Non-professional interpreters in counselling for asylum seeking and refugee women

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Key points of interest:

- Given appropriate training and supervision, non-professional interpreters can bridge the language gap, act as cultural mediators, and improve the quality of multilingual counselling provision.
- Possible disadvantages (quality, confidentiality, safeguarding and ethics) are outweighed by the benefits.
- When they share similar backgrounds to those of asylum seekers and refugees, non-professional interpreters may be invaluable to the therapeutic process by joining in the conversation and contributing to a culturally sensitive, user-led and holistic counselling approach, and this approach has a particular value to women who come from cultures that place greater stigma on mental health issues.

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Abstract

Introduction: Non-professional interpreting warrants further study, particularly in environments where professional interpreters are scarce. **Method:** The lead researcher (a qualified interpreter and counsellor) joined 32 group sessions as a participant observer, and 12 individual sessions as an observer. Additional data sources were 30 semi-structured interviews with counsellors, clients and interpreters, and two half-day forums organised for community interpreters to discuss their concerns. **Results:** The positive value of engaging non-professional interpreters is highlighted within the specific context of non-medical, community-based, holistic counselling. In this context, formal accuracy of translation is less important than empathy and trust. Non-professional interpreters may be more likely than professionals to share clients' life experiences, and working with them in counselling has positive psychosocial value for all participants. This is because it entails inclusive, non-hierarchical practices in the client-counsellor-interpreter triad: mutual sharing of linguistic resources and translingual communication, and a more relaxing dynamic with fluid roles. In group sessions, a strong sense of a cross-linguistic community is created as women interpret for one another, an expression of mutual support. In the context of this

study, counsellors, clients and interpreters alike all regard non-professionals as being more appropriate than professionals in most counselling situations.

Keywords: Asylum seekers; refugees; counselling; torture; translating; interpreting; multilingualism; mental health services

Introduction

> *"A lot of things happened to me, I don't like talking about them because no one believes me… and sometime, I think may be if I speak good English they understand me, I don't know… I have counselling here, I had interpreter, she was nice, you know, from my country, she was not like the interpreters on the phone. I now go to women's group, it is good, at least I am not sitting at home and crying, other people are like me, there other asylum seekers, some of them have worse English than me, we wait for each other to speak, sometimes I interpret if they are from my country. We do other things as well, not just counselling, it is like you are not alone here…" (An asylum-seeking woman receiving counselling; we will refer to her as Z.)*

These are the words of a client of the counselling services at the African Community Centre (ACC) in Swansea, Wales, where the first author conducted research in February to August 2017. 'Z.' does interpret: informally, in group counselling sessions and other meetings of local asylum-seeking women. She has experience of being 'formally' interpreted—both by professionals over the telephone (widely used in UK health services), and by a 'nice' woman 'from my country', in individual counselling at the ACC—a woman who in fact has no interpreting qualifications. Z.'s English is much better than many asylum seekers, but still, she would struggle to gain a UK interpreting qualification, assuming she wanted to and could afford the course fees. However, Z. could be a good candidate for work as an interpreter at the ACC in future (if she is granted refugee status and gets a work permit). If the counsellors deem her to have appropriate personal qualities, and if she responds well to training and supervision, then they may employ her, in preference to a professional.

This paper argues that, in the field of refugee counselling at least, non-professional interpreters are not just a necessary evil, plugging gaps due to local lack of suitable professionals, and/or lack of means to pay professional rates. Non-professionals can bring skills and experience to counselling settings that may enhance the quality of the mental health services significantly. Engaging non-professionals in counselling must be done carefully, but it can bring therapeutic and psychosocial benefits to the client and additional benefits to her environment.

It is important to understand that 'counsellor' and 'counselling' have specific meanings here. This kind of counsellor is someone trained to 'help people talk about their feelings' such as relationship difficulties, grief, mild to moderate mental health problems, substance abuse issues, etc. A counsellor 'holds sessions with individuals and groups in a safe and confidential environment' in order to 'encourage them to look at their choices and find their own way to make a positive change in their life' (NHS Health Career Service, 2018). Counsellors may have various kinds of training and work in various contexts with various approaches. At the ACC, the counsellors are part of a large team of paid workers and volunteers who collectively aim to make life better for asylum seekers and refugees, displaced people who face many problems. The emphasis is placed on building community among local people and newcomers

together. The ACC's counselling approach is non-medical (concepts of diagnosis, treatment, or cure are not used), holistic (deals with the person as a whole: mind, body, emotions, spirit, and their entire life-context), culturally sensitive (acknowledges and works with cultural differences) and community-based. Community-based counselling is an 'approach linked to a critical perspective, [which] highlights the importance of going beyond individualist assessments and interventions towards comprehensive approaches that locate the person in context, and that listen carefully to and engage openly with all voices in a way that highlights dynamics that oppress ourselves and others, for the purposes of building a supportive and health promoting environment for all.' (Lazarus et al., 2009) In the particular kind of counselling context at the ACC, non-professional interpreters are valued as active promoters of the mutually supportive environment which creates a context in which people can flourish through supporting one another. As part of a culturally informed approach to mental-health service delivery (Harris and Maxwell, 2000), interpreters drawn from the same cultural field as the clients are valued because their formal linguistic skills are less essential than their capacity for empathy and ability to inspire trust.

Use of professional interpreters is generally recommended in mental health provision, as in other contexts when clients and service providers do not share the same language. The use of non-professional interpreters such as family members, children, friends, acquaintances, or random people recruited ad hoc, is generally said to lead to communication failures and to less full disclosure of information by the client (Bauer and Alegria, 2010; Miller et al., 2005). Bauer and Alegria argue that non-professional interpreters' poorer language skills directly correlated with their potential to make errors. At the same time, it is well known that in many times and places, there is inadequate interpreting provision for a variety of pragmatic reasons (Bauer and Alegria, 2010; Raval and Smith, 2003; Sen, 2016). However, the positive value of non-professional interpreters, in certain contexts and appropriately managed, has not been explored enough in the literature.

Asylum-seekers and refugees have been socialised in widely different cultural value systems, and are initially unfamiliar with the systems of law, care, education and so on in the host country. These factors, as well as lack of host-country language skills, have been cited as factors jeopardising migrants' access to mental health services (Raval and Smith, 2003). Asylum seekers and refugees in Wales come from all parts of Africa, Asia and eastern Europe, and speak a great variety of languages. Languages encountered at the ACC during this study, beginning with A, included: Afrikaans, Albanian, Arabic, Aruba, and Azerbaijani. In total we observed about 40 languages spoken during our research. In 2000, the local education authority reported 50 languages spoken in schools in the area, in addition to English and Welsh.[1] By 2017 this had risen to 145.[2] Speakers of languages other than English, who are new to the UK, may have fluent English. Some were educated up to postgraduate level in English. Most have little English and are learning it at beginner to intermediate level.

[1] Personal communication (September 2017) from the local authority's Migration, Asylum Seeker and Refugee Officer.

[2] Pupil census (January 2017), reported in a local authority consultation document (http://www1.swansea.gov.uk/snap/snapforms/2018/03_18/EMAU/emau_t.htm) and in Youle (2018).

Some professional interpreters are available in Wales, especially for some locally 'large' languages such as Arabic, Bengali, or Mandarin and other Chinese languages. Communities speaking these languages in Wales are rooted in the 20th century. However, even in these cases, an Arabic interpreter with, for example, Egyptian heritage, and fluent in formal Arabic, will struggle to communicate with someone from a village in northern Iraq. A Mandarin interpreter is little use to a Hakka speaker. Linguistically appropriate professional interpreters are rarely available to the ACC But even if they were, they would not necessarily be employed.

An increasing volume of research addresses the work of professional interpreters in various counselling settings (Bauer and Alegria, 2010; Guruge et al., 2009; Paone and Malott, 2008; Raval and Smith, 2003; Tribe and Morrisey, 2003). Non-professional interpreting (which is of course universally far more common than professional interpreting) is also gaining increasing academic attention (Pérez-González and Susam-Saraeva, 2012; Smith et al., 2013). But non-professional interpreting in counselling has yet to be adequately studied. Ours is only a small case study in a very specific context. However, it adds weight to findings such as that reported by Smith et al. (2013: 493), who describe 'informal interpreters' (in their case, cleaners in a psychiatric hospital in South Africa) as 'fulfilling an additional beneficial role in terms of the overall care of patients which goes beyond the ambit of the interpreting session'. Smith et al. also argue that 'it is clear that informal interpreting may usefully be viewed as a form of hidden care work. A detailed ethnographic study aimed at exploring this further is therefore recommended.' Similarly, the work of non-professional interpreters in counselling deserves much more detailed investigation. It is not that it is 'hidden'; these interpreters are formally recruited, trained, supervised, and paid for their time. But the value of this kind of work is still hidden to those who are strictly committed to the ideal of a monopoly of professional interpreting.

It is well known that interpreters in most settings, certainly healthcare settings, are not expected (or even able) to be simple 'conduits', 'transmitters' of information across language gaps. Instead, their role is defined variously in the literature as 'cultural brokers', 'clarifiers', 'managers' of the medic-patient relationship, and sometimes (though this strictly requires additional qualifications) 'advocates' or 'mediators' (Sleptsova et al. 2014). In mental health, cross-cultural misunderstanding of how psychological distress is communicated in a different culture can result in incorrect psychiatric diagnoses, as a human response to trauma and extreme distress is construed as mental disorder (Di Tomaso, 2010; Guruge et al., 2009; Silove et al., 1998). Interpreters must then do much more than 'transmit' the meanings of words, and 'broker' or 'advocate' are preferred terms. In the particular context we studied, one of community-based, non-medical counselling sessions at a small non-profit organisation which serves an extremely diverse migrant population, none of these descriptions fits the requirements, because they all posit a role hierarchy which the counselling practice aims to avoid.

Background

The African Community Centre is located in Swansea, a city of under a quarter of a million people, in Wales (a semi-independent UK nation), about three hours by rail or road from London. Despite its name, the African Community Centre provides a

range of services for people of all continents: primarily Black and Minority Ethnic (BAME) people, but also members of majority British white populations. The ACC runs two counselling projects specifically for the growing local population of 'asylum seekers and refugees'.

These two terms 'asylum seeker' and 'refugee' refer to distinct migration statuses. Asylum seekers are people who have registered an asylum claim with the Home Office (ministry of the interior), citing the UNHCR Refugee Convention. Most do so when they enter the UK (legally or illegally); some do so after a visa has lapsed. If they cannot support themselves, they are 'dispersed' somewhere in the UK, accommodated, given a small weekly allowance, and wait for their case to be adjudicated. Eventually they will usually either be deported, or given 'leave to remain' (permission to settle) at least for some years, or else just evicted and left to fend for themselves.

Asylum seekers have come to Wales in significant numbers only since 2000: they have been 'dispersed' from London following implementation of the 1999 Immigration and Asylum Act. In Wales in 2017 there were 2,872 occupied asylum-seeker accommodation places (National Assembly for Wales, 2017). About one third of these places are in the city of Swansea. Asylum seeker accommodation is in ordinary rented private dwellings, scattered all over the urban area. Public transport is very expensive, and many asylum seekers become very isolated.

For 'refugees' there is no general statistical data, but the National Assembly for Wales (2017) estimated 10,000 in Wales. Refugees are people who have been granted leave to remain. A few refugees enter the UK with refugee status already granted, such as the few hundred Syrians who have so far been resettled in Wales under the UK Government's Syrian Resettlement Program. Refugees can (and do) become UK citizens.

Asylum seekers and refugees are very often suffering traumas, due to events in the countries they have fled, and often also events during the journey to safety, in other countries, at sea, in lorries etc. (Sen, 2016). Many also have traumatic experiences in the UK. Many endure a long, anxious wait for a decision on their asylum case: commonly two to four years and some up to 10 years or more, with no right to work, no autonomy, very limited opportunities for meaningful use of their time. Asylum seekers are highly vulnerable to psychological distress and many suffer mental illness such as PTSD, clinical depression and anxiety (Cowen, 2003; Fazel, Wheeler and Danesh, 2005) due to the ongoing uncertainty of their migration status, their experiences of the threat of detention, their long-term forced inactivity as well as loss and lack of family support (Robjant, Hassan and Katona, 2009). They are liable to unlimited 'immigration detention' at any time. If an asylum claim is refused, many are not detained or deported, instead just evicted and left destitute: homeless, unable to access any kind of state support, totally dependent on the charity of friends or others. Decision-making by the Home Office is inconsistent. If refusals are appealed, the appeal is very often successful, but accessing the necessary legal advice and support is difficult. Also, casual racism is widespread in some parts of the local 'white' populations.

Many asylum seekers and refugees have previously suffered severe trauma, including rape and torture. Pre-'dispersal' screening in London should keep people in the capital city, if they need specialist services, such as torture and rape survivors (Gorst-Unsworth

and Goldenberg, 1998). However, the screening is rudimentary, and traumatised asylum seekers often do not disclose pertinent issues. The ACC refers people with severe mental health problems to statutory (state-run) services. However, no specialist services for the 'new' population, such as cross-cultural services specialising in severe issues faced by asylum seekers and refugees, have yet been established in Wales.

The ACC is a non-profit charity, funded by grants from charitable foundations. It provides counselling services tailored to the needs of asylum seekers and refugees with moderate mental health problems. A group of qualified counsellors, who have been specifically recruited for their relevant expertise and outlook, provide counselling through two interlinked projects: AMANI (individual counselling)[3] and PAMOJA (group counselling and art therapy).[4] The ACC's overall mission is to create a positive impact on the lives of the beneficiaries across cultures, faith groups, gender, sexual orientation, disabilities, age groups and migration statuses. Inclusivity and community are key watchwords. The ACC delivers a range of services, such as advice, arts and cultural projects, for the local Black, Asian and Minority Ethnic (BAME) communities, 'in partnership with indigenous Welsh people'.[5] The staff and volunteers work to 'integrate' new asylum seekers and refugees by helping them participate in the full range of activities open to them at the ACC or with affiliated local organisations where they are welcomed and supported. Counselling clients are often self-referred, having heard of the services through others; they may also be referred from other non-statutory organisations, or the local team of the National Health Service which serves the asylum-seeker population.

Method

The first author is a qualified interpreter and counsellor, so was permitted to join 32 group sessions as a participant observer, and 12 individual sessions as an observer. Additional data sources were 30 audio-recorded, semi-structured interviews with counsellors, clients and interpreters (average length 25 minutes, range 4-180 minutes), and two half-day forums organised for 'interpreters in the community' to discuss their concerns. Invitations to these interpreter forums were circulated through local NGO networks. Participants included 20 non-professionals (of whom three were affiliated to the ACC) and five professional interpreters (the latter also work in a voluntary capacity in various community settings). Further details of data collection can be found in the Appendix.

The research was conducted over nine months in 2017. The main focus was on asylum seeking and refugee women receiving counselling at the ACC, and interpreters working with them. The women ranged in age from 19 to 58. Their experiences included torture, rape, female genital mutilation (FGM), loss of members of the close family and other loved ones, loss of livelihood and identity through traumatic displacement, among others.

Recorded data were anonymised during transcription, triangulated with data noted during session observations and participant observation, and coded using Thematic

[3] AMANI means 'what you wish' for in Swahili. The AMANi Project provides individual counselling services.

[4] PAMOJA means 'together' in Swahili. The PAMOJA Project provides group therapy and other art-based therapeutic activities.

[5] See africancommunitycentre.org.uk.

Analysis (TA), which enables flexible coding of emerging themes, independent of prior theory and epistemology (Roulston, 2001). TA is based in a constructionist paradigm (Braun and Clarke, 2006) where 'meaning' is understood as constructed rather than 'expressed' in language (Barrett, 1992, p.203). Critical self-reflection is essential to minimise the researchers' own assumptions and worldviews skewing the analysis (Elliot, Fischer and Rennie, 1999). The first author kept a reflexive journal and had frequent discussions with the other researcher (who is very different in terms of gender, ethnicity, migration history, disciplinary training, etc.).

Ethics approval for our research project was obtained both from our university through the Human Ethics Committee and from the ACC, in accordance with their ethical procedures. Verbal consent was obtained from all clients, interpreters and counsellors involved, if necessary using one of the ACC's non-professional interpreters. Ethics were revisited as required, e.g., when a new member joined a counselling group, or a client requested that information be excluded from the research process. Our ethical guidelines were examined and developed in collaboration with participants as Tagg, Lyons, Hu and Rock (2016) recommend: ethical issues should be approached as a decision-making process, rather than a fixed set of guidelines to follow. This gives participants autonomy to align themselves with the research as the circumstance and perceptions shift.

Findings

The value of non-professional interpreters

The ACC provides help and support to all members of the Black, Asian and Minority Ethnic communities, but the counselling services are offered to asylum seekers and refugees only. Clients are assessed to determine their needs and offered individual or group counselling as appropriate. In individual counselling, interpreters were needed for the majority of women clients. Women from countries such as Nigeria and India may have English as their mother tongue or have been educated in English, but still most experienced challenges due to their accents and unfamiliarity with British English and the local spoken English usage. Most women clients encountered during this research had only very basic English.

The ACC does not have a policy against recruiting professional interpreters, but during our research we only observed them engaging non-professional interpreters, that is, people who have no accredited training but have acquired enough bilingual resources to translate spoken messages between English and a language used in the asylum and refugee population. Most are refugees. Non-professional interpreters are very carefully assessed for their roles, rigorously trained by the ACC, and their work is subject to ongoing supervision.

Training includes, first, an initial generic session for potential interpreters, introducing the ACC, its ethos, the aims of counselling, and fundamental issues of ethics, confidentiality and safeguarding. Next, the potential interpreter meets the counsellor for an information session about a potential match with a client. This session involves assessing whether the social, political and cultural backgrounds of client and interpreter may create conflict for either party (e.g. affiliations with different sides of a political conflict). All being well, the interpreter and client are introduced at a counselling session. The first statement which the interpreter is asked to convey from the counsellor explains that the client can refuse to work with them, and that this would not be construed as a personal

affront; a different interpreter would be identified. If there is no objection, the interpreter then begins the interpreting process by translating messages from counsellor to the client about the ground-rules of confidentiality between client, counsellor, and interpreter.

After each counselling session, the interpreter is de-briefed about any linguistic difficulties they experienced (understanding the client, their speech style, accent, vocabulary) as well as difficulties arising from the nature and content of the conversation. If needed, a session is arranged to work on the possible vicarious effects on the interpreter (see below). If possible, the ACC 'pairs' clients and interpreters throughout the counselling process, which lasts at least eight weeks and sometimes much longer.

In group sessions there are no assigned interpreters, but members of the group are encouraged to interpret for one another as needed. Issues of ethics, confidentiality and safeguarding are addressed via an explicit 'group contract', which is developed between the members of the group and the counsellor at a first session. The contract is both written and oral: many of the women are only partially literate. The contract is presented to new group members orally and in writing, via informal interpreting as needed. It is revisited at least every eight weeks, and occasionally amended in response to changed circumstances.

Women clients who took part in this study were native speakers of 15 different languages. Many were bilingual or multilingual (e.g. women from Pakistan or Afghanistan speaking combinations of Punjabi, Urdu, Dari). All women were keen to learn English, but their English language acquisition was being hindered by inability to attend English language classes in local colleges due to travel costs, childcare duties, or insufficient places at the requisite level. They relied on others to interpret for them, usually informally, in most cases outside the home.

From observations, interviews and forums, three themes emerged, all embedded in the cross-cultural, community-based ethos: translanguaging; migration status; and vicarious traumatisation.

Interpreting and translanguaging in group counselling: When group counselling members acted as interpreters for each other, they drew on resources including digital tools and aids (translation apps, bilingual dictionaries, images and maps), body language, mimicking and role playing, singing and dancing, in order to facilitate communication. They presented speech to the group in their own languages, inviting efforts to interpret by others who at least knew related languages. They self-interpreted into the common language, English, as best they could, with help from others. Understanding one woman became a group effort of all. This can be understood in terms of 'translanguaging', a concept that originally referred to interactions among non-native English speakers in educational settings, where various cognitive, linguistic and material tools and skills are used to enable small-group communication (Garcia, 2014). The term translanguaging challenges 'monolingual' normative views of language behaviour and strengthens the understanding that flexibility in using diverse language resources, at diverse levels of familiarity and fluency, is not only functionally effective but helps build cross-lingual communities (Creese and Blackledge, 2011). In group counselling at the ACC, the diversity of languages in the room became a common resource for facilitation of the group's conversations, engaging women of different linguistic abilities to aid each other.

Multi-lingualism as translingualism brought much more of the 'unsaid' into the sessions for each woman, and strengthened their sense of common identity and solidarity.

Across all our observations and interviews, there was no perception that linguistic diversity or the wide variance in ability to communicate in English was in any way negative. On the contrary, this is a typical statement from a participant (first language Nigerian English):

> "*We need to stand together, as women we need to try to understand each other… I think it is good that some women cannot speak good English, we learn how difficult it is to not speak English, we wait for each other, we learn… We support each other, our English are different level but our pain is similar…*"

In the group counselling sessions, women were respectful of each other, appreciated linguistic challenges, and came together to give space to those whose level of English did not match others'. Linguistic barriers in fact brought women together through the effort and process of trying to understand each other, creating a sense of solidarity in the group.

The ACC's counsellors encourage this translingual dynamic. They avoid presenting English speech which is likely to be hard to translate (e.g. professional terminology), they strive to be cross-culturally sensitive and inclusive, they support mutual translanguaging. Their non-medical, community-based approach to mental wellbeing promotes integration and community building among a very vulnerable and underprivileged population. It promotes clients' self-empowerment as a group because mutual social support is an important protective factor in emotional wellbeing, critically important to reducing stress, maintaining health, and achieving self-sufficiency (Simich, Beiser, Stewart and Mwakarimba, 2005).

Migration status—common experience of clients and non-professional interpreters: The model of interpreting in group counselling sessions, with informal translanguaging building mutual social support, is similar to that used in individual counselling, in terms of the underlying ethos. The essential elements are trust and wellbeing through common identity. The benefits of non-professional interpreting were articulated by both clients and counsellors. They stated that non-professional interpreters have specific skills and understanding to aid the process of communication, partly because they are not bound by fixed professional codes and norms. They are freer to act as cultural brokers and better at understanding implications or making educated predictions about the intersubjective meanings specific to micro-cultures. Whilst this may also apply to professional interpreters, above all, it was clear that the interpreters in this study had clients' trust because they have empathy with them and more often than not share the clients' experiences of being asylum seekers. They have experienced the same problems in the country of origin, the same flight to safety, the same process of arriving in the UK, claiming asylum, being 'dispersed' to a random town, waiting for the Home Office decision, enduring the precarious status of 'asylum seeker', as well as all the other issues related to adapting to the new country.

We observed that the interpreters often asked counsellors to expand on the issues relating to the migration status of the clients, such as psychological stress relating to their current migration status and the indefinite period of waiting during which they are unable to function in society. The interpreters, in sessions, prompted

counsellors to give clients more space to articulate their experiences and feelings about their current status. Among women receiving counselling, migration status emerged as a major factor affecting their psychological wellbeing, and it was often interpreters who brought this out.

Migration status also had a strong negative impact on English language acquisition in many cases, hence on the need for interpreters. One asylum seeker client reflected:

> *"As an asylum seeker, you don't know what is going to happen tomorrow… I am thinking about the past, I don't want to but I think about it… I feel afraid when someone is walking behind me, I feel afraid that something is happening to my mother… I want to learn more English but my mind is not accepting new learning, because I don't know if Home Office will accept my case. If they send me back, what good is to speak English…"*

English language acquisition is motivated by confidence that the learner has a future in the English-speaking world. Uncertain status undermines that confidence. Professional interpreters, who have invested heavily in acquiring advanced, formal English skills, may be less likely to empathise with this state of mind than non-professionals.

Participants in the interpreters' forums we organised all agreed that acting in a non-professional capacity helped to establish better relationships with the clients. This view was shared by the professionally qualified interpreters who participated, all of whom also worked in a voluntary capacity in their communities. The interpreters agreed that clients trusted non-professional interpreters more, so they disclosed more. One non-professional explained:

> *"When an interpreter comes from an agency, they [the clients] think they are against them, but when they know you are from the community they trust you more and they tell you more, which helps the English speaker to better understand their issues…"*

This could be seen as self-serving rationalisation. But the point was generally agreed by all research participants. Asylum seekers and refugees who need interpreters in counselling have also had experience of interpreters in other settings: immigration interviews, legal proceedings, and in the state healthcare system. As Z. said (quoted at the start of this paper), the interpreter at the ACC is 'not like' others; she is 'nice' and she is 'from my country'. This was a typical statement. Professional interpreters are perceived as acting for the organisation which pays them, i.e. serving the interests of the Home Office (which is looking for reasons to refuse an asylum claim) or the National Health Service (which is seeking to save money and trouble). It can therefore be very challenging for professional interpreters to win the trust of asylum seekers. In the ACC, professionally qualified interpreters could in principle do the work, though for lower rates of pay than they would normally charge. We did not observe any. Professionals who work in legal and medical interpreting may also avoid working in counselling because of a potential conflict of interest, e.g. if they deal with the same client in different settings.

Effects on interpreters: vicarious trauma and personal growth: Interpreting is taxing work. Interpreters not only witness others' intense emotions and narratives, but are obliged to voice them. Vicarious traumatisation is a major risk in interpreting with survivors of torture and other trauma (Paone and Malott, 2008). Vicarious detrimental effects were reported by interpreters we interviewed, and participants in the interpreters' forums. The issues reported included: being unable to understand or take

in clients' experiences of torture and other extreme violence and suffering; feeling shock and disbelief towards clients' narratives; feeling clients' pain and suffering themselves; having flashbacks about the content of sessions; and being unable to forget what they interpreted. The efforts of the ACC to deal with these effects were viewed as exemplary, compared with other organisations interpreters had worked with (non-professionals are widely employed in a range of medical, advisory, legal and other settings).

However, the interpreters also talked about experiences of personal growth and enhanced appreciation of their experiences as a result of their work with asylum seekers and refugees in the counselling setting. Little research addresses the balance or imbalance of negative and positive effects experienced by interpreters. Splevins et al. (2010) introduced the idea of 'vicarious post-traumatic growth' (see also Manning-Jones et al., 2015). Many non-professional interpreters in our study indicated that they have emerged from challenging and upsetting experiences with a sense of personal fulfilment through helping others, and a sense that they have greater resilience in facing their own difficulties. They described developing new life skills during their work as interpreters, and transferring them into other parts of their life, in ways which correspond closely to the features of vicarious post-traumatic growth, i.e. enhanced interpersonal relationships, self-perception and life philosophy (Tedesschi & Calhoun 1995, 2004, cited in Splevins et al., 2010).

It is worth asking whether non-professional and professional interpreters would experience this differently, as well as which other factors (interpreting settings, modes, work-patterns) would be influential. We observed that interpreters tended to attach two kinds of meaning to their experiences during the counselling sessions, which correlated with the way they reported the impact on them. All interpreters expressed a desire to help the clients. However, some concluded that they could not make any difference. Then they referred to their experiences as making them feel sad, upset and powerless, and they reported disturbances such as compulsively thinking about their client after the session. However, if the interpreter felt they were successfully supporting their clients, enabling them to get through a difficult ordeal, then they reported feeling useful and empowered. One interpreter explained:

> *"It's often difficult not to be affected by their stories. I find some comfort in knowing that at least I can assist them. I try to separate my work from my personal life. And I keep in mind that I'm not there to feel upset for them, sorry for them, but to be resourceful, to help them…"*

We observed that in most cases the training, briefing and supervision provided by the ACC helped interpreters working there to appraise their roles in a more favourable light for the clients, community and themselves.

Concluding Remarks

The ACC's practice is still developing. Managing the counselling projects for the full benefit of participants and the wider community is often challenging. The lead counsellor was asked in an interview: 'How do you manage when members of the group have really differing levels of English language competency?' She replied at length, beginning:

> *"I hope that there will be someone in the group who may be able to translate or interpret for them. But I would probably be watching that person who is not able to understand and I might perhaps get from*

their body language what is, if they are feeling comfortable or uncomfortable… It is a rather difficult one but I think I would rather have them in the group, experiencing being together, rather than being isolated and being on their own."

Community, participation, escape from isolation are essential. The counsellor immediately turned to non-linguistic challenges:

"When I started group [counselling] six years ago we had two [X] ladies in the group, it was a very small group […] and we had a [professional] interpreter and it just didn't work, because the two [X] ladies knew each other and the [X] community is very close, and they were not able to disclose their stuff because they didn't want each other to hear about what their life experiences was or didn't want to tell their personal stuff. So we decided to abandon that…"

The small scale and closeness of migrant communities in this location presents many such problems. With these specific clients in mind, the counsellor goes on to discuss problems in individual counselling which couple the linguistic with the cultural. Noticeably, in this narrative, the pronoun 'we' or 'us' is used twice for the team of counsellors, at one point for counsellor and interpreter, and at one point, at the emotional heart of the story, for the triad of client, counsellor and interpreter:

"The older lady, we decided it was better if she started one-to-one counselling, […] we had a very good [non-professional] interpreter for her and it was about session five that I realised this women didn't know what counselling was, she thought she was coming for chatting. So I had to challenge her about what the counselling meant, through the interpreter, and we realised that she doesn't understand. And […] later she [the interpreter] told me that this women had seen her son blown up in front of her in [X]. That was so shocking, shocking for the three of us really. […] Everything started to come out, when she realised what counselling was. The interpreter then came back to us [the team of counsellors] saying that she recognised that she [the interpreter] had trauma, she was carrying trauma as well. So I worked a little bit with her as well, to keep her safe, it is really really important to keep people safe."

The counsellor returns finally to her initial point:

"I think from that point on, I was much more careful, it taught me something: people don't always understand what counselling is, [or] what group therapy is, but even so to be in the group is better than being isolated at home."

From our observations at the ACC, we believe that with appropriate training, supervision and support, non-professional interpreters can bring skills to counselling that enhance the quality of mental health services significantly. Indeed, they enable mental health services to be offered which would otherwise certainly not exist. What they bring into the sessions goes beyond cultural brokerage. What we observed in community-based counselling sessions was that counselling became a triadic relationship, in which the interpreter's ability to comprehend and convey the difficulties of the clients, their empathy and ability to inspire trust, were more important than their English language proficiency. At the ACC, interpreters often 'negotiated' meanings with the client and the counsellor, and provided context for both to better understand intended meanings, helping the culturally distant parties to come closer in understanding. But beyond this, the non-professional interpreters, sharing similar migration histories with the clients, enriched the

interpreting process with their inputs. They did not just bridge the communication gap, they joined with counsellor and client in seeking wellbeing.

Involving non-professional interpreters in a counselling or other therapy process does raise concerns about confidentiality and safeguarding of the clients, and about impacts on interpreters. In the case we observed, these concerns were addressed in a professional way. The African Community Centre in Swansea has developed excellent skills in providing counselling services to asylum seekers and refugees. Staff are highly experienced in understanding the difficulties associated with the forced migration process, from pre-migratory traumatic experiences of torture, loss and trauma to post-migratory experiences, the uncertainty of the asylum process, resettlement and adaptation in the UK. They choose to use non-professional interpreters for the benefit of their clients and for the wider benefit of the newly developing local community of asylum seekers and refugees.

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