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Medical interpreters have feelings too

Summary

All 22 members of the interpreter service of the Geneva Red Cross were invited to answer an anonymous questionnaire with questions about their work with refugees and asylum seekers. Five (28%) reported having been exposed to a major traumatic event such as war, torture, detention, being beaten. Seven interpreters reported that more than 50% of their sessions involved patients exposed to violence. Five interpreters (28%) frequently experienced difficult feelings during sessions. Twelve (66%) had frequently painful memories. The proportion of interpreters having painful feelings and symptoms increases with the number of sessions with victims of violence. Interpreters also expressed a strong need to talk and share feelings after the session with the medical doctor (83%) or with relatives or spouse (44%). Fifteen (83%) reported seeing patients again outside the consultation. Doctors should be aware of these pressures and give time to interpreters to share their feelings and emotions, to help them cope with their reactions.

Language barriers can compromise the diagnostic power of an interview and result in misinterpretation, poor compliance, inappropriate follow-up and patient dissatisfaction^{1,2}. Recently, the authors have drawn the attention of doctors to the necessity for using interpreters and knowing how to work effectively with them when interviewing non-English speaking patients³. Guidelines and training modules often concentrate on language skills, how to structure the interview, confidentiality and cultural mediation. However little

attention has been given to the emotional impact on interpreters when pain, death and grief of the patient are central to the interview. This is particularly true with respect to refugees and asylum seekers who may have been exposed to war, violence and sometimes torture. Results of study based on the systematic administration of a standard questionnaire to 475 asylum seekers and refugees arriving in Geneva showed that 61% had been exposed to trauma and 37% were reporting symptoms possibly related to them⁴. During 1995, at

the time the war was still under way in Bosnia, the following survey was conducted.

Subjects, methods and results

All 22 members of a pool of interpreters working for the Geneva Red Cross, were invited to answer an anonymous questionnaire sent to them by mail. Linear analogue scales, ranging from 0 to 100, were used to quantify feelings; presence or absence of selected symptoms was also recorded. A total of 19 questionnaires was returned and 18 (82%) were analysed, one being incomplete. Of these 18 interpreters, 15 were women. The median age was 40 years (range 29–51). The majority were married (13) and had children (13). Although 7 were Swiss citizens, all were of foreign origin: Eastern Europe 9, Africa 5, Middle East 2, Far East 2. Educational level was high, 56% having studied at the university. Former professional activities included teaching (8), office employee (6), medical or paramedical (5) and social worker (3). The median time since they had left their country was 12 years, and the reasons why they left were: political 8, family regrouping 4, study 2, not specified 4. Five (28%) report-

ed having been exposed to a major traumatic event such as war, torture, detention, being beaten; 4 of these were women. Reasons for being an interpreter were: personal interest, to assist patients, financial reasons. Eleven interpreters reported that less than 50% of their sessions involved patients exposed to violence and seven reported more than 50%. Five interpreters (28%) frequently experienced difficult feelings (a score of 60 or more on either of items 3 to 7) during sessions and 6 (33%) reported at least one of the symptoms (Table 1). Twelve (66%) had frequently painful memories. The proportion of interpreters having painful feelings and symptoms increases with the number of ses-

sions with victims of violence, from 1/11 (9%) to 4/7 (57%). Interpreters also expressed a strong need to talk and share feelings after the session with the medical doctor (83%) or with relatives or spouse (44%). Fifteen (83%) reported seeing patients again outside the consultation.

Comment

Working with refugees exposes interpreters to traumatic histories, which may cause emotional reactions or reactivate painful memories for those who have experienced similar losses and trauma. In a psychiatric setting, 8 out of 10 refugee workers employed in a refugee

program required psychiatric treatment at some point. The most common diagnosis was major depression ($n = 7$)⁵. Furthermore contacts with traumatised refugees do not always end with the interpreting session, as refugees call upon interpreters at home and request further help to solve personal difficulties. This role is also a source of stress. Doctors should be aware of these pressures and give time to interpreters to share their feelings and emotions, to help them cope with their reactions⁶. For interpreters frequently involved in the therapy of victims of torture and organized violence, regular debriefings and attendance to supervision groups is a necessity⁷.

| | All interpreters (N = 18) | | According to percentage of sessions with victims of violence | | | |
|---------------------|---------------------------|-------|--|----|----------------|----|
| | Median | Range | < 50% (n = 11) | | > 50% (n = 7) | |
| | Median | | Median | | Median | |
| Feelings | | | | | | |
| 1. Being useful | 94 | 0–98 | 94 | | 95 | |
| 2. Satisfaction | 77 | 0–97 | 81 | | 71 | |
| 3. Sadness | 52 | 0–94 | 41 | | 59 | |
| 4. Powerlessness | 15 | 0–97 | 9 | | 64 | |
| 5. Revolt | 15 | 0–94 | 9 | | 16 | |
| 6. Aggressiveness | 9 | 0–38 | 7 | | 12 | |
| 7. Uneasiness | 9 | 0–63 | 4 | | 16 | |
| | n with symptom | % | n with symptom | % | n with symptom | % |
| Symptoms | | | | | | |
| 1. Nightmares | 5 | 28 | 2 | 18 | 3 | 43 |
| 2. Depression | 2 | 11 | 0 | – | 2 | 29 |
| 3. Insomnia | 2 | 11 | 0 | – | 2 | 29 |
| 4. Any of the above | 6 | 33 | 2 | 18 | 4 | 57 |

Table 1. Feelings and symptoms experienced by interpreters.

Zusammenfassung

Auch medizinische Übersetzer haben Gefühle

Die 22 Mitglieder des Übersetzerdienstes vom Roten Kreuz Genf wurden gebeten, Fragen zur Arbeit mit Asylbewerbern zu beantworten. Fünf Übersetzer (28%) gaben an, traumatischen Ereignissen ausgesetzt gewesen zu sein: Krieg, Folter, Haft, Misshandlung. Sieben der Übersetzer berichteten, dass es in mehr als 50% der Sprechstunden, in denen sie zugegen sind, um Gewaltopfer gehe. Zwölf (66%) wurden häufig schmerzlich an ihre eigene Vergangenheit erinnert. Der Anteil von Übersetzern, die schmerzliche Erinnerungen angeben, nimmt mit der Anzahl Sprechstunden für Gewaltopfer zu. Die Übersetzer verspüren ein starkes Bedürfnis, die Erfahrungen in der Sprechstunde auszutauschen, sei es mit Arzt (83%) oder Angehörigen, respektive Ehepartner (44%). Fünfzehn (83%) gaben an, Patienten auch ausserhalb der Sprechstunden zu sehen. Ärzte sollten sich des Druckes bewusst sein, dem die Übersetzer ausgesetzt sind und Momente finden, sich mit ihnen über Reaktionen und Gefühle auszutauschen.

Résumé

Les interprètes médicaux ont aussi des sentiments

Les 22 interprètes du service de la Croix Rouge de Genève ont été invités à répondre à un questionnaire anonyme portant sur leur travail avec des réfugiés et des requérants d'asile. Cinq (28%) rapportent avoir été exposés à un événement traumatique majeur tel que guerre, torture, détention ou être frappé. Sept interprètes rapportent que plus de 50% des sessions de traduction concerne des patients exposés à la violence. Cinq interprètes (28%) ont ressentis des sentiments pénibles pendant les sessions. Douze (66%) ont souvent des souvenirs douloureux. La proportion des interprètes ayant des sentiments et des symptômes douloureux augmente avec le nombre de sessions avec des victimes de violence. Les interprètes ressentent le besoin de parler et de partager leurs sentiments après les sessions avec les médecins (83%) ou avec des proches ou leur conjoint (44%). Les médecins doivent en être conscients et apporter un soutien aux interprètes.

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