

RECOMMENDATIONS FOR INTERPRETING SUPERVISION GROUPS IN WARTIME UKRAINE

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Abstract

It is an established finding that many view interpretation in mental health settings as more challenging and demanding on the interpreter for a variety of reasons. After a brief review of some of these relevant findings, the current paper discusses how the wartime context in Ukraine contributed to a variety of challenges for interpreters working with groups of supervisors and psychotherapists. A support group for Ukrainian interpreters conducted via an online platform served as a forum for raising and discussing the challenges that are reported here. Finally, recommendations about interpreting supervision groups are offered for the international community of volunteer helpers responding to a wartime mental health crisis.

Key Words: Interpretation, Mental Health, Group Supervision, Wartime Recommendations

1. INTRODUCTION: A GROUP FOR INTERPRETERS IN UKRAINE

One of the needs that were identified after the Russian invasion of Ukraine was to address the mental health crisis caused by the traumatization of war and the displacement of many Ukrainian citizens. The suddenness of the invasion led to the quick mobilization of many volunteer helpers including non-Ukrainian clinical supervisors who agreed to offer groups to Ukrainian mental health professionals. At the beginning of the project, there was little time for planning or organizing. Instead, groups of professionals rose to the challenge and at this writing continue

to provide supervision and support groups for Ukrainian psychotherapists. These were not run like traditional supervision groups however and came to meet a variety of needs of the Ukrainian psychotherapists who became group members. Since the term “psychotherapist” has different meanings in the different countries that participate in this project we will clarify that for our purposes it includes psychologists at the doctoral level, master’s level clinicians, and psychiatrists, all of whom are providing mental health services to the people of Ukraine. This paper will focus on the experiences of a group of volunteer interpreters who make communication possible between volunteer supervisors from several democratic countries and Ukrainian psychotherapists who provide services to Ukrainian citizens. The following section reviews some of the literature in the mental health and interpretation professional communities that establish the greater difficulty of interpreting in mental health settings. After that, the authors specifically focus on the further demands interpreters face in the context of war, with high rates of trauma that reverberate through the layers of clients, psychotherapists, interpreters, and supervisors. Furthermore, we touch on the fact that group dynamics come into play as they do in all groups. As with many of the groups that were formed to assist the psychotherapists (the ones that the interpreters provided interpretation for), this group served several functions and straddled the areas of peer supervision, consultation, support, and psychotherapy. Firsthand experiences of several interpreters who participated in this group are offered to help document the challenges encountered. Some of the interpreters were psychotherapists themselves, and some were professional interpreters with no psychotherapy training.

2. THE DEMANDS OF INTERPRETATION IN MENTAL HEALTH SETTINGS

It is well documented that the act of interpreting in a mental health setting is more demanding than other settings for the interpreter. This seems to be the consensus in both the mental health community as well as the community of professional interpreters. Doherty [1] conducted research that found that these interpreters rated their job as more demanding and emotionally intense than in other contexts and raised the notion that the clinician’s role may not be well understood by the interpreter. Regarding how well collaborating clinicians and interpreters understand each other’s roles Hamerdinger and Karlin [2] highlighted several important factors for both interpreters and clinicians including interpreter fluency, familiarity and experience in mental health settings, the quality of the working relationship of the dyad, handling of issues of transference and countertransference in a triangular situation with the addition of the client, and

understanding the cultural norms of the client. In an early article on the topic, Markos [3] found that interpreter distortion can lead to misevaluation in a psychiatric setting with non-English speaking patients. He identified several sources of the distortion including lack of language competence and interpretation skills, lack of psychiatric knowledge, and attitudes of the interpreter toward the patient. The interpreters in this study were workers in the hospital in other roles who were asked to perform the task but reported feeling overwhelmed by the responsibility and uncomfortable with topics in a typical psychiatric evaluation including sex, finances, and suicidal and homicidal tendencies. Cornes [4] found that interpretation for deaf clients in mental health settings held some of the same potential pitfalls. Cornes [4] highlighted that although interpreters abide by a code of ethics, they are more likely to “step outside” of that role due to the demands of mental health settings including discomfort with the content of conversations, comments on the deaf person’s linguistic capabilities, and other reasons that have to do with the deaf community as a cultural minority group.

Beyond the issue of familiarity with the customary practice in the mental health and interpretation communities by their respective professionals, and the added emotional intensity, is the issue of trauma that is encountered in mental health settings. Knodel [5] found that when American Sign Language (ASL) interpreters were questioned about their experiences working in a mental health setting, 83% reported vicarious trauma as a result of the work, but 58% reported receiving no training on how to manage the emotional impact. Knodel concluded that a significant gap exists in training mental health interpreters to mitigate the effects of vicarious trauma. Geiling et. al. [6] found that interpretation for refugee groups exposed interpreters to stress and trauma and challenged their well-being.

The idea of having good communication between the professionals involved, both mental health and interpretation (as in any project where collaboration is needed) seems self-evident. Bischoff [7] found that when medical practitioners were trained to work with interpreters, the confidence in the effectiveness of the clinician increased as rated by the patient. Also, there was increased use of interpreters by mental health clinicians. Costa and Briggs [8] did a related study and concluded that training for therapists in managing the triangular relationship between therapist, interpreter, and patient could positively impact patient satisfaction. Regarding training for interpreters, Berdeus-Domingo [9] advocated for understanding cultural context as well as languages and interpretation techniques. She also concluded that using non-professional interpreters is not recommended due to the tendency to act as information filters, especially when the non-professionals are family members of the patient.

In addition, to the professional relationship issues raised when psychotherapists and interpreters work together, Hamerdinger and Karlin [2] also addressed the topic of interpreting in groups, which has direct relevance for this paper. They raised two important considerations: The fact that the interpreter is

supposed to interpret everything that is said in groups adds considerably to the time it takes to express everyone's contributions, and the presence of an interpreter along with the group leader impacts the group dynamic such that the members' defensive structures will be affected.

3. THE TRAUMA OF THE WAR IN UKRAINE

Lysnyk [10] discussed how all Ukrainians have experienced grief and uncertainty about the future since the Russian invasion began. She makes the point that Ukrainian mental health workers are experiencing the trauma of the war at the same time that many people are seeking psychological help. She offered support groups and concluded that "the most effective support is provided by the sincere interpersonal relationships between group members, which facilitators maintain." That is, the shared traumatic reality of living in war conditions gives facilitators a deeper understanding of what participants feel. This is accepted by participants and increases the therapeutic effect of the group. She believes that it is also helpful to offer psychological techniques, such as breathing, bodily practices, and focusing, as practical ways of coping with stressful events. Seleznova et.al. [11] discuss how the war is having a lasting impact on the mental health of the Ukrainian people and has exposed weaknesses in the national healthcare system. They call for joint efforts between mental health stakeholders and international governmental and non-governmental organizations to provide support for mental health services in Ukraine. Yevlanova [12] discussed providing supervision to a group of Ukrainian mental health workers. This "Wartime Research" project amended the typical weekly or biweekly supervision meetings and instituted a daily supervision group. There was an acknowledgment that both patients and the therapists themselves are affected by trauma. The daily meetings served multiple functions including serving the mental health needs of the therapists, and providing crisis and supportive therapy as well.

The group for interpreters under discussion here, though meeting virtually and biweekly, instituted a similar broad approach to the needs of the members. In addition to peer supervision function which the group leader facilitated, members offered each other support first about their role as translators, clinical supervision issues, and several other professional and personal issues. They even offered therapeutic interventions to each other, around the trauma of the war and the difficulty of their work, and on personal issues that sometimes were not related to the war. Many of the members were comfortable with addressing group dynamics as they emerged, and space was given to process that as well. Under the extreme conditions of wartime, members were given the latitude to request whatever help they needed on a given day. It is the opinion of the authors that this also enabled

members to voice genuine concerns that arose in their role as interpreters for the groups of therapists that they assist and to offer recommendations for improvement. In the spirit of learning from the total experience of this work, the following concerns and recommendations are offered.

4. PROBLEMS AND RECOMMENDATIONS WHEN INTERPRETING MENTAL HEALTH GROUPS IN WARTIME

For clarity, the following terms will be used when discussing our concerns and recommendations:

Group leader or “**leader**” refers to the volunteer mental health professionals from the international community (often very experienced) who facilitated the groups of Ukrainian psychotherapists. Most group leaders did not speak Ukrainian.

Group member or “**member**” refers to the Ukrainian psychotherapists who attended these groups. The term “psychotherapist” has different meanings in different countries. For our purposes, it refers to anyone providing psychotherapy including psychologists, psychiatrists, and master’s level psychotherapists.

Interpreter refers to those individuals who volunteered to facilitate communication between group leaders and group members by providing interpretation in the groups.

All the following recommendations were arrived at through discussions that happened in the group that were designed to support the interpreters. However, much of the group material that led to them was taken from their descriptions of the groups they provided interpretation for, and therefore also applies to group leaders and group members. Before getting into the specifics of our listed problems and recommendations, it is important to note that good communication, planning, and mutual professional respect are overarching recommendations for group leaders, interpreters, and group members to strive for.

4.1. LIMIT THE ROLE OF THE INTERPRETER TO INTERPRETATION (USUALLY)

Our experience discussing the role of the interpreter in our group showed that each person approached the role differently. For this recommendation, we will focus on whether the interpreters stayed to their interpretation role or if they were also invited to consider themselves group members or asked to fill organizational roles as well. It is noteworthy that some welcomed the opportunity to consider themselves group members (and in many cases also had careers as psychotherapists) and others had little or no background or interest in doing so. Simply stated our recommendation to mainly stick to the role of interpretation is made based on the additional burden and

confusion that seemed to go along with being in multiple roles. Several interpreters who found themselves in multiple roles found it confusing and needed a lot of support around navigating them. One decided to continue in those roles because she liked them and was learning from them. That is why we use the qualifier “usually” in the heading to this recommendation above. Some interpreters will likely be stimulated by and try to embrace a variety of roles. If this is the case, we recommend that this be done in a planful way in discussion with the group leader prior to the beginning of the group if possible and that feelings get processed regularly between the two and sometimes with group members as appropriate. Another interpreter said that translating such a group had some unexpected rewards. These included feeling supported during the awful reality of war. She stated “Being a part of such a group has a supportive therapeutic effect on the interpreter. It helps raise awareness of one's feelings, provides a place to process them, and gain understanding from group members.” As a mental health trainee, she also said it provides a unique opportunity to observe and actively participate in the group process from the inside during an ongoing extraordinary situation (with issues arising such as the shelling of home cities, family members on the frontline, becoming a refugee, and so on). She went on to say, “concealed personal wounds (previously unclear to her) suddenly came to light,” and were highlighted by attentive and experienced group leaders and group members.

In cases where the interpreter is less enthusiastic about learning about psychotherapy, we believe that the next recommendation will help people to get their multiple needs met while usually adhering to the interpreter role.

4.2. PROVIDE ADDITIONAL GROUP OUTLETS TO INTERPRETERS

Interpreters along with group members and other citizens, and all those paying attention, are witnesses to the trauma of a military invasion in Ukraine. Though they may be nearer or further away from the conflict, each is affected by hearing of the death, destruction, and atrocities. It follows from this that all could benefit from group support that gives an outlet for feelings [12], a sense of community [12] and, we might add, practical strategies for surviving intact both physically and mentally. Some group leaders may even invite members to process their feelings toward each other as conflicts and misunderstandings emerge if the group evolves to discuss these more openly. By having their own space to tell their stories, support each other, and process feelings, interpreters may feel less need to do so in the groups they are providing interpretation for. The ability to embrace different roles in different forums could lead to more clarity of purpose in each of those forums. It is understood that not all will have the luxury of time to participate in two or more groups. Due to time and resource constraints, some will find themselves in one wartime group that fulfills many needs. In this situation there is bound to be overlap between interpreting, sharing one's story, and

processing feelings in the here and now. Stating one's intentions for each group forum one participates in, and acknowledging when one embraces multiple roles, could improve clarity for all about how they are participating.

4.3. ESTABLISH GROUP RULES THAT PROTECT THE INTERPRETER, GROUP LEADERS, AND GROUP MEMBERS

Group rules often include an agreement about the confidentiality of what is shared in the group, being on time or informing others when one will not be able to come to a meeting or if they will be late, speaking from one's own perspective, maintaining a willingness to verbalize what one is thinking and feeling, and a willingness to listen to and try to understand other perspectives. Some of the interpreters reported a range of negative experiences with group members and even group leaders ranging from what one called "rude behavior" to outright criticism of their skills and abilities. One interpreter reported being "ordered" by group members to interpret Russian as well as or instead of Ukrainian as the primary language of group members. This interpreter flatly refused and discontinued her participation in the project, while others who were fluent in Russian interpreted both languages. This is a potentially explosive topic in wartime Ukraine during a Russian invasion (or an analogous situation in another country). Beyond that, however, it points to the need for the group leader to facilitate setting the rules of the group, including what language(s) will be spoken by group members. For this to happen smoothly, it is recommended that everything said by the group leader and members be interpreted. Several interpreters reported that they were criticized for the quality of their interpretation, sometimes quite harshly. Some of them actively sought to improve their interpretation by soliciting input from group members, and others felt more threatened by members offering interpretations. Regardless of how such a difficult situation develops (which includes varying levels of sensitivity to threat on the part of interpreters and varying levels of kindness and civility on the part of group members), it is the group leader's job to protect the interpreter when this is necessary and to help repair breaks in connection between all involved when conflict or incivility emerge. As one process-oriented group leader jokingly stated when discussing how she actively protected her interpreter "Everyone needs to know they are not allowed to kill off their siblings."

4.4. MONITOR AND ADDRESS GROUP PROCESS WHEN NEEDED

In his classic book on group psychotherapy, Yalom [13] offers a way of detoxifying conflicts by extensively verbalizing the dilemma and asking if the conflicting parties are willing to try to see any truth in the other's comments. This can happen, not in the heat of the moment when defenses are mobilized, but afterwards if approached in a supportive way. Yalom also points out "members will interact with leaders and other members in modes reminiscent of the way

they once interacted with parents and siblings.” In our experience, this is also true in groups even if they aren’t psychotherapy groups. Many group leaders (certainly those leading psychotherapy groups) agree that awareness of underlying process issues and a willingness to address them is very important. How this plays out in multipurpose groups like those described here will vary with the experience and inclinations of the leader as well as the willingness on the part of members and the interpreter to engage with the group process. In the support group for interpreters discussed here, we tried to establish a balance to meet the needs of the greatest number of people. We prioritized topics of discussion with the interpretative function being first, followed by clinical supervision issues, and then personal issues. We also stayed open to addressing the group process as it emerged and addressed this on several occasions.

4.5. ADDRESS LANGUAGE USE ISSUES

Ukrainian and Russian have been the most widespread languages in Ukraine coexisting almost seamlessly over decades of Ukrainian independence. Nevertheless, after the full-scale Russian invasion, Ukrainians demonstrated the tendency to choose the Ukrainian language within their language self-identification more frequently and 83% of them supported Ukrainian to be the only state language [14]. Another public opinion poll demonstrated that 84% of respondents “continue to adhere to the view that there are no problems with the use of the Russian language in Ukraine and that Russian-speaking citizens are not oppressed and persecuted [15].”

As the project to provide support groups to Ukrainian mental health professionals was launched shortly after Russia’s full-scale military invasion, the language usage within those groups became one of the most frequent conflictual issues. Since there were no guidelines given by those who initiated this project about the use of Ukrainian or Russian most groups were bilingual, which caused some tension between participants and sometimes between participants and interpreters. Such issues proved very difficult for supervisors to handle because most of them do not know either Russian or Ukrainian. They were not able to identify which language each participant was using and what the core of the conflict was in many instances, especially if the interpreter was involved in the conflict. We recommend that language usage within each group, for both group members and interpreters be decided on early in the formation of the group. Perhaps in some groups both Ukrainian and Russian languages can be used, and the interpreter can translate both for the benefit of the group leader. In some cases, when the interpreter is not fluent in Russian, it is obvious that group members will need to speak Ukrainian. Regardless of what a group decides on, an early discussion of feelings about using Ukrainian and/or Russian may be helpful for the group to find an acceptable way of working.

4.6. PROTECT INTERPRETERS FROM EMOTIONAL OVERLOAD WHILE MAINTAINING EMPATHIC ATTUNEMENT

One of the interpreters in our group, concerned about the emotional impact of her role, sought advice from the group leader on how to efficiently interpret within the unique context of a supervision group for psychotherapists assisting those traumatized by the war. The group leader suggested adopting a “witness” position, refraining from complete immersion in the feelings of the group members. This approach helped the interpreter to maintain some professional distance to be able to perform her role. She didn’t want to make it uncomfortable for members to fully express their emotions or describe painful realities, but she also was mindful of the vicarious trauma that could result from it. Still, the interpreter decided that some level of emotional involvement was necessary to help participants feel safe and validated. The key here is achieving a balance where the interpreter is with group members emotionally, and also able to tolerate difficult material that is shared. In this group the leader also encouraged the interpreter’s active participation in discussions, which led to her feeling “like a fully-fledged part of the group.” She described the positive outcome of this approach, the creation of a warm, safe space where everyone felt open to express themselves and share delicate personal topics. Another way this interpreter described being helped by her leader was the suggestion to remain “neutral” during conflicts between group members. She said she strives to impartially translate each member’s thoughts and feelings.

Another interpreter had a very different experience and described being encouraged to express the emotional valence of group member’s statements and not to “talk like a robot” (a criticism of a previous interpreter). She received appreciation for her ability to do this but felt that she was doing “emotional work” for the group while not being considered a full-fledged member (she was not invited to share her emotional reactions). As was mentioned in recommendation 2, this feeling of being left out of an important part of the conversation may be avoided if the interpreter has a forum of their own to express their feelings as they emerge. Alternatively, some group leaders, as in the preceding example, invite the interpreter to share their feelings and consider themselves a member of the group.

4.7. MINIMIZE SUBGROUPING WHEN LEADERS AND MEMBERS SPEAK DIFFERENT LANGUAGES

Since these groups typically pair a group leader who doesn’t speak Ukrainian with Ukrainian members the interpreter needs to translate everything that is said as faithfully as possible. One way that failing to do so can have a negative effect is through subgrouping that can occur. In one instance an

interpreter reported that group members were not respecting the pronouns that the group leader asked them to use. This became a burden for the interpreter who didn't feel comfortable making that explicit. She felt that by doing this, group members were being disrespectful and that it drove a wedge between the leader and the members. For our purposes, we will not address the many motivations that may have led to this behavior and the subsequent breakdown in accurate interpretation. Suffice it to say for this general recommendation, that by interpreting what is said as closely as possible, it may be possible to avoid subgrouping that could occur when information is filtered out.

4.8. DECIDE IF OTHERS WILL ASSIST THE INTERPRETER

In many of the groups several persons had good skills in both languages (those spoken by the leader and the members), and other languages that were often introduced, most notably Russian. In example 3 above we discussed the conflict that arose because of that and also the possibility that the interpreter might feel criticized if additional interpretations are given by group members. Therefore, beyond the feelings that many Ukrainians have for Russia and the Russian language in the context of the war, it is also important for each group to discuss how the interpreting function will work. Some interpreters were very open to including others who they hoped would help them find the right phrase to express more nuance or closer fidelity to the original statement. However, some interpreters felt bullied or criticized when group members inserted their interpretation, seemingly in competition with the interpreter. We recommend that the leader facilitate a discussion early on about how the role will be handled. It is important to acknowledge that interpreters will vary in their level of confidence and their openness to sharing the interpreting duties. This makes the discussion of how it will be handled even more important. One solution is to put the interpreter in charge of asking for help when they need it.

4.9. FOSTER GOOD WORKING RELATIONSHIPS BETWEEN GROUP LEADERS, INTERPRETERS, AND MEMBERS

Both the interpreter and the leader should strive to establish and maintain a good working relationship. That sounds commonsensical and yet should not be assumed, especially in the rush to provide needed services in wartime when little or no advanced planning may be possible. As was mentioned previously, if time allows, the leader and interpreter should meet before the start of the group and continue meeting to show mutual support and to discuss any concerns that arise between them. If a group has a change of interpreters, the leader should meet with the new person before the next group meeting and introduce them to group

members. Previous studies have demonstrated that there is commonly a discomfort with adding a third party to the therapeutic process since the vast majority of therapy and supervision sessions do not require the services of an interpreter [8]. It is also true that interpreters find mental health settings to be the most difficult to provide their services [1]. One of our interpreters said that in two years of interpreting one of these groups, she felt the leader could not interact cooperatively with her. This included requests to perform administrative or organizational tasks. In addition, at times she felt there were unrealistic expectations about how quickly she could perform her role. She reported not being prepared by the leader or briefed on upcoming didactic topics as is commonplace in other interpretation settings. As someone new to interpreting in a mental health setting, she said she would have appreciated a collaborative and supportive relationship. Instead, she reported feeling as though she were being treated as a commodity and felt dehumanized and objectified as a result. Furthermore, she reported that the leader sometimes intentionally kept information from her which may have been helpful, for example, the leader didn't share with her the member's therapeutic orientations, believing this would somehow decrease the accuracy of her interpretations. The level of dissatisfaction in this case was extreme and led to the interpreter discontinuing her work for the group. It underscores how difficult some pairings of interpreters and group leaders can be and highlights the importance of establishing and maintaining a good working relationship. Showing mutual respect and support will go a long way toward achieving this.

4.10. REMIND GROUP LEADERS AND MEMBERS NOT TO SPEAK TOO FAST OR TOO LONG

One of the interpreters said that her group leader allowed participants to fully express themselves without interruption for brief interpretations but asked that a summary be provided for the leader's benefit. She said this approach enables participants to articulate their feelings in the present moment without interruption. Simultaneously, the interpreter attentively listens and conveys a condensed version to the supervisor, who may not necessarily need all the details but focuses on emotional reactions, guiding participants to delve deeply into, express, and process their feelings. Both group leaders and interpreters can also respectfully stop group members who speak too fast or too long. This can establish the norm that communication will understandably be slower in a group where everything must be repeated [2]. Speaking too fast or too long can put unnecessary stress on some interpreters who may struggle to remember everything or keep up with the speed of the communications. Many of the interpreters in our group mentioned that when members spoke too fast or too long it contributed to their feelings of fatigue or burnout.

4.11. ADDRESS POLITICAL ISSUES

Mental health professionals, who may typically strive to leave political issues out of their work may find that much more difficult to do when their country is under attack. Since group leaders are from different countries in the project discussed here, their views on the Russian-Ukrainian war may differ, notwithstanding their volunteer willingness to support Ukrainian mental health professionals. To avoid possible ambiguities, administrators of the project may ask potential supervisors to prepare short descriptions of their opinions regarding the current war and include them in the invitation announcement for prospective group members next to the group leader's biography, dates, and times of the group, and other details. This information will allow participants to evaluate whether there are strong contradictions between their views and those of the group leader. The idea is to make the group a more productive space aimed at support rather than political discussion.

4.12. SHOW APPRECIATION FOR VOLUNTEER INTERPRETERS

On several occasions a disgruntled interpreter, faced with a cluster of difficult and demanding expectations said something to the effect of: "It is not like I am being paid for this work!" We believe that such feelings are much less likely to arise if the interpreter feels they are in collaborative relationships and that they are respected and appreciated for their contribution.

It is hoped that the recommendations offered are helpful for future interpreters and mental health workers who volunteer to assist those traumatized by war. A future initiative that has come into focus after two years of these ongoing activities would be to develop a manual of sorts that provides group guidelines, including those suggested here, to avoid the pitfalls and accentuate the successes of these groups.

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