In the Hands of Another: Secondary Traumatic Stress and Burnout in ISL Interpreters

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B.A. Hons in Psychology

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Abstract

The purpose of this qualitative study was to investigate secondary traumatic stress (STS) and burnout (BRN) in Irish sign language (ISL) interpreters. The primary aim was to investigate the prevalence/experience of STS and BRN from an ISL interpreter's perspective. The secondary aim of this study was to consider if the visuospatial nature of the language impacted or exacerbated their experience of STS or BRN. This study recruited eight participants (Females = 6, Males =2), all of whom had above ten years working experience. Semi-structured interviews where then conducted using a Dictaphone to record, with the average time for interviews being 45minutes. The interviews where transcribed and analyzed using Braun and Clarke's (2006) six stage method of thematic analysis. Conclusions of this study is that ISL interpreters are at high risk for STS and BRN with the visual spatial nature showing a potential to exacerbate this risk. Despite this conclusion it was noted interpreters displayed high levels of job satisfaction and peer support which the study recognizes as potential protecting factors from chronic levels of STS or BRN being presented.

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In the Hands of Another: Secondary Traumatic Stress and Burnout in ISL Interpreters.

Literature Review

Previous research has shown that merely learning about another individual's trauma or adverse events can induce secondary traumatization, with the individual becoming an indirect victim of trauma (Bride & Figley, 2009; Elwood, Mott, Lohr & Galovski, 2011). While this had originally been in reference to clinicians providing trauma treatment or interventions (Elwood et al.,2011), further research into secondary trauma discusses mere consumption of eyewitness media has resulted in PTSD symptomology in a plethora of professions including media broadcasters and publishers (Dubberley, Griffin & Bal., 2015). Secondary trauma is widespread. Within recent years there has been continuous interest and investigation into the effects that working with a victim of trauma can have on the helping professional (Levin & Greisberg, 2003). To date there is still some confusion among the literature when referring to the effects of secondary trauma (Meadors, Lamson, Swanson, White & Sira., 2010). This has been described and investigated using various themes of conceptual overlap including vicarious trauma (VT), compassion fatigue (CF), secondary traumatic stress (STS), and burnout (BRN) (Bercier & Maynard, 2015; Hesse, 2002; Mehus & Becher, 2016). In many instances' researchers discuss the interchangeability of each term or dedicate to one term as an umbrella (Cieslak, Shoji, Douglas, Melville, Luszczynska & Benight 2014; Hall, 2016), while other articles have attempted to conceptually differentiate between each term (Branson, 2019). For clarity reasons the present study will discuss STS and BRN which will be defined as follows.

STS is the negative reaction which results from the indirect exposure either through witnessing or hearing an account of a traumatic or disturbing event experienced by another, and is considered an occupational hazard specifically for helping professionals (Beck, 2019; Bride &

Figley, 2009; Ludick & Figley, 2017; Wang et al.,2020; Morrison & Joy, 2016). STS is considered a severe consequence of considerate caring for others (Beck, 2019) and has been suggested to emerge from a single exposure of a trauma (Branson, 2019; Hall, 2016; Wang et al., 2020). Throughout the literature STS is likened to PTSD (Branson, 2019; Davies, 2013; Hensel, Ruiz, Finney & Dewa, 2015; Hesse, 2002). This comparison has continued throughout recent research in the field, particularly following the introduction of the DSM V (Diagnostics Statistics Manual Five: APA, 2013). The DSM V lists continuous exposure to information pertaining to traumatic events as part of a person's professional duties, as a criterion A stressor for PTSD (Hensel et al., 2015). Figley (2002) expresses that the characteristics and symptoms of STS are effectively indistinguishable from PTSD. The present study will therefore continue with use of PTSD framework approach to STS and define the symptomology as such. The symptomology of STS as suggested by the literature can include rumination, flashbacks, fear, oversensitivity, sleeplessness anxiety and fatigue (Badger, Royse & Craig, 2008; Bercier & Maynard, 2015**;** Benuto, Singer, Gonzalez, Newlands & Hooft, 2019). There are many risks factors that may increase the likelihood of a professional to experience STS. This can include caseloads, personal trauma history and lack of support or supervision (Quinn, Ji & Nackerud, 2019; Salston & Figley, 2003). The literature also suggests many protective factors for professionals at risk for STS. Support from superiors and colleagues within the workplace are shown to be most helpful at mitigating the impact of STS, particularly to those who experience more severe reactions to trauma (Benuto et al.,2019). Other protective factors for STS include compassion satisfaction, access to strategic information and good quality clinical supervision, with studies documenting the importance of specialized supervision (Berger & Quiros, 2014; Salston & Figley, 2003).

There are several professions which typically involve a higher exposure rate to another person's traumatic experiences and therefore it is assumed that this high exposure rate results in professionals who are more vulnerable to the negative mental health affects which typically accompany this exposure (Vandermeer, 2014). These professions include medical professionals, social workers (Newell & MacNeil, 2010; Quinn et al., 2019) and mental health professions, with research surrounding STS seeming to have a predominant focus on social workers. The research has implied that social workers tend to display at least one symptom of STS following their professional encounters (Bercier & Maynard, 2015). STS is also prevalent in the health care sector particularly among nursing staff where research has found STS to be most prominent with this medical population (Wang et al., 2020; Morrison & Joy, 2016). Harvey (2003) explains a common occurrence for the helping professional to create a protective shell surrounding oneself where there is a disconnect from patients and the disease where they may only care for themselves. There is also a vast array of research displaying that STS in therapists and counselors exist (Everall & Paulson, 2004). Research displays that working alongside clients who have suffered a traumatic experience has inevitable long-lasting negative effects on the therapists, even on hearing a single narrative description of the traumatic event (Hesse, 2002).

BRN has also been associated and examined as a response to working with victims of trauma (Elwood et al., 2011; Shapiro & Galowitz, 2016). The concept of BRN has also been presented as a conceptual challenge within the literature (Vandermeer, 2014). However, there is a common trend amongst the varying definitions of BRN which includes exhaustion (Alarcon, 2011; Branson, 2019). Exhaustion in this instance refers to the negative psychological consequence associated with prolonged exposure to stressful demands and erosion of idealism within one's profession (Hensel et al., 2015). It is also evident and worth noting that BRN is not

synonymous with trauma exposure in the workplace and can occur throughout many different professions (Vandermeer, 2014; Wang et al., 2020). Despite this higher prevalence has been consistently been reported amongst helping professionals (Vandermeer, 2014). Symptomology can also include emotional changes and physical symptoms such as headaches and fatigue (Salston & Figley, 2003). BRN can result in cynicism, self-doubt and feelings of professional insufficiency (Benuto et al., 2019; Salston & Figley, 2003). BRN may have multiple negative effects on an individual's quality of life. These include general health problems, emotional distress and issues with interpersonal relationships including those with clients, family or friends (Lim, Kim, Kim, Yang & Lee, 2010**).** Another issue relating to BRN is that it has been linked to a decrease in overall job performance. (Levin & Greisberg, 2003). Longer working hours is also positively associated with BRN (Wang et al., 2020). Environmental demands and personal and professional resources can impact on BRN (Alarcon, 2011).

Cieslak et al. (2014) conducted a systematic review looking into relations between STS and BRN for those at high risk of exposure to traumatic material within their professions. In a meta-analysis of 41 original studies they found strong associations between STS and BRN particularly within American/ English speaking samples. However, the high correlational findings specifically appear when STS and BRN had been investigated under the CF framework. A relationship was still evident among other frameworks although less significant, perhaps due to, as the researchers suggest, BRN and STS are near indistinguishable under the CF framework (Cieslak et al., 2014). Hall (2016) supported this with a correlational analysis, which held the implication that the higher levels of STS participants reported lead to a subsequent increase in the levels of BRN experienced.

According to Macdonald (2015) almost all language interpreters are at an increased risk of VT, BRN, or increased stress. This comes from the repeated exposure to the discription of traumatic information and narratives presented by their clients which is not restricted to specific settings or enviroments. Interpreters are often portrayed and viewed by other profesionals as simply vessels for communication. Interpreting can be considered as simply a technical profession, researchers have found that this can potentially cause confusion and anxiety among interpreters (Dean & Pollard, 2001; Dysart-Gale, 2005; Hetherington, 2014)**.** These assumptions are simply not indicative of reality. Splevins, Cohen, Joseph, Murray and Bowley (2010) suggest the reality is that interpreters have multiple and complex roles such as cultural brokers and client advocates. Interpreters are also expected to use their personal judgement to facilitate effective communication between both parties (Dean & Pollard, 2001; Dickinson & Turner, 2009; Heatherington, 2014; Leeson, 2005). Interpreters are necessary to bridge the language gap, meaning that they are exposed to work in many different settings from emergency rooms, mental health settings, and courtrooms (Schwenke, 2012). Areas such as these have been investigated in the literature and have been associated with a high risk for STS and BRN (Bride, 2007; Sinclair & Hamill, 2007; Wagaman, Geiger, Shockley & Segal, 2015). There is also research that has supported the prevalence of STS within professions that have exposure to clients experiencing trauma but will not develop an ongoing relationship with the person (Branson, 2019; Carey et al, 2019).This experience is something freelance interpreters would be likely to encounter. Interpreters may be at a higher risk due to identification with the trauma of a client exaggerated by first-person pronouns (Mehus & Becher, 2016). Interpreting is a profession which offers high demand but low levels of control which can exacerbate experience of stress and has been described to result in cumulative trauma disorders (Mehus & Becher, 2016). In a study

conducted by Mehus and Becher (2016) which primarily aimed to understand the levels of STS, BRN and compassion satisfaction (CF) using well established measures in each area, created a cross sectional online survey with a total of 119 respondents. Through this study they found that some if not all interpreters that participated in the study where susceptible to developing symptoms of STS. This study highlighted a need within the research to understand how interpreters are being supported and suggested future research seek to understand the psychological impact of interpreting (Mehus and Becher, 2016). It is suggested by research in the area that interpreters have a completely unique experience regarding secondary trauma not experienced by any other profession. Interpreters do not bluntly witness to trauma, but they facilitate the exchange of information that can be disturbing or highly emotive (Macdonald, 2015). BRN has been found to be a problem amongst interpreters (Schwenke, Ashby & Gnilka, 2014).

Comparable to spoken language interpreters, sign language interpreters can be given assignments within any area or setting that may have the potential to be highly delicate or typically associated with high levels of trauma exposure (Hall, 2016; Hetherington, 2014; Macdonald, 2015). However what research has suggested is unique to the experience of sign language interpreters is the immersive experience that may occur when encountered with particularly challenging work, typically occurring in an emotionally driven setting (Macdonald, 2015). This immersion is suggested to be a byproduct of the mere fact that sign language, unlike spoken language interpreting, engages the professional both auditorily and visually with the traumatic material, under translation which undeniably creates a higher-level of immersion (Macdonald, 2015).

Hetherington (2014) also suggests the use of first-person language combined with the visuospatial nature of sign language can intensify feelings of embodiment when relaying sensitive information. This specific consideration with regard to the impact sign language has been consistently considered within the relevant literature, with Dean and Pollard (2001) also discussing the high level of demand sign language interpreters face with emphasis on the complex linguistics. Dean and Pollard (2001) also discuss the inter- and intrapersonal factors at play particularly amongst signing interpreters. This is echoed by Macdonald (2015) who proposes increased experiences of stress for sign language interpreters as they are working with a minority group; with deaf people being both the cultural and linguistic minority within any given society.

Aims and Rationale

This study recognizes the overt saturation of literature on STS and BRN focusing particularly on helping professionals and the needs expressed by the researchers in the field to identify professionals that are at maximum risk for development of STS and would most likely benefit from targeted interventions (Hensel et al., 2015). The literature has already begun to discuss STS or BRN in relation to interpreting professionals who are constantly entering into multiple professional environments where the potential of exposure to traumatic events or the possibility of traumatic disclosure is high (Macdonald, 2015). Despite this there still seems to be a necessity for further evaluations and investigations within this under researched profession.

This study has decided to focus specifically on sign language interpreters as the literature has also suggested that the visuospatial nature of sign language may have an impact on the relationship between STS and BRN in interpreters due to higher cognitive immersion of materials. This study is making empirical additions, specific to sign language interpreters in an

Irish context. This body of research is also respondent to the demand presented by Hall (2016) who researched VT in visuospatial language interpreters with a Canadian sample. Hall (2016) recommended further research within visuospatial language interpreters to be of relevant importance in the expansion of literature in the area of secondary trauma. The researcher emphasizes specifically the need for qualitative research within the area. Mehus and Becher (2016) also emphasized the amount of qualitative work exploring secondary trauma within interpreters is minimal, therefore this research offers a qualitative expansion of the literature.

To summarize the primary aim of this research is to explore if STS and BRN is prevalent amongst ISL interpreters and what their personal experiences are. The secondary aim of the is to understand and discuss if the specific nature of sign being a visuospatial language, has a specific impact on the ISL interpreters resulting in exaggerated manifestations of STS or BRN.

Methods

Participants

There were eight participants in this study all of whom were Irish sign language interpreters with 10+ years working experience. There were two male participants and six female participants. Participants were recruited through non-probability sampling method; the researcher created an advertisement and contacted an interpreting agency to disseminate a research proposal poster (See Appendix D) which contained the researchers contact information this resulted in three participants. From this first group the researcher used the snowball method of sampling to recruit more participants. The final five participants were recruited this way, they reached out directly to the researcher expressing interest in participation.

Design

The nature of this research study was a qualitative design. This research used semi-structured interviews allowing the participant to give a personal and detailed account of their own experiences (Hetherington, 2014). The data collected will be analyzed using Braun and Clarke's (2006) six stage method of thematic analysis. Thematic analysis is considered the foundational method for qualititative analysis. Thematic analysis allows theoretical freedom, therefore, it should be noted that this research takes a critical realist epistomological approach.

Procedure

Upon expressing interest in the study, participants were supplied with an information sheet (See Appendix A) via email explaining the study and what it entails, this allowed an opportunity for participants to email questions or queries which I could answer prior to arranging an interview; the interviews were scheduled at a time and place of the participants convenience. When participants arrived for the interview, they were supplied again with the information sheet

and an informed consent form (see Appendix B) to allow for another opportunity to ask questions or discuss any concerns before the interview began. The interviews were semi-structured with a general interview schedule (See Appendix E) prepared by the interviewer. The interview schedule was designed based on general themes presented throughout the previous literature on STS and Burnout, while maintaining open-ended tone allowing participants to expand and express their experiences and perceptions. The interviews were an average of 45 minutes long. The interviews were audio recorded with both written and verbal consent from participants via Dictaphone. Following the interview the participants were debriefed, they were offered another opportunity to ask questions and reminded of the contact information for mental health services attached to the Debrief sheet (See Appendix C) to ensure the participants had adequate resources if they needed to speak with anybody following participation.

Following data collection, the data was analysed using thematic analysis. There are six stages in Braun and Clarke's (2006) guide to thematic analysis, The first stage involved the researcher familiarising oneself with the data. This stage involved the transcription of the data from the audio recorded interviews. At the second stage the researcher generated initial codes from the raw data and assesed the codes in a meaningful manner. The third stage was to search for themes in the data, the themes are like broader codes within which the initial codes can be sorted. This allowed for further analysis of the codes. The fourth stage was to review the themes and discarding themes were there wasnt enough evidence or codes to support them or combining themes that are too similar to be considered a seperate theme. The fifth stage was finalising, defining and naming themes and writing a detailed analysis of each theme. The final stage is writing and reporting the data.

Ethical approval was received from NCI ethics committee prior to beginning data collection. All the data that was collected was assigned ID codes for storage. The data was confidential and any identifying information that was collected within the interviews was anonymized within the transcripts, with all names and location information redacted. The digital datafiles were on a secure password protected device which only the researcher had access too. Given the nature of the research topic and psychological risk this may have posed the participants were reminded they could end participation at any time. Participants were also provided with contact information to mental health services should they need to speak to anyone following participation via the debrief sheet (See Appendix C).

Results

Through thematic analysis of the dataset, three clear themes were presented: responsibility, immersion, and satisfaction and support. Each theme has been split into two further subthemes which can be seen in Figure 1.

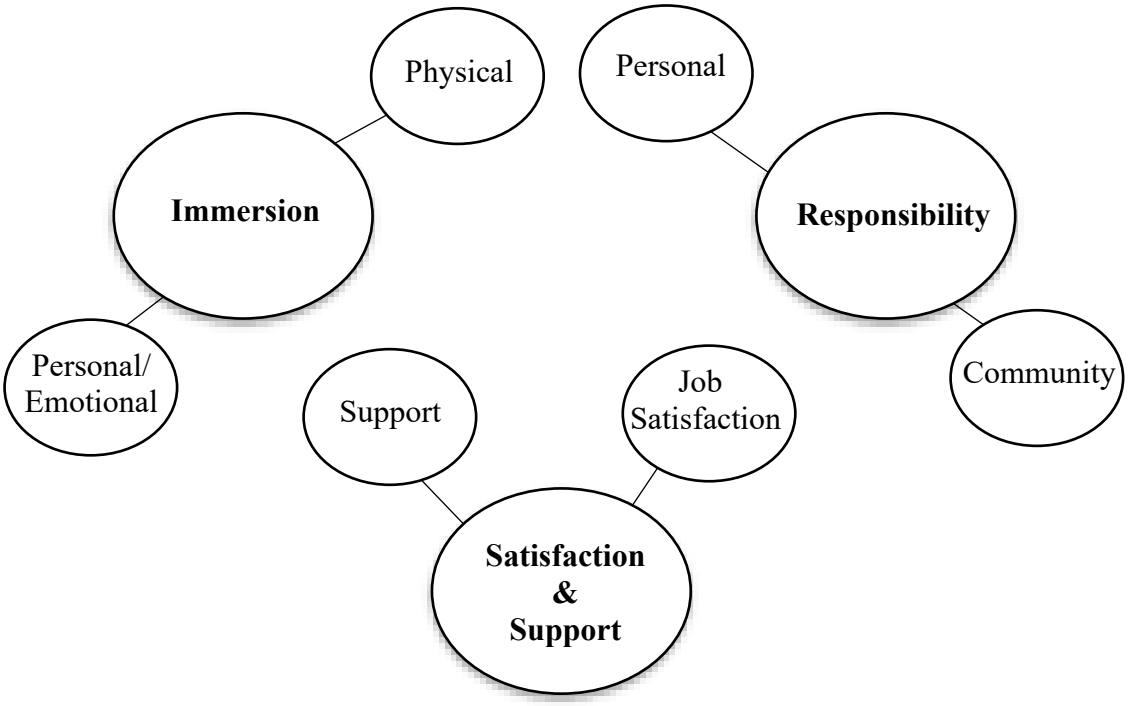

Figure 1. Final thematic map depicting the three most prevalent themes found in the dataset.

Responsibility

Throughout the transcripts all participants expressed on multiple occasions to feeling a high level of responsibility for their own understanding of what they can predominately handle within their profession as well as, their personal skill set, boundaries, background and limitations. The participants also expressed a profound understanding surrounding the struggles of the deaf community as a minority group and therefore, felt a substantial responsibility and necessity to provide the community with the greatest quality of service within their capabilities.

Personal responsibility. The participants expressed a responsibility in understanding how their personal background influences their jobs.

> *You can't separate usage of ISL from the person who's using it, right so even if you get a document translated into ISL, there is still someone signing that information, you know and whether or not you intend to that will leave its mark. (PPT19)*

> *You don't just arrive as a nobody you know you have your own background and your own histories, and your own issues and you carry that with you. (PPT17)*

Participants also discuss a feeling of responsibility to understand their own working limits. They explain that they must know when they need to take time off from work or lower the amount of assignments, they accept within a certain time frame. There is also discussion surrounding when to refuse work within certain areas such as within the mental health services.

> *In my normal week I will try not to stack it with too many things that may potentially have an effect you know I'm not going to do counselling every single day maybe once a week. (PPT15)*

> *I would certainly feel kind of exhausted and all the rest of it, but I think for me that's just a personal thing more to do with the kind of work I have taken the volume of work I have taken. (PPT19)*

Responsibility to the community. This is expressed strongly by the participants that they have a responsibility to the deaf community and each job that they work in. Some of the participants discuss both a historical and current power dynamic that can become an issue within certain situations. That there is a need which the participants consistently expressed to not only translate the information but allow for a fair understanding and cultural adaptation for all parties.

> *You are aware that deaf people being a minority group can have very little access to mainstream media and culture (…) who don't have the same access to information so sometimes you are sort of adding in to give proper meaning and context yeah. (PPT17)*

As part of the responsibility participants express that for the deaf community there is an assertion throughout the data that any trauma witnessed is not theirs *'I hate to claim that as mine' (PPT18).* Participants express responsibility to stay professional with a certain level of emotional detachment in order to offer the deaf person the best service they can.

> *I think the hardest part is overcoming how hard it is for you, so you don't make it harder for them. (PPT18)*

> *I say that's not my stuff it's not my stuff you try to compartmentalize in some way it feels cold, but you have to go this is not my stuff its very upsetting but it's not my story. (PPT16)*

I don't think I'm superhuman that I'm not affected by it either, but I would be cautions of that's not my stuff. (PPT18)

Multiple participants discussed the concept of continuity. The researcher considered this and asked if they felt they must provide continuity for the deaf person. Many of the interpreters explained that certain clients may specifically ask for them which they would find difficult to refuse:

I was with [CLIENT] every day for treatment because she wanted, so she specifically wanted me. (PPT20)

Interpreters discussed the responsibility they felt to offer continuity with specific regard to deaf people who are experiencing or reliving traumatic events.

You don't want that person to have to go through somebody else when they have already looked at you and told their story through you so yeah you don't really want them swapping to another person next week. (PPT17)

They are going through so much as it is, I don't want them unless I absolutely can't make it, I don't want them reliving through it with somebody else. (PPT15)

Immersion.

Throughout all interviews each participant discusses a high level of both physical and personal/emotional immersion resulting from the language and the work that they do.

Physical. The interpreters express the difference between sign language and verbally spoken language as it is more physically intrusive, it is presented that spoken words are separate from oneself whereas sign language there is no physical separation from your person.

> *I have to physically embody the sign, because sign seems to be more on you than spoken language, because spoken language the words are out there. (PPT15)*

This concept is again supported by another participant who explains:

> *It is graphic there is no getting away it is going to be very graphic and that can be very harsh its quite shocking how graphic sign language can be sometimes. (PPT16)*

One participant attempted to describe how much sign language interpreting can feel as if it's part of who you are by using Mrs. Doubtfire as an example, this participant alludes to becoming the character, becoming the person they are interpreting for.

> *Robin Williams puts on this outfit and he becomes the nanny for his own children. That's what it feels like it feels like your putting on this whole suit of somebody else's life and you are being somebody else. (PPT14)*

This phenomenon of shifting into the role and becoming the character expressed through the language is supported by another participant who says:

> *What your doing is your shifting into different characters so in that you take on the character of the abuser, the victim all these different characters within it. (PPT16)*

Personal/Emotional. Another theme which presented itself through the data was the personal or emotional immersion felt, many interpreters discuss that extra step or the human touch they feel they add to a situation.

> *Huge part of what we do that's, I suppose the human factor kind of the human touch because we are dealing with people. (PPT19)*

> *The doctor just felt so cold, but I felt I had to adjust in that moment and not be so cold and matter of fact. I felt like I was giving [CLIENT] a death sentence (…) you can't be as matter of fact as the doctors can be, you know as I said the person is looking straight into your eyes and they are looking for something completely different you know some empathy. (PPT14)*

This sense of emotional/personal immersion within an interpreting scenario is echoed through another participant who describes that in highly emotive circumstances they would feel the need to offer more to the deaf person; a personal touch that may not be offered by other professionals in that moment.

I'm the only one that they could talk to and they want to hold my hand as they're going in and I'm going to hold their hands I'm going to do you need anything do you need me to get you a glass of water, you know so that human kinds of effect comes into play. (PPT18)

When participants discuss the negative effects, they have felt as a result of their profession or certain scenarios, the true immersion they may feel becomes apparent *'I sometimes feel gagged'(PPT15).* Another participant explaining the emotional toll they have felt explains *'Sometimes you just feel heavy'(PPT18).* This is echoed again and again. One participant discusses how they try to ignore the emotional effects however they still find themselves affected even as far as been impacted in their dreams *'I would tend to dream about it'(PPT15).*

Your head is so full it's just blocked like you know and your eyes are so tired it's difficult to explain. (PPT20)

Yeah, it's still there I am still carrying it; it is still with me. (PPT14)

Satisfaction and Support

Job Satisfaction. Despite the difficult challenging situations, many of the participants discuss a sense of satisfaction from their profession.

Being able to give somebody their voice back and being able to tell their story and tell it right it's a good thing. (PPT15)

I actually love working as an interpreter, I actually like the work. (PPT13)

I was honored in some way to tell that story. (PPT16)

Multiple participants discuss that on occasion their profession acts as a shield to mentally avoid any personal problems they may be facing, with two participants comparing their experience when working to escapism.

It's a form of escapism and you are getting paid for it, paid to do something that is fantastic (…) When I am in the language, I am not me anymore. (PPT14)

There's an almost Zen like quality because you have to block out absolutely everything else. (PPT16)

Support. When asked to discuss if the participants have any support structures in place some participants acknowledge that workshops have occasionally been offered to help gain an understanding of how to handle certain situations particularly traumatic work. Despite this however there is a strong consensus from the participants that the real supports they have is informal and all interpreters have given credit of support to their peers; *'amazing group of people around me' (PPT15).*

I have people I can call if I've got a question to ask you know or advice to ask, I've got people I can call, and those people are great. (PPT19)

I have a couple of colleagues and there are a few of us we can go to under the umbrella of confidentiality. (PPT16)

You will ring another interpreter you trust to ask their experience. (PPT17)

There was also discussion of the support offered by other professionals within the working environment, although there were some positive experiences expressed, the overall tone was that there seems to be a long road ahead for interpreters to get the professional support they may need when entering certain sectors.

They don't see us as professionals (…) the first question is like oh so are you a family member, are you a friend? (PPT15)

In courtrooms you know the barristers or solicitors were in the way or an inconvenience. (PPT14)

The general consensus was that other professionals dismiss interpreting and don't take the time to truly understand that they are professionals with many years of training and experience, and even when another professionals can acknowledge this they may not express an interest to take the time in understanding what this means.

Discussion

The primary aim of this research was to investigate and discuss if STS and BRN is experienced by sign language interpreters within an Irish context. The results suggest that ISL interpreters are at a high risk of experiencing STS and BRN. Most participants alluded to an experience or multiple occurrences of STS or BRN symptomology throughout their professional careers. Previous research discusses that interpreters have typically been instructed to remain neutral while interpreting. This has resulted in an attempt for interpreters to resist personal impact, a common belief that they should not be impacted by their work (Macdonald, 2015). It is possible that this was shown through the results of the present study as participants placed a high level of emphasis on the idea that the content, they interpret does not belong to them. Interpreters discuss that they can remove themselves from the situation. However, this may offer its own problem when interpreters do not discuss the encounters that they may have in a safe environment. Research has suggested this act of discussing experiences in a safe environment leads to lower levels of STS or BRN (Benuto et al., 2019). Some participants instead discussed attempting to avoid the negative emotional affect which may predispose them to future STS or BRN. Participants discussed hallmark symptoms of BRN. One participant described the sheer volume of work rather than the materials has caused them to feel exhausted. The present study found that participants have the potential to experience BRN. This is not surprising considering previous literature with evidence of job stress within sign interpreting positively correlated to BRN (Schwenke, Ashby & Gnilka, 2014). Despite this, as the literature mentions, BRN can be easily addressed and alleviated with small adjustments. The negative effects of BRN can be reduced through the workplace or by the simple act of taking time off work to recoup (Branson, 2019). The participants showed a deep understanding of this concept. One participant stated that

they would typically try to only work within a counselling scenario once a week. This process and understanding may have come from previous experiences of BRN. Interpreters expressed that they engaged in a lot of what may be considered as invisible work, which comes from the addition of what is referred to by participants as the human touch. There is an emphasis on a common feeling of responsibility to deaf clients and the deaf community. Participants discussed engaging in more than linguistic transformation as interpreters place emphasis on cultural adaptations. An example of this can include a sympathetic look that the interpreter feels obliged to add in cases where the doctors seemed too 'cold'. This study and previous literature recognize how this extra step or human touch which interpreters engage in can be physically, mentally and/or emotionally exhausting for interpreters (McDowell, Messias & Estrada, 2011). Therefore, this research would speculate that this may add to the potential for interpreters to experience BRN.

Participants displayed established symptomology of both STS and BRN. Despite the evidence supporting high risk for interpreters, participants also showed high levels of resilience and strength within their profession. Participants displayed a clear understanding of their own personal responsibility and acknowledged the necessity to balance assignments, not taking too many at one specific time. This acting as a form of resilience is supported by the research which has concluded previously that taking time off for oneself for both emotional and physical wellness can improve effects of BRN (Branson, 2019). This is evident, as, despite the clearly lacking formal support structures expressed by the professionals in this field, it has not blocked interpreters from seeking informal supports. Every participant discussed the creation of their own personal support systems. All participants in the present study expressed the availability of one or two colleagues who, under the umbrella of confidentiality, they can turn to for professional

and emotional support. This peer/colleague support has been discussed within previous literature and is consistent with previous research findings in the field for interpreters having to develop their own coping outlets (Macdonald, 2015). Peer support within the research on STS and BRN has suggested it can act as a buffer for chronic occurrences and has been expressed to be one of the most important protective factors due to being associated with significantly lower levels of STS (Benuto et al., 2019; Hensel et al., 2015). This peer support potentially acts as informal debriefing which is considered a positive coping factor (Benuto et al., 2019). There has also been a high level of job satisfaction expressed by the participants which could be offering a buffer against chronic cases of STS or BRN. Previous literature supports this idea that job satisfaction acts as a protective factor from negative affect associated with workplace stress (Visser, Smets, Oort, & De Haes, 2003). Longer working hours or case overload has been discussed previously in literature to be a predominant risk factor of STS and BRN (Benuto et al., 2019). The interpreters who participated in this study work mostly freelance. In the present study it was mentioned multiple times that participants have the option to step back or refuse jobs within certain areas that may propose a high-risk of trauma exposure. They therefore have an aspect of control in relation to this risk factor which other professionals do not. Branson (2019) supports this conclusion with relation to BRN that small changes such as time off to recharge can reduce BRN prevalence.

The secondary aim of this study was to discuss if the specific nature of sign language being a visuospatial language has an impacting effect on the interpreter's experience of trauma or stress within the workplace and potentially exacerbating STS or BRN. Based on the experiences of the participants this study would speculate the graphic and visual nature of sign language has had a significant impact on the interpreter's perception and processing while working,

specifically in instances with highly traumatic content. Multiple participants discussed the act of being physically immersed within the content they interpret. Participants discussed feeling they become the character and the researcher speculates the implication is that interpreters feel and experience the same emotions that a client may. Other participants attempt to emphasize the difference between spoken and signed languages; suggesting spoken language is separate to oneself while sign language is inseparable. One participant discusses that sign language is physically on top of you with another describing feeling heavy after working in difficult environments. This conclusion is supported with previous literature in the area reporting that sign interpreters feel they are not only exposed to the material, but they also must channel the encounter (Macdonald, 2015). This experience is specific to sign language interpreters with situations ranging from abuse and grief to any graphic or emotional material that can be associated with the human experience from the cradle to the grave (Macdonald, 2015).

Strengths & Limitations

This body of research has several limitations to be acknowledged. Previous research suggests a probably link between experience and lower levels of STS. Therefore, it is a concern to the researcher that all participants within this study had an excess of ten years' experience working as an ISL interpreter and the results may not be generalizable to newly trained ISL interpreters. Alternatively, other research within this area has expressed there is in fact no known correlation between years of experience working and severity of secondary trauma (Macdonald, 2015). As the present study was an undergraduate project the research may have been limited due to time restrictions. Awaiting ethical approval, completing data collection and completion of analysis was time constricted and therefore potentially effected the depth of the work. This time

constraint led to a limited pool of participants as additional interpreters reached out to the researcher after data collection was complete.

Due to the high levels of responsibility participants had expressed towards the deaf community it leads the researcher to speculate a disclosure bias amongst some participants. In previous research looking into STS in nonprofit organizations it was suggested such vulnerability was almost taboo, there was a collective mindset if you cannot handle the job to get out (Dubberley et al., 2015), it is worth noting as sign language interpreters are also working with a disadvantaged community a similar attitude may have presented.

Despite the many limitations associated with this study, there has still been an empirical contribution made regarding the understanding of STS and BRN within sign language interpreters, and if the nature of sign language has a specific contribution to this. The study is the first of its kind within an Irish context and has laid the foundation for future research and exploration.

Future recommendations

The results of this study have led to multiple recommendations. Firstly, more efforts should be made to normalize the negative feelings that the research shows have the potential to occur within any member of society with even a single exposure to trauma. The fact that interpreters can work in such a wide variety of fields where exposure has been shown to occur leaves interpreters at high risk of consistent exposure. All participants within this study discuss at minimum one exposure to traumatic material, therefore in line with previous recommendations made in previous literature; there needs to be higher level of education (Knodel, 2018). Both current and new professionals need to be given the opportunity to gain a better understanding of the psychological and emotional impact the exposure to trauma can have. It is also considerably

important to equip interpreters with the necessary strategies and coping mechanisms to combat and prepare for the stress in relation to highly sensitive work (Beck,2019; Knodel,2018). Regular supervision has been stressed in previous literature as valuable and vital for processing or preventing STS (Salston, & Figley, 2003).

Based on the recommendation for supports above, future research is needed to understand what support structures would be most beneficial for current and future members of this profession, this recommendation follows those made by Mehus and Becher (2006). The researcher also suggests future research takes a comparative look between spoken and sign language interpreters to further investigate the secondary aim of this study which implied the visuospatial nature of sign language influences experience with materials and therefore exacerbating experience of STS and BRN. Future studies would be necessary to corroborate the findings of this study, as this is based on one qualitative sample which would not be generalizable. As supervision has been expressed to be beneficial in other areas where STS or BRN is a high-risk factor for professionals future research might also look into how models of supervision could be practically applied to the sign language interpreting profession, this recommendation follows similar recommendations made by Hetherington (2014). This study also decided to look at both STS and BRN as previous literature had suggested they are often co-occurring. However, further research is needed to discuss if there is a causal relationship between the two. The final recommendation for future research, considering that this research was a qualitative design, there is a need for further investigations using quantitative or mixed method designs from an Irish context.

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Appendices

Appendix A

Investigating secondary traumatic stress and burnout in Irish sign language interpreters

You are being invited to take part in a research study. Before deciding whether to take part, please take the time to read and understand this document, which explains why the research is being done and what it would involve for you.

My name is Shauna O'Connell (The Researcher), and I am a final year Psychology student at National College of Ireland. As part of my degree I am required to complete an independent piece of research. This project is supervised by Dr. Caoimhe Hannigan, Lecturer in Psychology at National College of Ireland. I am looking for Irish Sign Language interpreters to take part in an interview as part of this research.

What is this study about?

This Research project aims to investigate experiences of working with clients who have experienced stress or trauma among Irish sign language interpreters. Interpreters have a complex role and may be exposed to traumatic events or information as part of their work. This study aims to increase understanding of the impact of these experiences, by conducting interviews with Irish sign language interpreters, particularly those who have experience working in Hospitals, Courtrooms, Police stations or in conjunction with Social services.

What will taking part involve?

Participation in this study is entirely voluntary. If you decide to take part in this study, you will be asked to take part in an interview, at a time and place that is convenient to you. This interview will last approximately 1 hour. During the interview, you will be asked about your experiences and opinions about working as a sign language interpreter. The interview will be recorded with a Dictaphone, to help me to analyze the data. All information will be strictly confidential and only the researcher will have access to these recordings. You will be asked to sign a consent form before the interview, to indicate your agreement to take part in the research and to have the interview recorded.

Who can take part?

You can take part in this study if you:

i) Are an Irish Sign Language Interpreter

ii) Have experience working in one of the following areas:

- Courtrooms
- Social Services
- Doctors' Offices
- Hospitals
- Garda stations
- Mental Health Services

Do you have to take part?

Participation in this study is entirely voluntary; a decision to take part or not will have no consequences for you. You can withdraw from the study at any time. After you have completed

the interview, you are free to read the transcripts or listen to the recording and remove anything you wish. You can withdraw your data from the study after the interview has been completed, up to the point that the results have been written up for submission in my thesis.

Will taking part be confidential?

All data collected for this study will be strictly confidential. All interviews will be transcribed verbatim for analysis. Any information within the interview transcript that could identify a participant will be anonymized – for example all names, or references to locations etc. will be redacted. Each participant will be assigned a unique ID code, and their data will be stored under their ID code, separate from their name and any identifying information. Only the researcher and academic supervisor will have access to the data collected. However, in the unlikely event that the researcher or academic supervisor believes there is a significant risk of harm or danger to the participant or another individual, or a law has been broken, then they would be required to share this information with relevant authorities.

All data will be stored securely by the researcher. Audio recordings will be collected using a Dictaphone; they will be deleted from this Dictaphone once they have been transferred to the researcher's computer. All interview transcripts and audio recordings will be stored securely as password protected files on the researcher's computer. Audio recordings will be deleted once they have been transcribed for analysis. The signed consent forms will be retained in a locked filing cabinet. Signed consent forms and interview transcripts in which with all identifying information has been removed will be stored for 5 years in accordance with the NCI data retention policy. Under Freedom of Information legislation, you are entitled to access the information that you have provided at any time.

What are the possible risks and benefits of taking part?

There are no direct benefits to taking part in this research, however you will have an opportunity to contribute to research that helps to inform our understanding of the experiences of sign language interpreters. There is a small risk that some participants may experience minor distress, as the interview may involve discussion of difficult experiences you have had as an ISL interpreter. If you feel distressed or upset for any reason during the interview, you are free to take a break or stop the interview completely. Information about support services that are available in the event that taking part in this research causes you distress are provided at the end of this information sheet.

What will happen to the results of this study?

The results of this study will be written up and presented within my dissertation, which will be submitted to National College of Ireland as part of my final degree. The results may also be presented at conferences within the College and at a national level. The results that are presented will not contain any information that could identify participants. Some quotes may be included to illustrate the findings, but these will not contain participant's names or any other identifying information.

Who should I contact for further information?

If you would like any further clarification about anything this study will entail, please do not hesitate to contact myself or my supervisor.

Contact information:

Researcher: Shauna O'Connell Email: x17745305@student.ncirl.ie

Supervisor: Dr. Caoimhe Hannigan Email: caoimhe.hannigan@ncirl.ie

Support Services

Should you wish to discuss anything that came up in your interview the researcher suggests seeking support from your GP, mental health provider or contacting one of the following services.

Samaritans

Free Call: 116 123

Text: 087 2 60 90 90

Email: jo@samaritans.ie

Connect Counselling

1800 477 477

Free Call: Wednesday to Sunday 6pm -10pm

Aware

Telephone Republic of Ireland: 1800 804 848

Email: help@aware-ni.org

Appendix B

Consent Form

Investigating secondary traumatic stress and burnout in Irish sign language interpreters

Consent to take part in research

I…… voluntarily agree to participate in this research study.

- I understand that even if I agree to participant now, I have the right to withdraw at any time or refuse to answer any question without consequence.
- I understand that I can withdraw my permission to use data from my interview, up to the point that the results have been analyzed and written up.
- The purpose of this study has been explained to me, and I have had the opportunity to ask questions.
- I understand that my participation will involve taking part in an interview with the researcher, will take approximately one hour, and that I will have full access to results or data provided if I request it. I agree to the interview being audio-recorded.
- I understand that all of the information I provide will be treated confidentially.
- I understand that in any report on results of this research my identity will remain anonymous. This will be done by removing my name and any other identifying information within the interview.

- I understand that if I inform the researcher that myself or someone else is at risk of harm, they may have to report this to the relevant authorities – they will discuss this with me first.
- I understand that audio recordings will be securely stored on the researcher's computer and will be deleted once they have been transcribed for analysis. I understand that signed consent forms and interview transcripts will be stored for 5 years.
- I understand that under Freedom of Information legislation I am entitled to access the information I have provide at any time while it is in storage as specified above.
- I understand that I am free to contact the researcher or supervisor at any time for further clarification or information about this study.

Signature of research participant

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Signature of participant Date

Signature of researcher

I believe the participant is giving informed consent to participate in this study

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Signature of researcher Date

Appendix C

Debriefing Sheet

Thank you for your participation in this study, we greatly appreciate you giving up your time to complete this interview. The purpose of this study is to investigate experiences of working with clients who have experienced trauma or stress, and experiences of secondary traumatic stress and burnout among Irish sign language interpreters.

If taking part in this interview has caused you any distress, or you have any questions in relation to your participation, please do not hesitate to contact the researcher or the academic supervisor, using the details below. If you feel distressed after the interview, you can also avail of support by contacting your GP or one of the services listed below.

If you wish to review the transcripts of the interview the opportunity will be provided at the earliest possible convenience, you also still have an opportunity to entirely withdraw from the study without consequence and any data collected will be immediately deleted.

Contact Information

Researcher: Shauna O'Connell Email: x17745305@student.ncirl.ie

Academic Supervisor: Dr Caoimhe Hannigan Email: caoimhe.hannigan@ncirl.ie

Support Services

The Samaritans

www.samaritans.ie

Tel: 116 123

Text: 087 2 60 90 90

Email: jo@samaritans.ie

Connect Counselling

1800 477 477

Free Call: Wednesday to Sunday 6pm -10pm

Aware

Telephone Republic of Ireland: 1800 804 848

Email: help@aware-ni.org

Signature of research participant

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Signature of participant Date

Appendix D


National College of Ireland
Secondary Traumatic Stress and Burnout in ISL Interpreters
This Research is to investigate secondary traumatic stress and burnout amongst ISL interpreters
You can participate if you:
1. Are an Irish sign language Interpter
2. Have experience in one or more of the following environments:
Courtrooms,Police Stations,Social Services,
Mental Health Sevices
Doctors Offices or Hospitals
Further Information
The researcher is in final year of psychology at NCI and this research is part of the required independent research each student must complete. This will be supervised by Dr Caoimhe Hannigan, Lecturer at NCI.
Participation is voluntary and you can withdraw at any time
Taking part will involve one interview which will last approx 40-60 minutes; at a time and place of your convenience
If you are interested in participating please contact the researcher for further information
Shauna O'Connell
Email: x17745305@student.ncirl.ie

Appendix E

Semi-Structured Interview Guideline

Duration

Due to the semi-structured nature of the interviews there will not be a specified time, however the interviews may run from approximately thirty minutes to an hour.

Sample Questions

- How many years have you been a sign language interpreter?
- Do you think the physical nature of sign language effects your perception of events?
- Is there anything you would like to change about your profession?
- Can you think of a time when you had to interpret for a client who has received traumatic news or is speaking about a traumatic experience?
- Do you often or have you ever found yourself thinking about these experiences after the fact?
- Due to the confidentiality of your job is there any safe environments or supports in place for you to speak about your experiences.
- Would you consider your role to be as simple as just translation?
- What do you think other professionals think of interpreters?
- Is there anything you would want other professionals to know in order to create the best experience for yourself as an interpreter and your client.
- How do you feel your boundaries are with a client who has experienced negative events or trauma?
- Is there anything else you feel you would like to add based on our conversation?

- Do you have any recommendations for support structures that could be put in place for the future?

Prompts

- Would you like to tell me more about that?
- How do you feel about that?
- What do you think about that?
- That is interesting would you like to tell me more.
- Have you had any similar experiences?
- Can you give me an example of _____?