EFFECTS OF REFUGEE TRAUMA ON INTERPRETERS: A QUALITATIVE ANALYSIS OF VICARIOUS TRAUMATIZATION AND COPING

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ABSTRACT

EFFECTS OF REFUGEE TRAUMA ON INTERPRETERS: A QUALITATIVE ANALYSES OF VICARIOUS TRAUMATIZATION AND COPING

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The main aim of this thesis was to explore the experiences of interpreters who work with refugees. Specifically, it aimed to investigate how interpreting the traumatic experiences of refugees influences interpreters' mental health, which coping mechanisms they use to handle the possible impacts of vicarious traumatization, and what their needs are. A qualitative approach was employed to achieve this purpose. Semi-structured interviews were conducted with 8 interpreters working with refugees, and data was analyzed through Interpretative Phenomenological Analysis (IPA). Five super-ordinate themes emerged from the obtained data, which were (1) 'interpreting' as a job (2) impacts of working as an interpreter (3) coping with the effects of the job (4) changes experienced due to the job, and (5) needs of interpreters. The emerged themes and clinical implications were discussed in line with the relevant literature.

Keywords: Interpreting for Refugees, Vicarious Traumatization, Coping Mechanisms, Interpretative Phenomenological Analysis, Qualitative Methodology

ÖZ

MÜLTECİ TRAVMALARININ TERCÜMANLAR ÜZERİNDEKİ ETKİLERİ: DOLAYLI TRAVMATİZASYON VE BAŞETME YÖNTEMLERİNİN NİTEL BİR İNCELEMESİ

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Bu tezin temel amacı, mültecilerle çalışan tercümanların deneyimlerini incelemektir. Özellikle, bu çalışma mültecilerin travmatik yaşam deneyimlerini tercüme etmenin tercümanların ruh sağlığı üzerine nasıl bir etki ettiğini ve olası etkiler karşısında tercümanların hangi baş etme yöntemlerini kullandıklarını araştırmaktır. Bu hedefe ulaşmak amacıyla nitel bir yaklaşım yürütülmüştür. Mültecilerle çalışan 8 tercümanla yarı-yapılandırılmış görüşmeler gerçekleştirilmiştir ve elde edilen veriler Yorumlayıcı Fenomenolojik Analiz ile analiz edilmiştir. Analiz sonucunda (1) bir iş olarak tercümanlık (2) tercüman olarak çalışmanın etkileri (3) işin etkileriyle baş etme yöntemleri (4) iş kaynaklı deneyimlenen değişimler (5) tercümanların ihtiyaçları olmak üzere beş üst tema oluşturulmuştur. Beliren temalar ve bu temaların klinik etkileri ilgili literatür doğrultusunda tartışılmıştır.

Anahtar Kelimeler: Mülteciler için Tercümanlık, Dolaylı Travmatizasyon, Baş etme Yöntemleri, Yorumlayıcı Fenomenolojik Analiz, Nitel Metodoloji

To Saturday Mothers…

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CHAPTER 1

INTRODUCTION

This study aims to explore the effects of refugee trauma on interpreters. The introduction will present information on the brief description of the concept of trauma which will be followed by brief information on the psychological consequences of experiencing traumatic events. After that, definitions of specific trauma survivors who are refugees, asylum seekers, and immigrants will be clarified, and mental health conditions of these groups will be covered with providing support of the findings from the literature. Then, gradually, this chapter will focus on the main topic of the current study, which is a vicarious traumatization. To this aim, first, the concepts related to vicarious trauma will be presented. Then, the overlaps and differences among the concepts will be covered and empirical findings on the effect of working with traumatic content will be introduced. Afterwards, the effects of this work will be focused on in accordance with the current study's sample, which is interpreters. To this aim, first, the definitions of interpreters will be explained. Finally, the main issues of interpreters including training, role expectations, as well as the emotional burden of the job will be covered. The introduction part will be completed by presenting the aims of the current study.

1.1 The Concept of Trauma

Meaning *'wound, damage'* in Greek, the concept 'trauma' has become very popular research topic in psychology. Initially, the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III; (American Psychiatric Association, 1980) contained a distinct category to indicate the psychological disturbances that extreme life events produce, and since then, the definition and mental health consequences of trauma have been broadened. The 5th edition of DSM defined

traumatic events as the events that cause or threaten death, serious injury or sexual violence (American Psychiatric Association, 2013, p.272). Examples of potentially traumatic events include natural disasters, wars, community violence, as well as torture, imprisonment, sexual abuse, and unsafe working conditions. Although what makes an event traumatic depends on the person who experiences it, traumas are mostly defined as sudden, dangerous, and uncontrollable events that are out of ordinary human stressors (Figley, 2012; Kira, 2001). These events often leave continuous and disturbing memories on those who experience them (Figley, 2012). The brief information on the psychological consequences of traumatic events as well as some perspectives on the notion of trauma will be provided briefly in the following section.

1.1.1 Psychological Consequences of Experiencing Traumatic Events

Posttraumatic stress disorder (PTSD) is one of the psychological consequences of traumatic events, in fact, the one on which the most attention is paid in the field of mental health (Kira, 2001). The main symptoms of PTSD are (a) re-experience of events in the form of intrusive memories, nightmares, or flashbacks and physical or psychological reactions toward the reminders of the event, (b) avoidance of event-related reminders, (c) negative alterations in cognition and mood, and (d) hyperarousal (American Psychiatric Association, 2013, p 272-273). If the duration of these symptoms is shorter than four months, the diagnoses is named as Acute Stress Disorder (ASD), which can last for two days to a month (Figley, 2012). Additionally, psychological problems including major depression, panic disorder, generalized anxiety disorder, and substance use disorder are prevalent among those who were exposed to traumatic events (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995).

Psychological response to trauma is a consequence of the interaction of individuals' social context, genetic makeup, past experiences, and future expectations (Ursano, Kao, & Fullerton, 1992). In this regard, Kleber, Figley, and Gersons (1995) discussed that DSM's point of departure is rather simplistic, in that, it considers traumatic events as outside the range of human experience and assumes that it is clearly distressing to

almost anyone, which further implies that individuals' distress is the result of these experiences and that they have well-defined disorders which can be investigated through research and health care (p. 12). Denoting the factors going beyond the individual's psychological dynamics of trauma, they stated that straight application of the traditional scientific method is far from capturing the social roots of illness as well as human right issues. They considered posttraumatic symptoms not just as personal problems but also as an accusation of the social context which generates them. Summerfield (1999) similarly stated that ''It is simplistic to regard victimhood as a "pure" state and to view victims as mere passive receptacles of psychopathological phenomena that can be adjusted "present" or "absent'' (p. 1453). Therefore, he suggested the conceptualization of traumatic experiences in terms of active interactions between the victimized person and the society in which he or she lives. This understanding is specifically relevant to human rights violations. For instance, in conditions of permanent war and political persecution, experiences of trauma and socioeconomic and political situations are interlocked (Hernandez, 2002). These 'social traumas' (Martin-Baró, 1989, as cited in Hernández, 2002) and consequent displacements, another form of continuous trauma, cause widespread devastation in relational ties with the community, in sense of belonging to that society, political affiliation as well as substantial personal and material losses (Hernández, 2002). This kind of thinking, again, underlines the need for psychological models addressing sociopolitical as well as intrapsychic dynamics when conceptualizing trauma.

Psychology of individuals who are forced to leave their place of residence as a result of war and political persecution is believed to have distinct features, in that, besides the effect of sociopolitical dimensions in the place of origin, they enter into another culture with considerably different dynamics. Therefore, it is especially necessary to consider the impact of living in the new culture and the host culture's conceptualization of trauma in investigating the traumas of displaced people. To this aim, the following section is reserved to the aforementioned subject. First, the definitions and relevant statictics on the descriptive characteristics of displaced individuals from different countries will be presented, including Turkey. Learning the density and qualities of

this population is believed to help further indicate the significance of the topic. Second, specific difficulties that refugees and asylum seekers experience and mental health consequences of these complexities will be discussed with the support of the findings from the current literature.

1.2 Refugees, Asylum Seekers, and Immigrants

According to the Turkish Red Crescent migration and refugee report (Türk Kızılayı Göç ve Mülteci Hizmetleri Müdürlüğü, 2017) refugees are individuals who are unable or unwilling to return to their country of citizenship due to well-founded fears of persecution based on their race, religion, nationality, association to a particular social group, or political opinion. Asylum seekers, on the other hand, are those seeking for international protection as refugees but their official status has not been legitimized yet. For the current study, the term 'refugee' will include asylum seekers, too. Immigrants, similarly, migrate to a country or region other than their original one, however, it is not based on fear of being persecuted by their country. Instead, they migrate with their own desires, mostly due to economic and educational reasons. In addition, immigrants can continue to benefit from the protection of their own country of citizenship. Thus, forced nature of departure from their homeland distinguishes refugees from other migrants. While migrants leave their country with free will, refugees are obliged to leave. Since the migration of these groups is forced in nature and the situations causing this migration- war, persecution, threats- are quite traumatic; refugees usually experience greater number of resettlement and other specific problems (Lin, Tazuma, & Masuda, 1979).

The Office of the United Nations High Commissioner for Refugees (UNHCR) reported that the world is witnessing the highest levels of displacement, in that, over 65 million people around the world have been forced to leave their home. Among them are nearly 22.5 million refugees, over half of whom are under the age of 18. In addition, 10 million people are stateless and have been denied a nationality and access to basic rights such as education, healthcare, employment and freedom of movement.

One of the most influential current events that accounts for these statistics is the Syria civil war beginning in 2011. With one of the biggest refugee flux in this century, this war has caused a global humanitarian crisis (Yıldız & Uzgören, 2016). At the end of the 2016, Syrians have become the largest forcibly displaced population with 12 million people, followed by Colombians, Afghans, Iraqis and South Sudaneses (UNHCR)**.** Turkey, as a neighbor country, established an open-border policy for Syrians which ensures non-refoulement at the onset of the crisis (Yıldız & Uzgören, 2016). According to report of UNHCR (2017, October) there are over 3.5 million refugees in Turkey; 3.2 million of whom are Syrian and remaining are Afghans, Iraqis, Iranians, Somalis, and others. With these numbers of refugee people, Turkey continues to host the world's largest refugee population.

Although being able to find a new home to live is positive for survival, forced displacement does not go without its problems. For example, 90 % of refugees in Turkey live outside of camps and 70 % of them are women and children (UNHCR, 2017). It shows that although these people are able to survive, the new living conditions in the foreign countries they refuge are quite challenging. In the following section, such specific problems and difficulties of refugees and mental health consequences of these complexities will be presented in detail.

1.2.1 Psychology of Dislocation

Moving from where one has spent most of his/her life to a new place of residence can generate significant and lasting effects on an individual. In this regard, it is not surprising that most contribution to psychology of refugees and immigrants came from researchers and theorists who themselves are immigrants (e.g. Leon and Rebecca Grinberg, Salman Akhtar, Vamık Volkan). Volkan (2017) suggested that since the event comprise plenty of losses, experience of leaving an original place of residence can be analyzed by considering immigrant or refugee's ability to mourning and resistance to mourning. Grinberg and Grinberg (1989) pointed out that leaving everything behind produces anxiety and guilt, and these feelings complicate the

mourning process. The anxiety is also related to facing a new culture and resulting process of changes and adaptation, which is called 'acculturation'(Gibson, 2001). Acculturation, anxiety, and guilt together shake individual's sense of identity (Akhtar, 1995). Concerning the change in identity, Akhtar (1995) used the term 'third individuation' and explained it as the following: 'Adult life reorganization of identity, a potential reworking of earlier consolidations in this regard, and a semiplayful extension of a useful psychoanalytic metaphor'.

A common experience of all people who left their place of residence is that when leaving a place, they loose ties with family members, relatives, friends, and all significant others. Beyond these, they also loose ties with a familiar nonhuman environment such as cemeteries of ancestors, familiar language, food , smell, songs, animals as well as previous identity, and all systems supporting these (Akhtar, 2011; Volkan, 2017). Theorists informed that the degree of profoundness of attachment to these ingredients affect the outcome of immigration for the particular individual (Akhtar, 1999; Grinberg & Grinberg, 1989). In addition, factors such as the age at which migration occurs, the degree of choice in leaving, the extend of preparedness for this change, tolerance to separation, and the degree of difference between two places are also important predictors (Akhtar, 1999; Grinberg & Grinberg, 1989).

The refugees and asylum seekers lived in a war stricken country and experienced lots of traumatic events such as bombing, torture, and starvation. Therefore, the struggles of refugees and asylum seekers put them in tremendous stress before their flight beings, to the point that they believe they are the victims of fate who will never be taken care of by anyone (Keller, 1975, as cited in Gonsalvez, 1992). This stress continues in various forms during the flight -which itself can be traumatic- and resettlement. For example, a lot of Syrian refugees, some of them were infants, drowned while trying to cross by sea from Turkey to the Greek islands in nonhuman conditions. Gonsalves (1992) suggested that, though mental health professionals can hardly ever help refugees during the flight, they should be aware that impacts of experiences during this stage may reveal itself in the form of painful intrusive

memories after arrival. Moreover, the last phase' resettlement' is an active process which begins after encountering the new culture and language, and it continues throughout their lives (Gonsalves, 1992). Adaptation to the new culture from many aspects can be difficult for them due to various cognitive, behavioral, cultural and personal factors (Gonsalves, 1992). Furthermore, physical and psychological distress during these stages can put refugees into increased risk of mental health problems (Kirmayer et al., 2011). The following part comprises the discussion on their mental health conditions along with the specific factors that potentially influences the occurrence of such conditions.

1.2.2 Mental Health of Dislocated Individuals

Dislocated individuals are certainly at increased risk of psychological and emotional trauma as a result of being under dangerous and cruel conditions and both pre-migration and post –migration factors are influential in that. Although the focus is generally on PTSD (Bäärnhielm, Laban, Schouler-Ocak, Rousseau, & Kirmayer, 2017) it is known that common psychiatric disorders, such as, depression, anxiety, psychotic disorders, and various symptoms of psychosocial stress occur frequently and sometimes simultaneously in these groups (Hassan, Ventevogel, Jefee-Bahloul, Barkil-Oteo, & Kirmayer, 2016; Kirmayer et al., 2011; Turrini et al., 2017). In fact, the prevalence rates of psychological disorders among refugee and asylum seekers are higher than that of the general population (Fazel, Wheeler, & Danesh, 2005; Porter & Haslam, 2005; Shawyer, Enticott, Block, Cheng, & Meadows, 2017)

Recently, Belz , Özkan, and Graef-Calliess (2017) reported that 94 % of refugee participants who were diagnosed with PTSD in a reception center in Germany also suffered from depression. Shawyer et al. (2017) also reported that among refugees and asylum-seeker participants attending a refugee health service in Australia, the prevalence of mental illness was around 50%. Another study conducted in Denmark revealed that almost all refugee participants had sleep disturbances and recurrent nightmares (Sandahl, Vindbjerg, & Carlsson, 2017). High levels of distress and mental

health problems among asylum seekers and refugees in several countries such as Israel (e.g., Kiat, Youngmann, & Lurie, 2017), South Africa (e.g., Thela, Tomita, Maharaj, Mhlongo, & Burns, 2017) and Jordan (Gammouh, Al-Smadi, Tawalbeh, & Khoury, 2015) have also been reported. These results show that mental health problems are prevalent among refugees and asylum seekers across countries and cultures.

Summerfield (1999) criticized existing literature focusing more on pre-migration rather than investigating psychological effects of post-migration factors. Current research substantially contributed to the literature in closing the gap. Cumulative exposure to war, violence, torture, and other potentially traumatic events occurring before the migration certainly affect the mental health (Steel et al., 2009). Nevertheless, mıgration factors like traveling to host countries under dangerous conditions, and post-migration issues including uncertainty about asylum application, socioeconomic and sociopolitical variables can have impact on the mental health of this population (Li et al., 2016; Porter & Haslam, 2005)

First of all, asylum seekers may have additional stress in the face of uncertainty regarding their status. Learning that one's application for asylum has been rejected might be particularly catastrophic (Bäärnhielm et al., 2017). A recent study from U.K. (Morgan, Melluish, & Welham, 2017) showed that those who were refused from asylum reported higher levels of anxiety and depression compared to those waiting decisions on their status. In fact, failure to gain asylum was the strongest predictor of depression. Though they did not use control group, Schwarz-Nielsen and Elklitt (2009) similarly found extremely high rates of distress amongst refused asylum seekers in Denmark.

In addition, age at the time of arrival, language proficiency, employment, social relationship with members of community and members of host country, and attitudes of host country are important factors in determining psychological distress. For example, a study (Nicassio, 1983) assessed the association between psychosocial adjustment and social alienation among a sample of Indochinese refugees in U.S.. The

study revealed that alienation was positively related to the degree of perceived difference between refugees and Americans and negatively associated with socioeconomic situation, English proficiency, the number of American acquaintances, and self-perception of refugees. Interestingly, participating in more American organizations was related to more social alienation, which the author interpreted as being related to being a nominal member of diverse groups in the dominant culture, together with the lack of required language and communication skills may increase feelings of alienation. Similarly, Ying and Akutsu (1997) investigated the relationship between sense of coherence and psychological adjustment (happiness vs. demoralization) among five Southeast Asian refugee groups. They reported that coherence, i.e. refugee's perception of his or her world as comprehensive, manageable, and meaningful, was found to be the most significant direct predictor of happiness for all ethnic groups except Chinese-Vietnamese. The existence of cumulative trauma, remaining committed to traditional culture were related to lower coherence and in turn diminished happiness. Younger age at time of arrival, higher education, higher English proficiency, being employed, on the other hand, were associated with higher levels of coherence, and in return, increased happiness. Regarding the commitment to the traditional culture, Liebkind (1996) showed that for the sample of Vietnamese refugees in Finland, balanced positive orientation toward both cultures simultaneously alleviated stress symptoms in the whole sample. Concerning the host country's attitudes, in their qualitative study with refugees in South Africa, Labys, Dreyer, and Burns (2017) found that around two-thirds of the participants reported dealing with acceptance by the local people, which they called xenophobia, racism, discrimination, etc., and considerable proportion of participants described this as their primary pressing issue. Problems connected to discrimination also revealed itself when participants tried to access healthcare, housing and work, in the forms of being refused, mistreated or exploited by the locals. Feelings of anger, stress, fear, emotional pain, as well as thoughts of helplessness, uselessness, worthlessness, and suicidal thoughts were among the psychological impacts of those problems. Talking with friends, other refugees and family members, engaging in physical activities, attending church, learning the local language, as well as avoidance and taking medications were the

coping strategies that participants employed. Moreover, Thela et al. (2017)showed that shorter duration of stay in the host country, being 35 year-old or above at the time of arrival, being exposed to discrimination in the host country, family separation since migration, lower income, and being divorced/widowed were among the predictors for poor mental health for African refugees and migrants in South Africa.

Powell, Rosner, Butollo, Tedeschi, and Calhoun (2003) investigated possibility of posttraumatic growth among former refugees and displaced people who were exposed to particularly severe stress during the war in former Yugoslavia. They found that though the former refugees reported significantly more growth than the internally displaced group, overall PTG scores were lower than those reported in studies with survivors of other kinds of extreme stress. They attributed this result to the existence of detriment and destruction occurring not only to individuals themselves but also in micro- and macro systems enclosing them. At this point, critics in the concept of trauma also apply here. Considering the findings, it cannot be concluded that refugees and asylum seekers are prone to mental health problems as if they are passive recipients. Rather, as Kleber et al. (1995) emphasized earlier, social roots of disorders and human right issues should be taken into account. In this sense, the role of public attitudes of the host countries should be further examined, and for the well-being and social integration of these groups, positive attitudes must be encouraged (Esses, Hamilton, & Gaucher, 2017).

In trying to solve their countless problems including mental health, refugees and asylum seekers need help and assistance in their new place of residence. When encountering the refugee population, mental and primary health care professionals may not fully grasp cultural differences in self-representation and self-understanding, which gives rise to misunderstandings, uncertainty, and hesitations on the part of the clinician (Kirmayer, 2003). Therefore, primary prevention strategies offered by culturally sensitive therapist, other non-professional refugees, or teachers may be accepted more easily since they correspond to the cultural norms of refugees (Gonsalves, 1992). Nevertheless, continuous exposure to the reports of trauma,

extreme violence, torture, and losses might give rise to changes in psychological functioning and cognitive schemas toward the world, others and themselves on the part of listeners (Palm, Polusny, & Follette, 2004; Sexton, 1999). Researchers attempted to identify changes occurring in professionals as a result of trauma work by using the terms such as burnout, countertransference, secondary traumatic stress, compassion fatigue, and vicarious traumatization (Figley, 2012; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995) This study is related to possible secondary traumatization of interpreters. To this aim, brief descriptions of these concepts as well as overlaps and differences between them will be discussed in detail in the following sections.

1.3 Concepts Related to Secondary Traumatization

1.3.1 Burnout

One of the constructs that is important in the field is burnout (Maslach, 1982). Burnout is described as emotional and psychological exhaustion that is brought about by interpersonal stressors within one's job (Leiter & Maslach, 2004). It manifests itself with job-related emotional exhaustion, reduction in the sense of achievement obtained from work, and the feeling of disconnection in interpersonal relations (Maslach, 1982; Maslach & Leiter, 1997). Maslach and Leiter (1997) denoted factors such as workload, job related stress, and interpersonal conflict with colleagues as predictors of burnout. They also attributed burnout to the dissonance between what people expect from their job and what they find for real. Namely, they proposed that perceived dissonance in workload, sense of control, rewards, sense of being a community, and justice in workplace might give rise to burnout. In this direction, they recommended that reasonable workload, sense of choice, control, and sense of community; fair, respectful, and valuable works and relationships in workplace are essential to prevent and overcome burnout.

Nevertheless, as the definition implies, burnout is not specific to work with trauma survivors. It originates from chronic stress in workplace and does not specify certain client problems, such as trauma, as a source of distress (Schauben & Frazier, 1995). Therefore, burnout becomes rather a general and non-comprehensive construct when trying to explain emotional impact of working specifically with traumatic content. The need to focus more on impact of trauma-related work on professionals led researches to develop more trauma-specific concepts. These concepts will be explored in the subsequent parts.

1.3.2 Countertransference

The term countertransference has its roots in psychoanalytic work. Freud's view on countertransference in therapist was similar to patient's transference, such that, he regarded therapist's responses to the patient as a result of his or her own conflicts and emotional struggles. Currently, this definition is expanded and countertransference is considered as therapist's total emotional reaction to a particular patient (Gabbard, 2017, p.12 ; Sexton, 1999). Similarly, introducing the concept of 'event countertransference', Danieli (1994, as cited in Hafkenscheid, 2005) emphasized that therapist's psychological responses to extremely victimized clients result from extreme traumatic stories rather than unresolved conflicts of the therapist. When working with these extreme traumatic material, some common countertransference responses by trauma therapists are taking rescuer role, engaging in prosocial action or conversely, feelings of excitement, sadomasochistic and voyeuristic behaviors; defenses such as omnipotence, denial, and avoidance; feelings of distress, helplessness, inadequacy, rage, grief, guilt, shame; or overidentification (Herman, 1992; Neumann & Gamble, 1995). Identification here is another important concept in works requiring emphatic engagement. Tansey and Burke (1989) distinguished identification and empathy, which are two parallel processes. They pointed that while empathy is deliberate and skillful engagement by therapists with the purpose of improving communication and the relationship with the client, identification is a stronger intrapsychic response occurring in a more unconscious level. Wilson and

Lindy (1994) pointed that being overwhelmed and exhausted emotionally are some possible consequences of identification, which in turn can lead to complexities in protecting boundaries with clients.

To conclude, across the traumatic content, it is common for therapists to show identification and countertransference reactions in the therapeutic work. However, the concept still does not necessarily apply specifically to the work of trauma. As mentioned earlier, it comprises therapist's total emotional reaction to any content the patient presents. Following concepts will grasp more the emotional impact of working with trauma.

1.3.3 Secondary Traumatic Stress and Compassion Fatigue

Figley (1995) used the term secondary traumatic stress to describe emotional and behavioral response of trauma survivor's significant others (e.g. family members and friends), as well as trauma workers attempting to help the survivor. The symptoms of secondary traumatic stress (STT) are similar to those of PTSD. The difference is that the later occurs as a result of direct exposure to trauma, whereas the former results from working with those who are exposed personally to trauma (Bourke & Craun, 2014). Moreover, secondary traumatic stress additionally includes cognitive shifts and disturbances in relationships on the part of the helper (Figley, 1995). These symptoms can occur unexpectedly and quickly as a result of exposure to reports of a traumatic event(s) by the trauma survivor (Figley, 1995).

Another term used interchangeably with secondary traumatic stress is compassion fatigue. Figley (1995) re-conceptualized secondary traumatic stress and coined the term 'compassion fatigue'. In his new conceptualization, he emphasized the difficulties therapists experience while struggling to remain emphatic in relationship with trauma survivor over time (Pearlman & Saakvitne, 1995). As secondary traumatic stress, compassion fatigue includes symptoms common to first responders as well as mental health professionals working with trauma survivors. Although this term is not

specific to trauma clinicians (Figley, 1995), most of the research on compassion fatigue have focused on clinicians working with trauma survivors (e.g., Adams, Boscarino, & Figley, 2006). Similarly, it is suggested while the term secondary traumatic stress can be applied to many populations, compassion fatigue refers particularly to those in the helping professions such as social workers, clinicians and so on (Elwood, Mott, Lohr, & Galovski, 2011). Compassion fatigue is also considered as a combination of secondary trauma and burnout (Figley, 2012). To conclude, however, it emphasizes a reduction in capacity or interest in being empathic to a trauma survivor client (Elwood et al., 2011; Figley, 2012).

1.3.4 Vicarious Traumatization

In a further attempt to examine the impact of trauma work on professionals, McCann and Pearlman (1990) introduced the concept 'vicarious traumatization'. They defined vicarious traumatization as a change in the inner world of the therapist resulting from emphatic engagement with survivors of trauma and traumatic stories they present. This engagement requires clinicians to be exposed to detailed descriptions of horrific events as well as acknowledging and bearing cruelty that people show to one another. Therefore, clinicians become helpless witnesses of traumatic reenactments (Pearlman & Saakvitne, 1995). They described it as the following:

> Vicarious traumatization is a process not an event. It includes our affects and defenses against the affects. That is, it is our strong reactions of grief and rage and outrage which grow over time as we hear repeatedly about the torture, humiliation, and betrayal people perpetrate against others, and also our sorrow, our numbing, and our deep sense of loss which follow those reactions (Pearlman & Saakvitne, 1995).

Vicarious trauma is an inevitable effect of trauma work and can impact all trauma workers engaging empathically with trauma survivors including healthcare providers, emergency service personnel, journalists, police, fire fighters, criminal defense lawyers, and media specialists involved in mass communication (Palm et al., 2004;

Pearlman & Saakvitne, 1995). In their book on countertransference and vicarious traumatization in psychotherapy with incest survivors, Pearlman and Saakvitne (1995) investigated the effects of vicarious traumatization on therapists in detail. They concluded that as a result of vicarious traumatization, trauma therapists' frame of reference including their identity, world view, and spirituality is inevitably altered. Changes in sense of identity include alienation from oneself, questioning one's own early experiences and gender identity (especially working with survivors of sexual abuse), and withdrawing from sensual experiences. In addition, therapist's beliefs of the world, of people, of how and why things happen, and his/her values, moral principles, philosophy of life are challenged. Moreover, therapist's beliefs about nonmaterial experience, meaning, hope, awareness of all aspects of life, which are components of spirituality, are disrupted.

Apart from changes in the frame of reference, therapist's sense of trust, safety, control, positive self-esteem, and intimacy with oneself and others diminish. Ego resources, including the ability to make self-protective judgments, to be introspective, protecting boundaries, to take perspective, to be aware of one's own psychological needs and striving for personal growth are affected by vicarious trauma. It is also common that details of traumatic events that the clients present may remain as vivid memories in the therapist. In this regard, therapists may experience bodily sensations similar to those described by his/her survivor client. Thus, it can be inferred that both trauma itself and being vicariously exposed to trauma can account for these changes. That is, as a reaction to cumulative exposure to traumatic material over time, clinicians may also develop PTSD symptoms as well as cognitive changes.

Finally, concept of vicarious traumatization has its roots from constructivist self-development theory (McCann & Pearlman, 1990) which will be covered in the following part.

1.3.5 Constructivist Self Development Theory

In an attempt to make sense of psychological responses in the face of victimization, McCann and Pearlman (1990) developed the constructivist self-development theory (CSDT), which focuses on complex connections between traumatic life events, cognitive schemas of the trauma survivor regarding the self and the world, and psychological adaptation. Later on, authors acknowledged that just like the survivors, therapists working with trauma survivors also change permanently by their work and applied CSDT to helping professionals. Conserving the structure of the original version, the theory was further developed and revised by Pearlman and Saakvitne (1995) based on their clinical observations and empirical findings.

Combining psychoanalytic theories (e.g., object relations theory, self psychology, and interpersonal psychology) with cognitive ones (e.g., constructivist thinking, cognitive developmental theory, and social learning theory), CSDT underlines integration, meaning, and adaptation (Pearlman & Saakvitne, 1995). It recognizes each individual as a unique, interactive, and complex being who struggles to survive and to handle certain life situations, rather than as a mass of symptoms (Pearlman & Saakvitne, 1995). It acknowledges adaptive function, strengths, affect management style of the clients and considers clients as collaborative partners. These, in return, give rise to hope in the therapist (Pearlman & Saakvitne, 1995).

With the notion that symptom-focused and event-focused approaches remain inadequate to understand distinct adaptation of each individual and to enable evaluation and activation of personal resources, CSTD apprehends individual's adaptation to trauma as a mutual effect of his or her personality, personal history, and the quality and context of the traumatic event(s) by taking into account the social and cultural environment the person live in (Pearlman & Saakvitne, 1995). In addition, the theory considers that both the quality of the situation and psychological needs and cognitive schemas of the therapist determines how the therapist will respond to a material the client presents (McCann & Pearlman, 1990).

There are certain assumptions of CSDT. As its name implies, CSDT is based on constructivism which asserts that individuals construct their own realities (Epstein, 1985; Mahoney & Lyddon, 1988). In trauma work, it means that the meaning of the traumatic event will be uniquely constructed and interpreted by the survivor who experience it (Pearlman & Saakvitne, 1995). In this sense, Pearlman and Saakvitne (1995) suggested that since each individual is influenced in his own unique way, the therapist should meticulously attend to clients' own interpretation and perspective of their traumatic experiences to jointly bring understanding.

Moreover, CSDT takes developmental perspective and sees early development of individuals as a basis for how they experience and interact with self and others. The period that the traumatic event took place can inform us about the developmental tasks of client that are unachieved and how the client may experience the therapist in the therapeutic relationship. This in return may inform therapist to create a containing environment appropriate for client's developmental and psychological needs.

Pearlman and Saakvitne (1995), especially in the work of sexual abuse survivors, stresses the interpersonal, familial, historical, and social-cultural context that CSDT takes into account. Most traumatic events as well as recovery from them occur in an interpersonal context. Acquaintances, friends, family members, society etc. somehow take role in the client's trauma in the form of facilitator, perpetrator, protector, or supporter during and aftermath of traumatic event. These will shape meaning making of survivor and of clinician as a partner of client in the interpersonal context of recovery process (Pearlman & Saakvitne, 1995).

Finally, CSDT considers symptoms of survivor as adaptive strategies that were evolved to handle feelings and thoughts that threaten the self-integrity and safety.

To sum up, all assumptions of CSDT explained for survivors are also applied to professionals emphatically engaging with survivors. That is, just as the survivor, the helper also changes as a result of cumulative encounter with traumatic content.

However, this change does not always have to be negative. Instead, these exposures might give rise to growth in the professional. The possible positive changes experienced as a result of trauma work will be examined in the following part.

1.3.6 Vicarious Post-traumatic Growth

Direct exposure to traumatic event does not necessarily only result in distress. Coping with trauma can lead survivors to experience growth in forms of changes in self-perception, interpersonal relationships and philosophy of life (Calhoun & Tedeschi, 1999). Several studies investigated the possibility of positive consequences for clinicians working with trauma survivor clients. For instance, in such a study, Arnold, Calhoun, Tedeschi, and Cann (2005) found that trauma therapists reported experiences of growth as a result of their work with trauma survivors including enhancement in sensitivity, compassion, insight, tolerance, empathy, spirituality, appreciation of life and of strength of the human spirit, as well as realizing their own capacity for growth. Similarly, investigating the effect of working with sexual abuse/assault survivors on therapists, Steed and Downing (1998) reported that many therapists informed positive alterations in their sense of identity, and beliefs of self and others as a result of their work. In another study, Splevins, Cohen, Joseph, Murray and Bowley (2010) similarly proposed that just as the fact that direct exposure to trauma can lead to positive changes in some trauma survivors, it may be possible that individuals working with trauma survivors can also experience posttraumatic growth vicariously (VPTG). With this notion, they conducted a study to explore VPTG with eight interpreters working in therapeutic settings for refugees and asylum seekers. In addition to distress they experienced as a result of identification with their clients and a realization of their vulnerability, the interpreters in their study also reported that they had experienced positive emotions. This positivity came after the interpreters realized that even the clients who were completely broken could achieve to recover. This gave interpreters a sense of hope, admiration, inspiration, joy and growth similar to their clients.

To conclude, individuals and professionals who emphatically engage with trauma survivors may develop posttraumatic growth after sharing and witnessing struggles of survivors. After explaining several concepts regarding how individuals are affected by their work with trauma survivors, the focus now will shift to similarities and differences among these concepts.

1.3.7 Overlaps and Differences among Burnout, Countertransference, Secondary Traumatic Stress and Vicarious Traumatization

Although being related to each other in various ways, the concept of vicarious trauma is different than burnout, countertransference, secondary traumatic stress, and compassion fatigue. Vicarious traumatization, like countertransference, includes both affective response of therapist toward exposure to traumatic content and defenses he/she uses consciously or unconsciously against those affects (Pearlman & Saakvitne, 1995) However, while countertransference is specific to a particular client and therapist dyad and concerns blind spots, conflicts, and psychological needs of the therapist; VT is specific to trauma therapy and conceptualized as a consequence of cumulative exposure to trauma across therapies. In addition, the effects of VT is not unique to be felt only in a particular therapeutic relationship but generalized to other relationships and settings as well. Moreover, VT is persistently transformative whereas countertransference is temporary, that is, it occurs at certain period in which the particular event in therapy interferes with the therapist's inner and external life. These permanent changes as a result of VT clearly shapes the countertransference responses of therapist. Therefore, they can occur together and intensify each other (Figley, 2012; Pearlman & Saakvitne, 1995). In addition, unlike VT, countertransference can serve as a useful tool for a clinician to make sense of unique aspects of therapist and client in the therapeutic relationship and clients' certain dynamics out of the therapy room (Figley, 2012, Pearlman & Saakvitne, 1995). Moreover, the overlapping feature of VT and burnout is emotional exhaustion. Yet, unlike burnout, VT is unique to trauma workers and stresses trauma-related difficulties such as intrusive imagery of client's traumatic material.

Compared to secondary traumatic stress and compassion fatigue, VT has its foundation in a constructivist personality theory and stresses the role of meaning and adaptation instead of symptoms (Pearlman & Saakvitne, 1995). Figley (2012) explained that being a theory- based construct differentiates VT from compassion fatigue and secondary traumatic stress. That is, while secondary traumatic stress and compassion fatigue focus on observable symptoms but not consider contributing factors, symptoms, and adaptations, vicarious trauma takes into account all. This kind of systematization may provide more accurate preventive measures which in turn allow for more accurate intervention strategies for multiple domains (Figley, 2012). In the subsequent section, findings from the literature concerning the explained concepts will be presented.

1.3.8 Empirical Findings on Effects of Working with Traumatic Content

Secondary traumatic stress symptoms and vicarious traumatization develop depending on personal and work-related characteristics of professionals as well as the nature of traumatic events (Zara & İçöz, 2015). In the study of Steed and Downing (1998), therapists reported that their responses to sexual abuse survivors varied according to factors related to clients, such as the nature of the abuse, the age of the client and its impact on the client's life; and factors related to themselves such as their workload and personal experiences. Numerous research studies have reported that the effects of VT are lower in therapists who are more experienced in working with trauma survivors than those who are new in the field (Cunningham, 2004; Jackson, 1999). Also, it is known that mental health professionals who have not received adequate training develop more symptoms such as avoidance, anxiety, split, feelings of inadequacy, and dissolution of personality (Baird & Jenkins, 2003; Chrestman, 1999; Devilly, Wright, & Varker, 2009; Neumann & Gamble, 1995). Nevertheless, while professional experience and competency can buffer secondary traumatic stress (L. Miller, 1998; Palm et al., 2004), working with trauma survivors for a long time, on the other hand, may trigger these symptoms (Adams & Riggs, 2008; Sprang, Clark, & Whitt-Woosley, 2007). For instance, Kahil's (2016) study with professional and volunteer helpers who

are involved in interventions of trauma survivors revealed that secondary traumatic stress symptoms of professional helpers were significantly higher than volunteer helpers. However, professionals who work longer in the field of trauma and those who have history of trauma showed higher secondary traumatic stress symptoms.

Regarding personal factors of professionals, McLean, Wade and Encel (2003) examined the ways in which therapist's belief is associated with VT, burnout, and trauma symptomatology. They found that when the therapist tends not to believe in the help provided by therapy, this may contribute to both VT and burnout. In fact, rather than situational variables, therapist's beliefs seemed to be the most significant contributor to burnout and VT. They also reported that therapists who were recently and directly traumatized and who worked mostly with traumatized children reported higher levels of burnout compared to those working with traumatized children yet had not been themselves traumatized. Nevertheless, the existence of recent direct trauma did not predict the level of burnout in therapists working with adult trauma survivor. Highest level of burnout was experienced by those experiencing recent direct trauma and those dividing their workload between both adults and children trauma survivors. In addition, being less experienced and increasing workload were related to higher distress. Another study with a large sample of therapists working with adult trauma survivors (Sodeke-Gregson, Holttum, & Billings, 2013) showed that younger age and decreased perceptions of management support were related to increased risk of burnout, and having personal trauma history and engaging more in supervision and self care activities were associated with the higher risk of STS.

There is also a growing research on secondary traumatization in Turkey. For instance, Zara and Jak İçöz (2015) reported that approximately 70% of mental health professionals working with trauma survivors showed moderate to high levels of secondary traumatic stress. The rationale behind the study findings was that there are numerous traumatic events taking place in Turkey and workers have to work with limited opportunities and have low levels of education and experience. The study showed that the professionals who are affected the most were those having personal trauma history and working in East and South-East Region of Turkey. Most of the

disturbance occurred in the areas of self-security and respect for others. Psychologists had lower levels of secondary traumatic stress compared to other professions which was explained by authors as a likely result of more knowledge of self-protection in this profession. Altekin (2014) also investigated the effects of trauma work on mental health professionals and reported that 60 % of participants displayed severe levels of vicarious traumatization. Social workers in the study showed highest levels of vicarious traumatization whereas psychologists showed lowest. Level of workload and caseload were found to be positively and significantly correlated with vicarious traumatization. Besides the factors of level of education, active coping style, and type of profession; fully mediating caseload and vicarious trauma relationship; emotional burnout was found to be most effective predictor of vicarious traumatization. She suggested that by intensifying each other, emotional burden and vicarious traumatization are two concepts which are hard to differentiate. Although the analysis showed that personal trauma history was not among predictors of vicarious traumatization, participants defined their life and trauma history as risk factors, -which intensifies adverse impacts, evoke complex countertransference reactions and contributes to vicarious traumatization.

In terms of personal trauma history, in a study investigating post-traumatic stress disorder symptoms among military health professional in Turkey, those who had a history of personal trauma and loss revealed more symptoms compared to those who have not (Akbayrak et al., 2005). However, in both cases, professionals' behaviors and cognitive schemas may undergo significant alterations. For instance, in the study conducted with social workers working in the field of child welfare with child sexual abuse cases, participants reported that they lost their motivation and energy and became mistrustful, more sensitive to possible danger, more protective toward their children, and consequently reexamined their parental roles and focused more on education and awareness issues (Hatipoğlu, 2017). In another study conducted with social workers, psychiatry and forensic medicine specialists (Çolak, Şişmanlar, Karakaya, Etiler, & Biçer, 2012), participants exhibited significant changes after they had encounters with sexually abused children. These changes were related to the

perception of possible dangers from outside, from people and from environments previously thought to be safe; behaviors toward their own children or children close to them; and fear of misunderstanding when in contact with other children. That is, working with such traumatic content resulted in changes in beliefs on safety, trust, and intimacy in most of these professionals.

Although research paid significant attention to mental health professionals encountering traumatized populations, it should be taken into account that for the fulfillment of mental health needs as well as primary needs such as sheltering and nourishment, traumatized refugee populations need assistance in voicing their concerns and problems. In most of the situations, interpreters are needed in to compensate for the language deficiency and just like other professions, interpreters are also prone to be affected by traumatic content that they are exposed to in their work. Therefore, in the following sections, specific duties of interpreters will be presented. In addition, the unique experiences of interpreters such as training issues, role conflicts, and emotional burden of interpreting will be discussed together with the findings from the extant literature.

1.4 Interpreters

1.4.1 Definition of Interpreters

Although interpretation and translation are often used interchangeably, they actually refer separate activities. Both refer to converting from one language to another, however, former does this in spoken language while the latter involves similar activity in written language (Herndon & Joyce, 2004). In addition, interpreting is a more subtle skill which requires the interpreter to grasp the purpose of the task and thus conveying both connotative and denotative meanings (Westermeyer, 1990). Therefore, skilled interpreters do not only do letter-for-letter interpretation but attend to idiosyncratic meaning, nonverbal communication, and the cultural variables in the speech (Herndon

& Joyce, 2004). Ad hoc interpreters, also known as a chance interpreters or lay interpreters, on the other hand, are those who are not trained to interpret, such as a family member or a friend, a bilingual staff member, or other patients (Bauer & Alegria, 2010). Although problematic, in cases of no interpreter, these bilingual people are often used in order to enable communication.

1.4.2 Interpreters in Mental Health Settings

In Turkey, there are certain associations for refugees and asylum seekers. These associations provide refugees and asylum seekers social and legal support for reaching judicial and social systems, psychosocial support, and help them to adapt to social life through various activities. There are diverse professionals working in these institutions including social workers, field workers, psychologists, health educators, interpreters, lawyers, disability experts, language and skill trainers, volunteers, and local authority staff. In addition to ensuring primary needs of the refugees, these associations also attempt to meet the psychological needs of these groups. Mental health workers in these institutions arrange psychological interventions and psychoeducation oriented to the needs of refugee groups. Moreover, when needed, they conduct brief individual psychotherapies. In this study, the term 'psychotherapy' will comprise all these therapeutic interventions and such associations will be counted as a kind of mental health agencies.

Language is a significant barrier to access mental health services (Gong-Guy, Cravens, & Patterson, 1991). Considering the fact that Turkey hosts the largest refugee population in the world, this issue deserve special attention. As a result of the flow of war refugees from countries such as Syria, Afghanistan, and Somalia, the need for interpreter-mediated mental health services has increased. The lack of Turkish proficiency, in this sense, may construct a barrier to effective communication and result in an inability to receive proper health care for refugees and immigrants. Considering that effective communication is a cornerstone for mental health care, these settings are especially vulnerable to be negatively affected by this deficiency. When

the mental health professionals are not familiar with the languages of their clients, as it is in most of the case, interpreters are relied on to facilitate the communication between professionals and clients. Interpreters working in mental health agencies for refugees and immigrants are also often refugees or immigrants themselves, who have also experienced traumas similar to their clients (Engstrom, Roth, & Hollis, 2010). Sharing the same culture, language and similar background; these interpreters play a significant role for both client and the provider. As Tribe & Morrissey (2004) pointed out, bridging language and cultural gaps between the provider and the client, well-educated interpreters help the provider to better understand the culture and history of the client as well as facilitating the communication. Moreover, the use of professional interpreters in psychiatric sessions enables the disclosure of sensitive materials (Bischoff et al., 2003; Eytan et al., 2002) and leads to greater satisfaction and self-understanding in the patients, which increases the quality of the psychiatric care. Also, being in contact with other refugees, that is, with interpreters who are also refugees, provides a continuation with the past and it helps in getting information and feedback about how to get used to the current environment for refugees. Use of untrained interpreters, on the other hand, may lead to less effective communication and create problems in bridging the cultural gaps. For these reasons, issues related to the training of interpreters gained significant attention in the mental health field. In the following section, this topic will be investigated in detail.

1.4.3 Issues Related to Training

It is important for interpreters to receive formal training proper to the specific settings in which they work. However, most of the interpreters do not receive formal training or receive trainings designed for medical or legal settings, which require different skills than work with therapeutic settings (Miller, Martell, Pazdirek, Caruth, & Lopez, 2005). Too much independence, irrelevant questions, unnecessary clarifications, conversations that are out of topic with the client, brief and incomplete translations are among the problems that occur when working with untrained interpreters. Omissions, additions, substitutions, and condensations on the part of interpreters may create

serious clinical errors about the patient's mental health status (Vasquez & Javier, 1991). Interpreters' (a) deficient linguistic and/or translation skills, (b) lack of psychiatry/psychology knowledge, and (c) attitudes toward the patient and clinician were identified as major sources of interpretative failure (Marcos, 1979). Ideally, as Searight & Searight (2009) recommended, interpreters working in the mental health settings should have training and education in the following areas:

1. His or her own culture
2. Native language speakers' culture and values;
3. Personal qualities including empathy, caring, respect, and sensitivity;
4. Psychological terminology;
5. Ethical expectations and professionalism

Receiving proper training may also be important for interpreters to understand what is expected from them and what roles are assigned to them. These specific role issues will be discussed in the subsequent part.

1.4.4 Role Expectations

The role of interpreters was regarded either as a 'black box' (Westermeyer, 1990), in which the effects of the interpreter on the dyadic relationship are omitted, or understood in more relational terms in which they are considered as an integral part of a process (Miller et al., 2005).

Trust is one of the most significant issues for interpreters especially when working with trauma survivors including refugees and asylum seekers and their experiences such as extreme violence, torture, rape, witnessing the death of people, or displacement in the therapeutic engagement. For the clients, telling their stories not only to the mental health professionals but also to the interpreters can be difficult, considering the fact that their sense of trust toward the world and others has decreased due to their traumatic experiences. It is facilitating for the process to receive an emphatic and

understanding attitude not only from the psychologist but also the interpreter, which encourages the client to be more open (Searight & Searight, 2009). When the clients perceive the interpreter as cold, dismissive, or judgmental, on the other hand, the process would suffer because clients' shattered trust will be validated.

The appropriate match of the interpreters and clients is also an important issue because the age, gender, nationality, ethnicity, or religion of interpreters may obstruct disclosure and disrupt the content that the client will present (Engstrom et al., 2010). For example, when the sexual violence for a female survivor is present, the use of a male interpreter may not be appropriate (Tribe & Morrissey, 2004). Similarly, in cases in which the clients and interpreters are from the same country but belong to opposite groups or have opposite political views, the trustful nature of the process may be broken and this may prevent free disclosure of the refugee client (Tribe & Morrissey, 2004).

Interpreters experience various challenges and dilemmas regarding their role as interpreters. For instance, interpreters working in consultation with migrant oncology patients reported that they face various dilemmas in their work (Butow et al., 2012). In addition to their assigned professional roles which are accurately conveying the information and maintaining professional distance with the patients, they felt that they should also be attentive to the needs of patients, such as making the dialect most easily understandable for the patient, acting as a cultural advocate, and providing support when necessary, which goes beyond the expected role assigned to them. They also explained that they are affected emotionally especially when interpreting bad news and this distress continued to be felt in their home life.

In the following section, the emotional effects of working as interpreters will be presented.

1.4.5 Emotional Impact of Working as an Interpreter

Although interpreters have such key roles, the psychological impact of their work have not received adequate attention in the literature (Miller et al., 2005; Tribe & Raval, 2003). Most of the published research concerned the roles and training issues of interpreters (e.g., Miller et al., 2005; Tribe & Morrissey, 2004; Tribe & Raval, 2003) and their effect on the therapeutic dyad (Raval, 2003). However, interpreting is an emotionally challenging work and mental health of interpreters may be affected by this work. Psychotherapy with political refugees, for example, is different from psychotherapy with other clients who require the use of interpreter, in that, it is highly probable that they have a history of severe psychological trauma of extreme violence which results in multiple losses such as their social roles, familiar resources where they can get emotional and material help, social environment as well as significant others (Kinzie, Sack, Angell, Clarke, & Ben, 1989; Weine et al., 1998). Interpreters working with refugees will have to witness traumatic experiences and losses of their refugee clients. Mental health professionals should take into account that the interpreter may have their own traumatic memories (Miller et al., 2005), especially considering that most interpreters are also refugees and immigrants themselves (Engstrom et al., 2010). Since interpreters are expected to convey the meaning of emotions clients express as well as to address the emotional issues arising during the interviews (Tribe & Morrissey, 2004), interpreters may find themselves recalling their own similar experiences. Therefore, reactions of interpreters should be approached with greater sensitivity when the traumatic content is presented in the clinical encounter.

Although few, there is a growing body of research that investigated the emotional burden of interpreters. It was indicated that when working with traumatic content, interpreters may show symptoms such as fear, anger, or dissociation while interpreting the patient's traumatic history (Miller et al., 2005). For instance, in the study of Engstrom et al. (2010), the therapists working with torture survivors reported that the interpreters they worked with were prone to identify with the traumatic experiences of the clients. Some therapists noted that since the interpreters they worked with were

also survivors of trauma, torture, dislocation, or forced migration as the clients they interpret for, hearing traumatic episodes of the clients caused them to show complex emotional reactions such as crying, breaking the sessions, expressing a need to take a break, or answering the questions from their own personal experiences. Another study conducted with interpreters working for Geneva Red Cross revealed that most sessions of interpreters involved patients exposed to violence. Interpreters reported that during sessions with these patients, they experienced difficulties such as recalling painful memories; feelings including sadness, powerlessness, revolt, aggressiveness, uneasiness, as well as feelings of being useful and satisfaction; and symptoms such as nightmares, depression and insomnia (Loutan, Farinelli, & Pampallona, 1999). Most also gave voice to their need to talk and share feelings after the session. In a pilot study conducted with refugee interpreters at the Danish Red Cross asylum reception center (Holmgren, Søndergaard, & Elklit, 2003), interpreters described their work as stressful and demanding, and reported high level of distress mostly during the sessions when they interpret stories of torture, annihilation, persecution, and loss. Moreover, in his study conducted with refugee interpreters working in the U.S. refugee program, Westermeyer (1990) reported that most of these workers required psychiatric treatment because of problems such as major depression, substance use, paranoid features, and paranoid psychosis. He suggested that knowledge and experience of the psychiatry field may not necessarily render bilingual psychiatry staff immunized, instead, they too are vulnerable to develop psychological problems. Similarly, in Miller et al.'s study (2005) interpreters working with refugees reported that experiencing distress due to their work of interpretation. However, these participants described their stress as short in duration and not affecting their overall emotional well-being. Still, considering overall findings, interpreting is an emotionally challenging work and clinicians must be alert to negative effect of their work on interpreters, and the existence of consequent secondary traumatic stress or vicarious traumatization (Miletic et al., 2006; Miller et al., 2005). They should discuss interpreters' emotions evoked during the sessions, provide emotional support, suggest interpreters ways to address their own traumas and if necessary refer them to support sources before working with traumatized patients, and provide debriefing (Engstrom et al., 2010).

These, in return, may enable to detection and the processing of vicarious traumatization.

1.5 Aims of the Study

Sociopolitical acts of today's nations force some individuals to leave their country of residence and this leaves traumatic scars on them. These traumatic experiences are mostly intensified with the difficulties of adopting to a new culture, which further increases mental health problems in these individuals. However, trauma is contagious (Herman, 1992). Just as trauma survivors, professionals working with them are vicariously affected by their work. Several concepts explaining the effects of working with trauma survivors on helpers have been presented with the specific emphasis on the work of interpreting. Increasing numbers of dislocated individuals who lack host country's language competency intensifies the need for interpreter mediated communication in several settings including mental health. Therefore, just as mental health professionals, interpreters are prone to be affected vicariously by their work with the aforementioned population.

Moreover, Turkey hosts the world's largest refugee population. This means that to bridge the language and culture barrier with these individuals, interpreters are excessively needed in Turkey. Therefore, it is crucial to assess the experiences of interpreters working with refugees and asylum seekers. Nevertheless, there are no studies in Turkey, investigating the effect of working with trauma survivors on interpreters. Therefore, the current study aims to explore this issue. As a starting point, the qualitative design is thought to provide a better understanding to explore the situation in the Turkish context. Consequently, the present study aimed to explore the following research questions:

1. What are the experiences of interpreters working with refugees in Turkey?
2. How their mental health are the affected by continuously being exposed to traumatic material?
3. Which mechanisms they use to cope with the possible impacts of the job?
4. What are their specific needs?

CHAPTER 2

METHOD

2.1 Research Design

2.1.1 The Rationale for Qualitative Study

Qualitative research has its roots in anthropology, sociology, and philosophy. Today, although quantitative studies continue to be dominant (Denzin & Lincoln, 2000), there is an increased interest in qualitative research in psychology (Smith, 2008).

The emergence of qualitative research was an attempt to oppose 'positivism', which claims that a single truth can be reached using objective and scientific methods and that the aim of research should be to generate objective knowledge that is purified of personal involvement of the researcher (Willig, 2013). Qualitative methodology, on the other hand, basically concerns with meaning and it can employ different epistemological positions (e.g, social constructivism vs. empiricism). The aim is to comprehend how people experience certain situations and what kind of meaning they attribute to these experiences (Willig, 2013). To this aim, it emphasizes verbal analyses instead of mathematical analyses that quantitative research employs (Nelson & Quintana, 2005). While qualitative research reduces data into numbers and tries to be precise; qualitative methods, in contrast, takes a holistic approach to data analysis (Williamson, 2013). It is richly descriptive and produces comprehensive findings (Merriam, 2009). As Nelson and Quintana (2005) summarized, the difference between quantitative and qualitative methods is that while the former is based on 'confirmation', the latter emphasizes 'discovery'. The discovery is achieved through reliance on participant-generated meanings which allows for the possibility of new and unanticipated categories to emerge (Willig, 2013). Therefore, besides providing

a detailed examination of a previously identified phenomenon, qualitative methods can also be used for exploratory research (Nelson & Quintana, 2005). In addition, in clinical application, it can produce useful information for practitioners (Nelson & Quintana, 2005).

For the current study, the aim was to enter the interpreters' individual world and to understand how they experience and make meaning of their work which involves exposure to traumatic content that refugees present, rather than confirming pre-existing hypotheses. Therefore, the qualitative approach was chosen as the most appropriate method to investigate this topic.

2.1.2 Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenological Analysis (IPA) was chosen as the most suitable qualitative approach for this study because being consistent with the aims of the current research, it aims to examine in detail how individuals make sense of their life experiences (Pietkiewicz & Smith, 2014; Smith & Osborn, 2003). The approach is phenomenological and phenomenology refuses the idea of an objective reality for experiences (Howitt, 2000). In this regard, IPA is concerned with the individuals' subjective account of an experience and explores how the experience is from the perspective of those who had it, rather than generating objective statement about that experience (Frost, 2011; Smith & Osborn, 2003). In addition, IPA is interpretative that recognizes the role of the researcher while making sense of the experiences of participants (Frost, 2011). Specifically, it involves 'double hermeneutics', that is, participants try to make sense of their world, and the researcher simultaneously tries to figure out participants who try to make sense of their world (Smith & Osborn, 2003). Moreover, IPA is a social constructionist approach, in that, it takes into account that meaning is produced through interactions of individuals with the cultural and social context as well as with themselves (Gray, 2004). This is compatible with my own ontological and epistemological position, which I would describe as 'critical realist' and 'social constructionist', respectively. Therefore, this approach

acknowledges the importance of interaction between the researcher and participants, and their individual ways of relating to the social world during the meaning-making process. Furthermore, IPA is idiographic in focusing on and analyzing one case until some degree of closure is achieved before moving on the experiences of other participants (Smith, 2004).

2.2 Participants

A purposive sampling method was employed to form a rather homogenous sample which is in line with IPA guidelines (Smith & Osborn, 2003). The sample size was also in accordance with the IPA guidelines which recommends a small sample size that enables an in-depth exploration of each individual's experience (Smith & Osborn, 2003). A total of 8 interpreters were included in the current sample, since adequate saturation was achieved and the data started repeating itself (see Table 1).

Among the participants, five were males and three were females. The age of the participants ranged between 24 and 43. Participants identified their ethnicity as Turkmen, Kurd, Tajik, Egyptian, Azerbaijani Turk, and Turk; coming from Syria, Afghanistan, Egypt, and Iraq. Arrival to Turkey of foreigner participants ranged between 4 and 9 years. Turkish participants also said that they lived abroad for a while, where they have learned the language they use for interpretation. The languages participants interpret for were Arabic, English, Persian, and Kurdish with the years of experience changing between 1 and 10.

Their reasons for leaving their countries included work, education, but also escape from war and ethnic oppression. Therefore, although having non-minority status officially, they were ethnic minority groups and most of them had experiences similar to those of the refugees and asylum seekers that they interpret for. Among Turkish participants, on the other hand, one reported that she experienced loss of a loved one and the other said that he experienced Marmara earthquake, which also has some

similarities with what refugees have been through. This information and its effects on the results will be discussed in detail in the discussion section.

2.3 Inclusion and Exclusion Criteria

In order to form a certain amount of homogeneity, specific criteria for recruiting participants were included. These were:

a) Being over 18 years of age
b) Currently working as an interpreter for refugees for at least one year
d) Living in Turkey for at least three years and not having a refugee status
e) Speaking Turkish

In the beginning, criteria 'd' required participants to be refugees themselves. However, in the pilot study, it was observed that interpreters who were also refugees themselves had a severe history of war trauma and still seemed to be suffering from this. The presence of impacts of severe primary traumatization was thought to blur the evaluation of possible impacts of vicarious trauma as well as putting the participant at the risk of re-traumatization. Therefore, this criterion was changed in a way that rather than minority status, participants were expected to currently not to have a refugee status and to live in Turkey for at least three years. This period of resettlement and official non-minority status was thought to enable the participation of less vulnerable individuals (Gonsalves, 1992) and found to be more appropriate for the aims of the research.

2.4 Materials

A sociodemographic information form (see Appendix A) was given to the participants before starting the interview. It included questions regarding participants' age, gender, level of education, socioeconomic situation, years of experience as an interpreter, the language they interpreted for, native language,

ethnicity, place of origin, and the year in which they came to Turkey (for whom the place of origin is other than Turkey).

During interviews, semi-structured interview question form (see Appendix B) was used to guide the researcher. The focus of questions was to examine challenging and rewarding aspects of participants' work, the effect of interpreting on participants, participants' own traumatic experiences, coping mechanisms, and their needs.

In addition, for the possibility of experiencing distress, a psychoeducation form (see Appendix C) was prepared and was given to the participants at the end of the interviews. The form was adapted from the Turkish Psychological Association, Trauma Unit, standard psychoeducation package (Türk Psikologlar Derneği, 2016).

Table 1 *Sociodemographic Information of Participants*

Number Given the Participant	Age	Gender	Education	Socioeconomic Situation	Years of Experience as an Interpreter	Language interpreted for	Native Language	Ethnicity	Place of Origin	Arrival to Turkey
P 1	24	M	University student	Moderate	1	Arabic	Turkish	Turk	Turkey	-
P 2	36	M	University graduate	Moderate	14	Arabic, Kurdish and English	Kurdish	Kurd	Syria	2013
P 3	32	M	University graduate	High	10	Arabic	Arabic/Turkish	Turkmen	Iraq	2010
P 4	29	F	Graduate student	Moderate	6	Arabic and English	Arabic	Egyptian	Egypt	2012
P 5	24	M	University student	Moderate	1.5	Persian and English	Persian	Tajik	Afghanistan	2014
P 6	28	F	High school graduate	Moderate	6	Arabic	Turkish	Turk	Turkey	-
P 7	43	F	University graduate	Moderate	6	Arabic	Arabic	Turkmen	Syria	2013
P 8	36	M	Graduate student	Moderate	2.5	Arabic and English	Turkish	Azerbaijani Turk	Iran	2009

2.5 Ethical Considerations

Ethical approval was obtained from the Middle East Technical University Human Subjects Ethics Committee. Prior to each interview, an informed consent form was provided to the participants (see Appendix D). This form informed participants about the aims and process of the research, who will have access to the data, and how the data will be used. Participants were informed that they could withdraw from the study at any time they feel discomfort. Additionally, they were fully informed about the confidentiality. It was ensured that information regarding their names, the towns they live in, and workplaces will not be revealed. Participants were also informed that although quotes will be used, any identifying information will be extracted.

In addition, for the participants who were reached through the refugee associations, first, the approval of related associations was needed to conduct interviews with their interpreter staff. For this, a soft copy of ethical approval form and an informative form explaining the aims and process of the study (see Appendix D) were sent to the associations. After they approved, interpreters were invited to participate in the current study.

2.6 Procedure

After obtaining ethical approval from Middle East Technical University Human Subjects Ethics Committee, non-governmental organizations (NGOs; will be referred as workplaces in the subsequent parts) for refugees and asylum seekers were contacted in order to reach the interpreters working in their associations. They were informed about the study, presented ethical form and when they accepted, these NGOs were visited and interpreters were informed face-to-face. Word of mouth was used to recruit participants. Firstly, a pilot interview was conducted to test the appropriateness and clearness of the interview questions. According to this, expressions of some questions and aforementioned criteria were changed. Then, the recruitment process continued with the reaching out acquaintances who have direct contact with interpreters in order

to accelerate the process. In these ways, eligible interpreters were recruited. Participants who were recruited through NGOs were interviewed during visits to these places in a private room and appointments were made with those who were recruited through direct contact. However, since some participants lived in a geographically distant region of Turkey and appropriate appointments could not be made, these interviews could not be conducted face-to-face. Although a video talk was offered, two participants requested a phone call and therefore, 2 interviews were conducted by phone and 1 by video talk. Participants were first asked for permission to voice record and then informed consent form was read by the researcher. Verbal consent was used for participation and this was also recorded. Similarly, socio-demographic information form was read and was filled in by the researcher based on the information provided by the participants. The same procedure was applied to face-to-face interviews except the fact that the informed consent and socio-demographic information form were filled out by the participants themselves. Possible impacts of conducting interviews in different ways will be presented in the reflexivity and discussion parts.

After gathering demographic information, a semi-structured interview was conducted in accordance with IPA guidelines (Smith & Osborn, 2003). Interview questions form was present during interviews, however, participants were encouraged to talk freely about what they found important. Therefore, the researcher directed the interviews and questions according to material coming from the participants. Overall, the duration of the interviews ranged between 30 and 140 minutes. The average time for all interviews was 59.5 minutes.

The researcher actively looked for possible indicators of mental distress and discomfort throughout the interviews which may signal that the interview needs to be terminated and the specific participant's data need to be excluded from analysis. However, such situation did not occur. In addition, the psychoeducation material of the Turkish Psychological Association, Trauma Unit (Türk Psikologlar Derneği, 2016), was given to the participants at the end of the interviews (see Appendix C)

2.7 Data Analysis

The interviews were audiotaped and transcribed verbatim. The data were analyzed following the IPA guidelines (Smith & Osborn, 2003). Compatible with the idiographic approach of the IPA, the analysis started with the first case and progressed with the analysis of the other cases. Firstly, transcripts were read several times to enhance the adequate level of familiarity with the data, and notes and comments were added to the left-hand margin to use in the following steps. In this way, initial themes started to emerge and were noted in the right-hand margin. These emergent themes were listed in a separate table and were clustered based on their relatedness. This process was applied to each case respectively. In the final step, the cross-case comparison was performed to detect repeated themes, and recurrent super-ordinate and subordinate themes across all cases were listed in a table. The analysis was completed after the thesis advisor Prof. Dr. A. Nuray Karancı checked and gave advices on the final theme list. The final themes were supported by providing examples of key sentences from the transcripts.

2.8 Trustworthiness of the Study

To achieve credible results, qualitative research has standards of trustworthiness including subjectivity, reflexivity, adequacy of data, and adequacy of interpretation (Morrow, 2005). These standards were tried to be relied on as much as possible during the research process.

Unlike quantitative research, qualitative researchers acknowledge that the way of attaining knowledge is always grounded in subjectivity (Fischer, 2009; Morrow, 2005). In this regard, from the beginning, the researcher was an active participant in the study and subjectivity of the researcher was embraced and used as data (Fischer, 2009; Morrow, 2005). In a similar direction, reflexivity refers to ‘person turning back to attend to how he or she has participated in forming a particular understanding or in taking an action’ (Fischer, 2009, p. 587). To achieve this and help readers to better

understand the perspective and subjectivity of the researcher; cultural background, related personal experiences, and assumptions of the researcher were bracketed in the reflexivity part. In addition, to ensure the adequacy of data, a sufficient number of participants were recruited until adequate saturation was believed to be achieved. Reflexive notes were also used in addition to the use of interview content (Morrow, 2005). Finally, adequacy of interpretation was achieved through repeated reading of the transcripts and reflexive notes, and researcher's interpretations were supported with the quotations from the participants (Morrow, 2005).

2.9 Self-reflexivity

I am a 25-year old woman and I have lived in Turkey for my whole life, mostly in İzmir and Ankara. In terms of ethnicity, which I asked my participants, too, my parents are Kurdish, however, I can't speak Kurdish and I grew up away from the town that my parents were born. That is, I have been raised in a bicultural environment in which the language and the culture of my home were different than those of outside. But still, I have always felt that big part of me belong to there and to the Kurdish culture and I find it appropriate to define my ethnicity as Kurdish.

My interest in this topic started after a conversation with my uncle, who was working as a half-time interpreter in Germany. One day, he mentioned about how he was traumatized while interpreting for a Turkish refugee in psychotherapy sessions. When he told me about his experience, interpreters appeared in my mind as invisible individuals who indeed play an important role in an important job and are probably affected by this job. Therefore, I decided to study this topic. During the interviews, my impression was confirmed. Participants have talked about their roles as bringing two cultures and different worlds together. Hearing these, I realized my own mediator roles in certain aspects of my life, especially my efforts to introduce Kurdish culture to my Turkish friends. Also, participants talked about being a voice for the refugees. This role was similarly familiar to me. Indeed, I realized that my curiosity about this topic began with my desire to be a voice for struggles of my uncle who was both a minority

group member and an interpreter, and I believe I ended up with being a voice for not maybe for all but for a number of interpreters. That is, during the analysis of the study, I was able to see the implicit motivations for choosing this topic and in a sense, I felt like an insider in terms of interpreting their problems, emotions, and needs. I believe that being this kind of an insider helped me to be able to capture the perspectives of my participants about interpreters' role as mediators.

The other aspect of this study was the emotional difficulties. During the interviews, participants talked about traumatic experiences of both themselves and refugees. Some narrated these in detail and it was really difficult for me to listen to them. For this reason, I felt more comfortable in my two interviews conducted by phone, since I could more freely reflect my feelings on my face. I felt this difficulty most intensely during the analysis process. I had to be exposed to these details continuously. In that period, my affective mode decreased, I became less tolerant, more emotional and had dreams about war and loss of my loved ones. I found myself thinking 'what if I go to study abroad and war took place and I cannot reach my loved ones'. Indeed, I was also traumatized vicariously and this way, I believe I could better understand their sufferings.

In addition, some participants talked about the ethnic discrimination they were exposed to in their countries. I remembered my experiences such as micro aggressions I was exposed to because of my ethnicity, or more serious discriminations my family members experienced. This made me feel more close to them. However, one participant who had such experiences became uncomfortable by the question of ethnicity in the demographic information form. Before I gave him the demographic form, he had asked where I came from and whether I know Kurdish or not, and I answered without hesitation. After that, when he saw the question, he could not decide to write Turkmen or Turk. In the middle of the interview, while telling me about ethnic discriminations he was exposed to by several other groups including Kurds, I could sense his discomfort. I asked him whether he was bothered by the initial question and he said that he did. I felt sorry that he was bothered but after we talked about his

feelings and my reasons in asking that question, I believe the conversation went on even better and we both were relieved. I believe that this dynamic was important to express ourselves to each other.

The other point that I noticed was that the participants who were interviewed in their workplaces, that is, those who were reached via NGOs were more reluctant to voice their problems and they said they were more satisfied with their job compared to those who were reached directly. This may show the effect of different contexts. The former participants may have hesitated, due to fearing that they may be heard by the staff in some way or they may not have trusted me, thinking that I may cooperate with the staff. Although I did not sense any discomfort on the part of them during the interviews, this may have a meaning and importance for interpreting the results.

CHAPTER 3

RESULTS

In this section, the analyses of the transcripts from the eight interviews will be presented. In order to better understand the emerging themes, each theme will be supported by related quotations of the participants. As can be seen in table two, each participant will be given numbers for this.

The analysis of the eight interviews resulted in five superordinate themes. The superordinate themes were:

1. 'Interpreting' as a Job
2. Impacts of Working as an Interpreter
3. Coping with the Effects of the Job
4. Changes Experienced Due to the Job
5. Needs of Interpreters

Table 2 presents an overview of superordinate and subordinate themes.

In the following part, the superordinate and subordinate themes will be presented with the excerpts from the participants. However, the readers should be reminded that the emerging themes and the interpretations are only one way of approaching data. In spite of the attempts of the researcher to be self-reflexive, the subjectivity of the researcher might have contributed to the interpretation of the data. The excerpts are believed to allow the readers to add their own perspectives and to bring an alternative interpretation to data.

3.1 'Interpreting' as a Job

The first superordinate theme is '*interpreting' as a job*. It emerged from the participants' evaluations of their job in terms of the most satisfying and challenging parts, the reasons in doing this job, and their recommendations for other interpreters to conduct their work most effectively and easily.

This superordinate theme includes three subordinate themes named as *motivators, roles of interpreters*, and *difficulties encountered in the job.* Each will be presented in the following sections separately

Table 2 *Summary of Superordinate and Subordinate Themes*

Superordinate Themes	Subordinate themes
'Interpreting' as a Job	Motivators for Doing the Job of Interpretation The Roles of Interpreters
Impacts of Working as an Interpreter	Difficulties Encountered in the Job Initial Impacts Current Impacts
Coping With the Effects of the Job	Coping with Distraction Coping with Professional Help Coping with Sharing
Changes Experienced Due to the Job	Changes in the Self Changes in the World Views
Needs of Interpreters	Material/Physical Needs Psychological Needs

3.1.1 Motivators for Doing the Job of Interpretation

The first subordinate theme is *motivators for doing the job*. It represents participants' reasons to be an interpreter and considerations regarding the satisfactory parts of their

jobs. Inner satisfaction resulting from helping trauma survivors and material conditions of the job were the factors that motivated participants and constituted this subordinate theme.

3.1.1.1 Inner Satisfaction

All participants explained that the most motivating part of their job was being able to help those who have suffered a lot of pain. Individuals they interpreted for were mostly refugees, asylum seekers, and torture survivors. (The term 'trauma survivors' will be used to comprise all). They told that their help for trauma survivors was not limited to only interpreting in their workplaces. They also guided trauma survivors in institutions such as hospitals and government offices. They explained that since the trauma survivors lost nearly everything, being helpful to them without expecting anything in return made them happy and gave them a sense of meaning in their lives. P1 expressed this in the following way:

> You know, those people can't speak Turkish. As an association, sometimes we can provide support for them when they go to a hospital, for example, and we don't expect any payment for our counseling or help. When we go and help those people, for example, when we interpret for them in the hospital or help otherwise, we become happy. Eventually, you feel that you have a purpose in life. We can feel that we didn't come only for drinking and eating.

Similarly, for P 8, being helpful made him feel self-actualized: ''…I was completely feeling as a self-actualized person. There, a human being is looking into my eyes and wanting something and I am trying to fulfill that request. This feeling was different and very good.''

In addition, receiving positive results at the end of help was also described by the participants as both relaxing and emotionally touching. P5 described his emotions when a client who was at his sixties hugged and thanked him with tears: ''I felt emotional, too…You feel released thinking that I did at least help one of them. The process can be stressful but eventually, when you get positive results you become

very happy and this motivates you.'' With time, participants became aware of the limits of help. Nevertheless, even if it was not possible to provide everything or help everyone, they were soothed by thinking that they were doing their best and that they were able to help at least a few of them. In this regard, receiving 'thank you' from the survivors was the signal for them that they were on the right track. Moreover, understanding manner of the interpreters was sometimes more important than fulfilling the needs of trauma survivors. P6 explained her experience in the following way: ''When impossible, I tell them that they should not to be hopeful and explain the reasons, and they say that 'I knew it but when you explain it like this, it made me feel good', and in return I feel happy, too.''

For some participants, interpreting was also a way of advocating trauma survivors' rights. For instance, P8 experienced ethnic discrimination and war in the past, and has been working on human right issues in his academic life. He explained that in line with his academic focus and with his past experiences, to speak for the refugees and advocating their rights were the only motivators for him to do this job. He expressed this as follows:

> Because of my own experiences in the past, of having lack of proper language education, of not being treated as a human being; human rights have always been my interest. Then I realized that my job was also a human rights advocating… This is only being a voice for a human, contributing for a refugee to regain his/her life, and this is the only satisfying part. Nothing else is satisfying.

3.1.1.2 Material Conditions

Apart from inner satisfaction, material conditions of the job were also reported as motivators for the six participants. These conditions were receiving a proper salary, working with a good team, and having good working conditions. Participants were helping refugees in several areas, however, they said that they were also paid for their regular work, which most of them considered as fine. Regarding this, P3 expressed that: ''You can also earn money, of course, I can say this unhesitatingly. This is both

a humanitarian mission and you can survive on somehow. The working conditions are also good.''

Some participants compared interpreting with their previous jobs and considered that it had better working conditions. Also, some of them stressed the importance of working with a very understandable and supporting team. Hence, the working environment was an important motivator for them. The excerpt from P7 is illustrative:

> Although we get tired, we can receive a compensation for our work. I haven't experienced any conflict with anyone in the workplace... The people I work with are professionals and quality people, everyone knows their task very well. I used to work in a refugee camp for nearly a year, it was quite harder because I was consistently interpreting, it was automatic, but in this workplace it is not like this. It is quite different.

3.1.2 The Roles of Interpreters

The second subordinate theme belonging to *''interpreting' as a job'* theme is *the roles of interpreters*. While describing the scope of their jobs, all participants provided some explanations regarding their roles in their work. Some participants mentioned that in addition to interpreting languages, they were also interpreting cultures. In this regard, two participants described themselves as 'cultural mediators'. P6 expressed that: ''It also becomes a cultural interpreting, because you also transmit their culture, you can say that this is this, that is that, and it can affect even intercultural thoughts.''

In addition, participants told that during sessions, they exist as a language in the middle. Being in the middle was likened by some participants to being a bridge, which is also related to neutrality. Especially, in relation to questions of whether working with individuals belonging to a different ethnicity, culture, or sexual orientation and gender identity affect them; participants said that they had to get rid of their prejudices and should be objective and neutral. P3 described his role as follows:

> Indeed, interpreting is being a bridge…A refugee or any person who request interpreting should cross that bridge confidentially. That is, that bridge shouldn't shake, they should be able to across the bridge firmly. Therefore, in my opinion, interpreters should give this feeling to both parties. If that bridge shakes a little bit, he/she cannot express him/herself. He/she can hesitate sometimes because of his/her ethnic identity or religion. Hence, it is necessary to be firm, to do this job well, and to understand another party well.

As can be inferred from the excerpt of P3, being a sturdy bridge was also related to being trustworthy, which participants considered as one of the most important parts of their jobs. They asserted that having an equal distance to both parties helped to build trust and this in return produced better work. In this regard, P7 explained that: ''You will think yourself as a bridge. You should interpret without prejudice. The trust issue is very important. A refugee should trust you, it is very important and it is hard to stand between two parties and to be a firm bridge.''

As P7 pointed out, sometimes it was hard to be a firm bridge, and this was not a single difficulty. Despite their attempts to help and to maintain their roles to produce good work, participants encountered several difficulties. Hence, the following subordinate theme will be reserved for these difficulties.

3.1.3 Difficulties Encountered in the Job

The third subordinate theme emerged from the accounts of the eight participants is *difficulties encountered in the job*. As mentioned above, participants' struggles to adhere to their jobs do not go without its problems. Especially while mentioning about the challenging parts of their jobs, they expressed the specific problems they experienced. These will be presented separately in terms of technical and relational difficulties.

3.1.3.1 Technical Difficulties

Participants reported that from time to time, they experienced some difficulties because of the task of interpreting itself. These were mostly related to pace, memory, terminology, and fatigue. All participants were doing consecutive translations. They told that sometimes it was hard to make trauma survivors stop or slow down and this was affecting the quality of interpretation. P2 said that: ‘‘Sometimes some of them want to tell the whole story and want me to interpret, and despite my attempts to stop, they continue again and again, and unavoidably I forget something. I remember later on and interpret later.’’

Another problem was interpreting for those who spoke in a complex way. P5 explained his difficulty: ‘‘Especially psychological interviews may be hard and stressful sometimes because clients speak disorderly, fast and sometimes curiously, and you, as an interpreter, are in the middle of that professional listening and the client, and the management of this situation can be difficult.’’ In addition, participants explained that since the words are their instruments, they have to master both languages well and recall necessary words easily, which can become difficult occasionally. P4 told that: ‘‘the most difficult part is that your memory of vocabulary has to be good, the words are always in the memory, they have to be ready, and doing well interpretation is compulsory no matter how the situation is, or how psychologically different it is.’’ Similarly, competency in different terminologies was also reported as challenging, particularly when there is not enough time to get prepared. P6 voiced her difficulty in the following way: ‘‘Sometimes technical terminology is used in some trainings. They can be compelling because although they (presenters) get prepared weeks earlier, they suddenly call us and want us to interpret. When they say so, it pressures us, personally, I get difficulty.’’ Another challenging factor was tiredness. Participants asserted that interpreting for hours and switching between languages was tiring for them and this reduced the quality of their work. P7 explained that: ‘‘the second language is tiring because you have to force your throat in Arabic…when I switch to the second channel, I realize that I am tired…I cannot

focus when I feel tired, cannot interpret for more than three-four hours.'' Inability to interpret because of feeling tired also occurred when the interpreters were affected emotionally. P4 explained that: ''When I feel bad, I feel as if my tongue gets tied, I feel that I cannot express well.''

3.1.3.2 Relational Difficulties

Difficulties of participants were not limited to technical challenges. According to seven participants' accounts, the relational atmosphere was important to produce healthy work and any disruption in these posed difficulties for the participants. The challenges were mostly due to conflict between the provider support and the trauma survivor, facing the anger of trauma survivors, and trust issues resulting from a cultural comparison.

Participants said that during the sessions, sometimes one party became angry towards the other and they felt a responsibility to calm down or warn that party, which resulted in the other party's anger towards themselves. An excerpt from P3 illustrates this:

> Once, while I was doing interpretation, a patient started to swear to a doctor and I did not want to interpret in this way, I could not because the doctor was one of the most famous professors in Turkey. I tried to say the patient that 'you shouldn't say this because I can't interpret', he said 'no you interpret' while screaming. When I said this to a doctor, this time he started getting angry saying that 'why don't you interpret for me', and I said that he/she used the words that shouldn't be used. That is, both the doctor and the patient got angry with me and I oscillated between the two.

Moreover, participants explained that since interpreters are the first respondents, refugees were holding on them and this gave the participants extra responsibility. P6 expressed that:

> They are attaching to us, see us as a family member, and this gives you an extra responsibility. Indeed, my responsibility is interpreting, after that my job and responsibility end, to be honest. But there, those who told you about their problems, traumatized children, women, men, or elderly, they think that 'I

> told you everything but you didn't do anything', however, I am not the one who will find a solution, but I was the one talking to them, dealing with them.

Furthermore, the attempts of additional help were also reported by P5 as something that might have a negative impact on the relationship with trauma survivors, whose sense of trust has already diminished. He expressed this in the following way: ''They [trauma survivors] might think 'they [interpreters] are helping us this much but they may be hiding something'… why are they helping us this much'.''

Importance of trust has revealed itself in several areas. According to four participants' accounts, dynamics of trust resulting from cultural similarities and differences were also reported as determinants of the proper relationships with the trauma survivors and thereby of healthy work. In this regard, belonging to different cultures with the client was considered as a positive factor, especially by Turkish participants, to build good relationships. They believed that compared to having an interpreter from their own country, refugees were more comfortable and revealed more when the interpreters were from a different culture. Regarding this, P1 said that: ''They are more comfortable with me since they know that I am Turkish. They are ashamed when there is someone from their own countries, they cannot tell, they hesitate.'' In accordance with this, a Syrian participant (P 2) pointed out that when interpreting for Syrian refugees this led them to create a boundary and to reveal less. He explained this as follows:

> They [trauma survivors] think that they will come and tell something they haven't told anyone before, and suddenly they see that someone from Syria is there to interpret for them. This situation unavoidably causes them to create a boundary…eventually, we are the people of the same country, but they don't know that whatever they tell will remain in the session. It remains in the session for me.

P6 thought that culture may also have an impact on the attitudes of interpreters. She believed that while cultural similarity may negatively affect the interpreters' approach to the trauma survivors and may harm them, belonging to different cultures

prevent prejudices on the part of the interpreters. She stated that: ‘‘Since I am Turkish, I may be more neutral, however, when the interpreter and the survivor belongs to the same culture but come from opposite groups, the interpreter may blame him/her, may feel differently, or may affect the survivor’s life differently by using a different word’’.

Only one participant thought that sharing the same culture was beneficial for the trauma survivors and provided them with trust and facilitate revealing more. This participant told that in order to gain their trust, she even sometimes used survivors’ specific accent.

Furthermore, while the culture has such a critical importance as the participants explained, cultural insensitivity on the part of providers was challenging for participants. P6 explained this in the following way: ‘‘Sometimes a dialog moves in a different direction or providers do not realize that what they say will hurt the other party, there are cultural differences, but you cannot intervene. I warn that he/she shouldn’t say that, but some of them tell me to interpret, and this exhausts me.’’

According to the two participants’ accounts, the mismatch in terms of gender and religion also became a challenging factor. P4 told that while she was working with a rape survivor, the mismatch of gender of the provider and the recipient made the survivor feel uncomfortable. She explained this in the following way: ‘‘I am a woman, the survivor was a male, and the psychologist was a woman. This was too challenging for the survivor. He said that he didn’t think we can bear what he was about to tell’’. Similarly, P7 told her difficulties in terms of belonging to different religious groups with the survivors by giving an example:

> There were Christian groups and these men were tortured etc. But poor guys couldn’t say that they were Christians. Since I am turbaned, they hesitated and I was ashamed, I was ashamed of myself. I told the provider that I felt these men were Christians. The provider asked me how I could know, and I said that I used to have Christian neighbors, they had their own styles, and he/she told me that maybe they were not. I said ‘you know I just wanted to share, but

> I can go out if they want to say something, they speak a little bit English, at least let them tell you. Since I am turbaned, they may hesitate to talk in front of me'. And they really were Christians.

3.2 Impacts of Working as an Interpreter

The second superordinate theme is *impacts of working as an interpreter*. This theme emerged from the eight participants' accounts tapping the impacts of working with trauma survivors as well as their own personal traumatic experiences on themselves and on their work. While describing the impacts they felt, all participants referred to two distinct phases of their work, which were initial times of their work and the current conditions. According to their explanations, it was possible to see both how they were affected and how these impacts evolved over time. For this reason, first, the initial impacts will be examined and then the focus will shift on the current situation with the explanations on the changes in the impacts.

3.2.1 Initial Impacts

The first subordinate theme of 'impacts' is *initial impacts*. All participants reported that initial times as an interpreter were the hardest times for them. Encountering with the painful stories caused participants to experience various emotional, somatic and social problems. These difficulties will be explained separately with the related quotations from the participants.

3.2.1.1 Emotional Impacts

The most salient initial impacts of the job on the participants was the emotional impacts. After working with trauma survivors and being exposed to their painful stories, participants described feelings of sadness, guilt, and helplessness.

First, P6 described the severity of the stories as follows: ''I was witnessing and interpreting the stories that I have never known and seen before, those that we only

see in the news and that we cannot be sure about their accuracy, and I was affected too much.'' Upon facing these stories during the interviews, they told that they tried to remain calm and not to reflect their emotions thinking that by remaining strong they could better help. However, some participants told that some stories were so severe that they could not hide their emotions. For instance, P7 described how she was affected by her work with a transgender client when she addressed the client with a wrong possessive suffix and her guilt as a result of not being able to help her:

> At that time, I was done. I couldn't interpret, my eyes were full of tears, and I didn't know what to do…I hardly managed myself not to cry. I apologized, and the psychologist told me that I was very affected and cannot interpret…I went out and cried and cried and cried. I was very sad but it was because I couldn't interpret that person's trouble. I couldn't.

Although they could manage to appear calm, they felt sad deep inside and this sadness continued after the work hours in the forms of crying and low mood. They said that they could not forget the stories they interpreted as well as those individuals who were reporting them. P1 explained how he ruminated in one case: ''I wanted to forget her face but I wasn't able to do so. I couldn't forget for two-three days. Her cry and her face haunted me.'' P5 similarly told that he was left with the impacts of the stories: ''They don't leave you, the impact may go on at home, and you think about them before sleep. It is not always like this but sometimes, I don't know which times, there is no standard, but sometimes when you see something similar, you remember it.'' P8 said that he was not that much affected by the work, but then he realized that he indeed might be: ''Sometimes when I wake up, for example, this person comes to my mind. That means I thought about this person, I thought this, that means, how can say I, somehow this entered into my unconscious. Initial times such things were happening.''

Being exposed to the details of the traumatic stories was reported to be especially staggering. P4 told that sometimes trauma survivors were reanimating what they experienced in the sessions and it was very severe for her. Similarly, P6 explained her experience as follows:

> She was telling in detail, this happened, that happened, they cut my daughter-in-law's stomach, took the baby, killed it, she was telling this in every detail, I said that I cannot bear any more, I felt terrible while interpreting, and she was telling these by crying and giving too much detail, too much. After I turned off the phone, I started to sob and my home was far away, for an hour or one and a half hour I walked, I just walked, I wasn't even fully aware, walking helped me but my energy dropped for a week, I noticed this, and I was pensive, I had to take a few days off, I wasn't able to focus.

Most participants were informed about the secondary trauma and said that what they have been through was indeed secondary trauma. Related to how they were affected vicariously, P6 expressed that: ''Actually what we call as secondary trauma happens to us because it is like you are experiencing what she/he experienced''. P7 similarly described how she experienced secondary trauma: ''There were challenging times especially while experiencing secondary trauma, we cried, I couldn't sleep until mornings, I started to smoke, sometimes I couldn't interpret.''

The feeling of guilt was another emotion evoked. Two participants who had worked in refugee camps before said that when they saw refugees' hard living conditions in the camps, they felt guilty because of having better living conditions. P6 explained her own experience: ''When I was going back to my home or to my social life, I used to feel as if I was doing something bad because people are in a bad situation there, they lost their home.'' Similarly, P7 explained that because of the same guilt, she couldn't even sleep in the bed one day and slept on the ground instead.

Moreover, participants expressed their wishes to help more, but they were aware of the limits of their help. Facing the refugees' call for help, they felt desperate as a result of not being able to do so. They P6 narrated that: ''Sometimes there are heads of the families, the fathers who are in a difficult situation, who are in my father's age, when they ask me to help by crying, I feel very sorry, we cannot do anything .''

These feelings were evoked for several reasons. First of all, participants also have experienced several traumatic experiences including loss of loved ones, war, ethnic discrimination, and an earthquake themselves. Some reported that when they had

interpreted for those who have been through the similar paths as they have, they remembered their own experiences. For instance, P1 told about his experiences during the Marmara earthquake. He said that he lost his friends, his home, and had to change his school and town as a result of the disaster. He stated that: ‘‘Those times come to my mind, I mean, yes, we were the ones who needed help there.’’ Similarly, P7 mentioned about her difficulties as an insider while working in the refugee camps: ‘’Initial times at my work, I was too bad, as a person who experienced the war, telling people’s stories, interpreting them…personally, I was so much affected. I couldn’t look at myself in the mirror.’’ Participants told that this resemblance made them better understand the pains of the trauma survivors and it was not only limited to similar experiences. They narrated that when they work with those who resembled them or their relatives in terms of culture, age, and gender, they were affected through putting themselves in their shoes. For instance, P1 stated that: ‘We sometimes go to the field. There, I saw an old woman who had come from her country alone, and she cried a lot, she tried to hug me, and then my own grandmother came to my mind, I started to think what if she would do such thing. I felt very sorry. She affected me a lot.’’

According to the accounts of the three participants, another factor that affecting participants emotionally was interpreting by using ‘I’ language. P4 explained her experience as follows:

> One case affected me very negatively. Actually, I was feeling that I didn’t like him. In one session, I got very angry, my nerves broke and then I thought that why should interpret for such a person, why I get exhausted for him. This guy was a person who was torturing his wife and insulting women in sessions all the time, and while interpreting, I use ‘I’ language, it is also a challenging part. For example, a client says that he/she was tortured, I experienced this and this and this, and I interpret exactly the same way. And that guy, for example, was saying that ‘I beat my wife because she deserves it, women deserve to be subjected to violence’, and since I interpreted using ‘I’, this was very severe for me.

According to the accounts of P4, these caused her to feel exactly the same way as the trauma survivors.

> For instance, in the sessions, since they were forced to leave their countries or they had to leave, refugees wanted to go back to their countries but they weren't able to do, they were feeling like being disconnected, after a while, I came to Turkey with my own will, but I started to feel that I couldn't go back, that there were obstacles. The same as how they were feeling.

Hence, because of several reasons, the participants were affected. However, regardless of all, participants told that they were and should have been affected as a human being. The excerpt from P1 illustrates this:

> I feel sorry as a human, it doesn't matter, this is a human who was scared and traumatized, I mean, think of it, a bomb exploded nearby your home, your arm was broken, or, I don't know, someone you love died, and you went to another country, I mean, you cannot even visit their cemetery anytime you want. I can be affected very much, feel sorry.

3.2.1.2 Somatic Impacts

The emotional burden of work also revealed itself somatically. Regardless of whether they could acknowledge their emotions or not, three participants told that they realized some symptoms in their bodies including tiredness, headaches, dizziness, crying spells, and being petrified and hypervigilant. These symptoms were felt both in and out of the sessions. Here is a quote from P4 regarding the somatic symptoms she experienced:

> First times, I was feeling consistently dizzy and exhausted, at some point, I felt that I will fall into depression. I was always feeling dizzy, having headaches, and getting sick…I wanted to cry in the session but I stopped myself, but then, since I did so, I felt dizzy, terrible, and those days I was consistently interpreting in the sessions…I was consistently suppressing myself thinking that if the client has already been feeling bad and if I cry, too, he/she will feel worse, that's why I was suppressing myself. Because of this, both in and after the sessions I was having headaches. Especially when I was going to interpret for certain clients, headache was starting an hour ago before

> the session…Suddenly, I used to become aggressive and over-reactive without any reason. Although I didn't do something very tiring I used to feel exhausted.

Similarly, P7 explained how her body reacted after she was affected by the specific case: ''When I didn't interpret for that LGBT case, when I couldn't, this affected me for two months. For two months, I couldn't do a proper job. My mind was always there. I was paralyzed.''

3.2.1.3 Social Impacts

The other area that the work has effects on was the social lives of the participants. Being affected emotionally led participants to withdraw from social engagements for a certain time. Some participants told that after going home, their mood was down and they did not want to talk to anyone including family members. Although thinking that they were not affected, they realized that they did not want to do anything or meet anyone but cry. In addition, when severely affected, some had to take off a few days. Regarding this, P4 stated that: ''One day I went to a mental health hospital and because of certain circumstances I found myself in a dorm, and there was a patient and she/he affected me a lot, I felt terrible, and I took a week off, I mean, I was very affected.'' She also pointed that at those times she came to work reluctantly and avoided meeting colleagues outside of the work:

> Sometimes I realized that I was going to work reluctantly, I was avoiding something, for example, there were meetings outside the work or we were gathering with other employees outside the work but I was avoiding. While coming to work in the mornings, an anxiety occurred inside me.

Although experiencing such difficult impacts, participants told that these effects were mostly felt at the beginning of working as an interpreter and that these impacts have abated over time. The transformation of impacts and the reasons for such change will be explained in the following part.

3.2.2 Current Impacts

The second subordinate theme of coping is *'current impacts'*. This theme emerged from participants' descriptions of their current thoughts and feelings related to work. As mentioned before, all participants told that they were affected at initial times but in time, after interpreting the similar pains and traumas, over and over again, they were somewhat accustomed to these stories and started to be less affected by them. P1 described his current situation: ''I get used to more nowadays, these were at the beginning, now there is the phenomenon of disguising my teardrops.'' Participants told that in order to help trauma survivors, they needed to be strong. They thought that if they cannot protect themselves, this will affect their work and even may harm the survivors. In this regard, P3 expressed that: ''Somehow you have to protect yourself to produce healthy work. In addition, by developing too much empathy, thinking that she [a survivor] didn't mean it, you may wrongly express what is told, but you don't have a right to think for others, they can express themselves.'' In addition, two participants said that they had to protect themselves for their own well-being. They thought that if they burdened the problems of all people, they would have carried these to their home, their private lives would have been affected, and this would have consumed them. As most of the participants reported, now they try to focus on interpreting what is told in a most effective way and this way they were not affected as they used to do. However, although the impacts abated compared to initial times, or they learned to protect themselves, they never totally disappeared. Participants reported that sometimes they were still affected in sessions for a few minutes but could leave the impacts in the session. They said that at least they did not not remember the trauma survivors and their stories anymore. P2 explained that: ''It affects a little bit when I am in the event, but not too much, because I prefer to leave it there.'' Also, P3 stated that since the migrant interpreters including himself and refugees encountered too many traumatic experiences, traumas became normal events and they got used to them.

Two participants expressed that they did not want to completely get used to traumatic experiences they heard. If they do, they believed that this meant that they lost their humanity:

> It affects, of course, but now it is like this, you start to get used to after a while, you are affected only at that moment. After that, I don't know, I sometimes ask myself if I lost my feelings, my human feelings or if I got used to, because I don't want to get used to, because how can I interpret for those who are in a bad situation without feeling their pain, I absolutely don't only want to interpret. Maybe we gained more control, we better control our emotions, our approaches to people, and our steps.

3.3 Coping with the Effects of the Job

The fourth superordinate theme is *coping with the effect of the job*. This theme emerged from participants' explanations on how they could handle the impacts of consistently encountering traumatic contents. Each participant narrated their own ways of coping with the impacts of their experiences. Accordingly, three subordinate themes of coping named as coping with distraction, coping with getting professional help, and coping with sharing emerged. Each of them will be clarified with the related quotations from the participants.

3.3.1 Coping with Distraction

The first subordinate theme of 'coping' is *coping with distraction*. According to the six participants' accounts, one of the most frequently applied ways of handling the impact of trauma work was using distraction and avoidance. Most of the participants told that by keeping themselves busy, they did not have time to remember or think about the stories they were exposed to. P2 expressed in this way: ''I am always busy. When I'm home, there are books, or I talk to my friends, but mostly I am engaging in books. This makes me busy all the time and there remains no time to remember anything else.'' In fact, with time, they have learned to separate the work life from their private life. They shifted their focus to their own works and problems, and keep

themselves away from the work psychologically. Such strategies were especially used by those who had not an access to professional help. P8 explained this in the following way: ‘‘Indeed, we should talk to a psychologist, but, they don’t meet this. Since they don’t meet, we do this by ourselves and this is a serious drawback of our workplace. Now we isolated ourselves from the work life and started to feel nothing.’’

In addition, participants mentioned that activities such as dancing, sports, and meeting with friends helped them to regain their energy and to free their minds. For example, P4 explained that: ‘‘I love dancing so much. Every time I feel bad, I dance, belly dance, it is good for me, and also I do sports, go out with my friends, I try to join some activities.’’

3.3.2 Coping with Professional Help

The second subordinate theme is *coping with professional help*. According to three participants’ accounts, another way of overcoming psychological difficulties was receiving professional help.

Some participants said that their workplaces organized some training regarding stress management or secondary trauma provided by professionals. They believed that this training has contributed to their coping with the emotional burden of the job. Regarding this, P1 stated that:

> In our workplace, some activities are organized such as stress management, this kind of training is organized by psychologists…they affected us in this way; since they are professionals, they guide us in terms of how we should react in certain situations, how we can control our emotionality, I mean, our workplace is helpful in this way.

P 4 narrated that after realizing the symptoms of vicarious traumatization in herself, she started to receive psychotherapy thanks to the referral by her workplace. She expressed this in the following way: ‘‘When I started to feel bad, I talked to the

coordinator and said that I have been affected psychologically, and I started to receive psychotherapy with their referral and this was very good.''

3.3.3 Coping with Sharing

The third subordinate theme belonging the theme of *'coping'* is *coping with sharing*. According to the accounts of the five participants, the other way of overcoming the impacts of the work was sharing the thoughts and emotions with loved ones including family members, friends, and colleagues. This disclosure was defined as relaxing and affecting in a positive way. Indeed, talking was likened to a psychotherapy. P7 expressed that: ''Talking feels very good because without talking, one can internalize something.''

Participants told that they were also able to talk to coworkers and receive support from them. Especially sharing their experiences with the coworkers who have been through a similar path was described as a kind of psychological support by two participants. In this regard, P7 stated that:

> We used to talk to each other [with the coworker] to make it like a therapy, I was talking to her and crying. She was telling her own experiences, we were sharing what we have been through and gaining experience. It wasn't like I was experiencing something and taking lessons from them, we were also taking lessons from what others have been through. Indeed, it was like a psychological support group.

3.4 Changes Experienced Due to the Job

The fourth superordinate theme is *changes experienced due to the job*. This theme emerged from the eight participants' explanations on how working as an interpreter has affected and changed them and their views on life and the world. Accordingly, encountering several difficulties and being able to cope with them changed the participants and their views about themselves and the world. These changes will be presented separately

3.4.1 Changes in the Self

The first subordinate theme is *changes in the self.* After experiencing so many difficulties, the participants learned a lot of things and realized some positive changes in their attitudes and behaviors. First, they told that due to this job, they gained a lot of experiences. Especially, the participants who also have an academic focus told that these experiences taught them a lot of things. Regarding this, P5 explained that:

> You also gain a lot of knowledge, you learn a lot of thing…you know what happened in Syria, Afghanistan, and Iran, how people were affected, and this may be an important knowledge…you understand everything, you see the world from a different perspective, as if you experienced all those incidents.

Similarly, P8 expressed that: ‘‘It opened different windows, provided too much experience, other than reading theoretically I intertwined with this field in my workplace. These experiences were useful for me.’’ In addition, since P8 was working on human rights in his academic life, he inferred something related to his field and these helped him to decide how to proceed in life: ‘‘My awareness has increased. This was important because our rights as employees are violated…we work in a human rights institution but human rights are violated. This also happened. This made me realize how much I will persist in this road.’’ As P8 pointed out, as they taught and interpret to refugees, they learned, too. P6 explained this in the following way: ‘‘I learned my own rights. While teaching and interpreting for them I learned my own rights in my country. This provided me more self- confidence… I didn’t even know the meaning of refugee, I learned this, and I learned my social rights in my country.’’

Participants also described several changes in their behaviors and attitudes. For instance, P7 told that she gained more control over her emotions, her approaches to people, and her steps. In addition, the participants explained that they have become more tolerant and more emphatic. In this regard, P5 expressed that: ‘‘I didn’t have that much empathy towards other people before I worked here…now, if someone

makes me angry, I think that maybe she/he has valid reasons. I became more patient. I had some negative views towards immigrants but now I don't have any.'' As can be inferred from the account of P5, they also broke their biases towards refugees and people in general. P3 expressed this in the following way: ''I gained an ability to work with others, to accept people, and to live together. It is necessary to be considerate. This job made me considerate and this is one of the life's most important virtues.'' P6 have been through a similar path and even married a foreigner: ''I wouldn't imagine that I could marry a foreigner but my husband is a foreigner now. This is thanks to this job. Because I used to have a prejudice towards foreigners in general…but I overcame my prejudices and never experienced any difficulty in this regard.''

Moreover, two participants told that interpreting in psychological sessions and witnessing trauma survivors' process helped them to gain insight about the causes of certain problems, and it presented different views to them. P2 explained that: ''For example, you know the causes of much of the problems, and when you try to know, you gain experience and you are not affected by them.'' Similarly, P4 described her own process in the following way:

> I started to think how much people can be evil. People, indeed, can be very cruel, to the point of torture, and this torture is not only physically, they also torture people's soul. This was too painful for me. At one stage, I started to lose my belief in people. Before I started to job, people were either black or white for me, but now there are also gray people. Even if they can be evil seemingly, they may not be that much bad. They become evil because of what they have been through. Torturers, for example, at some point, without awareness, they torture their children, too. Yet, after they come to therapy, after thinking about all these, they realize that they do the same things…earlier, I wasn't thinking in this way. I had some friends in my country who were prisoners, I used to get angry with them, but after starting to work here, I can understand them. I learned that I shouldn't judge too harshly.

In addition, being included in the trauma survivors' processes presented them an insight about their own inner world. P4 explained that, now she could look at herself and acknowledge her own emotions:

> While the people are talking about their problems, as if the light is on my head, I realize that I am experiencing similar things, feeling in the same way, and upon the explanations of the psychologist, I notice that I can look from a different perspective…I noticed several things about myself…I always tried to be decent and when feeling something bad such as anger or hate, when feeling those, I used to see myself as a bad person, but then I realized that these are natural emotions. I mean, when I could understand and interpret them and learn their reasons, I learned that nothing horrible is happening actually.

3.4.2 Changes in the World View

The second subordinate theme is *changes in the world view*. It emerged from the five participants' accounts on how they see the world after experiencing aforementioned difficulties and being able to overcome them.

First, encountering traumatic experiences made participants realize that the world is dangerous and temporary and they acknowledged the cruelty that people show to each other. For instance, Turkish participants told that they interpreted stories that they were only hearing and reading earlier in the news. In this regard, facing with the trauma survivors and interpreting their pains changed their perception of safety, trust, and risk. P1 explained this in the following way:

> We shouldn't trust anything. I used to think that I was comfortable in this country, that my life was very good; but I learned that a person can have an accident and become paralyzed, can suddenly lose his/her beloved ones, can have health issues. I mean, when we are living, we live like nothing can happen to us. These were the things that I used to see in the news, and I faced them. I learned that anything can happen. I noticed that the world is a dangerous place. I used to see life through rose-colored glassed, as if everything is alright, people are good…there is no such thing. In the end, the reasons of these people's pains are some other evil people or those who don't respect others' views…anything can happen at any moment. Here is a world,

> for this, I learned that we need to be prepared, and that I need to be psychologically strong for everything.

Similarly, P2 acknowledged that everything one built so far can be destroyed easily: ‘‘You build a structure in five years, and for example, when you make a dynamite, it collapses in half a minute…these happen frequently, but this is life.’’ However, as P5 pointed out, participants started to accept the world with goodness and badness:

> We live in a world full of both badness and goodness, we are not in the heaven. Not all people agree with each other and that’s why they fight against each other… the world is unfortunately like this and these troubles are not going to end. The important thing is what we are doing, what is our duty.

As can be inferred, these experiences didn’t render participants pessimistic. Rather, they took so many lessons from their work with trauma survivors. For instance, they became more grateful for their lives. P6 expressed that: ‘‘I am grateful for my life when considering those who are in a bad situation.’’ In addition, seeing that those who had so much pain could heal and still were strong gave them strength. Indeed, witnessing trauma survivors’ struggles in a world that is full of badness as well as goodness, and their power and joy despite all the sufferings increased participants’ positive attitudes towards the future and their beliefs in themselves. P7 explained this as follows

> I took my power from the refugees…because they can still stand up. Who am I when considering them…they lost their home. I also lost my home, started a new life but not as much as them. Eventually, I am a Turkish citizen, I refuge as a citizen. That is, I am luckier than them…she (a refugee) is still happy. She is sad at the same time but says that there is nothing to do. She says she looks around and see the people who lost more. This woman’s face can smile, she is strong, she can stand, so you think that ‘how can’t I’. I mean, you take power. And when you see their happiness and could help them, those feelings affect us too much.

P2 also explained that how his views have changed after witnessing refugees who could build a new life.

> Those refugees and asylum seekers started to give me strength. Rather than sadness that I was feeling at the beginning, I gain strength now. The people have a bias regarding difficulties of living abroad, indeed, there is no such thing, they adjust slowly, learn a language, some starts to work, their children go to school somehow, they also learn the language; this means that it can be achieved; it is possible to turn a new page. For them, the life can still go on after losing their spouses and partners. A life is established from scratch. I used to think about whether I can survive and build a new life when I go to another country as an LGBT individual. I was afraid but this bias have been broken now. From those people, I learned that I can comfortably live and build a new life abroad, too. It is not easy, of course, but everything fits together in time.

After helping the survivors and seeing those who help them as he did, P1 also noticed the goodness in people and this gave him a hope for living abroad:

> In our society, there are too many helpful people. I mean, I understand that I can encounter helpful and supportive people there, too. I used to have some biases towards myself, I was thinking that I cannot go. Yet, I have no such kinds of thoughts anymore. I can go unhesitatingly now.

3.5 Needs of Interpreters

The fifth and last superordinate theme is the *needs of interpreters*. This theme emerged from eight participants' explanations on their difficulties and suggestions for making interpreting more easily. The theme consists of two subordinate themes named material/physical needs and psychological needs. Both will be presented in detail with the related quotations from the participants.

3.5.1 Material/Physical Needs

The first subordinate theme of 'needs of interpreters' is *material/physical needs*. When asked about what can be done to make this job easier, participants voiced their needs for material and physical improvement in terms of working conditions, salary, and training. Although nearly all participants were satisfied with their jobs, they

pointed out to some insufficiencies. For example, P8 recommended that economic conditions should be improved and each interpreter should have their own desk and chair. In addition, participants described that desirable working conditions should include appropriate working load, working hours, and break times. In this regard, P1 said that:

> For example, in our workplace, if you feel bad during the interview, you can indicate this and they continue with another interpreter. These kinds of opportunities are provided to us here, we don't have problems in this regard but I don't know whether the interpreters working in other workplaces are treated like this. I think some of them may not be benefiting from these. For instance, I heard about an institution, this huge institution has a single interpreter, and they make this individual work a lot. This time, this may not be healthy. Even when speaking a native language, if you get tired you may slip, or a wrong word may come out. If an interpreter gets too tired, he/she may say something wrong, may do wrong interpretation.

Moreover, participants told that there should be training regarding their roles and what is expected from them during the interviews including where to sit, how to address, what to say. Furthermore, all participants were aware that interpreters should be competent in languages they interpret for. Related to the need for overcoming difficulties in terms of competency in different terms, P6 stated that: ''According to the groups they will work with, they can, for example, make a research about the most frequently used terms and give them to the interpreters beforehand, and this way the interpreter can be prepared, too.''

3.5.2 Psychological Needs

The needs of interpreters were not limited to material/physical facilities. After encountering a lot of painful stories and being affected by them psychologically, all participants pointed out to the importance of psychological support. While some participants could find this support in their workplaces and expressed how it helped them to heal, others complained about the deficiency of such support and voiced their needs for such help. P8 explained this deficiency in the following way:

> I don't experience anything different but if I had talked with a psychologist, something different may have come out…All institutions should provide such support for its employees, especially for interpreters because interpreters are affected firstly, especially in our work we don't say 'he or she', we say that 'I' was raped, 'I' was beaten, 'I' was shouted at, 'my father' did that etc. These are automatically processed in my mind. For this reason, all institutions should provide psychosocial support to all employees regularly. This is very important.

Moreover, the difficulties they experienced made participants realize that they indeed achieved a quite important job. Nevertheless, two participants accounted that interpreters did not receive the care that they deserved. Their needs to be valued echoed in the excerpt from P1:

> Interpreters may be given more, how can I say, more respect. I am satisfied with my workplace but my friends from other workplaces are not satisfied with their own conditions. They say that they don't receive any respect from their workplaces, they are only considered as a language. We are not like this, we can attend to everything here and they make us feel that we are the most important figures in this workplace, among the most important ones, they say that without language they cannot communicate with these people. They make us feel this way and we can feel that they care about us. I can speak on behalf of other interpreters, they can be helped by making them feel that they are valuable. They should be able to feel that without them, the communication cannot be conducted.

CHAPTER 4

DISCUSSION

In this section, the findings that emerged from the analyses of the eight participants' interviews will be discussed with the support from the relevant literature and implications for clinical applications as well as limitations and future directions will be presented. The findings of the current study were mostly compatible with the existing literature and the nature of the qualitative methodology provided a deeper understanding of the topic. In the following parts, the emerging themes from all the interviews will be discussed separately to shed light on the existing results.

4.1 'Interpreting' as a Job

The first finding of the study was related to the participants' considerations regarding the job of interpreting including the motivators for doing this job, the specific roles assigned to the interpreters, as well as difficulties they experienced in conducting the job. Indeed, these findings are believed to make readers get familiarized with the job of interpreting, especially for those who are not necessarily academically trained as interpreters and conduct interpreting for those who have had stressful life circumstances. Therefore, related subordinate themes will be discussed in the following parts.

4.1.1 Motivators for Doing the Job of Interpretation

The participants counted several difficulties in the profession which will be discussed in the following parts, however, they also told that there were several motivators that made them continue to conduct this job. In this regard, 'helping' was a common motivator for all participants.

As mentioned before, the associations/workplaces that participants worked in were providing much of the help for the refugees and asylum seekers including social, legal, psychosocial, and psychological support. Therefore, in providing the communication, interpreters believed that it is somehow their job that makes it possible to offer this help. Nevertheless, for the participants, helping was more than a part of their duty. Rather, it was something that made them happy and self-actualized, and that gave them a sense of meaning in their lives. As a matter of fact, witnessing others' pains might produce personal discomfort and this in return may reduce the helping behavior (Batson, Early, & Salvarani, 1997). Encountering several difficulties and the impacts of the work of interpretation, which will be discussed later, the participants indeed had a choice to give up the work or not to help. Apart from the external reality such as the necessity of working to maintain their lives, for the interpreters, the maintenance and the meaning of continuing working and helping trauma survivors may be a way of self-affirmation, which Steele (1988) explained as the motivation to protect one's integrity and own perceived worth. Kim and McGill (2018) showed that self-affirmation intervenes one's tendency to downplay others' pain and increases helping behavior, leads individuals to attend more closely to the others' difficulties, and to interpret others' pain as an urgent need rather than an ordinary hardship. Similarly, the pursuit of self-affirmation may led participants to reduce their ego defenses and prevent them to view trauma survivors' sufferings as normal, or made them care about the things they previously did not. These in return may gave rise to self-transcendence tendency in the participants, which implies to focusing on the conditions of others in addition to the self (Kao, Su, Crocker, & Chang, 2017).

On the other hand, from a cultural perspective, all participants were coming from collectivistic cultures. In collectivistic cultures, 'we' is important and people belong to 'in groups' that take care of them in exchange for loyalty (Hofstede, 1980). Individuals living in a collectivistic culture are concerned about others (Triandis, 1989). Therefore, helping may be reflecting a cultural value and may help participants to maintain their collective identity.

As the interpreters from health care interpreter services in Butow et al.'s study reported (2012), interpreters in this study were also attentive to the needs of trauma survivors, such as acting as a cultural advocate and providing support when necessary. Indeed, most of the participants experienced similar traumas, thus, similar emotions and difficulties as experienced by the survivors they interpreted for. Being an insider in this regard may have made the participants understand survivors' pains more deeply and encouraged them to help more. As some participants clearly expressed, helping trauma survivors and to speak for them may also function as an attempt to recover their own pasts and this may help them to heal more.

4.1.2 The Roles of Interpreters

The second subordinate theme was the roles of interpreters, in which the participants described their roles and responsibilities and the attitudes they are expected to show near the providers and trauma survivors. As Tribe and Morrissey (2004) pointed out, participants explained that as well as facilitating the communication, as interpreters they were also bridging the cultural gaps between providers and trauma survivors. Two participants told that in their workplaces, they were called 'cultural mediator' instead of 'interpreters'. Such notice is important because it means that the cultural identity of providers, that is, a part of their subjectivity and its effects on both providers and survivors are acknowledged, encouraged and accepted as an integral part of the process (Miller et al., 2005), rather than being ignored (Westermeyer, 1990). In this way, interpreters can have a clearer idea about what roles are assigned to them and this significantly affects their management of the dynamics among the provider and the client and the role performance of each party (Hsieh, 2007). They can more comfortably inform both parties about the cultural features of each other. Understanding their roles and functions also contributes to team satisfaction and collaboration (Dieleman et al., 2004). Indeed, compared to other participants, the participants who called themselves as cultural mediators stressed more that they were very satisfied with their workplace, could collaborate effectively with the staff and receive various types of support from them. Therefore, the role clarification and the

acknowledgment of interpreters' subjectivity as an integral part of the job may contribute to greater job satisfaction, too.

Moreover, in accordance with the ethical expectations and professionalism (Searight & Searight, 2009), all participants told that differences with trauma survivors in terms of the culture, ethnicity, sexual orientation, gender identity, or age did not affect their approach to survivors or the quality of their interpretation. On the contrary, they strongly stressed that to be helpful to the survivors, all interpreters should get rid of their biases, forget their own values, and be neutral. They used the 'bridge' metaphor to explain the desired standing of interpreters. Accordingly, it was necessary for them to be a sturdy bridge between the provider and the trauma survivor. They said that when the bridge shakes, that is, when the interpreter recalls his or her experiences and introduces own biases, trauma survivors cannot trust the interpreter, which is another important issue, especially when working with refugees.

One may think that leaving personal values and biases means that eliminating the person of interpreter or ignoring his or her subjectivity (Miller et al., 2005), however, the participants didn't mention that this is a necessity of their job or that they felt as invisible because of this. Rather, as Searight and Searight (2009) recommended, eliminating their biases was more likely to result from interpreters' personal qualities including empathy, caring, respect, and sensitivity. For participants, being neutral was the precondition of being genuinely helpful for a human being. Therefore, it was revealed that it is necessary for all interpreters to get rid of their biases, to be respectful, caring, and sensitive when working with trauma survivors.

4.1.3 Difficulties Encountered in the Job

The third subordinate theme was related to the technical and relational difficulties of interpreters. Technical ones resulted from the task of interpreting itself. They included issues regarding not being able to control the pace of survivors' speech, forgetting what is told as a result of the fast speech, not being competent in some

terminologies, and not being able to interpret appropriately because of getting tired. Relational difficulties, on the other hand, were mostly related to the conflict among survivors and providers, trust issues as a result of cultural differences and similarities, and working with angry trauma survivors.

The lack of role clarity and the lack of attention to the needs of interpreters as in the case of ignoring their tiredness, may have contributed to difficulties of interpreters. For instance, some participants complained about being scolded by providers when they didn't interpret the swearing of survivors. A similar difficulty occurred when interpreters tried to inform providers that certain attitudes or words they used were not culturally appropriate. Since there are no standard rules or role clarity for both interpreters and providers, these can create complexity in triadic relationships and affect the relationship dynamics negatively. Therefore, providers should provide an open environment for interpreters in which they can freely ask for clarification (Gong-Guy et al., 1991) or can discuss their opinions and difficulties, especially when the provider is being culturally insensitive without noticing. As Tribe and Morrissey (2004) stated: ''Interpreter is not only proficient in two languages but is also likely to be an invaluable source of important cultural information which may be relevant to the psychological issue in question''.

Moreover, again as Tribe and Morrissey (2004) pointed, the interpreters in this study reported some relational difficulties that resulted from the mismatch of gender and religion between the survivor and interpreter. Hence, the appropriate match of interpreters and survivors in terms of age, gender, nationality, ethnicity, or religion is recommended since it may obstruct disclosure and disrupt the content that the survivors present (Engstrom et al., 2010).

4.2 Impacts of Working as an Interpreter

The second theme that emerged from the current study was related to the impacts felt by the interpreters after starting the job of interpreting for trauma survivors.

Participants described two distinct phases of their work in relation to the impacts, in which the impacts of the job also changed. Accordingly, all participants described initial times when they started the job as the most challenging times. For the Turkish participants, the stories of the survivors were the ones that they were watching on TVs and those that they were not even exactly sure about whether they were accurate. It may be because even though they had experienced traumatic life events including earthquake and loss of loved ones themselves, they have not experienced war or torture traumas as the survivors reported. This may also explain the reasons for their motivation. As mentioned before, witnessing the agony of others may have created personal discomfort and activated ego defenses, and as a result, these participants may not have been able to acknowledge them (Kim & McGill, 2018). However, hearing in the first hand may have made them believe and care about the stories that they have previously denied, which may reflect the process of self-affirmation and self-transcendence that are explained while discussing their motivations for helping.

The participants stated that interpreting traumatic stories of trauma survivors evoked several feelings and produced observable symptoms. During the initial times of working as interpreters with trauma survivors, bearing the severity of the stories and remaining neutral in sessions were quite severe for some participants. Even if they could manage to appear to be neutral, the emotional effects continued afterwards in forms of crying spells, low energy, and rumination about the stories and trauma survivors. In addition, feelings of guilt resulting from having better living conditions than trauma survivors and despair because of providing limited help and not being able to help all survivors were other feelings that were reported. Emotional impacts were accompanied by somatic symptoms in and out of sessions such as tiredness, headaches, dizziness, crying spells, and being petrified and being over-reactive. The other impact revealed itself socially. Some participants withdrew from social engagements, avoided meeting coworkers outside, came to work reluctantly, and some had to take a few days off. All these seem to show that the job was quite taxing for them initially, and that they experienced emotional and somatic problems.

These impacts that participants described were consistent with the findings of several studies showing that interpreters experience complex emotional, somatic, and physical difficulties as a result of their work (e.g., Lor, 2012; Miller et al., 2005; Sexton, 1999; Splevins et al., 2010). Some participants themselves named what they have been through as 'secondary trauma'. In fact, the reported signs of social withdrawal, emotional dysregulation, aggression, somatic symptoms, intrusive imagery, anxiety, depression, difficulty managing boundaries with clients, and disruptions in core beliefs, and resulting difficulty in relationships are symptoms of vicarious traumatization (Figley, 1995; Pearlman & Saakvitne, 1995).

There were several contributors affecting participants. For instance, being exposed to the details of terrifying events was reported as a factor that increases the stress level of participants. In addition, having been through similar paths, sharing the same culture, age, and gender; or finding a resemblance between the trauma survivors and their relatives caused participants to develop more empathy, which is given as the main mechanism in developing vicarious trauma (Figley, 2012). Another affecting factor was having to interpret by using 'I' language. Interpreting in the first person caused participants to feel as if the event occurred to themselves. Splevins et al. (2010) proposed that interpreting in the first person instead of third quicken the identification of interpreters with the clients. Similarly, such usage may cause participants to get more involved in the story and made them identify more with the survivors.

Nevertheless, Lor (2012) and Miller et al. (2005) told that the interpreters in their study reported the impacts of vicarious traumatization as short in duration. Similarly, all participants in this study told that the impacts were felt at the beginning of the job and lasted for a relatively short time. Although they did not completely disappear, they described their current condition as different than the initial times. Accordingly, the motivations of being more helpful to the survivors and not harming them, the need for protecting their own well-being, as well as getting used to the traumatic stories because of interpreting similar traumatic experiences over and over again lead

participants to develop several strategies to handle the impacts. Figley (2012) pointed out that when the helpers identify with trauma survivors and find themselves thinking how it would be like if these horrible events happened to them, this may cause them to feel upset, anxious, or distressed. However, when they think of what the survivor experienced, they may be likely to be more compassionate and be more motivated to hel.. Similarly, by putting themselves in their shoes, the participants in this study may initially have identified more with the trauma survivors and experienced more stress. However, isolating themselves from those experiences and taking the perspective of survivors instead may have contributed to be less affected as well as leading them to be compassionate and helping more.

4.3 Coping with the Effects of the Job

The third theme was related to the attempts of participants to cope with the effects of interpreting the traumatic material. In order to protect their own well-being, participants consciously developed several coping strategies. Using distraction, receiving professional help, and sharing were the strategies that participants employed. Accordingly, to avoid the intrusion of the stories they were exposed to, participants used distraction such as keeping themselves busy, shifting their focus on their own problems, and keeping away from the work psychologically. These can be categorized as avoidant coping strategies. When used initial times of the distress, especially when the situation is uncontrollable and the emotional resources are limited, avoidance may help to instill hope and courage and reduces stress (Roth & Cohen, 1986). However, the usage of such strategies on the long run may interfere with taking appropriate action, produce disruptive avoidance behavior, and cause emotional numbness (Roth & Cohen, 1986). The most of the participants reported that they relied on avoidant strategies, and they did not do so only in the initial times of the impacts. The lack of resources for active coping such as psychological support may contributed to this tendency.

In addition, activities such as sports, dance, and going out were reported as helpful to regain energy. Doing exercise was shown to be related to improved mood and life

satisfaction (Meyer & Broocks, 2000). Therefore, although not completely leading actively coping with the impacts of the job, these activities may be stress-reducing factors for the participants.

Sharing the impacts of the work with loved ones and with coworkers who have been through a similar path was another strategy used by the participants. As Hobfoll et al. (2007) pointed out, seeing that others also experience disturbing psychological reactions as one does is emotionally relieving and can be an important process for recovery. Also, the degree of support seeking and resulting perceived support can enhance the use of more adaptive coping strategies (Tedeschi & Calhoun, 1996). Considering the lack of professional psychological help, social support may have been useful source of coping for the participants, which provides environment to share and normalize their thoughts and feelings, rather than repressing them.

Figley (2012) told that vicariously traumatized individuals frequently employ negative coping strategies such as withdrawing from others, attempting to forget the traumatic material presented, or showing aggression. The participants in this study also utilized these strategies initial times in the job, which further indicates the existence of vicarious traumatization. Nevertheless, as the time passed, they were able to use more adaptive techniques.

In the literature, the strategies that directly address the problem, search for information regarding the stressor, and focus on the ways to resolve the stressors are counted as problem-focused coping strategies and those focusing on handling emotional distress and searching emotional support are considered as emotion-focused coping strategies (Folkman, Lazarus, Gruen, & DeLongis, 1986; Folkman & Moskowitz, 2004). The active (Carver, Scheier, & Weintraub, 1989) or problem-focused strategies (Lazarus & Folkman, 1984) that participants employed were seeking social and psychological support, and other strategies they utilized can be regarded as emotion-focused strategies used for avoiding or lessening the emotional impacts. Social support, however, can also be considered as an emotion-focused

strategy (Carpenter & Scott, 1992), especially when participants leaned on others to soothe their emotions. But when they do so to learn how others could handle the impacts, it may be considered as problem-focused strategy, since it targets to resolve the stressor. Moreover, although being more effective strategy, unfortunately, only a few participants were able to receive direct psychological help. According to one participant, personal psychotherapy was the most effective way of coping. Compared to the participants who used other strategies, this participant presented more insight about how it helped. Indeed, rather than taking away the person from the root of the problem, psychotherapy helped this participant not only to process the job-related impacts but also resolve her own traumas. The unresolved traumas, as Splevins et al. (2010) and Miller et al. (2005) warned, may be triggered by interpreting traumatic material. Therefore, interpreters, especially those who have their own unresolved traumas need to receive psychological support.

4.4 Changes Experienced Due to the Job

The fourth theme concerned the changes that participants observed in themselves after coping with the impacts of the job. The changes they described were basically related to changes in the self and in the views on life and the world.

Regarding the changes in the self, participants told that the job has taught them a lot of things, which made them feel like they experienced all the incidents they interpreted. Although the stories were mostly painful, they also found something positive and informative in them. Interpreting trauma survivors' stories enlarged participants' horizons in that it contributed their academic life and reminded them what their purposes are and what they should fight for in life. In addition, participants described changes in their behaviors and attitudes. Due to this job, they became less judgmental, more tolerant, understanding, empathic, patient, and insightful and gained more control over their emotions and decisions.

Regarding the changes in the way they viewed the world, becoming aware of the cruelty of people and witnessing the losses of trauma survivors made participants realize that the world is dangerous and everything can be suddenly destroyed. Especially, the Turkish participants, who have lived relatively far away from war areas recognized their vulnerability. Indeed, their perception of safety and risk seems to have changed. They noticed that they can also be the ones who have been through such aversive experiences. Nevertheless, this awareness did not render participants hopeless or pessimistic. On the contrary, they became grateful for their lives and started to accept the world with all the goodness and badness. In fact, witnessing the recovery of trauma survivors and seeing that there are people who help refugees in their struggles, including themselves, gave them strength and made them realize their own power. Therefore, they started having more hope for their futures. Several studies (e.g., Arnold et al., 2005; Splevins et al., 2010; Steed & Downing, 1998) also found that helping professionals including psychotherapists and interpreters experienced positive changes in their sense of identity and in the belief toward the self and others as a result of their work. These results supported the notion of vicarious post-traumatic growth, which refers to positive transformations in self-perception, interpersonal relationships and philosophy of life (Calhoun & Tedeschi, 1999) experienced vicariously by helping professions (Splevins et al., 2010). Figley (2012), similarly, named this process as 'vicarious transformation' which he described as the process of transforming one's vicarious trauma into spiritual growth in forms of ''deepened sense of connection with all living beings, a broader sense of moral inclusion, a greater appreciation of the gifts in one's life, and a greater sense of meaning and hope''. Hence, continuously interpreting traumatic content doesn't always result in distress but can bring growth to the lives of interpreters. It can be inferred that although it is a painful path, the job of interpreting can also be rewarding at the end and difficult experiences can make interpreters stronger, hopeful, and more resistant.

4.5 Needs of Interpreters

The last theme concerned the material/physical and psychological needs of interpreters. Accordingly, interpreters voiced their needs for having appropriate working conditions, salary, and training. Although the most salient motivator was helping; adequate salary and appropriate working conditions were also counted among important motivators for the participants. These made participants think that at least they were receiving compensation. As in nearly every job, these facilities may have functioned as incentives and increased their job satisfaction.

Moreover, as Miller et al. (2005) pointed out the lack of formal training among interpreters, none of the participants in this study received formal training for interpreting. This deficiency revealed itself both in language competency and in role expectancies. Participants told that apart from individual efforts to improve language competency, the workplaces should provide training regarding the use of different terminology and of how to behave in sessions. As Tribe and Morrissey (2004) suggested, providers should avoid using technical terminology and if it is compulsory, they should make sure beforehand that the interpreter knows the terminology to reduce possible misunderstandings. Therefore, either by making a list of commonly used terms as participants recommended or by trying alternative strategies, interpreters can be informed beforehand about the necessary terminology. In addition to providing healthier work, this is also believed to reduce the possible anxiety of being caught unprepared and potential feelings of inadequacy resulting from not knowing the subject in hand. However, insufficiency in the use of terminology may also be the result of wrong employment policies.

In addition to physical/material requirements, interpreters in this study also voiced their psychological needs. Considering the impacts of the job, some participants' accounts on how they could benefit from psychological support to address the initial impacts, and others' explicit demands for such support underlined the need for careful observation during and after sessions for the possible effects of secondary

traumatization (Miletic et al, 2006; Miller, et al., 2005) and the importance of psychological support for interpreters. The majority of the participants told that since they couldn't receive psychological support, they had to make sense of what was happening to them and struggled with them on their own. Some even said that to make inferences on their mental health situation and to learn how to cope, they were applying the information from the psychoeducation they were interpreting or were relying on the information that psychologists were giving to the trauma survivors. Such kind of attempts for coping can be very exhausting. Interpreters should be given and deserve to receive the proper support for their distinctive psychological needs.

The other issue the interpreters highlighted was their need to be respected. They told that since they achieved an important job, they deserved to feel valuable about themselves. They needed their workplaces to notice interpreters' unique roles, to understand that they cannot communicate with refugees and asylum seekers without them, and appreciate them for their work. Hence, since it can function as a compensation and an incentive, interpreters should be respected by being included in relevant organizations and being considered as important components of the working team (Tribe & Morrissey, 2004).

4.6 Clinical and Policy Implications

Turkey is a host of world's largest refugee population. There are several associations to fulfill several needs of refugees, including mental health needs arising from war related experiences, torture, and other encounters and a large number of interpreters are relied on to communicate and work with the traumatic material that refugees present. Most of the interpreters in Turkey are also refugees themselves or have been refugees once. As pilot interview revealed that some refugee interpreters are still dealing with their own primary traumas. Facing others' similar pain while still not having coped and processed completely their own experiences is challenging for these individuals. Interpreting others' traumas may serve as a constant reminder of their own similar trauma experiences and intensify their traumatic stress reactions.

Therefore, the recruitment of refugees as interpreters should be approached with great caution. Although the use of refugee interpreters may be pragmatic and they may act more competently as a cultural mediator, the primary aim should first be helping them cope with their own traumas. Mental health professionals should prescreen candidate interpreters' mental health and those who are still dealing with their own primary traumas and showing traumatic stress reactions should not be recruited for their sake.

Other than refugee interpreters, as mentioned above, there is also a group of interpreters who have been refugees themselves or who migrated from war-stricken countries. These interpreters also share a similar background and may have similar traumatic experiences with refugees. Even if they seem to have coped with their own traumas over time, interpreting similar traumatic materials seems to make them recall their past traumas and experience feelings of guilt as a result of presently having better conditions than refugees and consequently feel helpless for not being able to help more. Moreover, in the current study, two interpreters have lived abroad but never had refugee status or experienced war. These interpreters also reported that they have been affected by their work as other interpreters have. Although not being an insider, they put themselves in refugees' shoes, remembered their own past traumas other than war, and could feel the pain of refugees. Therefore, it was revealed that as a result of their job, nearly all interpreters are at risk of vicarious traumatization and developing other mental health problems such as depression. Considering these findings, mental health professionals and clinicians, especially providers, should talk with interpreters about their emotions and when necessary, the workplaces should provide psychological support, or if not possible to provide support within the workplace, they should organize necessary referrals (Engstrom et al., 2010). Additionally, the lack of psychological support in workplaces was underlined by participants. Hence, such support should be provided first within the workplaces. Interpreters should be encouraged to share their thoughts and emotions and to practice self-care. Regular staff meetings in which the emotional impacts of the job and ways of coping with them, especially self-care is discussed is needed. Apart from the group support individual support should also be supplied for those who show more

traumatic stress reactions. The providers should also be informed about psychological impacts of the job on interpreters and should receive psychoeducation on how to approach interpreters and how to monitor their psychological states.

In addition to mental health adversities, interpreters experience unique difficulties in the job regarding the role clarity, communication, relationship with the client and the provider, and training. Related unmet needs should be detected and improved in order to produce better work conditions. The guidelines of Tribe and Morrissey (2004) and Miletic et al. (2006) provides useful information in this term. Accordingly, to overcome challenges; exerting standard mode of interpretation, establishing a working agreement with interpreters, building a good working alliance, providing necessary training, support, and supervision are recommended for clinicians working with interpreters. Finally, some participants highlighted the lack of competency in the use of some terminology and an insensitivity among some interpreters and providers when interpreting for ethnic and sexual minority groups. These may be implying the mismatch of the job and the interpreter, and therefore the problems in the recruitment policies. Hence, on the part of workplaces, employment requirements should be made clear. Considering that they work with 'humans', to prevent any harm to trauma survivors because of wrong interpretation or harmful attitudes, interpreters should be competent in the language they interpret for and should be provided necessary training regarding cultural attitudes and sensitivity. Similarly, to improve cultural sensitivity, providers should also receive adequate training on cultural issues. To educate culturally sensitive professionals, several courses specific to cultural issues should be integrated to undergraduate and graduate curriculum.

4.7 Limitations and Future Directions

There are several limitations in this study that needs to be considered in evaluating the results. First, participants' years of experience as an interpreter varied from one to 14 years. This large deviation may have an effect on the way participants consider their experiences. Compared to those who were relatively new in the job, the ones

who were more practiced may have relied more on their past memories and the passage of time may have abated the difficulties and emotional reactions felt at initial times at work. Therefore, they may remember the past more positively and their considerations may not fully reflect the actual thoughts and feelings that they had in the beginning.

In addition, participants in this study were coming from different countries having distinct cultures, languages, and social traumas. For instance, two participants were from Turkey. Unlike others, Turkish participants did not report experiences of war or ethnic discrimination and they haven't been refugees. Although they reported other kinds of traumatic experiences including loss of loved ones and experiencing an earthquake; past experiences of war, ethnic discrimination and being refugees may represent the insider perspective of participants from other cultures, which can be different than the Turkish participants' perspectives. To achieve more homogeneity, which is desirable in qualitative research, future research can study interpreters who have been refugees themselves and those who have not been, separately.

Moreover, there were more males than females in this study. Although less in number, it was observed that female participants reported more emotional impacts than male ones and were more open to discuss their feelings. Therefore, future studies may recruit an equal number of participants from each gender or they can investigate the possible effects of gender on vicarious traumatization among interpreters via quantitative measures.

Furthermore, because of geographic distance and problems with scheduling, two interviews were conducted on phone and one by a video call. The video call is believed to make no difference, however, although it was checked by asking questions about how it made them feel to talk about certain topics or if they experienced any discomfort, it wasn't possible to directly observe the physical trace of participants who were interviewed on phone. In terms of revealing experiences, however, there seemed to be no noticeable difference. In fact, these participants were

the ones with whom the interviews took longest. But still, to create a standard procedure, it is fruitful to employ only a certain type of interview in future studies.
Lastly, there are some methodological issues. Firstly, the qualitative nature of this study required a small sample. Secondly, the existing results are not free from the subjectivity of the researcher despite the attempts to bracket it out. That is, another researcher may approach and interpret the data differently. Thus, although it set the ground for future studies and brought some explanations to the topic, it is not possible to generalize the findings to all interpreters working with refugees in Turkey. To produce such generalizability, large-scale quantitative studies in which it is possible to compare the different characteristics of different groups of interpreters should be conducted. For instance, throughout the study, the importance of training and psychological support for the interpreters have been underlined. In this regard, large-scale quantitative studies that compare the interpreters who receive training and psychological support and those who do not can provide important knowledge which can also be used for clinical and policy implementations.

4.8 Overall Contributions of the Current Study

Despite its limitations, the current study revealed that interpreters experience a unique set of challenges and are vicariously traumatized by their work with refugees. There is an increasing body of research investigating this topic and this study adds to the existing literature as the first research revealing the situation in Turkey, which deserves such notice as a host of world's largest refugee population and maybe largest interpreter population. The qualitative nature of this study allowed to gain an in-depth understanding of the existing knowledge in the literature, especially in voicing different needs and challenges of interpreters and revealing some culture-specific mechanisms of motivations, effects and coping. It revealed that the psychological impacts of interpreting is a rather neglected research topic in Turkey and do indeed deserve great attention for the well-being of interpreters as well as to produce good work. Therefore, it underlines the lack of and need for the appropriate recruitment process, training, the role clarity, supervision, good working alliance, careful mental

health examination, and psychological support for interpreters working with refugees.

REFERENCES

Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: a validation study. *American Journal of Orthopsychiatry*, *76*(1), 103.

Adams, S. A., & Riggs, S. A. (2008). An exploratory study of vicarious trauma among therapist trainees. *Training and Education in Professional Psychology*, *2*(1), 26.

Akbayrak, N., Oflaz, F., Aslan, O., Ozcan, C. T., Tastan, S., & Sütçü-Çiçek, H. (2005). Post-traumatic stress disorder symptoms among military health professionals in Turkey. *Military Medicine*, *170*(2), 125.

Akhtar, S. (1995). A third individuation: Immigration, identity, and the psychoanalytic process. *Journal of the American Psychoanalytic Association*, *43*(4), 1051–1084.

Akhtar, S. (1999). *Immigration and identity: Turmoil, treatment, and transformation*. Jason Aronson.

Akhtar, S. (2011). *Matters of life and death: Psychoanalytic reflections*. Karnac Books.

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders*. (R. L. Spitzer & J. B. W. Williams, Eds.), *American Psychiatric Association* (3rd ed.). Washington, DC.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. Washington, DC: American Psychiatric Pub.

Arnold, D., Calhoun, L. G., Tedeschi, R., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Psychology*, *45*(2), 239–263.

Bäärnhielm, S., Laban, K., Schouler-Ocak, M., Rousseau, C., & Kirmayer, L. J. (2017). Mental health for refugees, asylum seekers and displaced persons: A call for a humanitarian agenda. SAGE Publications Sage UK: London, England.

Baird, S., & Jenkins, S. R. (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. *Violence and Victims*, *18*(1), 71.

Batson, C. D., Early, S., & Salvarani, G. (1997). Perspective taking: Imagining how another feels versus imaging how you would feel. *Personality and Social Psychology Bulletin*, *23*(7), 751–758.

Bauer, A. M., & Alegria, M. (2010). Impact of patient language proficiency and interpreter service use on the quality of psychiatric care: a systematic review. *Psychiatric Services*, *61*(8), 765–773.

Belz, M., Belz, M., Özkan, I., & Graef-Calliess, I. T. (2017). Posttraumatic stress disorder and comorbid depression among refugees: Assessment of a sample from a German refugee reception center. *Transcultural Psychiatry*, *54*(5–6), 595–610.

Bischoff, A., Bovier, P. A., Isah, R., Françoise, G., Ariel, E., & Louis, L. (2003). Language barriers between nurses and asylum seekers: their impact on symptom reporting and referral. *Social Science & Medicine*, *57*(3), 503–512.

Bourke, M. L., & Craun, S. W. (2014). Secondary traumatic stress among Internet Crimes Against Children task force personnel: Impact, risk factors, and coping strategies. *Sexual Abuse*, *26*(6), 586–609.

Butow, P. N., Lobb, E., Jefford, M., Goldstein, D., Eisenbruch, M., Girgis, A., … Schofield, P. (2012). A bridge between cultures: interpreters' perspectives of consultations with migrant oncology patients. *Supportive Care in Cancer*, *20*(2), 235–244.

Calhoun, L. G., & Tedeschi, R. G. (1999). *Facilitating posttraumatic growth: A clinician's guide*. Routledge.

Carpenter, B. N., & Scott, S. M. (1992). Interpersonal aspects of coping.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: a theoretically based approach. *Journal of Personality and Social Psychology*, *56*(2), 267.

Cunningham, M. (2004). Avoiding vicarious traumatization: Support, spirituality, and self-care. *Mass Trauma and Violence: Helping Families and Children Cope*, 327–346.

Çolak, B., Şişmanlar, Ş. G., Karakaya, I., Etiler, N., & Biçer, Ü. (2012). Çocuk cinsel istismarı olgularını değerlendiren meslek gruplarında dolaylı travmatizasyon. *Anatolian Journal of Psychiatry/Anadolu Psikiyatri Dergisi*, *13*(1).

Danieli, Y. (1994). *Countertransference, trauma, and training.* Guilford Press.

Denzin, N. K., & Lincoln, Y. S. (2000). Paradigms and perspectives in transition. *Handbook of Qualitative Research*, *2*, 157–162.

Devilly, G. J., Wright, R., & Varker, T. (2009). Vicarious trauma, secondary traumatic stress or simply burnout? Effect of trauma therapy on mental health professionals. *Australian & New Zealand Journal of Psychiatry*, *43*(4), 373–385.

Dieleman, S. L., Farris, K. B., Feeny, D., Johnson, J. A., Tsuyuki, R. T., & Brilliant, S. (2004). Primary health care teams: team members' perceptions of the collaborative process. *Journal of Interprofessional Care*, *18*(1), 75–78.

Elwood, L. S., Mott, J., Lohr, J. M., & Galovski, T. E. (2011). Secondary trauma symptoms in clinicians: A critical review of the construct, specificity, and implications for trauma-focused treatment. *Clinical Psychology Review*, *31*(1), 25–36.

Engstrom, D. W., Roth, T., & Hollis, J. (2010). The use of interpreters by torture treatment providers. *Journal of Ethnic & Cultural Diversity in Social Work*, *19*(1), 54–72.

Epstein, S. (1985). The Implications of Cognitive-experiential Self-theory for Research in Social Psychology and Personality1. *Journal for the Theory of Social Behaviour*, *15*(3), 283–310.

Esses, V. M., Hamilton, L. K., & Gaucher, D. (2017). The global refugee crisis: empirical evidence and policy implications for improving public attitudes and facilitating refugee resettlement. *Social Issues and Policy Review*, *11*(1), 78–123.

Eytan, A., Bischoff, A., Rrustemi, I., Durieux, S., Loutan, L., Gilbert, M., & Bovier, P. A. (2002). Screening of mental disorders in asylum-seekers from Kosovo. *Australian & New Zealand Journal of Psychiatry*, *36*(4), 499–503.

Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *The Lancet*, *365*, 1309–1314.

Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring.

Figley, C. R. (2012). *Encyclopedia of Trauma*. Sage.

Fischer, C. T. (2009). Bracketing in qualitative research: Conceptual and practical matters. *Psychotherapy Research*, *19*(4–5), 583–590.

Folkman, S., Lazarus, R. S., Gruen, R. J., & DeLongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. *Journal of Personality and Social Psychology*, *50*(3), 571.

Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annu. Rev. Psychol.*, *55*, 745–774.

Frost, N. (2011). *Qualitative research methods in psychology: Combining core approaches*. McGraw-Hill Education (UK).

Gabbard, G. O. (2017). *Long-term psychodynamic psychotherapy: A basic text* (5th ed.). American Psychiatric Pub.

Gammouh, O. S., Al-Smadi, A. M., Tawalbeh, L. I., & Khoury, L. S. (2015). Peer reviewed: Chronic diseases, lack of medications, and depression among Syrian refugees in Jordan, 2013--2014. *Preventing Chronic Disease*, *12*.

Gibson, M. A. (2001). Immigrant adaptation and patterns of acculturation. *Human Development*, *44*(1), 19–23.

Gong-Guy, E., Cravens, R. B., & Patterson, T. E. (1991). Clinical issues in mental health service delivery to refugees. *American Psychologist*, *46*(6), 642.

Gonsalves, C. J. (1992). Psychological stages of the refugee process: A model for therapeutic interventions. *Professional Psychology: Research and Practice*, *23*(5), 382–389.

Grinberg, L., & Grinberg, R. (1989). *Psychoanalytic perspectives on migration and exile*. Yale University Press.

Hafkenscheid, A. (2005). Event countertransference and vicarious traumatization: Theoretically valid and clinically useful concepts? *European Journal of Psychotherapy & Counselling*, *7*(3), 159–168.

Hassan, G., Ventevogel, P., Jefee-Bahloul, H., Barkil-Oteo, A., & Kirmayer, L. J. (2016). Mental health and psychosocial wellbeing of Syrians affected by armed conflict. *Epidemiology and Psychiatric Sciences*, *25*(2), 129–141.

Hatipoğlu, E. (2017). Çocuğa Yönelik Cinsel İstismar Vakaları ile Çalışan Sosyal Çalışmacıların Psikososyal Etkilenme Deneyimleri. *Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi*, *6*(4), 85–97.

Herman, J. L. (1992). *Trauma and recovery*. *NY: Basic Books*.

Hernández, P. (2002). Trauma in war and political persecution: Expanding the concept. *American Journal of Orthopsychiatry*, *72*(1), 16.

Herndon, E., & Joyce, L. (2004). Getting the most from language interpreters. *Family Practice Management*, *11*(6), 37.

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., … others. (2007). Five essential elements of immediate and mid--term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes*, *70*(4), 283–315.

Holmgren, H., Søndergaard, H., & Elklit, A. (2003). Stress and coping in traumatised interpreters: A pilot study of refugee interpreters working for a humanitarian organisation. *Intervention*, *1*(3), 22–27.

Hsieh, E. (2007). Interpreters as co-diagnosticians: Overlapping roles and services between providers and interpreters. *Social Science & Medicine*, *64*(4), 924–937.

Jackson, P. (1999). Gender differences in impact and cognitions among clinicians providing trauma therapy.

Kao, C.-H., Su, J. C., Crocker, J., & Chang, J.-H. (2017). The Benefits of Transcending Self-Interest: Examining the Role of Self-Transcendence on Expressive Suppression and Well-Being. *Journal of Happiness Studies*, *18*(4), 959–975.

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, *52*(12), 1048–1060.

Kiat, N., Youngmann, R., & Lurie, I. (2017). The emotional distress of asylum seekers in Israel and the characteristics of those seeking psychiatric versus medical help. *Transcultural Psychiatry*, *54*(5–6), 575–594.

Kim, S., & McGill, A. L. (2018). Helping Others by First Affirming the Self: When Self-Affirmation Reduces Ego-Defensive Downplaying of Others' Misfortunes. *Personality and Social Psychology Bulletin*, *44*(3), 345–358. https://doi.org/0146167217741311

Kinzie, J. D., Sack, W., Angell, R., Clarke, G., & Ben, R. (1989). A three-year follow-up of Cambodian young people traumatized as children. *Journal of the American Academy of Child & Adolescent Psychiatry*, *28*(4), 501–504.

Kira, I. A. (2001). Taxonomy of trauma and trauma assessment. *Traumatology*, *7*(2), 1–14.

Kirmayer, L. J. (2003). Failures of imagination: the refugee's narrative in psychiatry. *Anthropology & Medicine*, *10*(2), 167–185.

Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., … Pottie, K. (2011). Common mental health problems in immigrants and refugees: general approach in primary care. *Canadian Medical Association Journal*, *183*(12), 959--967.

Kleber, R. J., Figley, C. R., & Gersons, B. P. R. (1995). Beyond trauma: Cultural and societal dimensions. New York: Plenum.

Labys, C. A., Dreyer, C., & Burns, J. K. (2017). At zero and turning in circles: refugee experiences and coping in Durban, South Africa. *Transcultural Psychiatry*, *54*(5–6), 696–714.

Lazarus, R. S., & Folkman, S. (1984). Coping and adaptation. *The Handbook of Behavioral Medicine*, 282–325.

Li, X., Yuan, X., Wang, J., Zhang, W., Zhou, Y., & Liu, G. (2016). Evaluation of impact of social support and care on HIV-positive and AIDS individuals' quality of life: a nonrandomised community trial. *Journal of Clinical Nursing*, *26*, 369–3788. https://doi.org/10.1111/jocn.13377

Liebkind, K. (1996). Acculturation and stress: Vietnamese refugees in Finland. *Journal of Cross-Cultural Psychology*, *27*(2), 161–180.

Lin, K.-M., Tazuma, L., & Masuda, M. (1979). Adaptational problems of Vietnamese refugees: I. Health and mental health status. *Archives of General Psychiatry*, *36*(9), 955–961.

Lor, M. (2012). Effects of Client Trauma on Interpreters: An Exploratory Study of Vicarious Trauma.

Loutan, L., Farinelli, T., & Pampallona, S. (1999). Medical interpreters have feelings too. *Sozial-Und Präventivmedizin*, *44*(6), 280–282.

Mahoney, M. J., & Lyddon, W. J. (1988). Recent developments in cognitive approaches to counseling and psychotherapy. *The Counseling Psychologist*, *16*(2), 190–234.

Marcos, L. R. (1979). Effects of interpreters on the evaluation of psychopathology in non-English-speaking patients. *American Journal of Psychiatry*, *136*(2), 171–174.

Martin-Baró, I. (1989). Political violence and war as causes of psychosocial trauma in El Salvador. *International Journal of Mental Health*, *18*(1), 3–20.

Maslach, C. (1982). *Burnout: The cost of caring*. Cambridge, MA: Ishk.

McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, *3*(1), 131–149.

McLean, S., Wade, T. D., & Encel, J. S. (2003). The contribution of therapist beliefs to psychological distress in therapists: An investigation of vicarious traumatization, burnout and symptoms of avoidance and intrusion. *Behavioural and Cognitive Psychotherapy*, *31*(4), 417–428.

Merriam, S. B. (2009). Qualitative research: A guide to design and implementation (Revised and expanded from qualitative research and case study application in education). San Francisco: Jossey-Bass.

Meyer, T., & Broocks, A. (2000). Therapeutic impact of exercise on psychiatric diseases. *Sports Medicine*, *30*(4), 269–279.

Miletic, T., Piu, M., Minas, H., Stankovska, M., Stolk, Y., & Klimidis, S. (2006). *Guidelines for working effectively with interpreters in mental health settings*. Victorian Transcultural Psychiatry Unit Melbourne.

Miller, K. E., Martell, Z. L., Pazdirek, L., Caruth, M., & Lopez, D. (2005). The role of interpreters in psychotherapy with refugees: an exploratory study. *American Journal of Orthopsychiatry*, *75*(1), 27.

Miller, L. (1998). Our own medicine: Traumatized psychotherapists and the stresses of doing therapy. *Psychotherapy: Theory, Research, Practice, Training*, *35*(2), 137.

Morgan, G., Melluish, S., & Welham, A. (2017). Exploring the relationship between postmigratory stressors and mental health for asylum seekers and refused asylum seekers in the UK. *Transcultural Psychiatry*, *54*(5–6), 653–674.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*(2), 250.

Nelson, M. L., & Quintana, S. M. (2005). Qualitative clinical research with children and adolescents. *Journal of Clinical Child and Adolescent Psychology*, *34*(2), 344–356.

Neumann, D. A., & Gamble, S. J. (1995). Issues in the professional development of psychotherapists: Countertransference and vicarious traumatization in the new trauma therapist. *Psychotherapy: Theory, Research, Practice, Training*, *32*(2), 341.

Nicassio, P. M. (1983). Psychosocial correlates of alienation: Study of a sample of Indochinese refugees. *Journal of Cross-Cultural Psychology*, *14*(3), 337–351.

Palm, K. M., Polusny, M. A., & Follette, V. M. (2004). Vicarious traumatization: Potential hazards and interventions for disaster and trauma workers. *Prehospital and Disaster Medicine*, *19*(1), 73–78.

Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors.* WW Norton & Co.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal*, *20*(1), 7–14.

Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. *Journal of American Medical Association*, *294*(5), 602–612.

Powell, S., Rosner, R., Butollo, W., Tedeschi, R. G., & Calhoun, L. G. (2003). Posttraumatic growth after war: A study with former refugees and displaced people in Sarajevo. *Journal of Clinical Psychology*, *59*(1), 71–83.

Raval, H. (2003). Therapists' experiences of working with language interpreters. *International Journal of Mental Health*, *32*(2), 6–31.

Roth, S., & Cohen, L. J. (1986). Approach, avoidance, and coping with stress. *American Psychologist*, *41*(7), 813.

Sandahl, H., Vindbjerg, E., & Carlsson, J. (2017). Treatment of sleep disturbances in refugees suffering from post-traumatic stress disorder. *Transcultural Psychiatry*, *54*(5–6), 806–823.

Schauben, L. J., & Frazier, P. A. (1995). Vicarious trauma the effects on female counselors of working with sexual violence survivors. *Psychology of Women Quarterly*, *19*(1), 49–64.

Schwarz-Nielsen, K. H., & Elklitt, A. (2009). An evaluation of the mental status of rejected asylum seekers in two Danish asylum centers. *Torture*, *19*(1), 51–59.

Searight, H. R., & Searight, B. K. (2009). Working with foreign language interpreters: Recommendations for psychological practice. *Professional Psychology: Research and Practice*, *40*(5), 444.

Sexton, L. (1999). Vicarious traumatisation of counsellors and effects on their workplaces. *British Journal of Guidance and Counselling*, *27*(3), 393–403.

Shawyer, F., Enticott, J. C., Block, A. A., Cheng, I.-H., & Meadows, G. N. (2017). The mental health status of refugees and asylum seekers attending a refugee health clinic including comparisons with a matched sample of Australian-born residents. *BioMed Central Psychiatry*, *17*(1), 76.

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, *1*(1), 39–54.

Sodeke-Gregson, E. A., Holttum, S., & Billings, J. (2013). Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients. *European Journal of Psychotraumatology*, *4*(1), 21869.

Splevins, K. A., Cohen, K., Joseph, S., Murray, C., & Bowley, J. (2010). Vicarious posttraumatic growth among interpreters. *Qualitative Health Research*, *20*(12), 1705–1716.

Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of Loss and Trauma*, *12*(3), 259–280.

Steed, L. G., & Downing, R. (1998). A phenomenological study of vicarious traumatisation amongst psychologists and professional counsellors working in the field of sexual abuse/assault. *Australasian Journal of Disaster and Trauma Studies*, *2*(2).

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & Van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *Journal of the American Medical Association*, *302*(5), 537–549.

Steele, C. M. (1988). The psychology of self-affirmation: Sustaining the integrity of the self. In *Advances in experimental social psychology* (Vol. 21, pp. 261–302). Elsevier.

Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science & Medicine*, *48*, 1449–1462.

Tansey, M. J., & Burke, W. F. (1989). Understanding countertransfrence. *Hillsdale, NJ: Analytic*.

Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, *9*(3), 455–471.

Thela, L., Tomita, A., Maharaj, V., Mhlongo, M., & Burns, J. K. (2017). Counting the cost of Afrophobia: Post-migration adaptation and mental health challenges of African refugees in South Africa. *Transcultural Psychiatry*, *54*(5–6), 715–732.

Triandis, H. C. (1989). The self and social behavior in differing cultural contexts. *Psychological Review*, *96*, 506.

Tribe, R., & Morrissey, J. (2004). Good practice issues in working with interpreters in mental health. *Intervention*, *2*(2), 129–142.

Tribe, R., & Raval, H. (2003). Undertaking mental health work using interpreters. London: Routledge.

Turrini, G., Purgato, M., Ballette, F., Nosè, M., Ostuzzi, G., & Barbui, C. (2017). Common mental disorders in asylum seekers and refugees: umbrella review of prevalence and intervention studies. *International Journal of Mental Health Systems*, *11*(1), 51.

UNHCR. (2017). Turkey Fact Sheet, (September), 1–6. Retrieved from www.unhcr.org

Ursano, R. J., Kao, T., & Fullerton, C. S. (1992). Posttraumatic stress disorder and meaning: Structuring human chaos.

Vasquez, C., & Javier, R. A. (1991). The problem with interpreters: communicating with Spanish-speaking patients. *Psychiatric Services*, *42*(2), 163–165.

Volkan, D. V. (2017). Göçmenler ve Mülteciler-Travma, Sürekli Yas, Önyargı ve Sınır Psikolojisi. Ankara: Pusula Yayınevi.

Weine, S. M., Becker, D. F., Vojvoda, D., Hodzic, E., Sawyer, M., Hyman, L., … McGlashan, T. H. (1998). Individual change after genocide in Bosnian survivors of "ethnic cleansing": Assessing personality dysfunction. *Journal of Traumatic Stress*, *11*(1), 147–153.

Westermeyer, J. (1990). Working with an interpreter in psychiatric assessment and treatment. *Journal of Nervous and Mental Disease*.

Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). McGraw-Hill Education (UK).

Wilson, J. P., & Lindy, J. D. (1994). *Countertransference in the treatment of PTSD*. Guilford Press.

Yıldız, A., & Uzgören, E. (2016). Limits to temporary protection: non-camp Syrian refugees in İzmir, Turkey. *Southeast European and Black Sea Studies*, *16*(2), 195–211.

Ying, Y.-W., & Akutsu, P. D. (1997). Psychological adjustment of Southeast Asian refugees: The contribution of sense of coherence. *Journal of Community Psychology*, *25*(2), 125–139.

Zara, A., & İçöz, F. J. (2015). Türkiye'de Ruh Sağlığı Alanında Travma Mağdurlarıyla Çalışanlarda İkincil Travmatik Stres. *Klinik Psikiyatri Dergisi*, *18*(1), 15–23.

APPENDICES

APPENDIX A: SOCIODEMOGRAPHIC QUESTION FORM

1. **Doğum yılınız:** .....
2. **Cinsiyetiniz: ……**
3. **Eğitim düzeyiniz:**

   Okuma-Yazma Bilmiyor ( ) Okur-Yazar ( ) İlkokul ( )

   Ortaokul ( ) Lise ( )

   Üniversite/ Yüksekokul ( ) Lisansüstü ( )
4. **Sosyoekonomik düzeyinizi nasıl tanımlarsınız?**

   Düşük ( ) Orta ( ) Yüksek ( )
5. **Ne kadar zamandır tercümanlık yapıyorsunuz? ……**
6. **Hangi dil için tercümanlık yapıyorsunuz? Bu dil sizin anadiliniz mi?.....**
7. **Etnik kimliğiniz? ……..**
8. **Nerelisiniz?.....**
9. **Türkiye'ye hangi yılda geldiniz?.....**

APPENDIX B: SEMI-STRUCTURED INTERVIEW QUESTIONS

1. Nasıl oldu da tercüman oldunuz?
2. İşinizin en zorlayıcı yanı nedir? En tatmin edici yanı nedir?
   - Bu anlattıklarınıza, çalıştığınız kurumun bir etkisi var mı? Nasıl?
3. Daha önce travmatik olay/lar yaşadınız mı ve/ya travmatik olaylara tanık oldunuz mu? Bunlardan biraz bahsedebilir misiniz?
4. Genelde hangi özellikteki kişilerle çalışıyorsunuz? Hangi sıklıkta?
5. Bu kişilere tercümanlık yapmak sizi etkiliyor mu? Bu kişilerin hangi özellikleri sizi etkiliyor?

   - Yaş, cinsiyet kimliği, cinsel yönelim, din, kültür, engellilik, vb.

6. Bu kişilerle çalışırken kişisel deneyimleriniz/özellikleriniz sizi ve işinizi etkiliyor mu? Nasıl?
7. Tercümanlık yaptığınız kişilerden sizi en çok etkileyen hangisiydi? Nasıl etkiledi?
8. Bu deneyimlerle nasıl başa çıktınız?

   - Hangi kaynakları kullandınız?

   - İşe yaramayan bir kaynak var mıydı? Hangisi işe yaramadı?

APPENDIX C: PSYCHOEDUCATION FORM

Travmatik Yaşam Olaylarının Psikososyal Etkileri ve Baş Etme Yolları

(Türk Psikologlar Derneği, 2016)

Travmatik yaşantılar; ölüm, doğal afetler, kazalar, terör eylemleri, savaş gibi ölüm tehdidi, ciddi bir yaralanma ya da şiddete maruz kalmayı içeren durumları tanımlar. Travmatik olayların en önemli özelliği yaşamımıza ya da fiziksel bütünlüğümüze yönelik bir tehdit içeriyor olmasıdır.

Gündelik yaşamımızda da sıklıkla stres yaratan durumlarla karşı karşıya kalabiliriz. Ancak bunlar beklendik ve sıradandır; olasılıkları ve kontrol edilebilirlikleri yüksektir. En şiddetli ve üst düzey stres kaynaklarını içeren travmatik olaylar ise "normal" yaşantının / alışılmışın dışında kalan, beklenmedik, olasılığı ve kontrol edilebilirliği düşük durumlardır.

Travmatik olaylara farklı şekillerde maruz kalınabilinir:

- Doğrudan
- Tanık olarak
- Olaydan haberdar olarak
- Olaya ilişkin ayrıntılara yineleyici ya da yoğun biçimde maruz kalmak.

Travma Sonrası Stres Tepkileri Nelerdir?

Strese karşı bedenimizin gösterdiği fizyolojik tepkiler herkes için ortaktır: Kan basıncının artması, kalp atışlarının hızlanması, terleme, solunumun hızlanması vb. Stres hormonunun salgılanmasıyla birlikte ortaya çıkan bu tepkiler, yaşamımızı tehdit eden durumlarda, bizi tehdit kaynağıyla savaşmaya ya da ondan uzaklaşmaya / kaçmaya hazır hale getirerek bu durumla başa çıkmamızda yardımcı olur. Yaşanan stresin çok yoğun olduğu durumlarda, onunla başa çıkabilmek için salgılanan stres hormonu da aşırı miktarda olur. Tehdit karşısında organizma için yararlı olan bu hormon, fazla miktarda salgılandığı için, stres kaynağı ortadan kalktıktan sonra bile

bir süre daha bedende kalır ve en ufak bir uyaranla karşılaştığında bedenin daha önceki tehdit durumunda verdiği stres tepkilerinin benzerlerini üretmesine neden olur. Örneğin, bize yaşadığımız travmatik olayı hatırlatan herhangi bir şeyle karşılaştığımızda (o gün giydiğimiz giysiler, o anda yanımızda bulunan kişiler, olayın geçtiği mekan vb.), öyle olmadığını bildiğimiz halde, sanki olayı yeniden yaşıyormuş gibi hissedebiliriz. Bu şekilde hissetmek çok rahatsız edici ve korkutucu olabilir, bu nedenle de olayla ilgili yerlere gitmekten, olayla ilişkisi olan kişilerle karşılaşmaktan, olay hakkında konuşmaktan kaçabiliriz. Yani, olayın hatırlatıcılarından kaçınırız. Kendimizi sürekli tedirgin ve huzursuz hissedebilir, en ufak bir ses vb. karşısında irkilebiliriz.

Yaşanan stres günlük yaşamımızda duygusal (güvensizlik, kaygı, korku, üzüntü, suçluluk, öfke, çaresizlik, umutsuzluk), bedensel (gerginlik, aşırı yorgunluk, iştahta ve uyku düzeninde değişimler), davranışsal (iletişim güçlükleri, yalnız kalma isteği, alkol / madde kullanımı, kaçınmalar) ya da zihinsel (odaklanma güçlüğü, kafa karışıklığı, unutkanlık, sürekli olayla ilgili düşünme) alanlarda bazı belirtilerle kendini gösterebilir.

Bu tepkiler, bazen çok yorucu ve zorlayıcı olabilir. “Acaba aklımı mı kaçırıyorum?”, “hastalandım mı?”, “psikolojik bir bozukluğum mu var?” ya da “kontrolü tamamen kaybediyor muyum?” gibi kaygı verici sorular sormanıza neden olabilir. Bilmeniz gereken, bu tepkilerin normal olduğudur. Travmatik bir olayın ardından, bu olaya maruz kalan hemen herkeste görülebilir. Bu belirtiler **anormal bir olay karşısında verilen normal tepkilerdir.**

Kayıplar

Travmatik yaşantılar, pek çok kayba neden olur. Yakın kaybı, sağlığın kaybı, umudun kaybı vb. O nedenle yas tepkileri yaşamanız normaldir. Yas süreci farklı duygu ve düşüncelerin baskın olduğu aşamaları içerir. Yaşanan kayıpların yasını tutabilmek, yas sürecinin normal akışına izin vermek, uyum gücümüzü arttırır.

Neler İyi Gelir?

Travmanın ardından toparlanmak için kendinize zaman tanıyın. Bu dönemde, duygularınızda iniş-çıkışlar olması normaldir. Zaman içinde her şey daha iyiye gidecektir. Travmatik yaşantıların olumsuz etkileriyle başa çıkmak için yapabileceğiniz pek çok şey vardır. Öncelikli olarak temel fizyolojik ve güvenlik ihtiyaçlarınızı karşılamaya özen gösterin. Bu ihtiyaçlarınızı size destek olabilecek kişi ve kurumlarla paylaşın. Sosyal destekten yararlanmanız oldukça önemlidir. Aileniz, arkadaşlarınız ve diğer destek kaynaklarınızla bağlantıyı sürdürün. Olabildiğince eski rutininize, gündelik yaşam alışkanlıklarınıza dönmeye çalışın. Duygusal paylaşım, sizi zorlayan yaşantıların üstesinden gelmenizi kolaylaştıracaktır. Spor, egzersiz gibi fiziksel etkinlikleri arttırmaya çalışın.

Nelerden Uzak Durulmalı?

- Alkol / madde kullanımı
- Hekim kontrolü dışında ilaç kullanımı
- Sosyal ilişkilerden kaçınmak
- Duyguların ifadesine engel olmak
- Olayla ilgili hiç konuşmamak
- Bir tek olayla ilgili konuşmak

Ne Zaman Bir Uzmana Başvurulmalı?

- Yaşanan sıkıntı azalmıyor, giderek artıyorsa
- İş, okul, aileyle ilgili görevleri yerine getirmekte çok zorlanma
- Daha önceden psikolojik bir sorun yaşandıysa ve bunun etkisi devam ediyorsa
- Kendine ve çevreye zarar verme davranışı veya bununla ilgili rahatsız edici düşünceler varsa
- Aşırı hissizlik, gün içinde hatırlanmayan anlar varsa

Referans: Türk Psikologlar Derneği (2016, 19 Mart). *Travmatik Yaşam Olaylarının Psikososyal Etkileri ve Baş Etme Yolları*. Erişim tarihi: 30.01.2017, https://www.psikolog.org.tr/index.php?Detail=1519

APPENDIX D: INFORMED CONSENT FORM

Bu araştırma, ODTÜ Psikoloji Bölümü öğretim üyesi Prof. Dr. A. Nuray Karancı danışmanlığında Klinik Psikoloji Yüksek Lisans öğrencisi Dilara Hasdemir tarafından yürütülen tez çalışmasıdır. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Araştırmanın amacı, göçmen, mülteci ve sığınmacılarla çalışan ve kendi de geçmişte veya hala bu statülerden birini almış tercümanların bu kişilerle çalışırken yaşadıkları deneyimleri, bu konudaki duygu, düşünce ve ihtiyaçlarını incelemektir.

Araştırmaya katılmayı kabul ederseniz, sizden beklenen, araştırmacı tarafından size yöneltilecek sorulara kendi görüşlerinize göre cevap vermenizdir. Yaklaşık olarak 1-2 saat sürmesi beklenen bu çalışma kapsamında sizlere geçmişte veya hala göçmen, sığınmacı veya mülteci statüsü almış bir birey olarak bu kişilere tercümanlık yapmanın sizin için ne anlama geldiğine ve bu konudaki deneyimlerinize ilişkin bir dizi soru yöneltilecek; nitel analiz ile değerlendirilmek üzere konuşmanın ses kaydı alınacaktır.

Araştırmaya katılımınız tamamen gönüllülük esasına dayalıdır. Çalışmada sizden kimlik veya kurum belirleyici hiçbir bilgi istenmeyecek ve kimliğinizi belli edecek hiçbir eşleşme yapılmayacaktır. Cevaplarınız tamamıyla gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir. Katılımcılardan elde edilecek bilgiler toplu halde değerlendirilecek, ders kapsamında ve bilimsel yayınlarda kullanılacaktır.

Katılım sırasında sorulardan ya da herhangi başka bir nedenden dolayı kendinizi rahatsız hissederseniz görüşmeyi istediğiniz anda bırakıp çıkabilirsiniz. Böyle bir durumda araştırmacıya çalışmadan çıkmak istediğinizi söylemeniz yeterlidir.

Görüşmenin sonunda, bu çalışmayla ilgili sorularınız varsa sorabilirsiniz. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla

bilgi almak için tez danışmanı Prof. Dr. A. Nuray Karancı (karanci@metu.edu.tr) veya tez yürütücüsü Dilara Hasdemir (hasdemir.dilara@metu.edu.tr) ile iletişim kurabilirsiniz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

Ad Soyad Tarih İmza

APPENDIX E: INFORMATIVE FORM

Bu araştırma, ODTÜ Psikoloji Bölümü öğretim üyesi Prof. Dr. A. Nuray Karancı danışmanlığında Klinik Psikoloji Yüksek Lisans öğrencisi Dilara Hasdemir tarafından yürütülen tez çalışmasıdır.

Araştırmanın amacı, göçmen, mülteci ve sığınmacılarla çalışan tercümanların travmatik içerikle çalışırken yaşadıkları deneyimleri, bu konudaki duygu, düşünce ve ihtiyaçlarını incelemektir.

Çalışmaya Katılım Kriterleri

- Mülteci veya sığınmacı statülerine sahip olmamak
- En az bir yıldır göçmen, mülteci ve sığınmacılara tercümanlık yapmak
- 18 yaş üstünde olmak

Çalışma kapsamında 8-10 katılımcıya ihtiyacımız vardır. Nitel bir çalışma olduğundan her katılımcı ile ortalama bir saat sürecek yüz yüze görüşmeler yapılacaktır. Görüşmelerde demografik form (yaş, cinsiyet, hangi dil için tercümanlık yapıldığı, etnik kimlik vb. ile ilgili) verilecek ve tercümanlık deneyimleriyle ilgili sorular sorulacaktır.

Görüşmelerde ses kaydı alınacak ve bu kayıt sadece araştırmacılar tarafından değerlendirilecektir. Elde edilen bilgiler katılımcıların kimlik bilgileri gizli tutularak sadece bilimsel yayınlarda kullanılacaktır.

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APPENDIX F: TURKISH SUMMARY / TÜRKÇE ÖZET

EFFECTS OF REFUGEE TRAUMA ON INTERPRETERS: A QUALITATIVE ANALYSES OF VICARIOUS TRAUMATIZATION AND COPING

BÖLÜM 1

GİRİŞ

1.1. Travma Kavramı

Yunanca'da *'yara'* anlamına gelen travma kavramı psikolojide popüler bir araştırma alanı olmuş ve savaş, doğal afetler, toplumsal şiddet vb. gibi travmatik yaşam olaylarının psikolojik etkileri Mental Bozuklukların Tanı Ölçütleri El Kitabında (DSM) 1980'den beri güncellenerek ayrı bir tanı kategorisinde yerini almıştır.

1.1.1. Travmatik Yaşam Olaylarının Psikolojik Etkileri

Travmatik olayların en yaygın ve bilinen psikolojik sonuçlarından biri travma sonrası stres bozukluğudur (TSSB) (Amerikan Psikiyatri Derneği, 2013, s. 272). Travmaya verilen psikolojik tepkiler kişinin sosyal çevresi, genetik yapısı, geçmiş deneyimleri ve gelecek beklentilerinin etkileşimidir (Ursano ve ark., 1992). Kleber, Figley, ve Gersons (1995) bu anlamda yaygın olan travma tanımlarını eleştirmiş, bu tanımların kişisel özelliklerin etkilerinin yanında travmanın sosyal kökeni ve insan hakları bağlamlarını anlamaktan kopuk olduğunu ileri sürmüştür. Bu anlayış özellikle insan hakları ihlalleriyle yakından ilgilidir. Sürekli savaş ve politik baskılar gibi 'sosyal

travmalar' (Martin-Baró, 1989, akt. Hernández, 2002) ve sonucunda yaşanan yerinden edilme, toplumla ilişkiler ve o topluma aidiyet duygusunda büyük yıkımlara ve aynı zamanda kişisel ve maddi kayıplara neden olur (Hernández, 2002). Yerinden edilen kişilerin psikolojilerinin, yaşadıkları ülkedeki sosyopolitik dinamiklerin yanısıra yeni ülkede karşılaştıkları bambaşka dinamiklerden de etkilenmeleriyle farklı özelliklerinin oldukları düşünülmektedir.

1.2. Mülteci, Sığınmacı ve Göçmenler

Mülteciler, yasal statü 3.5 milyonun üstünde mülteci popülasyonuyla Türkiye dünyanın en geniş mülteci popülasyonuna sahiptir ve bu kişiler çeşitli zorluklar deneyimlemektedir (UNHCR, 2017, Ekim).

1.2.1. Yerinden Edilmenin Psikolojisi

Yerinden edilmenin etkileri, kayıp, yas (Volkan, 2017), her şeyi geride bırakmanın yarattığı suçluluk ve anksiyete (Grinberg & Grinberg, 1989) ve kültürleşme süreci (Gibson, 2001) ile ilişkilendirilmiştir. Göç öncesi, göç süreci ve göç sonrası faktörlerin her biri bu kişilerin ruh sağlığına etki etmektedir (Gonsalves, 1992).

1.2.2. Mültecilerin Ruh Sağlığı

TSSB'nin yanı sıra, depresyon, anksiyete, psikotik rahatsızlıklar ve psikososyal stresin çeşitli belirtileri bu kişilerde yaygındır ve bazen birlikte görülür (Hassan, Ventevogel, Jefee-Bahloul, Barkil-Oteo, & Kirmayer, 2016; Kirmayer ve ark., 2011; Turrini ve ark., 2017). Aynı zamanda, psikolojik rahatsızlıkların yaygınlığı genel popülasyona oranla mültecilerde daha fazladır (Fazel ve ark., 2005; Porter & Haslam, 2005; Shawyer ve ark., 2017).

Ruh sağlığı da dahil sayısız problemi çözmek için mülteciler gittikleri ülkelerde yardıma ihtiyaç duymaktadır. Fakat, bu kişilere yardım davranışında bulunan

profesyoneller de mültecilerin travmatik hikayelerine sürekli maruz kalarak psikolojik işleyiş ve bilişsel şemalarında belli değişimler deneyimleyebilmektedir (Palm ve ark., 2004; Sexton, 1999). Araştırmacılar, tükenmişlik sendromu, karşı aktarım, ikincil travmatik stress, eşduyum yorgunluğu, dolaylı travmatizasyon gibi farklı terimler kullanarak bu değişimleri tespit etmeye çalışmışlardır (Figley, 2012; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995).

1.3. İkincil Travmayla İlgili Kavramlar

1.3.1. Tükenmişlik Sendromu

Bu kavram iş kaynaklı duygusal ve psikolojik yorgunluk, işten alınan başarı duygusunda düşüş ve kişilerarası ilişkilerde kopukluk hissi gibi belirtileri nitelemektedir (Leiter & Maslach, 2004). İş yükü, iş kaynaklı stres, iş arkadaşlarıyla yaşanan kişilerarası anlaşmazlıkların tükenmişlik sendromunu yordadığı ileri sürülmüştür (Maslach & Leiter, 1997). Bu kavram travmayla çalışan kişilere ve travma çalışmasına özgü değildir.

1.3.2. Karşı Aktarım

Köklerini psikanalitik çalışmalardan alan karşı aktarım kavramı, terapistin belli bir hastaya karşı tüm duygusal tepkilerini belirtmek için kullanılır (Gabbard, 2017, s.12 ; Sexton, 1999). Kurtarıcı rolüne girme, olumlu sosyal davranışta bulunma, ya da aksine heyecan duyma veya sadomazoşistik davranışlar sergileme; tümgüçlülük, inkar ve kaçınma gibi savunma mekanizmaları; stres, çaresizlik, yetersizlik, intikam, suçluluk, utanç duyguları; yoğun özdeşim; yoğun travmatik içerikle çalışırken terapistlerin gösterdikleri karşı aktarım tepkilerindendir (Herman, 1992; Neumann & Gamble, 1995). Bu kavram da travma çalışmasına özgü bir kavram değildir.

1.3.3. İkincil Travmatik Stres ve Eşduyum Yorgunluğu

Figley (1995) travma mağdurlarının yakınlarının ve bu kişilere yardım davranışında bulunan profesyonellerin duygusal ve davranışsal tepkilerini tanımlamak için ikincil travmatik stres terimini kullanmıştır. İkincil travmatik stres belirtileri TSSB belirtileriyle benzerdir ve ek olarak yardım eden kişilerde oluşan bilişsel değişikliklere ve bu kişilerin ilişkilerindeki bozulmalara da dikkat çeker (Figley, 1995). Figley (1995) bu kavramı yeniden ele almış ve eşduyum yorgunluğu terimini kullanmıştır. Farklı olarak, ikincil travmatik stres kavramı bir çok popülasyon için kullanılırken, eşduyum yorgunluğu kavramı özellikle sosyal çalışmacı, klinisyen gibi meslek grupları için kullanılmaktadır (Elwood ve ark., 2011). Ayrıca, yardım profesyonelinin travma mağduruna karşı empatik ilgi veya kapasitesindeki azalmayı vurgular (Elwood ve ark., 2011; Figley, 2012).

1.3.4. Dolaylı Travmatizasyon

McCann ve Pearlman (1990) dolaylı travmatizasyon kavramını kullanmış ve bunu travma mağdurlarıyla empatik ilişki kuran terapist ve diğer yardım çalışanlarının bu etkileşimden kaynaklanan iç dünyasındaki ve benlik algısındaki değişimler şeklinde tarif etmiştir. Dolaylı travmatizasyonun sonucu olarak, kişilerin kimlik, dünya görüşü ve ruhaniyetinin önlenemez şekilde değişeceğini ileri sürmüşlerdir. Kimlik algısındaki değişimler terapistin kendine yabancılaşması, geçmiş deneyimlerini sorgulaması, duyusal deneyimlerden kaçınmasını içerirken terapistin dünyaya, insanlara, olayların neden ve nasıl olduğuna dair inancı, değerleri, ahlaki kuralları, yaşam felsefesi de değişir.

1.3.5. Yapısalcı Kendilik Gelişimi Teorisi

Dolaylı travmatizasyon köklerini travmatik yaşam olayları , travma mağdurunun kendilik ve dünyayla ilgili bilişsel şemaları, ve psikolojik uyum süreçleri arasındaki

karmaşık etkileşime odaklanan yapısalcı kendilik gelişimi teorisinden almıştır (McCann & Pearlman, 1990).

1.3.5. Travma Sonrası Dolaylı Büyüme

Travmaya direkt olarak maruz kalmanın travma mağdurunda olumlu değişimlere yol açtığı gibi travma mağdurlarıyla çalışan kişiler de dolaylı olarak travma sonrası büyüme belirtileri gösterebilirler (Splevins, Cohen, Joseph, Murray & Bowley, 2010).

1.3.6. Travmatik İçerikle Çalışmanın Etkileriyle İlgili Ampirik Bulgular

Kişisel özellikler, iş özellikleri, ve travmatik olayların doğasına bağlı olarak çeşitli meslek grupları ikincil travmatik stres ve dolaylı travmatizasyon geliştirmektedir (Zara & İçöz, 2015). Zara ve Jak İçöz (2015), Türkiye'de travma mağdurlarıyla çalışan kişilerin % 70'inin orta ve yüksek seviyelerde ikincil travmatik stres yaşadıklarını rapor etmişlerdir.

Mültecilerle çalışırken en çok başvurulan meslek grubu olarak tercümanlar da diğer meslek grupları gibi travmatik içeriğe maruz kalmakta ve bu içerikten etkilenebilmektedirler.

1.4. Tercümanlar

Mültecilerin birincil ve ruh sağlığı ihtiyaçlarını karşılamak için Türkiye'de çeşitli dernek ve sivil toplum kuruluşları bulunmaktadır ve tercümanlara iletişim ve kültürel boşluğu tamamlamak için sıklıkla başvurulmaktadır. Ruh sağlığı alanında çalışan tercümanların çoğu da tercüme ettikleri kişiler gibi mültecidir ve benzer travmatik deneyimler yaşamışlardır (Engstrom ve ark., 2010).

Mültecilerle çalışan tercümanlarla yapılan çalışmalar çoğunlukla eğitim, rol beklentileri, ve bu işin duygusal yükü gibi konulara odaklanmıştır. Tercümanlar,

travmatik hikayeleri tercüme ederken korku, öfke, disosiyasyon gibi belirtiler gösterebilmektedir (Miller ve ark., 2005). Özellikle kendileri de mülteci oldukları zaman tercümanlar ağlama, görüşmeyi yarıda bırakma, mola talep etme, soruları kendi perspektiflerinden cevaplama gibi kompleks duygusal tepkiler gösterebilmektedirler (Engstrom ve ark., 2010).

1.5. Çalışmanın Hedefleri

Çalışma, Türkiye'de mültecilerle çalışan tercümanların deneyimlerini anlamayı, olası dolaylı travmatizasyonun etkilerini araştırmayı, bu olası etkilerle baş etme yöntemlerini ve tercümanların ihtiyaçlarını belirlemeyi hedeflemektedir.

BÖLÜM 2

YÖNTEM

2.1. Araştırma Deseni

2.1.1. Nitel Çalışma için Gerekçe

Günümüzde, nicel çalışmalar egemenliğini sürdürüyor olsa da (Denzin & Lincoln, 2000) nitel çalışmalara olan ilgi de artmaktadır (Smith, 2008). Nitel araştırmalar, yaygın pozitivist anlayışın aksine, bireylerin belli bir durumu nasıl deneyimledikleri ve bu deneyimlere ne tür anlamlar atfettikleriyle ilgilenir (Willig, 2013). Bu anlayışla, sözel analizi benimser (Nelson & Quintana, 2005), analize bütüncül bir bakış açısı getirir (Williamson, 2013), betimleyicidir ve kapsamlı bulgular üretir (Merriam, 2009). Daha önce tanımlanan fenomenlere daha kapsamlı bir inceleme sağlamanın

yanında, keşif araştırmaları için de kullanılabilir ve klinik uygulamalar için de önemli bilgiler sağlar.

Bu çalışmada amaç önceki hipotezleri doğrulamaktansa, tercümanların bireysel dünyalarını anlamak ve travmatik içeriğe maruz kalmayı gerektiren işlerini nasıl deneyimlediklerini kavramak olduğu için nitel araştırma uygun görülmüştür.

2.1.2. Yorumlayıcı Fenomenolojik Analiz (YFA)

Yorumlayıcı Fenomenolojik Analiz (YFA), katılımcıların kişisel deneyimlerini ve onları nasıl anlamlandırdıklarını derinlemesine araştırmayı amaçladığından, bu çalışma için en uygun yöntem olarak seçilmiştir (Smith, Osborn, 1999). Ayrıca YFA'nın felsefi arka planı ve ilkeleri, mültecilerle çalışan tercümanların kişisel deneyimlerini araştırmayı hedefleyen bu çalışma için tutarlıdır.

2.2. Katılımcılar

YFA ilkeleri doğrultusunda amaçlı örnekleme kullanılmıştır ve bu ilkeler doğrultusunda mültecilerle çalışan 8 tercüman ile yarı yapılandırılmış görüşmeler yapılmıştır (Smith & Osborn, 2003). Katılımcılar yaşları 24 ile 43 arasında değişen 5 erkek ve 3 kadından oluşmaktadır. Ayrıca, katılımcılar Suriye, Afganistan, Mısır ve Irak'tan gelmiştir ve etnik kimliklerini Türkmen, Kürt, Tacik, Azerbeycan Türk'ü olarak tanımlamışlardır. 2 katılımcı kendisini Türk olarak tanımlamış ve daha önce yurtdışında kısa sürede yaşadıklarını ve Türkiye'li olduklarını ifade etmiştir. Arapça, İngilizce, Farsça ve Kürtçe; tercümesi yapılan dillerdir. Yurtdışından gelen katılımcıların Türkiye'ye geliş yılı 4 ve 9 arasında değişmektedir ve tüm katılımcıların tercüman olarak deneyimleri 1 ve 10 yıl arasındadır. Katılımcılar ülkelerinden eğitim, iş ve mültecilerle benzer olarak savaştan ve etnik baskıdan kaçma gibi nedenlerle gelmişlerdir. Türk katılımcılar da deprem ve sevilen bir yakının kaybı gibi travmatik deneyimleri olduğunu ifade etmişlerdir. Katılımcıların kabul kriterleri; 18 yaş üzerinde olmak, en az bir yıldır mültecilere tercümanlık yapıyor olmak, Türkiye'de en az üç

yıldır yaşıyor olmak ve mülteci statüsüne sahip olmamak, Türkçe konuşmak olarak belirlenmiştir.

2.3. Materyaller

Araştırmacı ve danışman hocası tarafından hazırlanan sosyo-demografik form verilmiş (EK A) ve yarı yapılandırılmış görüşme soruları hazırlanmıştır (Ek B). Ayrıca katılımcıların görüşmeden kaynaklı strese girme ihtimaline karşı travma etkileriyle başa çıkma konulu bir psikoeğitim formu (Ek C) hazırlanmıştır (Türk Psikologlar Derneği, 2016).

2.4. Etik Hususlar

Yarı-yapılandırılmış görüşmelere başlamadan ODTÜ Etik Komitesi'nden gerekli izin alınmıştır. Katılımcılara bilgilendirilmiş onam formu verilmiştir (Ek D). Her görüşmede ses kaydı için izin alınmıştır. Katılımcıların bilgilerinin gizlilikleri garanti altına alınıp, anonimliği korumak adına iş, kurum ve şehir bilgileri dahil tüm kişisel bilgiler saklı tutulmuştur.

2.5. Prosedür

Öncelikle Orta Doğu Teknik Üniversitesi'nin Etik Komite'sinden çalışma için izin alınmıştır. Ardından çeşitli sivil toplum kuruluşlarına etik formu ve çalışmayla ilgili bilgilendirici bir form (Ek E) gönderilmiş ve kişisel bağlantılar da kullanılarak katılımcılar bulunmuştur. Katılımcılar çalışma hakkında bilgilendirilmiş. Öncelikle bilgilendirilmiş onam formu katılımcılara doldurtulmuştur. Ardından demografik form verilmiş ve yarı yapılandırılmış görüşme soruları sorulmuştur. Tüm görüşmeler ses kayıt cihazı ile kaydedilmiştir. Ancak üç katılımcı ile program ayarlama ve coğrafik uzaklık sıkıntıları nedeniyle telefon ve video konuşması yoluyla görüşülmüştür. Bu katılımcılardan sözel izin alınmış ve ses kaydına alınmıştır. Görüşmeler 30 ve 140 dakika arasında sürmüştür. Görüşme sonunda katılımcılara psikoeğitim formu verilmiştir.

2.6. Veri Analizi

Tüm görüşmeler ses kaydına alınmış ve yazı dökümü yapılan görüşmeler tekrar tekrar incelenmiştir. Veri YFA esasları doğrultusunda analiz edilmiştir (Smith & Osborn, 2003). Analiz ilk katılımcının yazı dökümünün kodlanması ve ortaya çıkan temaların kaydedilmesi ile başlamış ve diğer katılımcılara da aynı işlemin sırayla uygulanmasıyla devam etmiştir. Her bir katılımcı sonrası temalar detaylı bir şekilde karşılaştırılmış, benzerliğine ve ilgisine göre gruplanmıştır. Bu işlemlerin ardından en son tema listesi oluşturulmuştur. Bu süreç, tez danışmanı tarafından izlenmiş ve geri bildirimler alınmıştır.

2.7. Çalışmanın Güvenirliği

Bu çalışmanın niteliğini değerlendirmek adına Fischer (2009) ve Morrow (2005) tarafından sunulan 4 ilke temel alınmıştır. Bunlardan ilki öznelliktir. Bu ilkeye uygun olarak, araştırmacının bakış açısı ve öznelliğinin yorumlar ve analiz üzerinde etkisi olabileceği kabul edilmiştir. Diğer standart düşünümselliktir. Araştırmacı, okuyucuları çalışmaya etkisi olabileceğini düşündüğü öznel süreçleri ve görüşleri ile ilgili bilgilendirmiş, bu sayede okuyucuların çalışmayı farklı bir gözle de okumasına olanak sağlamıştır (Fischer, 2009). Üçüncü standart uygun veri toplamadır. Bu amaca ulaşmak için, veri kendini tekrar edene kadar katılımcı alımı devam etmiştir ve araştırmacı görüşmelerle ilgili duygu, gözlem ve düşüncelerini kaydettiği öz-düşünümsel notlarından da yararlanmıştır. Son standart uygun yorumlamadır. Bu amaca ulaşmak için araştırmacı analiz esnasında görüşmeleri tekrarlı olarak dinlemiş ve yorumlarını katılımcıların konuşmalarından alıntılarla desteklemiştir (Morrow, 2005).

2.8. Öz-Düşünümsellik

Bu çalışmaya olan ilgim, mültecilerle çalışan bir tercüman olan bir yakınımın tecrübelerini öğrenmemle başladı. Çalışma boyunca Kürt olup iki kültürlü yetişen bir

birey olarak kültürleri birbirlerine tanıtmakta ve aile dinamiklerindeki tercüman/aracı rollerimi görebildim. Ayrıca tercümanların deneyimlerine uzun bir süre maruz kalmaktan dolayı dolaylı travmatizasyon belirtilerini de kendimde fark ederek aslında ben de bir katılımcı haline geldim.

BÖLÜM 3

SONUÇLAR

Analiz sonucunda (1) bir iş olarak tercümanlık (2) tercüman olarak çalışmanın etkileri (3) işin etkileriyle baş etme yöntemleri (4) iş kaynaklı deneyimlenen değişimler (5) tercümanların ihtiyaçları olmak üzere beş üst tema oluşturulmuştur.

3.1. Bir İş Olarak Tercümanlık

Bu üst tema katılımcıların tercümanlık işinin en tatmin edici ve en zorlayıcı yanlarıyla ilgili değerlendirmelerini, bu işi yapma nedenlerini ve iş içerisindeki rollerini kapsamaktadır.

3.1.1. Tercümanlık İşini Yapmak İçin Motivasyonlar

Katılımcılar temelde içsel ve fiziksel olmak üzere iki tür motivasyondan bahsetmiştir.

3.1.1.1. İçsel Motivasyon

Tüm katılımcılar tarafından işin en tatmin edici yanının zorlu yaşam şartları olan mültecilere yardım etmek olduğu belirtilmiştir. Katılımcılar, mültecilere sadece iş

yerlerinde değil, aynı zamanda hastane ve devlet kurumu gibi yerlerde de karşılık beklemeksizin çeviri yaptıklarını ve yol gösterdiklerini; bunların da kendilerine yaşamda bir amacı olduğunu hissettirdiğini, mutluluk verdiğini ve kendilerini gerçekleştirmiş gibi hissettiklerini söylemişlerdir. Yardım olanaklarının sınırlılıklarını zamanla fark etseler de, mültecilere anlayışla yaklaşmanın ve onların haklarını savunmanın bile hem onlara hem de kendilerine iyi geldiğini belirtmişlerdir.

3.1.1.2. Fiziksel Motivasyon

İçsel motivasyondan ayrı olarak katılımcılar aynı zamanda uygun maaş almak, anlayışlı ve destekleyici bir ekiple çalışmak, iyi iş imkanlarına sahip olmak, ve önceki işlerine kıyasla daha rahat bir iş ortamına sahip olmak gibi fiziksel koşulların da bu işi yapmalarına motivasyon sağladığını söylemişlerdir.

3.1.2. Tercümanların Rolleri

Katılımcılar konuşmaların yanında aslında kültürleri de tercüme ettiğini belirtmişlerdir. Hatta bazı katılımcılar iş yerlerinde tercüman yerine ‘kültürel aracı’ olarak nitelendirildiklerini söylemiştir.

Görüşmeler esnasındaki rolleriyle ilgili olarak, ortada bir dil olarak var olduklarını, konuşmacı ve görüşmeci arasında bir köprü olduklarını söylemiş; bu köprünün de sağlam olması gerektiğini vurgulamışlardır. Bu sağlamlığı da objektif, tarafsız, önyargılarından arınmış olmak şeklinde tanımlamışlardır. Sağlam köprü olmanın aynı zamanda güven sağlamakla ilgili olduğunu, iyi bir iş çıkarmak ve bu güveni sağlamak içinse tercümanların konuşmacı ve görüşmeciye eşit mesafede tarafsız olması gerektiğini belirtmişlerdir.

3.1.3. İşte Karşılaşılan Zorluklar

Bu alt tema katılımcıların işlerinde yaşadığı çeşitli teknik ve ilişkisel zorluklarını içermektedir.

3.1.3.1. Teknik Zorluklar

Teknik zorluklar bakımından katılımcılar çeviri esnasında konuşmacıların hızını kontrol etmek, hızlı konuşmalardan dolayı söylenenleri hatırlamak, aralıksız çeviri yapmaktan dolayı düzgün çeviri yapmak ve bazı terimlerde yetkin olamamaktan dolayı sıkıntılar yaşadıklarını belirtmişlerdir.

3.1.3.2. İlişkisel Zorluklar

Katılımcılar görüşmeci ve konuşmacı arasındaki anlaşmazlıklardan dolayı arada kalmak, mülteciyle ilk muhatabın kendileri olmalarından dolayı mültecilerin kendilerine tutunmalarının ekstra sorumluluk yüklemesi, ekstra yardım ettiklerinde mültecilerin güvensizlik duyması, kültürel farklılık ve benzerlik dinamikleri, görüşmecinin kültürel olarak hassas davranmaması ve mülteci ile cinsiyet ve din yönünden doğru eşleştirilmemeleri gibi konuların tercüme ilişkisinde çeşitli zorluklar yarattığından bahsetmişlerdir.

3.2. Tercüman Olarak Çalışmanın Etkileri

Katılımcılar deneyimledikleri etkileri işe yeni başladıkları dönem ve güncel dönem olarak iki ayrı döneme ayırmışlardır. İşe ilk başladıklarında ağır travmatik içerikle karşılaşmanın kendilerinde duygusal olarak üzüntü, suçluluk, suçluluk gibi hisler uyandırdığını ve aynı zamanda çeşitli somatik ve sosyal olarak da etkilendiklerini belirtmişlerdir. Görüşme sırasında sakin kalmaya çalışsalar da içten içe üzgün hissettiklerini ve bu etkilerin iş sonrası ağlama ve düşük mod şeklinde kendini gösterdiğini söylemişlerdir. Çevirdikleri hikayeleri unutamadıklarını ve bu hikayelerin

ayrıntılarına maruz kalmanın özellikle zor olduğunu dile getirmişlerdir. Mültecilerden daha iyi yaşam koşullarına sahip olmaktan dolayı suçluluk, herkese yardım edemediklerinden dolayı da çaresizlik hissettiklerini söylemişlerdir. Bu hislerin uyanmasında, çevirisini yaptıkları mülteciyle benzer deneyimleri yaşamış olmak, bu kişilerle ve kendileri veya yakınları arasında yaş, cinsiyet, din gibi ortaklıklar kurmak, 'ben' diliyle çeviri yapmak etkili olmuştur.

Somatik belirtiler baş dönmesi, yorgunluk, baş ağrısı, ağlama nöbetleri, sinirlilik gibi belirtileri kapsarken aynı zamanda katılımcılar bir süre sosyal aktivitelerden kaçındıklarını, iş yerinden izin almak zorunda kaldıklarını, iş arkadaşlarıyla iş dışında görüşmeyi tercih etmediklerini ve işe isteksiz geldiklerini ifade etmişlerdir.

Şimdilerde ise aynı acıları tekrarlı çevirerek alıştıklarını, artık göz yaşlarını içlerine akıttıklarını, seans içinde etkilenseler bile kendi hayatlarını olumsuz etkileyeceği, dolayısıyla mültecilere de yardımcı olamayacaklarını düşündükleri için bu etkileri seans içinde bırakabildiklerini belirtmişlerdir. Fakat katılımcılar insanlıklarını kaybetmemek için bu acıları kanıksamanın da doğru olmadığını söylemişlerdir.

3.3. İşin Etkileriyle Baş Etme Yöntemleri

Katılımcılar işin etkileriyle baş etmek için kendilerini başka işlere verip veya spor, dans, müzik gibi etkinliklere katılıp dikkat dağıtma, profesyonel yardım alma ve yaşadıklarını sevdikleri ve iş arkadaşlarıyla paylaşma gibi yöntemler kullanmışlardır.

3.4. İş Kaynaklı Deneyimlenen Değişimler

Katılımcılar mültecilerle çalışan bir tercüman olarak kendiliklerinde ve dünyaya bakış açılarında çeşitli olumlu değişimler yaşadıklarını söylemişlerdir. Kendilikteki değişimler daha toleranslı, hoşgörülü, empatik olma; önyargıları kırma, mültecilere haklarını çevirirken kendi vatandaşlık haklarını da öğrenip özgüven kazanma, mültecilerin ağır travmalarından sonra bile ayakta durup iyileştiklerini gördükçe kendi

güçlerini fark etme ve içgörü kazanmayı kapsamaktadır. Ayrıca katılımcılar dünyanın tehlikeli bir yer olduğunu ve insanların birbirlerine yapabilecekleri kötülükleri fark ettiklerini ama bunu fark etmenin onları karamsar kılmadığını, aksine dünyayı iyiliği de kötülüğü de barındıran bir yer olarak kabul ettiklerini ve hayatları için şükrettiklerini belirtmişlerdir.

3.5. Tercümanların İhtiyaçları

Katılımcılar iş koşullarında ve maaşlarında iyileştirme, eğitimler alma gibi fiziksel ihtiyaçlarını ve psikolojik destek alma ve saygı ve değer görme gibi psikolojik ihtiyaçlarını dile getirmişlerdir.

BÖLÜM 4

TARTIŞMA

4.1. Bir İş Olarak Tercümanlık

Katılımcılarca en çok motive eden faktörün mültecilere yardım edebilmek olması Steele (1988) tarafından kişinin kendi bütünlük ve algılanan değerini koruma motivasyonu olarak açıklanan kendini olumlama çabası olabileceği düşünülmüştür. Bu çabanın kişilerin ego savunmalarını düşürüp başkalarının acılarını normal olarak görmelerini engellediği ve önceden çok da önemsemedikleri şeyleri önemsemelerini sağladığı söylenmiştir. Tüm bunların da kişinin kendisinin yanında başkalarının koşullarına da odaklanmasını ima eden kendini aşma çabasına imkân vermiş olabileceği varsayılmıştır (Kao, Su, Crocker, & Chang, 2017).

Ayrıca, tüm katılımcıların kolektivist kültürlerden geldikleri düşünüldüğünde, yardım etme motivasyonu, bu kültürlerde başkalarını önemsemenin ve bir gruba aidiyet hissinin önemli olmasının bir sonucu olabilir (Hofstede, 1980; Triandis, 1989).

Bunların yanı sıra, katılımcıların kendi travmatik geçmişleri göz önünde bulundurulduğunda, mültecilere yardım etmenin kendi geçmiş travmalarını iyileştirme yönünde de bir motivasyondan kaynaklanabileceği düşünülmüştür.
Tercüman olarak rolleri bakımından bazı katılımcılar işyerlerinde 'kültürel aracı' olarak değerlendirdiklerini söylemiş, bunun tercümanların öznelliği ve kültürünün benimsenip sürecin bütünleyici bir parçası olarak değerlendirilmesi açısından olumlu bulunmuştur. Böyle bir anlayışın tercümanların rollerini daha iyi kavramasını sağladığı ve konuşma ve kültür dinamiklerine olumlu katkılarda bulunma açısından önemli bir faktör olabileceği düşünülmüştür (Hsieh, 2007). Tercümanların, tercüme ettikleri mültecilerin etnik, din, yaş, kültür, cinsiyet, cinsel yönelim gibi özellikler bakımından farklılıkların kendilerini ve tercümelerini etkilemediklerini, tarafsız olarak kaldıklarını ve önyargılarından kurtulduklarını belirtmeleri de beklenen etik profesyonellikle uyumludur ve katılımcıların gerekli hassasiyet, ilgi ve saygıya sahip olduklarını göstermiştir.

Son olarak katılımcılar çeşitli teknik ve ilişkisel zorluklardan bahsetmiştir. Rol beklentilerinin açık olmaması ve tercümanların ihtiyaçlarına olan dikkatin yetersiz olmasının bu zorlukların oluşmasında rolü olduğu düşünülmüştür.

4.2. Tercüman Olarak Çalışmanın Etkileri

Türk katılımcılar için daha önce duymadıkları ağır travmatik deneyimleri çevirmenin kendilerinde rahatsızlık yaratıp kendini olumlama ve kendini aşma yoluyla yardım davranışını artırdığı ve bir tür baş etme yöntemine dönüştüğü düşünülmüştür. Ayrıca katılımcılar çeşitli duygusal, somatik, ve sosyal etkilerden bahsetmiştir. Belirtilen bu etkiler literatürde tercümanlarla yapılan diğer çalışmalarca da rapor edilmiştir (ör. Lor, 2012; Miller ve ark., 2005; Sexton, 1999; Splevins ve ark., 2010). Bu etkiler dolaylı

travmatizasyonların belirtilerini işaret etmektedir (Figley, 1995; Pearlman & Saakvitne, 1995). Mültecilerle kendileri ve yakınları arasında kültür, yaş, cinsiyet ve deneyim açısından benzerlikler kurmanın katılımcılarda dolaylı travmatizasyonun temel mekanizması olan empatiyi artırdığı düşünülmüştür (Figley, 2012). Ayrıca, birinci tekil kişi kullanarak tercüme etmenin, Splevins ve arkadaşlarının (2010) da önerdiği gibi katılımcıların mültecilerle özdeşim sürecini hızlandırdığı düşünülmüştür.

Katılımcılar işin ilk zamanlarına göre bu etkilerin oldukça azaldığını belirtmiş, bunda da, kendilerini mültecilerin yerine koymaktansa onların ne yaşadığına odaklanmalarının dönüştürücü etkisi olduğu düşünülmüştür (Figley, 2012)

4.3. İşin Etkileriyle Baş Etme Yöntemleri

Katılımcıların daha çok kaçınmacı baş etme yöntemlerini kullandıkları gözlemlenmiştir. Bu stratejilerin uzun vadede kullanımın çözüme ulaşmak için uygun eyleme geçmeyi önlediği, yıkıcı davranışların artmasına ve duygusal uyuşmuşluğa sebep olduğu bulunmuştur (Roth & Cohen, 1986). Aktif baş etme yöntemlerinin eksikliğinin, bu tür stratejilerin daha çok kullanılmasına yol açmış olabileceği düşünülmüştür. Ayrıca, dolaylı travmatizasyon yaşayan bireylerin çoğunlukla negatif baş etme yöntemleri kullandıkları söylenmiştir (Figley, 2012). Hobfoll (2007) diğer kişilerin de benzer şekilde etkilendiğini görmenin kişi için iyileştirici bir etkisi olabileceğini belirtmiştir. Katılımcılar da yaşadıkları etkileri yakınlarıyla ve benzer deneyimleri olan iş arkadaşlarıyla paylaşmanın kendilerine iyi geldiğini ifade etmiştir. Bireysel terapi yoluyla baş etmenin ise, tercümanların kendi travmalarını da çözmeleri açısından en etkili yol olduğu düşünülmüştür.

4.4. İş Kaynaklı Deneyimlenen Değişimler

Katılımcılar, kendilik ve dış dünyaya bakışlarında tercüman olarak çalışmaya başladıktan sonra olumlu değişiklikler yaşadıklarını söylemiştir. Literatürde birçok çalışma da benzer şekilde tercümanlar da dahil çeşitli yardım personellerinin işleri

etkisiyle kimlik algısı ve kendilerine ve başkalarına olan inançlarında pozitif değişimler yaşadıklarını bulmuştur (ör. Arnold ve ark.., 2005; Splevins ve ark., 2010; Steed & Downing, 1998). Bu değişimler, dolaylı travma sonrası gelişim konsepti tanımlarına uygundur ve bu çalışmadaki katılımcıların da bu büyümeyi deneyimlediklerini, dolayısıyla stresli bir iş olmasına rağmen mültecilerle çalışan tercümanların dolaylı travma sonra büyüme deneyimleyebileceğini göstermiştir.

4.5. Tercümanların İhtiyaçları

Katılımcılar tercümanlık için formal bir eğitim almadıklarını belirtmiş ve bu eksiklik kendisini dile hakimlik ve rol beklentilerinde göstermiştir. Bu anlamda tercümanlar iş yerlerinden uygun eğitim görme ihtiyaçlarını, sık kullanılan terminolojilerle ilgili ön bilgilendirme, kendilerinden beklenen rollerle ilgili açık yönergeler ve bunun yanında iş kaynaklı etki ve streslerle ilgili psikolojik destek ihtiyaçlarını dile getirmiştir. Birçok araştırma da bu ihtiyaçların karşılanmasının önemini vurgulamıştır (ör. Miletic ve ark., 2006; Miller ve ark., 2005; Tribe & Morrissey, 2004).

4.6. Klinik ve Politik Çıkarımlar

Dünyanın en büyük mülteci popülasyonuna sahip ülke olarak, Türkiye'de tercümanlara sıkça ihtiyaç duyulmaktadır. Bu tercümanların çoğunluğu da yine mültecilerden oluşmaktadır ve pilot çalışmanın da gösterdiği gibi hala kendi birincil travmalarını yaşamaktadırlar. Kendi travmalarını çözümleyememişken sürekli olarak benzer travma hikayelerine maruz kalmak bu kişilerin travmatik stres tepkilerini artırabilir. Bu nedenle, bu kişilere öncelikle kendi travmalarını çözümlemeleri yönünde yardım edilmeli, işe alımlarda tercümanların ruh sağlığı etraflıca değerlendirilmeli ve buna göre işlerde görevlendirilmelidir.

Bu çalışma, hemen hemen tüm tercümanların çeşitli yollarla dolaylı travmatizasyon ve depresyon gibi çeşitli ruh sağlığı sıkıntıları yaşama riski taşıdığını ortaya koymuştur. Bu nedenle, klinisyenler, özellikle de görüşmeciler tercümanları

görüşmeler esnasında ortaya çıkan duygu ve düşünceleriyle ilgili konuşmaları yönünde teşvik etmeli, psikolojik destek sağlamalı, ve gerektiğinde dış yönlendirmeler yapmalıdır (Engstrom ve ark., 2010). İşyerlerinde düzenli grup toplantıları ve bireysel psikolojik destek sağlanmalı, tercümanlar çeşitli eğitimlerle dolaylı travma ve bu etkilerle başetme yolları hakkında bilgilendirilmelidir.

Ayrıca, katılımcılar rol beklentileri, iletişim, ilişki ve eğitim konusunda çeşitli sıkıntılarını dile getirmişlerdir. Bu konularda bir standart yaratmak ve eksiklikleri gidermek amacıyla kültüre uygun yönergeler düzenlenmelidir. Yine bahsedilen kültürel konulardaki sorunlarla ilgili, kültüre duyarlı klinisyenler, görüşmeciler, ve tercümanlar yetiştirmenin önemini ortaya koymuştur. Görüşmeci klinisyenlerin kültüre duyarlı pratik yapmaları adına, üniversitelerin lisans ve lisans eğitimlerinde çeşitli kültür dersleri açılması ve bu derslerin alınmasının teşvik edilmesi önerilmektedir.

4.7. Sınırlılıklar ve Sonraki Araştırmalar için Yönergeler

Mevcut çalışmadaki katılımcıların tercüman olarak çalışma deneyimleri geniş farklılıklar göstermektedir. Daha eskiden beri tercüman olarak çalışan katılımcılar, işlerinde daha yeni olanlara kıyasla daha çok geçmiş yaşantılarına odaklandıkları ve uzun zaman geçtiğinden dolayı geçmiş deneyimlerini ve işin etkilerini daha olumlu hatırlamış olabilecekleri düşünülmüştür.

Ayrıca, katılımcılar çeşitli farklı kültürlerden gelmiş ve farklı sosyal travmalar deneyimlemişlerdir. Örneğin Türk katılımcılar, travmatik yaşantıları olmalarına rağmen, diğer katılımcılardan farklı olarak mülteci statüsü almadıklarını ve savaş deneyimlemediklerini söylemişlerdir ve bu durumdan ötürü deneyimlere diğer katılımcılardan farklı bir bakış açısı geliştirebilmiş olabilecekleri düşünülmüştür. Gelecekteki çalışmaların, nitel çalışmada da önerilen homojenliği sağlamak adına, mülteci olan ve olmayan tercümanlarla ayrı ayrı çalışmaları önerilmektedir.

Mevcut çalışmadaki erkek katılımcı sayısı kadın katılımcılardan fazla olmuştur ve kadın katılımcıların duygularını tartışmaya daha açık oldukları gözlemlenmiştir. Dolayısıyla, gelecek çalışmaların her cinsiyetten eşit sayıda katılımcıyla çalışmaları ve/veya nicel çalışmalarla cinsiyet ve dolaylı travmatizasyonun olası ilişkilerini araştırmaları önerilmektedir.

Ayrıca, telefon ve video konuşması yoluyla yapılan görüşmelerde, katılımcıların herhangi bir rahatsızlık hissedip hissetmediği sürekli sorulsa da direkt olarak fiziksel işaretleri izlemek mümkün olmamıştır. Aksine bu kişilerin daha uzun ve detaylı bilgi vermelerine rağmen, gelecek çalışmaların standart bir prosedür izlemek açısından belli bir görüşme yöntemi kullanması önerilmektedir.

Son olarak, nitel araştırmanın doğasından ötürü bu araştırma küçük bir örneklemden oluşmuştur. Ayrıca, çalışma bulguları, araştırmacının öznelliğinden bağımsız değildir. Yani, bir başka araştırmacı, elde edilen verileri farklı bir şekilde yorumlayabilir. Bu nedenle, bu bulguları Türkiye'de mültecilerle çalışan tüm tercümanlara genellemek mümkün değildir. Böyle bir genelleme yapmak için geniş örneklemli, farklı karakteristik özelliklerin de araştırılabildiği, farklı örneklemlerle yapılan nicel çalışmaların yapılması önerilmektedir.

APPENDIX G: TEZ FOTOKOPİ İZİN FORMU / THESES PHOTOCOPY PERMISSION FORM

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YAZARIN / AUTHOR

Soyadı / Surname : Hasdemir
Adı / Name : Dilara
Bölümü / Department : Psikoloji

TEZİN ADI / TITLE OF THE THESIS (**İngilizce** / English) : Effects of Refugee Trauma on Interpreters: A Qualitative Analyses of Vicarious Traumatization and Coping

TEZİN TÜRÜ / DEGREE: **Yüksek Lisans** / Master ■ **Doktora** / PhD ☐

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