outcomes. Wilton (2006) also examined the extent to which workers felt able to disclose their disabilities in a work environment. Workers were overwhelmingly concerned that disclosure would result in stigmatization, which in and of itself provokes anxiety. O’Donnell, et al. (2022) argue anxiety disorders are the most burdensome mental health disorder related to work functioning and found disclosing has stigma in the workplace such as feelings of alienation, job demotions, missed opportunities, and co-workers keeping a distance.

Stigmatization also impacts a person’s self-worth, levels of anxiety, depression, and so on (Markowitz, 1998). The constant reiteration of negative perceptions can greatly damage a person’s self-worth and affects emotional regulation. Effective emotional regulation and job performance are closely tied (Chang, 2009; Pishghadam & Sahebjam, 2012; Salavera et al., 2014). As such, a person being stigmatized often enacts behaviors because of that stigmatization and thus become recursively *more vulnerable* to further stigmatization. However, Batterham, Griffiths, Barney & Parsons (2013) found people who have had experience with anxiety conditions including simple exposure through the media held fewer stigmatizing views.

Discovering the anxiety related experiences of professional interpreters is important. Even though interpreters are participants in an interpreted transaction (Metzger, 1999; Roy, 2000; Wadensjö, 1998), they must remain neutral (even if they are not). Unveiling what strategies interpreters with anxiety use to cope with their professional work is needed. Botempo and Napier (2011) argue if interpreters manage their anxiety more effectively, it may improve interpreting performances; while also potentially reducing burnout (Schwenke, Ashby & Gnilka, 2014). And for those interpreters without anxiety, simple exposure to anxiety can reduce stigmatizing views (Batterham, Griffiths, Barney & Parsons, 2013). Acknowledging the abundance of oppressive beliefs and misunderstandings about anxiety will help to reduce professional stigma.

METHODOLOGY

QUESTIONNAIRE

To better understand how anxiety impacts interpreters and potential coping strategies, a questionnaire was developed using Google Forms. The questionnaire ensured the anonymity of any participant by not recording any names or identifying information to responses. The questionnaire took around twenty minutes to complete 18 questions: four demographic questions, 12 research-related questions, and two questions regarding further participation in the study. The research related questions were a mixed set of multiple choice, Likert-like scaled questions, and short answer.

Questions asked participants to consider their self-perception and then ranking their level of anxiety on a scale from one to ten (this question determined criteria for potential follow up interviews). The open-ended questions centered around the impact(s) anxiety has on the interpreting work of the participant as well as some effective coping skills the participant uses to address the impacts of anxiety. The final question of the questionnaire allowed participants to add their personal contact information *if* they were willing to participate in a qualitative interview.

To better understand how anxiety impacts interpreters and potential coping strategies, a questionnaire was distributed through online social media platforms and through targeted email. The questionnaire link was distributed to the membership of the Registry of Interpreters for the Deaf (RID) through RID's Facebook page and monthly email to membership. The questionnaire was also distributed through a network of personal and professional contacts. Because potential participants consist of a hidden population, this snowball sampling depended on referrals from initial participants to produce additional participants (Yin, 2011). The questionnaire was open for 14 days.

INTERVIEWS

Participants indicated they were willing to be interviewed were screened using the following criteria: rating their daily anxiety score of 8/10 or above, holding national certification, and having provided substantial answers to the short answer questions in the questionnaire. Interviews were guided by six questions and conducted in each participant's language of choice (ASL or English) and held using videoconferencing technology (e.g. Google Hangout, Skype, FaceTime). Most interviews lasted approximately one hour.

During the interviews, the responses were recorded through detailed notetaking as well as an audio recording. Each interview recording was transcribed by one of the authors, checked for accuracy, and then destroyed. Interview data was analyzed by transcript, and similarly coded by emergent interview theme.

QUESTIONNAIRE PARTICIPANTS

The questionnaire yielded 103 respondents, however three were discounted as they did not hold any interpreting credentials. Thus, there were 100 respondents with the following demographics (Table 1).

Table 1. *Questionnaire respondent demographics*

Gender Identity	Female	86
	Male	11
	Unidentified	3
Age Range	18-24	2
	25-34	29
	35-44	32
	45-54	15
	55+	22
Hearing Status	Hearing	96
	Deaf	3
	Unidentified	1
Credentials	National Certification only	54
	State Credential only	13
	Multiple Credentials	21

Participant gender and hearing statuses similarly represented the interpreting field as a whole. The small number of participants in the age range of 18-24 could be due to the “gap” that recent graduates face between graduation and certification. Participants held a variety of credentials, most notably national certification. Participants categorized as holding multiple credentials include those with specialty or state credentials in addition to national certification.

INTERVIEW PARTICIPANTS

Three of fifty-five participants met the interview criteria in that they held national certification, provided substantial questionnaire answers to open ended questions, and self-assessed experiencing daily anxiety at, or above, 8/10. The demographics of the three participants can be found in Table 2.

Table 2. *Interview Participants Demographics*

	Participant 1	Participant 2	Participant 3
Gender Identity	Male	Female	Female
Age Range	55+	35-44	25-34
Hearing Status	Hearing	Hearing	Hearing
Credentials	National Certification	Multiple Credentials	National Certification

RESULTS

First the results from the questionnaire will be detailed followed by the results from the three interview participants.

QUESTIONNAIRE RESULTS

Questionnaire participants were to consider their own self-perception of how much anxiety impacts their work both positively and negatively. As shown in Figure 1, most respondents rated the negative effects of anxiety on their work significantly higher than the positive effects of anxiety on their work. None of the respondents rated the positive effects of their anxiety above an eight, whereas the negative effects were more evenly distributed across the scale.

POSITIVE EFFECTS

When asked to describe some of the positive impacts that their anxiety has on their work, respondents provided several anecdotes clustered around six major themes in terms of frequency of the items being mentioned. For example, respondents shared: anxiety had been beneficial to their work by ultimately improving the quality of their interpreting work; their self-analysis skills were above par; often anxiety helped interpreters to decide which assignments to accept; and the ability to channel their anxiety became motivation to improve interpreting skills. The positive effects provided a foundational frame that that anxiety does not exclusively have negative impacts on interpreters' work, but rather can prove beneficial. Table 3 details the positive effects frequency of anecdotal mentions coded for the thematic response.

NEGATIVE EFFECTS

The total number of negative effects mentioned was slightly greater than the positive impacts. Respondents identified seven themes related to the negative effects of anxiety on their work. For example, negative thinking; hindered interpreting quality; distractions; physical effects (sweating, exhaustion, headaches, trembling, increased likelihood of becoming sick, vomiting); self-doubt; avoiding assignments and impacting decision making abilities. In all, most negative effects of anxiety ultimately hinder the interpreting work. Table 4 details the negative effects frequency of anecdotal mentions coded for the thematic response.

Table 3. *Positive Effects of Anxiety on Interpreting*

Theme	Frequency	Sample Responses
Preparedness	37	Content, location, preparation, prior research to improve familiarity of topic, arriving well before the assignment
Awareness/Focus	36	Increased awareness during the task, increased focus during the task
Motivation	33	Striving to improve long-term skills, better quality work at an assignment, effort, perfectionism
Self-Analysis	24	Better self-analysis skills, turning down assignments if not qualified, setting aside ego, determining if interpreter is best fit for the job
Energy	13	Energy, adrenaline, readiness
Interpersonal skills	11	Empathy, sympathy, understanding another's perspective, humility

Respondents indicated many of the negative effects categories reportedly happened in instances where a positive effect was taken to an extreme. For example, interpreters reported that extensive self-analysis (positive effect) led them to not accept assignments for which they were unqualified (positive effect), however, too much self-analysis caused interpreters to self-doubt their skills, and feel a lack of confidence or even fear (negative effects). This yielded in interpreters declining assignments for which they were qualified (negative effect). In fact, several respondents felt their professional growth had been stunted by the negative effects of anxiety such as incessant doubt and lack of self-confidence.

Respondents also reported expending a vast amount of mental energy to complete an interpreting task long after the actual assignment is completed. Participants shared post-assignment excessive negative self-talk, harsh self-criticism, and dwelling on mistakes or perceived inefficacy during the assignment.

CHOOSING ASSIGNMENTS CAREFULLY

Overwhelmingly respondents shared one key to managing their anxiety was to carefully select which assignments to accept. Respondents reported 109 different criteria or reasons why they would or would not accept an interpreting assignment.

Table 4. *Negative Effects of Anxiety on Interpreting*

Theme	Frequency	Sample Responses
Negative thinking/dwelling	46	Dwelling on mistakes; negative self-talk; harsh self-criticism; intense worry; low self-confidence
Interpreting quality	30	Interpreting quality hindered by anxiety (both ASL-English and English-ASL); trembling can influence clarity
Experiencing distraction	28	Mental energy divided between interpreting and anxiety; mental exhaustion from cognitive load; impaired focus
Experiencing physical effects	27	Exhaustion; anxious vomiting; susceptible to becoming ill; sweating; trembling; headaches; losing sleep
Self-doubt	26	General fear; doubting abilities; fear of new experiences
Avoiding assignments	23	Declining assignments (even if qualified); avoiding situations or settings that will cause anxiety; professional growth stunted by anxiety
Making decisions	7	Slower decision-making processes; chronic second-guessing decisions

The most widely reported reason to avoid an interpreting assignment was related to the individual interpreters' self-inventory of anxiety triggers. Personal anxiety triggers included: driving far distances, interpersonal conflicts, difficulty of finding locations, et cetera. Respondents also often shared they would not accept an interpreting assignment within specific settings (VRS, legal, medical), settings with high-risk, or any setting with large crowds.

Respondents shared they rarely accepted interpreting assignments in new situations. Overwhelmingly, the fear of the unknown appeared to be a driving factor for interpreters with anxiety. Respondents also indicated they would not accept assignments in situations where they had a negative past experience such as a rude consumer, bad locations, unfavorable team interpreters, or difficult content. In all, the acute process of self-analysis, respondents reported that they are able to screen potential assignments much more carefully and only accept ones that would not trigger them. Table 5 details the frequency of mentions interpreters declined assignments for anxiety reasons.

Table 5. *Anxiety Reasons Interpreters Decline Assignments*

Reason	Frequency	Sample Responses
Avoiding Anxiety Triggers	52	Interpersonal trigger; location far; location difficult to find; fear of judgment; personal reasons
Avoiding Specific Settings	32	Large crowds; VRS; medical; legal; mental health; ASL-English assignments; high risk assignments
Avoiding New/Unknown Settings	16	New consumers; new team members; new locations; new content; unknown variables
Avoiding Due to Past Negative Experience	9	Negative experience with team members; rude consumers; general negative experience

PRE-ASSIGNMENT COPING STRATEGIES

Respondents shared a large number of pre-assignment strategies they use to cope with their anxiety and interpreting work. The two most frequent strategies include preparation and purposeful mediation and mental relaxation.

First, pre-assignment preparation reportedly had a significant impact on respondents in terms of reducing anxiety. As interpreters indicated they rarely accepted assignments they were unfamiliar or new. To cope with instances where an interpreter needed to interpret in an unfamiliar setting, over preparation seemed to help mitigate some anxiety. Preparation strategies included researching content, familiarizing oneself with the location, researching consumers and/or settings, visualization of the interpreting scene, and making sure that the appropriate clothing is worn on the day of the interpreting assignment. Some respondents reported that the visualization of what might occur helped them predict what areas to prepare the most, which in turn led to increased confidence going into the assignment.

The second most frequently mentioned coping mechanism was mental relaxation prior to an assignment. With 46 mentions, these strategies entail meditation, closing one's eyes and deep breathing exercises, purposeful mental relaxation, praying, and relaxing one's mind through whichever approach works for that specific person.

Respondents also reported pre-conferencing with their team, the deaf consumer(s), or the hearing consumer(s) before the assignment begins in order to discuss logistics. Pre-conference logistics include topics like preferences of feeding information, time frames for switching interpreters, consumer preferences on language and positioning, as well as familiarizing themselves with the consumer's language style. Using pre-conferencing coping strategies meant the interpreter must arrive early to the assignment.

Many interpreters stated the importance of positive self-talk and getting oneself feeling “ready” for the assignment. Respondents reported that they did so by listening to music, giving oneself a pep talk, or repeating a personal mantra prior to entering the assignment. One respondent compared pre-assignment rituals akin to athletes getting ready for an important game with an emphasis on self-care such as making sure they have eaten and have drunk plenty of water or coffee before an assignment. Table 6 identifies the pre-assignments coping strategies respondents used and the corresponding number of mentions.

Table 6. *Pre-Assignment Coping Strategies Used*

Strategies	Frequency	Sample Responses
Preparing	62	Research content, scout location, research consumers and settings, visualization of the setting/encounter; preparing appropriate materials (attire, water, etc.)
Mediating & Relaxing	54	Breathing exercises, meditation, purposeful mental relaxation, closing eyes; praying
Pre-Conferencing	47	Arriving to assignment very early, meeting beforehand with interpreting team and/or consumers
Practicing Positive Self Talk	32	Self ‘pep talk,’ positive thinking, positive visualization, positive self-talk
Self-Care	30	Eating well, lots of hydration, exercise, essential oils, yoga, stretching, using natural remedies
Other	12	Musical jam session in car before entering an assignment, miscellaneous pre-assignment controls

POST ASSIGNMENT COPING STRATEGIES

Questionnaire respondents also described 216 post-assignment coping strategies they used. Respondents overwhelmingly mentioned that debriefing with another person post-assignment was essential to managing their anxiety. Debriefing included discussions with their interpreting team, discussions with deaf consumers and discussions with a mentor or trusted colleague. Also included were attending Demand Control Schema (DC-S) group sessions without disclosing confidential information. Through these post-assignment discussions, interpreters reported that they could shift from a harsh self-criticism lens to one that reframes mistakes as learning opportunities. Debriefing sessions were also described as a way to get reassurance and closure about decisions made during the assignment.

The second most common strategy was actively distracting oneself after an assignment is completed. Participants reported the benefits of activities such as watching television, reading, perusing social media, socializing, working on hobbies, cooking, or participating in an activity to get their mind off of the recent assignment. Distraction was reported to be effective in keeping respondents' internal processing from continuing on for hours after the assignment.

Participants also indicated internal processing was of some assistance as an anxiety coping mechanism. For example, recording thoughts in a journal, positive self-talk, and documenting lessons learned. The caveat with internal processing was to move to another strategy so as not to 'drown' in internal processing.

Similar to pre-assignment strategies, participants indicated one effective post-assignment strategy included relaxation, mediation, sleeping and praying. Lastly, participants shared strategies of seeking external help as needed. This included seeking out therapy and taking medication or other natural remedies. Table 7 identifies the post-assignments coping strategies respondents used and the corresponding number of mentions.

Table 7. *Post-Assignment Coping Strategies Used*

Strategies	Frequency	Sample Responses
Debriefing with Others	67	Formal demand-control schema session, confiding with a trusted colleague, debriefing with team interpreter, consumer and/or mentor
Actively Distracting Self	58	Watching movies, television, reading, listening to music, browsing social media, engaging in hobbies, cooking, walking, consuming alcohol, socializing with family, friends, and pets
Internal Processing	47	Journal keeping, positive self-talk, self-analyses, post assessment of events, recording lessons learned
Relaxing and Meditation	28	Mediation, sleeping, praying, relaxing
Seeking External Help	16	Therapy, medication, natural remedies, other post assignment strategies

INTERVIEW RESULTS

The three interview participants while of different ages, gender, workplace settings and geographical locations shared several similar themes during their interviews. Many of the questionnaire themes were explicated and new themes also came into focus. Namely: screening interpreter assignments, disclosure in the workplace, and the value of finding a trusted confidant.

DECLINING INTERPRETING ASSIGNMENTS

Questionnaire results noted the reasons and impacts of declining assignments, the interviews provided much more in-depth explanations concerning this topic. All of the interview participants mentioned the importance of screening interpreter assignments but had their own unique rationale and strategy that best fit them individually. For example, one interview participant mentioned they avoided interpreting in Video Relay Services (VRS) because of the number of unknown variables in different calls. Conversely, another interview participant described VRS as their ideal environment because the speed of incoming calls did not allow their anxiety to build. Two interview participants reported freelance interpreting work as incredibly anxiety provoking for them, and they tended to avoid it. Whereas the third interview participant preferred freelance work as long as they were provided complete and comprehensive details of the assignment ahead of time.

All three interview participants mentioned they struggled with declining interpreting assignments too much or too little. Two interview participants revealed feeling guilty when turning down assignments. These participants shared various coping strategies they used to address these feelings of guilt including telling agencies to treat them as a “last resort” and establishing a general rule of not accepting any last-minute assignments. The third interview participant said they felt completely comfortable declining anxiety inducing assignments but declining too many assignments had caused them to lose further work. Each interpreter with anxiety had their own specific strategies for different work environments - those strategies may or may not apply to all interpreters with anxiety.

Disclosing Anxiety

The second theme was disclosing their anxiety condition in the workplace. Each interview participant reported “it depends.” When pressed, one interview participant responded they will “disclose enough to get the job done.” Another respondent shared they tried to “keep their head down” until they had established themselves in a specific workplace as a professional, reliable interpreter before disclosure. The same respondent noted being treated differently after they disclosed their anxiety. Specifically, interpreting teams seemed understanding in that disclosure moment, but later requested not to be paired with the interview participant anymore.

The two other interview participants both reported it being different when disclosing anxiety to one’s supervisor versus disclosing their anxiety with their co-workers. One participant expressed disclosing to a supervisor was sometimes helpful, but oftentimes it was not worth the consequence of being known as the “weird interpreter.” All interpreters with anxiety also shared they became frustrated with platitudes such as “you’ll be okay”, “don’t be anxious” or “it’s just nerves” as these phrases minimized the interpreter’s anxiety and experience.

Finding a Confidant

Interview participants also emphasized the significance of being able to confide in a trusted colleague, therapist, supervisor, or friend. In order to do that however, required disclosing their anxiety. That disclosure in, and of itself, was anxiety provoking. Yet, the value of debriefing and confiding in someone in order to reduce their anxiety seemed a vital strategy for all participants.

In addition, therapy (a post-assignment strategy) reportedly helped more with daily anxiety outside of the workplace. Workplace anxiety related concerns were often not addressed in therapy since therapists did not understand the nuances of the interpreting profession. One participant reported, at one point, they had located a former interpreter who became a therapist and described the efficacy of undergoing therapy with someone who “gets it.” Meaning the participant could address both personal, daily anxiety and the anxiety in the workplace as the therapist understood the interpreting profession. However, such therapists are rare. In lieu of this, all interview participants underscored the high value of a confidant in the interpreting profession they could rely on in a time of need.

These three themes of screening and declining interpreter assignments, disclosure in the workplace, and the value of finding a trusted confidant emerged as the most recurrent themes in how interpreters manage their respective anxiety.

DISCUSSION

Interpreters with anxiety are not experiencing nervousness that is isolated to a situation and dissipates after that situation is completed. Interpreters with anxiety can have anxiety that manifests itself at any time, is more severe, longer lasting and may be described as panic (American Psychological Association, n.d.; Terlizzi & Villarroel, 2019). As a result, individuals with anxiety may experience the world completely differently than others (Lazarus, 1999; Lazarus & Folkman, 1984).

However, interpreters with anxiety shared several positive effects their anxiety has on their professional career. For example, increased focus and motivation and spent more time on and ultimately were more prepared for assignments. However, positive effects can quickly become recurring thoughts and concerns and morph into negative effects.

The negative effects of anxiety on interpreters were similar to other professionals and included overthinking a number of factors, dwelling, negative thinking, negative self-talk (Conroy & Metzler, 2004; Beck & Emery, 1985). Maddux and Nicodemus (2016) found that interpreters in their study paid attention to negative self-talk, interpreters with anxiety may be more prone to becoming distracted, full of self-doubt and ultimately causing the quality of interpreting to decline. Like other professionals with anxiety, interpreters with anxiety may also experience physical challenges such as: difficulties breathing, sweating, vomiting, and/or panic attacks (Markowitz, 1998).

Interpreters with anxiety reported implementing coping strategies similar to those reported in other studies (Chang, 2009; Coyne, Aldwin, & Lazarus, 1981; Lazarus, 1999; Lazarus & Folkman, 1984). For example, participants shared a multitude of pre- and post-assignment strategies: relaxation, meditating, practicing positive self-talk, debriefing with a confidant, journal keeping, engaging in self distracting activities. In particular, some interpreters with anxiety “over prepare” for assignments or decline or avoid interpreting assignments that may be a trigger.

Practicing positive self-talk (to manage anxiety also seemed an effective strategy. Pre-existing, anxiety-filled self-talk may become extreme in situations of high stress and thereby may increase the consequences of anxiety in the workplace. Positive self-talk reportedly greatly

reduces an interpreters' anxiety. In other words, negative self-talk increases anxiety, positive self-talk can minimize anxiety.

What seemed key for interpreters with anxiety was minimizing as many unknown stressful variables in the interpreting profession as possible. Part of these strategies was to employ the Demand-Control Schema and to help recognize which things are within the scope of an interpreter's control. Recognizing what an interpreter can do or control has been shown to reduce the feeling of helplessness (Dean & Pollard, 2001). For example, as a pre-assignment control (Dean & Pollard, 2001), ample preparation seemed to be the most referenced strategy including preparing content by researching beforehand, meeting with consumers, and scouting out the location prior to the assignment, eliminating some of the unknown variables.

Of course, no interpreter can eliminate all the unknown variables in an interpreted setting and, like other professions, certain settings themselves may trigger anxiety (Lazarus, 1999; Lazarus & Folkman, 1984). To manage this, interpreters with anxiety identified several strategies which included preparation and pre-conferencing, meditation, developing a relaxation strategy, and developing positive self-care habits and routines. Afterwards, distraction strategies such as limited internal processing, relaxation and meditation seemed effective for many interpreters with anxiety.

Readily identifying specific anxiety triggers seemed important. If an interpreter with anxiety is aware of their triggers or anxiety provoking settings or variables, it became easier to not accept those interpreting assignments. Without being able to identify which settings may trigger an interpreter's anxiety, may mean the interpreter is unable to provide the best interpreting possible if they are experiencing anxiety because of the setting. And of course, any interpreter's mental health is of importance.

In both phases of this case study, interpreters with anxiety frequently commented on how the profession can better prepare those interpreters that have anxiety. As has been found in other studies about disclosing, interpreters also shared they had experienced some level of professional, workplace stigma if they disclosed their anxiety. This mirrors other studies of professionals with anxiety. (Brohan & Thornicroft, 2010; Honey, 2003; Goldberg, et al., 2005; Bishop, 2002; O'Donnell, et al., 2022).

Nearly all participants stressed the importance of seeking out external help and having a trusted confidant. This can include pre-conferencing with an interpreting confidant about the upcoming assignment, confiding about one's fears or concerns before or after an assignment (without revealing confidential information), seeing a professional therapist, and/or debriefing with interpreting teams, consumers, mentors, supervisors, or colleagues. This process reportedly provides a significant reduction in anxiety both before and after assignments. Without a confidant, anxiety may significantly increase if interpreters do not have a trusted person with whom interpreters can openly discuss the interpreting work.

However, finding a confidant may mean interpreters will need to disclose their anxiety. Just as in many professions (Honey, 2003; Goldberg, Killeen & O'Day, 2005; Bishop, 2002) there seem to be some negative consequences to disclosing anxiety in the interpreting field. Not disclosing to at least a few individuals may make finding a confidant more challenging.

LIMITATIONS

This study uncovered several different categories of pre-assignment and post-assignment coping strategies employed by experienced ASL-English interpreters with anxiety. However, these findings are not without limitations. As this is a case study with a few participants it is difficult to determine how generalizable these findings are. Future research may want to consider including uncertified interpreters in this type of study as they can contribute valuable information as well. Future research will want to explore how interpreters with anxiety manage taking interpreter certification exams such as the National Interpreter Certification (NIC).

The second limitation is related to the sensitivity of this topic. Although protected by anonymity, opening up about one's anxiety can be triggering for individuals with anxiety. Thus, discouraged participation or openness among participants. Lastly, these results did not take into account the relationship between the coping strategies reported and interpreting settings in which interpreters with anxiety worked.

SUMMARY

This case study research examined the demands that interpreters with anxiety face and explored how they address these demands. Broad response to the solicitation to complete the questionnaire indicates there are a number of credentialed interpreters with anxiety. And those interpreters manage their anxiety with a variety of coping strategies. None the least of which include heavy reliance on the Demand-Control Schema and pre- and post-assignment controls.

Interpreters also shared their experience with declining assignments due to their anxiety and the importance of finding a confidant. However, there are challenges with disclosing anxiety and there may be some professional stigma and consequences. It is hoped the recommendations will provide some guidance for interpreters with anxiety and promote broader understandings. In the spirit of diversity, equity, inclusion, accessibility and belonging, let us not ignore interpreters' mental health and interpreters with anxiety. May the dialogue continue.

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APPENDIX A: SURVEY QUESTIONS

*Keep the following definitions in mind as you complete this survey:

Anxiety: an emotion characterized by feelings of tension, worried thoughts [usually recurring and intrusive] and physical changes like increased blood pressure” (American Psychological Association, n.d.)

Coping Mechanisms: efforts, both cognitive and behavioral, to manage environmental and internal demands and conflicts affecting an individual that tax or exceed that person’s resources (Coyne, Aldwin, & Lazarus, 1981).

SECTION I: THIS SECTION WILL INCLUDE QUESTIONS TO GATHER DEMOGRAPHIC INFORMATION.

- 1) What is your age?
 - a. 18-24
 - b. 25-34
 - c. 35-44
 - d. 45-54
 - e. 55+

- 2) Which of these categories do you identify as?
 - a. Deaf
 - b. Hard of Hearing
 - c. Hearing
 - d. Other/Prefer not to answer

- 3) Which gender do you identify as? _____

- 4) Which certifications do you hold? Including specializations (Ex. NIC, EIPA, NAD I-V, CI CT, etc.) Please list all. (e.g., SC:L, Trilingual, performing arts, etc.)

SECTION II: THIS NEXT SECTION WILL INCLUDE QUESTIONS ABOUT YOUR OWN IDENTITY IN THE MENTAL HEALTH COMMUNITY AND ITS IMPACTS.

- 1) Do you identify as living with anxiety on a daily basis? (Note: this does not have to be a formal diagnosis, can be your own perception)
 - a. Yes
 - b. No
 - c. Prefer not to answer

- 2) How important is your mental health identity to you?
 - a. Not at all important
 - b. Somewhat important
 - c. Important
 - d. Extremely important

3) On a scale from 1-10 (1 being the least), how much do you think your anxiety impacts your everyday life? (Both positively and negatively).

1 2 3 4 5 6 7 8 9 10

4) Are there any coping mechanisms you employ to address these issues on a daily basis?

5) On a scale from 1-10 (1 being the least), how much do you think your anxiety POSITIVELY impacts your work?

1 2 3 4 5 6 7 8 9 10

6) Based on your answer in #5, describe the positive impacts.

7) On a scale from 1-10 (1 being the least), how much do you think your anxiety NEGATIVELY impacts your work?

1 2 3 4 5 6 7 8 9 10

8) Based on your answer in #7, describe the negative impacts.

9) Does your anxiety affect how you choose which assignments you take on?

10) If yes, explain.

11) Are there any strategies that you use to reduce anxiety before an interpreting assignment? If so, explain. (These can be with your team, by yourself, with a mentor, etc.)

12) Are there any strategies that you use to reduce anxiety after an interpreting assignment? If so, explain. (These can be with your team, by yourself, with a mentor, etc.)

13) Do you feel you have ever experienced vicarious trauma (emotional pain that comes from witnessing or hearing about other people's suffering and need) from an interpreting assignment?

- a. Never
- b. A few times
- c. Often
- d. Always

14) Would you be willing to participate further in this study by participating in a 45-60 minute interview?

- a. Yes
- b. No

15) If you are willing to participate further, please provide your e-mail address below.

APPENDIX B: GUIDED INTERVIEW QUESTIONS

1. How does living with anxiety impact your daily life?
2. How does it impact you as a professional interpreter?
3. Do you feel comfortable discussing your anxiety- based needs with professional colleagues?
Stigma? (*Team interpreter, Consumers, Mentors, etc.*)
4. Which coping skills do you use to address your anxiety before an assignment?
5. Which coping skills do you use to address your anxiety after an assignment?
6. What resources do you think are missing in the interpreting field for interpreters with anxiety?

Follow-up questions as needed