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*Remote Interpreting during a Global Pandemic: Impact on the Professionals'
Mental Health*

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ABSTRACT

This study examines the situation of remote interpreters, with a focus on telephone interpreters, and compares different remote modalities with in-person interpreting. The motivation for this research stems from my personal experiences working on Covid-19 telephone helplines and as a freelance community interpreter.

The study explores the advantages and disadvantages of remote interpreting from a financial, practical, and technological point of view and emphasises the importance of interpreters' mental health. A survey was conducted to gather insights from other interpreters in similar circumstances. The findings highlight the need for improved support and working conditions for interpreters in the remote interpreting sector. The study also provides a historical overview of community interpreting and examines the impact the development of remote technologies has had on the interpreting field.

This research aims to contribute to the betterment of the profession for the benefit of all stakeholders, including agencies, service users, and interpreters.

Keywords: remote interpreting, telephone interpreting, mental health, community interpreting, public services.

RESUMEN

Este trabajo tiene por objetivo tratar la situación de los profesionales de la interpretación remota, prestando especial atención a la interpretación telefónica. Asimismo, se realizará una comparación entre las circunstancias de la interpretación remota y presencial. Mi propia experiencia trabajando en las líneas de ayuda a la ciudadanía durante los años del confinamiento, así como mi experiencia como intérprete telefónica, forman parte de la motivación de este estudio.

El presente estudio explorará las ventajas y desventajas de la interpretación telefónica desde un punto de vista económico, práctico y tecnológico, poniendo especial atención a la importancia de la salud mental del profesional de la lengua. Para esto, se llevó a cabo una encuesta con la intención de recoger las impresiones de otros profesionales en circunstancias similares. Los resultados de este estudio muestran la necesidad de mejorar el apoyo y las condiciones laborales que se prestan a los intérpretes.

Del mismo modo, el trabajo también proporciona una visión histórica general de los orígenes de la interpretación en los servicios públicos, a la vez que examina el impacto que han tenido los avances en las tecnologías de la comunicación remota en el sector.

Este estudio pretende contribuir a la mejora de la profesión en beneficio de todas las partes: agencias, usuarios del servicio e intérpretes.

Palabras clave: interpretación remota, interpretación telefónica, salud mental, interpretación para los servicios públicos, servicios públicos.

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1. INTRODUCTION

The primary objective of this study is to provide insights into the situation of remote interpreters, with a particular focus on telephone interpreters. A comparison will be made between different remote modalities and in-person interpreting. The motivation behind choosing this topic stems from my own experiences working for the Covid-19 telephone helplines (111 and 119) in the United Kingdom, as well as my subsequent freelance work as a community interpreter.

During the years of the pandemic, I learnt to appreciate the help other interpreters lend me by assisting on extremely sensitive calls where patients were often either ill or extremely distressed. At that time, I witnessed first-hand how patients frequently speak over the interpreters (or interrupt them) and the mental agility they require when clients do not give them enough time to render the message into the target language. However, it was not until I started my own journey as an interpreter that I realised about the other challenges the occupation also entails. I encountered the loneliness of a sector where you rarely know your colleagues, the lack of support from the agencies, and the insufficient work conditions agencies tend to offer to their self-employed remote staff.

Nevertheless, it is important to acknowledge that remote interpreting also offers flexibility, which can be advantageous for both companies and agents. This essay, therefore, constitutes not a complaint but a reminder that there is still work to do to improve the profession for the benefit of all parties, agencies, service users, and the often-forgotten interpreters.

First, the essay will start with a concise overview of the history of community interpreting, from its use in ancient history to the influence that “conference diplomacy” had on the profession in the 19th century and its current role in present-day public services and institutions. From there, we will move on to the newest “great revolution” in the world of interpreting, namely the introduction of remote technologies. The developments in communication technologies that arrived in the course of the new millennium were already well established before the irruption of the Covid-19 pandemic; however, the last two years of intermittent lockdowns have also accelerated further the normalisation and improvement of homeworking. Section 2.3 will delve deeper into the impact of the pandemic's "new reality" on remote interpreting and interpreters.

Next, the essay will present an analysis of the advantages and disadvantages of remote interpreting from the perspectives of both companies and interpreters, considering financial, practical, and technological aspects. This will be followed by a discussion on the role of interpreters and the significance of their mental well-being. Finally, the findings of a survey conducted earlier this year to explore the experiences of other interpreters under similar circumstances will be presented.

2. THEORETICAL FRAMEWORK

In this section, we will start by exploring the role of the interpreter in the context of public services (*Community Interpreting*), its transition into a remote workplace and the part that the recent pandemic has played in the hastening of this transition while having a quick peek at its historical background.

On the other hand, we will also be explaining the consequences this new method of interpreting may have for the interpreters, both positive and negative, as well as possible mental health considerations with respect to the profession.

2.1. Interpreting and its Role in Public Services.

Indeed, it is difficult to pinpoint the beginning of interpreting as an occupation since it has played an unavoidable part in negotiations, both political and commercial, between peoples and nations since the origin of civilisation. In the majority of cases, these original interpreters would have their main occupation be something other than interpreting itself; they may have been diplomats themselves, servants, or, on occasion, even enslaved people (Baigorri-Jalón, 2015, pp. 11-23). As you read this, countless interactions are being aided by an interpreter, professional or not, in various settings such as in hospitals, war zones, courtrooms, or in a context as mundane as a marketplace involving tourists and locals.

According to Baigorri-Jalón (2015, p. 11), a professional interpreter can be described as “a person who translates speech orally or into sign language for parties who speak different languages”; and a profession as “a paid occupation or calling based on expert knowledge and often academic training”. Nevertheless, historically not all interpreters would have fit the bill. As mentioned in the previous paragraph, they may have had a different occupation, and very rarely would they have had formal training to perform these activities. Interestingly enough, one could infer that interpreting in its origin was conducted by members of the community for minorities within the community, and this will be the trend of this section.

Examples of interpreters in all sorts of contexts (administrative, religious, and others) have been documented since ancient Egypt, Rome, or China, and the first registered account of an interpreter can be traced back to 1330 BC. In the 12th and 13th centuries, in the Iberian Peninsula, the constant battles for the delimitation of the Christian and Muslim territories and the consequent negotiations for the liberation of captives from each side gave place to the rise of the figure of the *alfaqueque*. This would have embodied the role of the mediator in such negotiations, and the first requirement to fulfil this position was to be able to speak and understand the languages of all parties involved in the exchange. Eventually, the figure of the *alfaqueque* came to be officialised by King Alphonse the Wise, and *alfaqueques* continued to exercise their profession in the name of the subsequent monarchs of Spain and the Spanish Empire in America. Other relevant and similar mediators existed in the expansion of this and other empires as well under different terminology, for instance: *nahuatlato*s in Mexico or *dragomans* in Western Europe and the Ottoman Empire (Baigorri-Jalón, 2015, pp. 12-14).

As mentioned by Baigorri-Jalón (2015), drawing from Ryan (1951), the first significant milestone that motivated the next steps in the evolution of interpreting as a profession was the development of “diplomacy by conference” in the 19th century. However, it is during the course of the 20th century until the present day that the profession has undergone its most dramatic transformations and developments. The past one hundred years have witnessed the succession of numerous global conflicts -such as the First and Second World Wars and its well-known Nuremberg trials-, the rampant expansion of social and commercial globalisation, and an explosion in the context of immigration to a degree never seen before in the history of humankind. As a result, today, we are much more interconnected and interdependent than ever. These factors have constituted the perfect breeding ground for the development of different interpreting styles and the emergence of new schools and training methods, all with the aim of improving the efficiency, effectiveness and reach of interpreting services to the public (Baigorri-Jalón, 2015, pp. 11-23). Moreover, in this vein, it is precisely the interpreting that takes place in the context of public services that we will discuss in the present dissertation.

The notion of interpreting in the setting of public services is known under different terminology, which is usually country dependent. For example, in the United Kingdom, this is generally known simply as “public service interpreting,” whilst, in the meantime,

in Canada, “cultural interpreting” seems to be the standard equivalent (Mikkelson, 1996, section 1.1). In a similar fashion, in Spanish speaking nations the preferred terms are “interpretación comunitaria” or “interpretación para los servicios públicos”, however, other terms may include “interpretación de enlace”, “de diálogo” (dialogue interpreting in English) or “bilateral” (Iliescu Gheorghiu, 2022). Nonetheless, on this occasion, we will be referring to it mainly as “community interpreting” since it seems to be the most commonly accepted in academic literature.

Community interpreting as a branch of interpretation has been defined in an array of diverse ways depending on the author and the purpose of the text, and its name itself is not free from controversy either. However, the *First International Conference on Interpreting in Legal, Health and Social Services Settings* (Roda Roberts 1994 as quoted by Mikkelson 1996, section 1.1) defines it as follows:

Community Interpreting enables people who are not fluent speakers of the official language(s) of the country to communicate with the providers of public services so as to facilitate full and equal access to legal, health, education, government, and social services (Ref. 4.).

Community interpreters work with members of a community intending to make their lives easier, as opposed to working with diplomats or conference delegates (Hale, 2007, pp. 28-29). The core role of a community interpreter is that of facilitating the use and accessibility of all members of society to public services, and as a consequence of this, community interpreters find themselves dealing with the more personal and vulnerable aspects of their clients' lives, learning extremely confidential information in the process. As explained by Bancroft (2015, p. 217), the foundation principle of this profession is “giving voice to those who seek access to basic services but do not speak the societal language. As a profession, community interpreting weds issues of language and culture to concepts of social justice and equity”; thus, an individual’s inability to access this service will most certainly endanger their livelihood and well-being, resulting in a landscape of social inequality. This just goes to highlight the importance of a profession that has not always been regarded in the same light as conference interpreting. On a positive note, Bancroft (2015) also adds that the profession seems to be growing quickly, which has, in turn, had an impact on the professionals’ recognition, standards and accreditation options, emphasising that the “technologising” (sic.) of all sectors of interpreting will do nothing other than continue changing the profession.

In their paper, *Healthcare Interpreting* from 2015, Roat and Crezee discuss the type of interpreting that takes place in public services whilst emphasising its role in the healthcare sector in the United States:

Interpreters can be found in every healthcare setting imaginable: hospitals, clinics, skilled nursing centres, mental health centres, public health departments, home health visits, inpatient and out-patient settings, emergency rooms, primary care, specialty care, pharmacy, rehabilitations centres, school-based clinics, rural and urban settings, even prisons. They may provide their services in person, over a telephone, or through a video-conference connection, working from home, from an office or from a call center. (Roat and Crezee 2015: 243-244).

In this same work, they argue that people's right to access interpretation services is rooted in four different areas (Roat & Crezee, 2015, pp. 240, 241, 242):

- Social justice: This point focuses on “fairness” (Roat & Crezee, 2015, p. 241). Patients who speak a language other than that of the dominant population of a given place are at higher risk of not having access to the basic care they also contribute towards; equally, if their knowledge of the majoritarian language is limited, they may still not receive the same kind of care they would have, had they been able to express their needs and concerns correctly. For this reason, having access to language services should constitute a right.
- Legal and regulatory: Traditionally, interpretation services have not been made available out of concern for those who may not have access to the necessary public services, but rather as a consequence of social movements which have prompted national institutions to intervene and address the issue, and set laws to protect people's right to interpreter services.
- Quality of care and patient safety: Having access to good quality interpreting services is paramount to providing quality healthcare, and being able to communicate accurately in a timely manner saves lives. This is essential in the process of understanding symptoms, building rapport, asking about patients' histories, obtaining informed consent for treatment or testing, or receiving a possible diagnosis.
- Financial: This point concerns United States' healthcare nature. Having good quality interpreting services could also be seen as a form of “cost containment” measure. The appropriate use of interpreters could avoid

extra costs for hospitals by simply preventing miscommunications that could lead to life-threatening incidents.

In the same article, also in relation to healthcare interpreting, Roat and Crezee separate the kinds of interpreters into another four different categories, namely: *staff interpreters*, which is the kind of interpreter that works for the hospital mostly in in-person appointments which have been pre-scheduled, while also doing some video-conference and telephone; *dual-role interpreters*, who are usually bilingual members of staff who have as their primary job within a hospital or clinic something other than interpreting (i.e., nurses, laboratory technicians, etc.); *freelance interpreters*, or contracted interpreter; *remote interpreters*, interpreters who usually work for contractors or external agencies and who specialise in telephone and video-conference interpreting.

On this occasion, it is remote interpreters and the issues they may undergo that we will be discussing in the following pages.

2.2. Remote Interpreting and Teleconference Interpreting

According to Garber (2000, p. 11), the term "community" only serves as a means to further separate community interpretation from conference interpretation based on the setting in which it takes place. Indeed, community interpreters work most frequently in hospitals, surgeries, public institutions, and some legal settings. Moreover, the very nature of the job up until now has intrinsically involved the interpreter's ability to relocate with each assignment. However, in recent years, and due to the continuous advancement of communication technologies, the profession has kept adapting to these changing times with a singular emphasis on remoteness.

In the book *Interpreting and Technology*, Claudio Fantinuoli (2018) explains that although the technological advancements in the field of interpreting have not been as dramatic as in written translation and other professions related to language, this field has not been at all immune to its effects, and highlights, at least, two major breakthroughs. On the one hand, the first breakthrough is concerned with the development and introduction of the revolutionary wired systems of speech transmission that gave way to the rise of simultaneous interpreting. This was first developed in the early 1920s; however, it gained widespread public recognition after the Nuremberg trials, where it

became decisive for the correct and timely resolution of the entire process (Fantinuoli, 2018, pp. 1-6). On the other hand, the democratisation of the Internet constitutes the second breakthrough due to it making an extensive array of language materials, translations and other linguistic resources available to professionals in the field. Nevertheless, we seem to be in the process of witnessing yet another leap in its development, perhaps one which is comparably much more substantial. In this case, the areas most affected are: computer-assisted interpreting (or CAI), remote interpreting (RI), and, finally, machine interpreting (MI) (Fantinuoli, 2018, p. 6). On this occasion, in this work, we will be focusing strictly on *Remote Interpreting*, which Fantinuoli (2018, p. 4) defines as follows:

Remote interpreting is a broad concept which is commonly used to refer to forms of interpreter-mediated communication delivered by means of information and communication technology. It is not a monolithic notion, but it can rather be used to designate different settings and modalities, for example when all event participants are gathered at one place while the interpreters are located at a different venue, or when the interpreter and one of the interlocutors are both present at the same place. As far as technology is concerned, RI can be carried out by means of different solutions, from simple telephone to advanced equipment.

Remote interpreting has been deployed predominantly in the sectors belonging to the community interpreters (healthcare and legal settings), while conference interpreting has barely benefitted from these changes. Nevertheless, and in spite of specific difficulties derived from the very nature of remoteness (which we will deal with in more depth in the following sections), this reasonably new modality seems to have established itself as an extremely attractive option for many service users seeking to cut down costs whilst increasing convenience and reach (Fantinuoli, 2018, pp. 4-6).

As previously established, remote interpreting does not make reference to one single interpreting method, but rather it encompasses a battery of different delivery modalities and, therefore, can be easily misconstrued. According to Sabine Braun (2015, p. 352), two primary uses of remote interpreting can be differentiated:

One of these, remote interpreting (RI), refers to the use of communication technologies to gain access to an interpreter in another room, building, town, city, or country. In this setting, a telephone line or videoconference link is used to connect the interpreter to the primary participants, who are together at one site. [...] Remote interpreting by videoconference is often simply called remote interpreting.

What these two modalities have in common is that they refer to contexts in which the primary participants, whom we will refer to as clients, are in the same location. In this dissertation, however, we will focus mainly on the varieties of remote interpreting where all parties, and especially the interpreter, connect from different sites resulting in a three-way call or video call. Sabine Braun refers to this with the label ‘interpreter-mediated telephone or videoconference communication’, while in the case of *sign language relay* or *video relay service* are the preferred terms (Braun, 2015, p. 352). The methodology necessary to conduct this form of interpretation is called *teleconference interpreting*, an umbrella term that covers both telephone and videoconference RI. Bearing this in mind, it is also worth mentioning that both the terms ‘remote interpreting’ and ‘interpreter-mediated telephone calls’ are equally referred to as telephone interpreting in the literature.

Braun also notes that although the notions of remote and teleconference interpreting have “different underlying motivations”¹, they share similarities to the extent that they both require an interpreter to be working remotely.

For the sake of conciseness, in this work, I will be using the term “remote interpreting” to refer to all those forms of interpreting where the interpreter is not present in the room, whether it is a three-way call, a call where the clients (e.g., patient and doctor) are in the same room and the interpreter is on speakerphone, or a video-conference based assignment. Additionally, with the aim of simplifying the read, I will refer to all forms of telephone-based interpreting scenarios as telephone interpreting, expanding further on the settings when necessary.

2.2.1. Teleconference Interpreting: Historical Background

In regard to telephone interpreting, generally, Australia and the United States tend to be regarded as the two first countries to implement this form of interpreting as a readily available service for specific institutions and organisations. In the case of Australia, the immigration service was the first institutional body to establish the use of telephone-based interpreting in 1973. This service came to be known as the Telephone Interpreting Service

¹“To return to the difference between remote and teleconference interpreting, it should be noted that these methods or modalities have different underlying motivations, i.e. the use of communication technology to link an interpreter with the primary participants vs. its use to link primary participants at different sites [...]” (Sabine Braun, 2015, p. 253).

or TIS. On the other, in the case of the United States, telephone interpreting services became available in various sectors -for instance, healthcare, financial industries and others- in the decade of the 1980s. However, in Europe, these services only start to become available in the 1990s (Braun, 2015, p. 353). This interpreting medium, so to speak, is the preferred method in the context of healthcare and public services in general.

On the contrary, video conference-based interpreting has been most commonly favoured by supra-national institutions, especially conference interpreting where simultaneous interpretation is preferred -e.g., United Nations or the European Union. The earliest experiment was conducted by UNESCO in 1976, which attempted to connect its headquarters in Paris with a conference centre in Nairobi. Unfortunately, the results of this experiment, as explained by Braun (2015, p. 354), were deemed to be unacceptable due to connectivity-derived issues. Later experiments conducted in the 1990s and early 2000s showed comparable results². The main issues at the time had to do mainly with technological limitations, connectivity instability, and occasionally interpreter reserves in relation to the use of new technologies (Ziegler & Gigliobianco, 2018, pp. 120-123). Fortunately, nowadays, this situation is drastically changing due to the advancement and extensive reach of the Internet, along with the development of a variety of hardware and software tools that keep pushing the boundaries of audio and video quality. Until recently, these teleconference interpreting services have almost exclusively taken place over landlines for fear that mobile communications could endanger line quality or hinder confidentiality. However, due to the aforementioned new developments, companies, especially those working with freelance interpreters, are currently also offering the possibility to work using professionals' personal mobile phone devices and computers. In this context, the services are usually provided through the use of dedicated company-based computer programs, websites, mobile phone applications and occasionally VPNs³, all of which aim to ensure the security and availability of assignments.

When it comes to remote interpreting, sectors such as the legal one seem to have taken a turn towards videoconference interpretation due to its benefits in terms of improved efficiency in proceedings, reduction of security concerns (for example arising

² These experiments are: “UNESCO in 1976 (Kurz 2000), the United Nations in 1978 (Chernov 2004), in 1982 (UNESCO 1987), and in 2001 (Mouzourakis 2006), the European Union in 1992 (Kurz 2000), in 2001 (European Parliament Interpretation Directorate 2001) and in 2005 (Rozier & Shlesinger 2010) [...]”. (Klaus Ziegler & Sebastiano Gigliobianco, 2018, p. 120)

³ Virtual Private Network.

from the transportation of detained individuals) and the possible benefits in the context of cross-border judicial co-operations; while in healthcare, for instance, it is still preferred to work with over-the-phone interpreting (Braun, 2015, pp. 357-360). In addition, businesses and corporations have also found a use for teleconference interpretation, although, in this case, a mixture of both video and telephone-based interpretation is still usually employed in accordance with the needs and requirements of the parties involved.

In this context, the reasons for the implementation of any of the forms of remote interpreting in the previously mentioned sectors can vary; nonetheless, what they may all have in common is an interest in improving interpreters' availability, especially since some assignments can only be arranged with extremely short notice. In the same way, and as pointed out by Sabine Braun (2015, p. 355), "the short duration of many legal and healthcare assignments makes the interpreter's travel and physical presence particularly uneconomical".

Finally, it is essential to note that ever since remote and teleconference interpreting services were established for the first time, they have continued to grow and become an increasingly lucrative business for private providers. As illustrated by Braun (2015, p. 353), the market value for telephone and video interpreting was worth USD994.18 million in 2011 (having been USD700 million just four years prior), whilst, by 2019, it had reached 1.2 billion US dollars (Statista Research Department 2022). However, this is not all. On top of this, the outbreak of Covid-19, which started between the years 2019 and 2020 -and which continues until now with varying numbers of restrictions depending on the country- boosted the demand for remote interpreting, which in turn increased the size of the interpreting market as a whole to the point that by 2022 it was estimated to be worth USD 9.49236 billion, and is expected to reach USD 17.5251 billion by 2028 (Business Research Insights, 2023). Some providers or agencies offering remote interpreting solutions are Language Line Services, Language Line Solutions, Lionbridge, ONCALL Interpreters and Translator or Cyacom Language Solutions.

2.3. Remote Interpreting and the global pandemic: NHS Response Services

As discussed in the previous sections, these modalities and notions are not at all new and have been used for several decades. Nevertheless, the Covid-19 crisis has unmistakably highlighted further the importance and potential of remote interpreting once

more. This pandemic paralysed the world for the best part of the last three years. Overnight, most professions, workplaces, academic institutions and other organisations found themselves forced to reimagine the way in which they function. Working remotely became the necessary evil companies of all sectors had to abide by in order not to collapse, which was no different for hospitals, most businesses, and courtrooms, and, indeed, it was no different for interpreters.

According to Gutiérrez and Llopis (2022, p. 215), in Spain, before the lockdown in 2019, only 4.8% of the total workforce worked from home when compared to a drastically different 34% of workers that worked remotely during the pandemic's lockdowns. They also point out that most of these workers belonged to the service sector, with 21% of them working as part of the private service and 36% in the public one. And it is predominantly in the public sector that most remote interpretation occurs (i.e., police, academic institutions, healthcare, etc.).

In the particular case of health services in general, it became commonplace to find doctor consultations and follow-ups to be delivered over the phone. In legal settings, court hearings were often conducted through videoconference. During this challenging period, governments implemented a series of telephone helplines to guide the population to the right professionals in the event that the new reality was physically, mentally or financially impacting them. In the United Kingdom, and in the particular context of the Covid-19 telephone services, two of the most fundamental modes of reaching for help were the NHS111 and the NHS119 lines. What makes these two services different is that the NHS111 line already existed prior to the global pandemic, while NHS119 was established after the outbreak.

On the one hand, NHS111 does not only work with covid regulation-related queries, but rather its main purpose is that of serving as a primary point of care for members of the public who may be feeling unwell and need advice on their symptoms (of any illness) from a nurse. All in all, a service for emergencies which are not urgent enough to call 999 for an ambulance directly. This service was launched for the first time in 2014 after having been trailed in four England sites in 2010 (Pope et al. *et al.* 2017, p. 1). During the first year of the pandemic, this service was modified to also include a line that dealt explicitly with issues related to Covid-19. This line was named the Covid-19 Response Service. The core function of the service was that of working as a website walkthrough for people who either did not have access to the Internet or struggled to use

the online symptoms questionnaire service equivalent to the telephone helpline. However, it also worked as an information point for people who wanted to know the current travelling regulations, financial help, or face-covering policy, to name a few.

On the other hand, the NHS119 service appeared at the beginning of the pandemic with the purpose of accommodating the Track and Trace Service, later called Test and Trace. However, from the start of 2021, it would also come to include the Vaccination Booking Service, the Covid Pass Service, and two other lines for Covid Pass information issues and complaints.

All the services mentioned above were constantly saturated with thousands of worried, scared, severely ill, and often understandably frustrated or even upset members of the public. In addition, on a daily basis, large numbers of these calls involved issuing ambulances for patients who had issues breathing and speaking clearly due to covid, pregnant women with very high fevers, or civilians who were struggling with extreme cases of anxiety due to the circumstances derived from the pandemic. And simultaneously, in the performance of a significant number of these interactions, there have been dutiful, overlooked interpreters supporting each interaction involving call agents that could not have otherwise provided the correct service; furthermore, let us not forget the severely debilitated members of the public that would not have been able to access much-needed help and advice in a timely manner. Moreover, as most of us, in many cases, these professionals have been taking those calls from home nonstop. Some of them work for hospitals, some for private operators, and a growing number of them for agencies as freelance professionals, with all the advantages and disadvantages that this entails.

Taking these factors into consideration, it is possible to start to discern some of the issues that could arise from this method of interpretation in a time of crisis like the one we have recently experienced. For instance, lack of separation between work and personal life, poor working conditions, emotional exhaustion, or lack of support, to name a few, are just some of the struggles endured by these professionals every day. However, we will be discussing this further in the next section.

2.4. Strengths and Weaknesses of remote interpreting in the Context of the Covid-19 Pandemic

In the Covid-19 era, working from home as an interpreter comes with positives and negatives, some of which are shared with other professions, while other struggles are job specific. The first and possibly the most obvious advantage, during the pandemic of a primarily airborne virus, is the ability to stay safely at home away from any unnecessary risks derived from being within close proximity of clients as well as public spaces. However, that is just the tip of the iceberg. The reality of working from home has had almost as many advocates as it has had detractors. During this chapter, we will analyse the advantages and disadvantages of this modality.

In the first place, as Sabine Braun (2015, p. 355) highlights, drawing from Mouzourakis (2003), from the point of view of the companies or agencies that provide interpreters, one of the clear selling points for remote interpreting is the ability to cut on expenses per linguist and assignment. Firstly, this is in part possible due to the simple fact that by implementing remote options, all travelling costs are either drastically reduced or simply removed. Consequently, disposing of the necessity to commute from assignment to assignment also removes travelling times from the equation, improving the availability of interpreters for clients in general, but especially in last-minute interpreting scenarios. Although, in the same vein, this can also be an asset for interpreters themselves, the brief nature of some assignments can often prove to be exceptionally inconvenient from a financial point of view.

From a practical standpoint, currently, video remote interpreting can provide advantages in situations where it is necessary to provide documentation and images to support the interaction. Examples of this can be a remote doctor's appointment, court cases where important evidence is needed to support and understand the case, or business meetings where graphics and other images are also crucial for the interpreting process. In this context, the levels of reach and easy accessibility achieved by today's information and communication technologies, not just in professional settings but especially in our day-to-day lives as individuals, have proved to be highly convenient for interpreters working from home. Platforms such as Skype, Microsoft Teams or Zoom, as well as other agency-specific videoconferencing applications, offer possibilities that in-situ interpreting simply cannot provide with the same levels of adaptability and convenience.

For instance, carrying out the assignments through one of these platforms implies that one or all of the participants can connect anytime from almost anywhere, keeping everyone safe (in the case of the pandemic). At the same time, videoconference platforms offer the ability to share the participants' screens for visual support. Similarly, interpreting in this way also makes it possible for a much faster exchange of documents between users, either for information purposes, signature requests or in the event that sight translation may be required.

On the other hand, from an emotional point of view, authors such as Ko (2006) have also pointed out that the lack of situational distractions and the physical distance can also be beneficial in the interpreters' ability to detach themselves from a given situation and remain both neutral and focused. At the same time, unless the interpreters' assignment involves advocacy and the professional has received appropriate training, most agencies will also strongly suggest avoiding unnecessary involvement with the clients. In this sense, remote interpretation and, more specifically, its telephone modality can turn out to offer an extra layer of protection against possible breaches of the interpreters' code of ethics. These breaches may include circumstances where clients have unrealistic expectations regarding the responsibilities of linguists, or situations where clients pose excessive questioning that often exceeds the interpreters' training or legal qualifications to respond to. However, not all studies back this premise, and it remains a point of division in the literature.

Finally, in *Telephone Interpreting: A comprehensive guide to the Profession* (2008), Nataly Kelly suggests that having the possibility to work in telephone interpreting can also be beneficial for those professionals who feel they are at a disadvantage when it comes to face-to-face modalities due to ethnicity or disability prejudices.

On the other hand, on the subject of disadvantages, it is possible to separate them into two categories: *technology-related issues and issues impacting the interpreters' well-being*.

Firstly, in terms of *technology-related issues*, I include in this category any complications derived from the Internet connection, inconveniences caused by the nature of the devices employed (i.e. cables, handheld telephones, low-quality speakers or microphones, etc.), or the incorrect use of the existing technologies (i.e. participants interrupting each other, use of sentences which are too long for the interpreter to capture,

misunderstandings due to lack of context, etc.). In this respect, it is worth starting by mentioning the issues related to sound quality. This has been one of the main difficulties faced by remote interpreting since its origin (whether by telephone or videoconference based), and although technology has improved, it continues to be a concern for interpreters. However, bad reception or unstable lines are only partly to be blamed for this, especially in recent years when the use of mobile phones has become common practice (Gutiérrez & Llopis, 2022, p. 213). With respect to remotely interpreted calls, Braun (2015, p. 354), drawing from Rosenberg (2007), already pinpoints the problematic habit clients have of passing the headsets or telephones from one another. In a similar fashion, Gutierrez and Llopis also highlight that nowadays, the widespread use of loudspeaker systems, however convenient for doctors and patients, can pose serious difficulties for the interpreters' correct understanding due to a significant deterioration of the audio quality (2022). In a recent paper published in the journal *Linguistica Antveroiensia*, Angelelli and Ross gather the experiences of 12 interpreters working primarily for the public service in Scotland. In this study, the participants (who in all instances had reported to be working with remote loudspeaker interpreting) mainly stressed the disadvantages of this modality. The most recurrent issues had to do with: the use of low-quality speakerphones that continuously pick up all kinds of background noise; the distance between the clients, service providers and the telephone, for example, in a doctor's appointment (e.g. a doctor that is significantly closer to the microphone than the patient); additionally, doctors often need to move away from their desks to perform check-ups placing them sometimes meters away from their phone and further disrupting the interpreters' task (Angelelli & Ross, 2021, pp. 81-82).

Similarly, with regard to three-way calls, in my personal experience working in the helplines during the covid pandemic, it is extremely frequent to find that situational factors arising from a scarce understanding of the interpreting profession frequently result in clients and professionals speaking over the interpreter, repeatedly interrupting other participants, or attempting to continue with the conversation cutting the interpreter off completely. Interactional complications like the ones mentioned before lead to scenarios where interpreters find themselves having to invest considerable amounts of time and energy in attempting to coordinate said calls with varying degrees of success, thus damaging the overall quality of the service.

Additionally, investigations in the field of telephone interpreting has also accentuated the importance of visual clues in the cognitive process of interpreting and how their absence can be an obstacle to the interpreters' performance. As explained by Gutiérrez and Llopis, remote interpreters tend to suffer from a lack of information regarding the individuals involved, the elements present in the space, and participants' body language, for instance. For this reason, many clients favour the use of video-link or videoconference interpreting. Nonetheless, this interpretation medium is not without complications of its own, being heavily dependent on the participants' correct use and possession of the appropriate equipment (e.g. having the right webcam and making sure it is pointing in the right direction), as well as their having a decent internet connection, in order to ensure the quality of both the audio and, particularly in this case, the image so that it is possible to capture the necessary visual information (Gutiérrez & Llopis, 2022, pp. 212-213).

With regard to the second category, *issues impacting the interpreter's well-being*, the main struggles to do with this category will be those which affect most severely the language professionals' physical and mental health, as well as financial stability.

Several studies have shown that remote interpreting appears to take a significant toll from a cognitive point of view on the professionals' performance quality and stress levels. For example, AVIDICUS 1 was a study carried out in Europe, in 2008, with the aim of assessing the viability and quality of videoconference-based interpreting in court proceedings. The survey in which around 200 interpreters and 30 different institutions participated, found a notable correlation between remote interpreting, or in this case, video remote interpreting, and a "higher cognitive load" resulting in a "faster onset of fatigue" and, therefore, a more rapid decline in the interpreters' performance (Braun, 2015, p. 358).

In a similar manner, an earlier study from 2004, the ITU/ETI⁴ study led by the European Parliament, which followed and evaluated the performance of 36 interpreters with different language combinations, showed comparable results. In this case, the performance of the professionals involved was assessed over a period of two weeks under both traditional and remote conditions. Nevertheless, the aim of this investigation did not focus exclusively on the interpreters' performance, but it also took into consideration the

⁴ International Telecommunication Union.

linguists' personal assessment of their own emotional response whilst also measuring physiological stress indicators as well as factors related to the work environment. The outcome of this research finally concluded that interpreters seemed to show symptoms of cognitive fatigue much faster during remote interpreting than in on-site modalities, which -as in the previously mentioned study- eventually resulted in a slight decrease in the overall performance. However, in spite of these results, the difference was not deemed statistically significant. Notwithstanding, interpreters reported feeling much higher levels of stress during remote interpreting as well as being much more dissatisfied with their own performances (Braun, 2015, pp. 356-357).

Telephone interpreting, whether consecutive or simultaneous, comes with similar effects for professionals. However, it would be important to point out that assignments are rarely arranged in advance in this kind of setting. The nature of telephone interpreting is a much more immediate one. Interpreters lack the luxury of preparing in advance for their assignments and barely have any time to have a quick debriefing with the client before being thrown at the deep end of the pool. For example, the next call of an agency interpreter could be an insurance assignment, a covid vaccine appointment, a 999-emergency call, or a doctor's appointment. This level of uncertainty further contributes to increasing the stress levels of the professional.

All in all, it is safe to assume that remote interpreters, and in particular telephone interpreters, tend to exhibit higher levels of dissatisfaction when compared to on-site interpreting. Nonetheless, this is not necessarily simply the product of the technologies involved in the delivery of the service but possibly, from the working conditions of the sector as well (Braun, 2015, p. 54). For example, the fact that interpreters have become so much more accessible has also had an impact on their payment rates. In this vein, Gutiérrez and Llopis (2022, p. 213) explain that:

A remote performance implies a new understanding of interpretation assignments which also impacts on fees and pricing systems. [...] Regarding pricing, interpreters are usually not paid for waiting for calls, although some companies add an extra payment on a monthly basis for waiting time at night and during weekends. Instead, they receive payment according to the number of minutes they are on the phone (some companies pay a minimum number of minutes to the interpreters in every call).

Indeed, most companies will only pay interpreters for the duration of the calls in which they have intervened, and occasionally, some of them may pay a minimum of 15

minutes per call (agency dependent) (Braun, 2015, pp. 353-354). The hourly rate of a telephone interpreter may differ from agency to agency, but rates can start from around GBP 10.5 per hour. However, often times this type of work tends to be freelance or self-employed, and with calls being paid by the minute with no guaranteed number of them, many interpreters tend to pair this with other occupations (e.g., translation, proofreading, teaching, etc.). The unpredictable and unreliable nature of the sector is partly to blame for contributing to the degree of stress these remote linguists frequently report whilst unmistakably impacting their work-life balance in the process.

And last but not least, other psychological factors also play an essential role in the well-being of interpreters. Working under these circumstances and dealing with issues that can range from routinary to very traumatic can also be emotionally depleting for linguists in the long run. Other psychological factors may include personal trauma, each individual's level of empathy or unique degree of resilience, as well as their own psychological ability to cope with emotionally challenging situations (Gutiérrez & Llopis, 2022, p. 214). Different combinations of the previously mentioned strengths and weaknesses -in connection with the psychological factors listed above- can trigger a series of pathologies which can seriously affect the interpreters' personal life whilst also hampering their role's correct performance, leading to further frustration, stress, and fatigue.

3. INTERPRETERS' ROLE AND MENTAL HEALTH

In the previous section, we have seen some of the difficulties endured by interpreters when working remotely and from home during the COVID-19 pandemic. In this section, we will focus on the possible specific roles that can be embodied by the figure of these professionals as well as some of the specific pathologies that they may develop in the exercise of their functions. Nevertheless, perhaps, to better understand the interpreters' roles, it would be beneficial to revisit the interpreters' code of ethics.

3.1. Code of Ethics

As with any profession that deals with delicate situations and sensitive information on a daily basis, interpreters are required to follow a “code of ethics” at all times during assignments to ensure professionalism and security for all parties (including the interpreter).

According to the Merriam-Webster dictionary, a code is “a set of rules or regulations that is promulgated by a body (as a professional organization) and that regulates its industrial or professional practices” (Merriam-Webster, 2023). On the other hand, ethics is defined as “the discipline dealing with what is good and bad and with moral duty and obligation”. From here, it can be inferred that a “code of ethics” is a compilation of regulations which attempts to lay the foundations of professionals’ (in this context, interpreters’) morally correct behaviour in the fulfilment of their duty. Along with the code of ethics, it is common to find the “code of conduct”, which is directly related to the code of ethics and shares most of its precepts. However, the code of conduct emphasises the interpreters’ responsibilities towards the clients/patients.

In the case of interpreting, many organisations and associations have their own documents revisiting the principles their professionals must abide by; nonetheless, these tend to be very similar from one group to another and share comparable values. According to Ozolins (2015, p. 320), the principles in North American codes of ethics tend to be: the interpreter’s role, competence and required skills, impartiality, accuracy, conflict of interest and grounds for disqualification, confidentiality and continuing professional developments. For instance, in a study by Hale (2007) which observed 17 different codes from a variety of countries, the notion of “confidentiality” was referenced 81% of the time, “accuracy” 75% and “conflict of interest” appeared on 68% occasions (Ozolins, 2015, p. 320). For example, the AUSIT, the Australian Institute of Interpreters and Translators Inc., in a document made available to the public through the organisation’s website (AUSIT Code of Ethics and Code of Conduct, <https://ausit.org/code-of-ethics/>) states nine principles in their code of ethics published in 2012:

1. *Professional Conduct*: Linguists working for AUSIT are expected to behave in a professional and responsible manner, taking into account clients’ personal, cultural or individual needs while providing high-quality

interpretation services. Equally, they are meant to let the agency and the clients know when there could be a conflict of interest that could potentially hinder their objectivity or the outcome of the assignment.

2. *Confidentiality*: As mentioned in previous sections, interpreters frequently work with highly confidential information. Thus, they must abide by the highest standards of discretion and secrecy at all times in order to protect service providers' and clients' data.
3. *Competence*: Interpreters must only take assignments for languages they are competent with and for which they have adequate academic background and certification.
4. *Impartiality*: Since the core task of these language professionals (i.e., interpreters and translators) is that of ensuring the correct and accurate communication between individuals that would not otherwise understand each other due to language barriers, linguists must remain neutral at all times avoiding all biases concerning individuals, cultures, religions, etc. In the same way, they must remember never to alter the message so as to render it milder or to intensify it in any way.
5. *Accuracy*: Similar to the previous point, interpreters are to remain loyal to the source material. They must make sure that the messages maintain their intentionality and tone when they are being rendered in the target language. For example, in healthcare as well as in the courtroom, these parameters could be determining factors for the service providers' professional assessment of each individual case, and consequently, any distortion of the message could pose a serious obstacle to the accurate completion of their job.
6. *Clarity of role boundaries*: Professionals must be conscious of their role as communication enablers in all their assignments, and as such, they must avoid at all times acting as advocates, guides or counsellors since these are responsibilities which exceed their competence.
7. *Maintaining Professional Relationships*: Language professionals are to respect the protocols, procedures as well as facilities of any and all the settings in which their assignments take place. Similarly, interpreters are responsible for the quality of their own performance in the exercise of their

tasks while promoting a work dynamic based on mutual respect, professionalism, and understanding of their professional boundaries.

8. *Professional Development*: All language professionals must actively engage in continuous learning, as well as the improvement of their skills, throughout their professional life so that they are able to guarantee the quality of the service. Moreover, they are to stay up to date with any technological advancements that gradually become commonplace within the profession.
9. *Professional Solidarity*: It is in the interest of interpreters and translators alike to maintain the standards and reputation of the sector, not simply for their own personal advantage but also because it is in the best interest of the profession as a whole.

When it comes to the Code of Conduct, AUSIT offers translators and interpreters guidelines to follow during the course of assignments and outside of them to ensure a quality service. These guidelines tend to coincide with the principles of the code of ethics, however, offering slightly more in-depth instructions on how to act in specific situations. For instance, the UK Home Office has made available a document aimed at interpreters that work for them in which they include guidelines to follow in regards to dress code, mobile phones policy, or fair treatment (equality and integrity), to name a few. In addition, these two bodies have specific guidelines for remote interpreting; they both insist on interpreters understanding the technologies involved in this form of interpreting -whether for videoconference or telephone interpreting- and encourage professionals to keep up with the quickly evolving systems. In the case of the UK's Home Office, they also insist on the need for interpreters to have a suitable space, free from noise, distractions or any object on camera that could be detrimental to their reputation or that of the institution. At the same time, they also expect professionals to present themselves in an appropriate manner.

In summary, the Code of Ethics deals with the correct moral principles translators and interpreters must follow in order to protect themselves and their clients, clearly marking the limits of their job and establishing a work environment based on responsibility, common sense, and solidarity with the work and reputation of other fellow interpreters. On the other hand, the Code of Conduct goes a step further and adds

guidelines on how to act in specific situations in order to minimise the impact certain issues could have on the quality of an assignment and to protect the institution's name.

3.2. Interpreters' Role

The core responsibility and the most basic role of an interpreter, not simply in healthcare but in any sector, is that of making possible the correct understanding and communication between speakers of different languages. In recent years, public services have increasingly requested interpreting services, which is especially true for the healthcare sector. This has been the trend for years, but the curve seems to have become more pronounced due to the pandemic, with healthcare interpreters' solidifying their position as invaluable allies in the sector. However, not all kinds of interpreters perform the same functions or roles.

In his article *Roles of Community Interpreters in Pediatrics as Seen by Interpreters, Physicians and Researchers* (2005), Yvan Leanza reviews the relationship between doctor and patient and the interpreters' involvement in it while exploring the key roles of the language professionals; finally, concluding with training suggestions for both interpreters and healthcare providers. In this context, drawing from Jalbert (1998), he presents us with a set of possible categories, or roles, interpreters may embody. These categories are *translator*, *culture broker/ cultural mediator*, *advocate* and *bilingual professional* (Leanza, 2005, pp. 170-171):

- *Translator*: In this instance, the interpreter becomes the tool that renders the message from the source language to the target language in an objective way, hence facilitating the communication between two parties whilst minimising their presence in the interaction. In other words, the interpreter is not to interfere or comment on what the speakers say; their aim is to be "invisible" (Leanza, 2005, p. 171).
- *Cultural informant*: In examples of this, interpreters are meant to use their knowledge of both the language and the cultures of the parties involved aiming to guarantee that the service provider fully comprehends the needs of the client/patient.

- *Cultural broker* or *cultural mediator*: This role is very similar to “cultural informant” in that they both make use of the interpreters’ language and cultural expertise to make communication possible. However, a cultural mediator or broker also becomes a sort of negotiator for both parties. A “cultural broker” needs to “enlarge, provide explanations or synthesize healthcare providers’ and patients’ utterances to help both parties arrive at a meaningful shared model (of care, of behaviour, etc.)” (Leanza, 2005, p. 170).
- *Advocate*: In situations of conflict or in some way troubling, interpreters may choose to advocate or defend the patient or client when they find themselves in a vulnerable position. Examples of this could be assignments involving illegal immigration or political refugees, amongst others.
- *Bilingual Professional*: In this case, the service provider, for example, a nurse or doctor in the case of the healthcare sector, becomes the interpreter. They would ask the necessary questions in the patients’ language and report to the correct institution or department in the target language. In this form of interpretation, the service providers’ knowledge of their institution’s internal processes and regulations is key in providing the correct service.

Interpreters may perform any of the aforementioned roles depending on what they have been hired for or what the specific service provider requires of them. For the most part, they may be asked to remain neutral and intervene as little as possible. Nonetheless, occasionally, language professionals may be asked to go beyond their linguistic abilities depending on the particular institutional needs.

In the case of the telephone helpline services, and in relation to the code of ethics mentioned in the previous section, interpreters are required by their agencies to remain as neutral as possible, rendering into each language anything and everything that is being said since all the information given by the patients could be determining for the service providers assessment of the situation. In this vein, interpreters working for the Covid-19 services would embody the role of translator listed above; they are required to be neutral

and almost invisible, ensuring seamless and accurate communication. Interpreters must not allow their own emotions to interfere with the interpretation or become emotionally invested. Agencies clearly specify that unless it has been previously negotiated when booking the assignment, the interpreter is not to be personally involved in the interaction or offer support during the call; their task is that of facilitating the communication only since their lack of knowledge and specific training could be an obstacle in the reaching of a suitable conclusion for the call. If the interpreter needs to ask something or clarify any information, they should always open with “this is the interpreter speaking” and maintain their questioning or clarification pertinent and objective.

Authors have pointed out the mechanical nature expected from the interpreters’ role. For example, Tate and Turner (2002, p. 374) mention how in this way of approaching the profession, the interpreter becomes “essentially just a device that takes no part in communicative proceedings other than dispassionately to relay messages between individuals not sharing a common language”. Similarly, Ozolins (2015, p. 328) explains how other authors have also highlighted how these codes of conduct frequently emphasise the need for the interpreters to become “invisible”, “neutral”, “direct linguistic translators”, “uninvolved”, or even “mechanical”. However, in my view, the apparent rigidity dictated by most of these codes of ethics or conduct may leave interpreters feeling powerless or agentless in their jobs, leading to more significant frustration or discomfort with their own performance. Interpreters are not machines, and denying their ability to show humanity or the admission that certain situations are indeed unavoidable can also affect the interpreters’ performance, thus, becoming detrimental to the quality of the service. In this way, some authors have criticised and attempted to offer alternative codes, although there is still much work to do in this respect (Ozolins, 2015, pp. 327-333).

[...]codes of ethics that prescribe or prohibit particular interpreter behaviours, without comment on situational context or preferred work outcomes, lead most interpreters to conclude that the proper ethical decision is to adhere closely to behavioral dictates and to perceive deviations from them as either unethical or allowable only temporarily and/or secretly.

(Dean and Polland, 2011, pp. 155)

[...]We argue that a teleological approach to decision making and a corresponding code of ethics that emphasizes values and principles associated with optimal practice outcomes (rather than dictating or prohibiting specific behaviors) are the preferred means for teaching and evaluating interpreting decisions, that is, a decision making approach that is fitting to a practice profession.

(Dean and Polland, 2011, pp. 159)

3.3. Interpreter's Emotions

In the course of their careers, interpreters may encounter all sorts of delicate situations, from war refugees to mental health patients with severe pathologies or trauma survivors, to name a few. For example, in the case of the Covid-19 pandemic, on the helplines, it was extremely frequent to have members of the public who were struggling with anxiety or panic attacks as well as individuals who were struggling with their covid symptoms to the point that they could barely express themselves over the phone due to breathing issues, intense coughing, or other severe symptoms. Oftentimes, large numbers of these calls had to be dealt with fast and accurately due to the severity of the situation to make sure that an ambulance could be issued in a timely manner. In this context, it is essential to identify how the frequency and emotional nature of these types of assignments over a period of time can affect the professionals involved. In this chapter, we will be focusing on the interpreters' emotions and some of the mental health challenges they may face due to the nature of their jobs.

In the article, *Interpreters' Experiences of Transferential Dynamics, Vicarious Traumatization, and Their Need for Support and Supervision*, Emma Darroch and Raymond Dempsey (2016) picture a psychodynamic approach to sign language interpreters and the impact of the job with regard to issues such as vicarious trauma or occupational burnout. Although the scope within the profession is a different one, I believe some similarities can be drawn from their interpretations with respect to the impact interpreting traumatic situations can have on the psyche of the interpreters of other modalities. For instance, the high demand and low control working environment sign-language interpreters have to deal with contribute to higher levels of chronic stress, fatigue and burnout. In my view, this is no different for other kinds of telephone interpreters, who are usually overlooked in comparison to their in-person counterparts but who have to deal with higher numbers of assignments per day, often without enough time between them to either prepare or establish a sense of separation between clients and their stories.

On the other hand, in *Vicarious Trauma and Stress Management* (2015), Justine Ndongu-Keller also highlights how in the process of working on an assignment, the interpreter has to put themselves into the clients' shoes continuously. Interpreters provide "first-person voices" during the rendering of a trial testimony or a patient's explanation

of their symptoms in the case of the Covid-19 helplines (Ndongo- Keller, 2015, p. 337). Interpreters constantly find themselves repeating sentences such as “I feel sick”, “my father can’t breathe and passed out”, “I feel extremely overwhelmed”, or “I need an ambulance”. The interpreters, who may be going through a similar situation themselves, are constantly having to take the place of the client. By employing the pronoun “I”, they repeatedly have to compare themselves to the patients on the other side of the phone, meaning they are not only listening but visualising, analysing, understanding and re-expressing the message with all the consequences that this may entail (Ndongo-Keller, 2015, p. 337).

Similarly, although interpreters frequently work alongside healthcare providers and other public service providers, more often than not, they are there simply as observers facilitating communication, which means that, unlike doctors, nurses, priests, counsellors and other possible parties, interpreters are usually powerless in comparison when it comes to aiding their clients. In my opinion, this can particularly affect the professionals’ image of themselves and their role in the assignment in a negative way leading to feelings of frustration and, thus, contributing to burnout and stress (Ndongo-Keller, 2015, pp.337-338).

Working under these conditions over a period of time can have a negative impact on the mental health of any professional that deals with any form of potentially traumatic or emotionally taxing assignment. Additionally, the negative impact can even change the way professionals interact with the world around them, their families and friends, and even change their image of themselves and the world around them. In the case of remote interpreters, some of the most common pathologies that they seem to be victims of are: stress, professional burnout, compassion fatigue and vicarious trauma.

3.3.1. Stress

The World Health Organization defines stress as “a state of worry or mental tension caused by a difficult situation. Stress is a natural human response that prompts us to address challenges and threats in our lives”. Evidently, as mentioned by the WHO, stress is not in itself a bad thing; in nature, stress has a purpose and is one of the reasons our species has survived this long. Stress prompts us to stay alert and focused and

provides us with the energy to take action and confront or resolve an issue. The problem, however, starts when this stress becomes chronic and permanent. In this sense, interpreters and other professionals nowadays seem to be having to live under constant stress due to the very nature of the modern workplace. The factors involved in inducing this so-called mental tension can be described as ‘stressors’. Wang (2018, p. 102) makes a list of some of the challenges which can be considered in themselves sources of stress for interpreters:

“[...]the lack of visual access, the interpreter’s physical distance, poor sound quality, poor quality of clients’ English and/or languages other than English (LOTE), diverse topics and unfamiliar terminology, a lack of preparation, overlapping speech, users’ lack of knowledge about how to work effectively with interpreters over the phone, users’ unfamiliarity with the telephone interpreter’s role, some users’ unprofessionalism and rude attitudes towards telephone interpreters, low remuneration, casual employment, inconvenience due to the irregularity and unpredictability of phone calls, the unpleasant content of some phone calls, clients’ inappropriate use of telephone interpreting services, physical discomfort, work-related stress and a lack of support from interpreter employers.”

It is safe to say that the persistence of these factors over time can, and in many cases will, result in more severe mental and physical pathologies. Having to deal with these stressors on a daily basis over a period of time puts a level of consistent pressure on the interpreters’ mental ability to juggle all the different scenarios that may arise, which can lead to occupational burnout and fatigue. On the other hand, constant stress, in general, has also been proven to be a contributing factor for other physiological illnesses (usually depending on the level of stress and its duration).

Continuous or chronic stress has been observed to impact the brain in a way that can cause changes in its structure, producing long-term effects. One of these long-term effects can particularly affect cognition and memory. Studies have shown a relationship inversely proportional between levels of cortisol in the blood and memory. Constant levels of stress can cause a reduction in memory as a whole and a weakening of verbal memory in particular. Equally, chronic stress has been shown to have an impact on people’s cognition and learning ability. The changes induced by prolonged stress can mimic those of depression which can be externalised in the form of behavioural, cognitive and mood disorders (Yaribeygi, Panahi, Sahraei *et al.*, 2017, pp. 1059, 1060, 1061).

On the other hand, stress has also been shown to have an effect on: the immune system, hindering the body’s ability to fight infections and other diseases; the cardiovascular system, affecting primarily heart rate and blood pressure levels; or the

gastrointestinal apparatus, affecting the “absorption process, intestinal permeability, mucus and stomach acid secretion, the function of ion channels, and GI inflammation” increasing the risk for irritable bowel syndrome, intestinal inflammation and even stomach ulcer in the long term (Yaribeygi *et al.*, 2017, pp. 1062 -1066).

3.3.2. Professional Burnout

On their website, the World Health Organization states that the 11th Revision of the International Classification of Diseases (ICD-11) (<https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>) defines burnout as follows:

“Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy.”

Indeed, it is fair to assume that professional or occupational burnout is tightly connected with chronic stress in the workplace. However, the concept of “burnout” emphasises its effects on the professional’s relationship with their job.

In a 2021 paper, Alhawamdeh and Zhang (2021, p. 86) carried out a series of interviews with a group of interpreters from Jordan, China, Iraq or the United States. Their study found that four out of five interviewees claimed to have been affected by this condition. Several of the participants also stated that they had attempted to include some form of “self-care” technique in order to ease the effect of burnout.

Usually, in the literature, this form of pathology tends to be associated with healthcare or education professionals such as nurses, doctors, or teachers; however, telephone interpreters and other professionals are just as likely to suffer from it. In my view, the main factors involved in the development of professional burnout in remote telephone interpreters are the unreliability of work volume which can go from relentless to sparse -often making professionals have to take on other jobs simultaneously-paired with the low remuneration, non-existent sick pay, poor work conditions and almost absolute lack of support or connection with other work colleagues.

3.3.3. *Compassion Fatigue*

The Merriam-Webster online dictionary describes the concept of ‘compassion fatigue’ as “the physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period”. This term may seem to be related to that of “burnout”; however, while “burnout” causes an individual to detach themselves from their work sphere, compassion fatigue entails the professionals’ desensitisation to the suffering of others. According to Hernández García (2017), the concept of “compassion fatigue” or “compassion stress” was coined for the first time in 1992 in reference to nurses who worked with severely ill or terminal patients. In this context, it was observed that people being exposed to extreme suffering were being affected in ways which were having an impact on their physical, emotional and social life. Professionals who have been found to suffer from this syndrome have reported experiencing a sense of helplessness, frustration or even anger due to the constant pressure to help (Cáceres-Rivera, 2021, p. 118). At the same time, it has also been observed a decrease in their ability and desire to aid others (Hernández García, 2017). These factors can only contribute to diminishing the quality of care for patients and other vulnerable groups (Hernández García, 2017, p. 54).

Interestingly, sign-language interpreters are thought to have an exceptionally high risk of compassion fatigue and vicarious traumatisation due to the very nature of their visual form of interpreting, where patients describe their experiences by means of physically enacting often very graphic and detailed scenes. This has been observed to activate the empathy response from a cognitive point of view in interpreters,⁵ making them relate more intensely to what is being said (Bontempo, 2015, p. 120).

It is my belief that most medical interpreters, whether remote or not, will have experienced signs of compassion fatigue during their careers. In the same way, remote interpreters working through the pandemic with high volumes of agitated members of the public would not be exempt from this. The ability to put “ourselves into somebody else’s shoes” comes naturally to most of us. During the lockdown period (a time when most

⁵ “The risk of compassion fatigue is considered high for signed language interpreters who sometimes know clients due to the nature of the Deaf community, but also as they physically create sometimes graphic signs and ‘readback’ visual scenes, potentially triggering mirror neuron and empathy responses (Bontempo and Malcolm; see Chapter 21 regarding vicarious trauma)”. (Bontempo, 2015, p. 120)

people were concerned about how this would impact them too), the kind of stress derived from the interactions that took place within the official helplines is likely to have deeply affected interpreters and other telephone agents.

3.3.4. *Vicarious Trauma (or VT)*

According to Ndongo-Keller (2015), for decades, researchers in the field of psychology have observed that professionals working with individuals suffering from some form of trauma over a period of time can often end up enduring adverse effects themselves. Unfortunately, this syndrome has been more frequently investigated in relation to healthcare providers, therapists, and other professionals likely to deal with traumatised individuals. However, given the nature of interpreting and the settings in which it is likely to be required, interpreters are just as likely to suffer from VT. For example, community interpreters are required to translate in first person (almost taking the place of the interlocutor) an array of distressing and even extremely dramatic situations. This particular kind of stress has been shown to be capable of having an impact on the interpreters' work and personal life, affecting their performance as well as their friendships, family, colleagues, their beliefs, and other aspects of life (Ndongo-Keller, 2015, p. 337).

While 'compassion fatigue' has more to do with the professionals' empathetic response, vicarious trauma takes this a step further. In the case of victims of vicarious traumatisation, the professional does not simply empathise with the victim but internalises their pain almost as though they were victims themselves (Landau 2009 as cited in Ndongo-Keller, 2015, p. 338⁶). This is usually a common response experienced by friends and family members of trauma victims; however, it also often affects trauma workers⁷ through their constant dealing with their clients' difficult experiences (Ndongo-Keller, 2015).

⁶ "Ochberg (cited in Landau 2009)[...] says the following: "It's not that I am feeling sorry for them and empathize with them, it's that I am becoming them" (Ndongo-Keller, 2015, p. 338).

⁷ "[...]trauma workers are 'persons who work directly with or have direct exposure to trauma victims, and include mental health professionals, lawyers, victim advocates, case workers, judges, physicians and applied researchers among others'" (Dutton and Rubinstein 1995: 83 as quoted by Ndongo-Keller, 2015, p. 340)

Saakvitne and Pearlman (1995), as quoted by Ndongo-Keller (2015, p. 339), define VT as follows:

“A profound change in the therapist’s sense of meaning, identity, world view, beliefs, and about self and other ... Vicarious traumatization refers to a transformation in the therapist’s (or other trauma worker’s) inner experience resulting from empathetic engagement with clients’ trauma material. That is through exposure to clients’ graphic accounts of sexual abuse experiences and to the realities of people’s intentional cruelties to one another and through inevitable participation, re-enactments in the therapy relationship. The therapist is vulnerable through his or her empathetic openness to the emotional and spiritual effects of vicarious traumatization. These effects are cumulative and permanent and evident in both the therapist’s professional and personal life ... [it] is marked by profound changes in the core aspects of the therapist’s self or psychological foundation.” (Saakvitne and Pearlman 1995: 151)

As explained by Ndongo-Keller (2015, pp. 340-341), the factors that result in vicarious traumatisation include “repeated exposure to the stories of trauma, the narratives of traumatized persons and images of traumatized people or graphic images of war zones”, but also people’s natural urge to assist those in need and their frustration and feelings of uselessness when realising they may not have the power to provide that help. Another important factor with the ability to worsen VT in a trauma worker is their personal circumstances, their past and present experiences, their social and political background, or their family situation (Ndongo-Keller, 2015, p. 341).

Some of the symptoms of vicarious trauma that interpreters experience correlate with those of depression, PTSD⁸ and other pathologies. These factors may include “social withdrawal, aggression, greater sensitivity to violence, sleep disorders, exhaustion, headache, nightmares, intrusive imagery, cynicism, numbness, sexual difficulties, eating disorders, helplessness” or difficulty in maintaining relationships, amongst others (Ndongo-Keller, 2015, p. 342).

Jaffe *et al.* (2003), as presented by Ndongo-Keller (2015, p. 342), split these symptoms in terms of the length of time in which they may affect a victim of VT. When it comes to short-term symptoms, he includes trouble sleeping, irritability towards others and physical discomfort. At the same time, some of the long-term effects are depression, feelings of isolation and sleep disturbances (Jaffe *et al.*, 2003, p. 4).

Although some interpreters report attempting to detach themselves from the content of their assignments or trying to distract their minds by focusing on tasks such as

⁸ Post-Traumatic Stress Disorder.

notetaking when the subject matter becomes emotionally challenging to process, many interpreters consider this to be unprofessional. In fact, the actual Code of Ethics insists on the interpreters' need to remain accurate and loyal to what is being communicated, maintaining absolute neutrality, and conveying the totality of the message -insults, gestures, tone and emotional content included (Ndongo-Keller, 2015, pp. 343-344). I believe that it is in part this assumption that the interpreters must act only as a tool while suppressing their most human sentiments, which further aggravates their situation.

In my view, within the context of the Covid-19 pandemic and subsequent lockdowns, the development of vicarious trauma syndrome in interpreters working for pandemic helplines can be attributed to four distinct factors.

Firstly, as previously mentioned, interpreters were constantly inundated with hundreds of callers per day who were often experiencing distress and/or struggling with financial difficulties, mental health issues, and physical illnesses (both their own and others).

Secondly, the frustration derived from the interpreters' lack of agency or power when it comes to effectively addressing their clients' needs. Interpreters, even though communication would not be possible without them, frequently find themselves helpless with respect to actually resolving their clients' issues and often merely witness the scene in silence.

Thirdly, another significant contributing factor is the professional's personal struggles and experiences during the pandemic. Often members of the public forget that their service providers are also people and, as such, may also be suffering from the same worries they are undergoing. Interpreters could also be suffering from ill health (themselves or their close ones), or they could be dealing with loss, financial instability, anxiety, or even isolation, all while still fulfilling their duties interpreting for others with a similar set of circumstances. This type of pressure alone, without the right kind of support, is, in itself, a bomb waiting to go off.

Last but not least, the extreme experiences shared on media every day for the duration of the pandemic, but especially during the first months, heightened everyone's sense of alertness and fear. It is my belief that at this time of crises, interpreters already dealing with their own circumstances would have been even more prone to being affected

by the experiences of those for whom they were interpreting, absorbing their stories as well as their concerns, and not being able to disconnect from it all.

4. A CASE STUDY: SURVEY AND RESULTS

As part of this dissertation, I have conducted a survey aiming at collecting information regarding the personal experiences and emotional self-assessments of interpreters, primarily working in the UK but some of them in the US. This survey will consist of a series of 48 questions assorted in 3 different sections. The first section will be composed of 28 questions and enquire mainly about interpreters' specific personal and academic backgrounds as well as the details concerning employment circumstances and their relationship with their work. The following section will consist of 17 questions regarding the interpreters' personal assessment of their emotional and physical state in relation to their role responsibilities. The questions posed in this part of the survey will be answered in terms of the degree to which professionals feel identified with the symptoms listed. The symptoms suggested in each of the statements in this section make reference to the pathologies mentioned in previous sections, namely *burnout*, *vicarious trauma*, *chronic stress*, and *compassion fatigue*. Finally, the last section will only include four questions, will be mostly optional and will ask participants about their personal strategies to cope with stress, challenging situations, personal anecdotes (to the extent to which they are capable of sharing them due to NDA⁹ restrictions or other reasons) and whether or not they were affected by the unique set of circumstances of Covid-19.

4.1. Respondents' Profile

In this section, we will discuss the results of the survey. The full version of the questionnaire can be found at the end of this dissertation in the Appendix. First of all, let us have a look at the first two questions:

⁹ Non Disclosure Agreement.

Figure 1: Participation by gender.

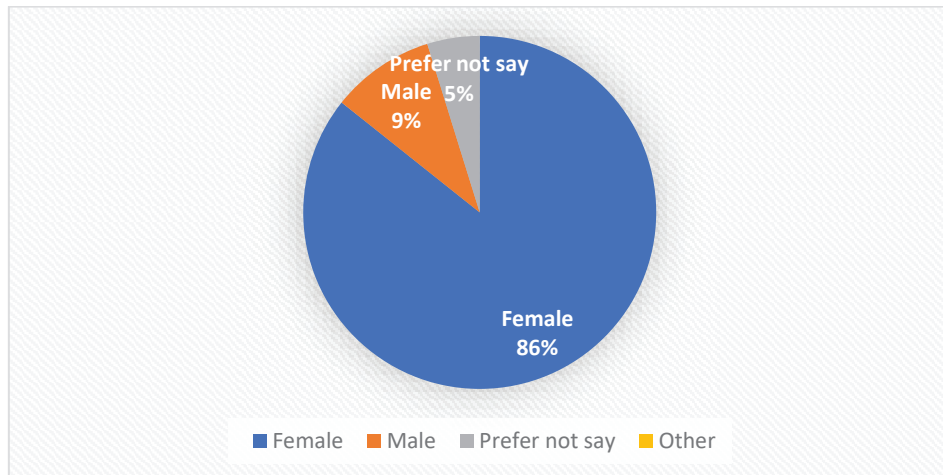
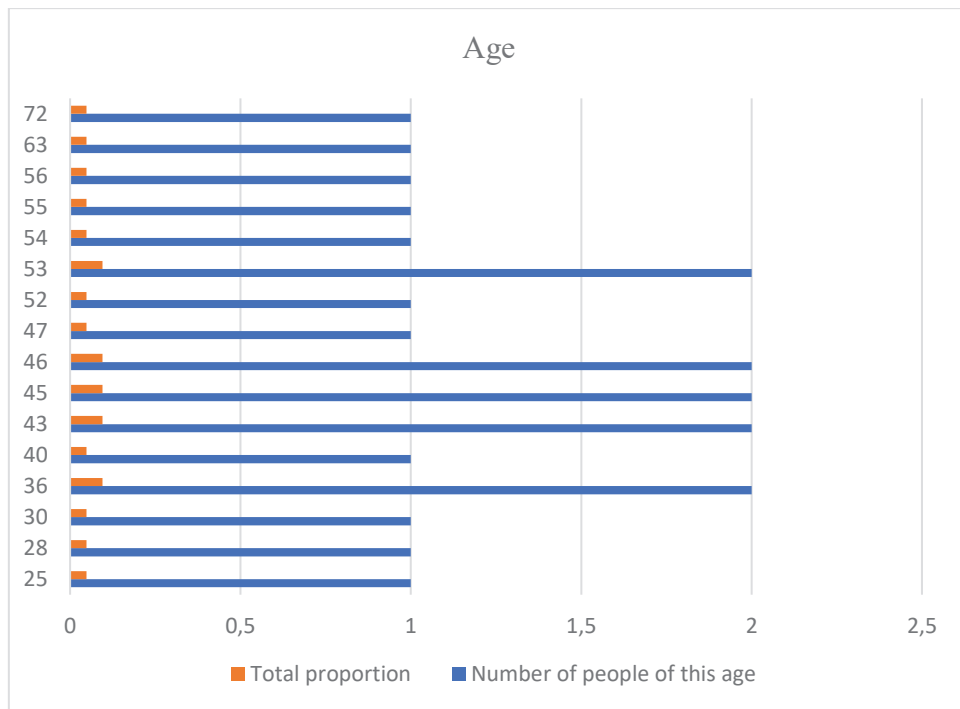


Figure 2: Participation by age.

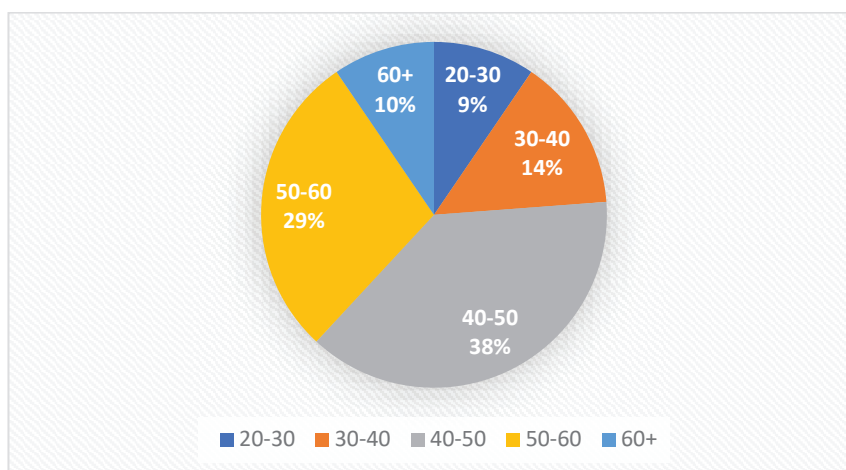


At the start of this dissertation, it was not my intention to focus on the topic of gender; however, the results observed in Figure 1 and some of the reactions I came across while sharing this survey online made me pay slightly more attention to this question. It is a common trend that women tend to represent most of the students in language studies. In the same way, they also seem to represent the majority of language professionals, which has shown to be no different in this survey. A staggering 86% (18 individuals) of

those who decided to participate in the study were female, while the underrepresented male sector constituted only 9% of the sample (2 individuals). It is worth noting that one participant preferred not to state their gender.

In my view, this abysmal difference in gender proportions in the survey could result from a variety of different factors. For a start, most of the professionals seem to be female, making it more likely for them to have a higher representation in the support groups and forums I used to find participants. Another trend I observed is that women tend to be more willing to share their experiences and seek or provide support openly, showing a more proactive approach to building networks of collaboration and empowerment among their peers. This would partly explain how, in view of my request for people to participate, more women chose to purposely allocate some of their time to contribute to someone else's project. On the other hand, although a few men seemed supportive and keen to partake in the study (or at least helped by sharing it on their personal pages), there were others that not only made it clear that they did not want to be part of it but also expressed their rejection regarding the topic of emotional burnout almost in a way that resembled defensiveness. This reaction made me think about the subject of emotions and emotional burnout differently. There may be many different reasons for a reaction like this, lack of understanding of the topic, genuine lack of empathy, or cultural stigmatisation. It has been widely discussed how men do not appear to seek help as often as women when dealing with mental health issues and find it difficult to express their emotions. Social stigmatisation is likely to be the primary cause for this; while growing up, boys are traditionally discouraged from showing "weakness" and fear or crying. This way of raising men often results in these emotions being suppressed, which can derive in the development of more harmful coping mechanisms (e.g., worsening of the symptoms of depression and anxiety, aggressiveness, difficulty keeping relationships, substance abuse, etc.) (Chatmon, 2020, pp. 1-2). Admittedly, at this point, this is mere speculation. However, given how little attention men's mental health has enjoyed in the past and the current wave of efforts to change this tendency, it could be interesting to consider carrying out a future more extensive study aiming at mapping the possible unique circumstances some men may be undergoing as interpreters and how they resolve them.

Figure. 3: Proportion of respondents per age group.



In what pertains to age, those between the ages of 40 and 60 seem to represent the bulk of this sample, amounting to 66.67% of the contributions. Five of the participants were in their 20's and 30's (23.81%), while only two respondents were over the age of 60 (9.52%). Most participants also indicated that they have been working in the sector for the past ten years or more (52.4%). Following closely behind were individuals that have worked as interpreters for a span of 5 to 10 years (23.8%), while a similar proportion (23.8%) comprised those who had entered the field within the last five years.

Figure. 4: Academic background

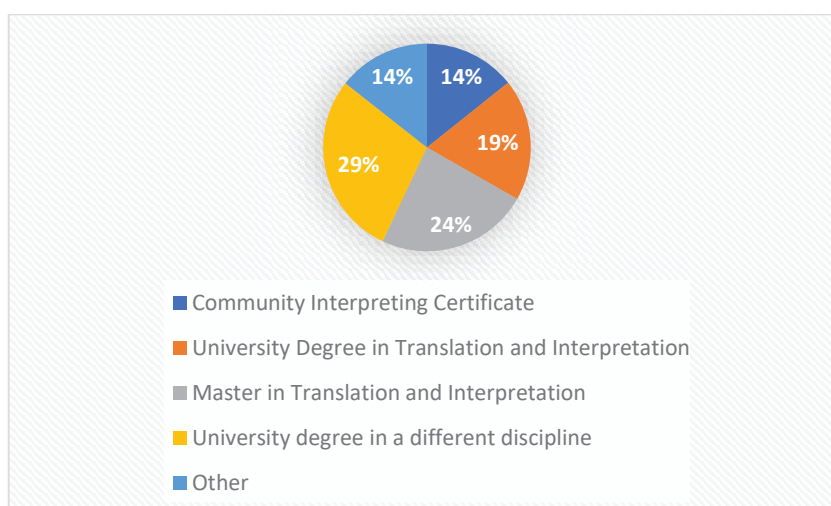
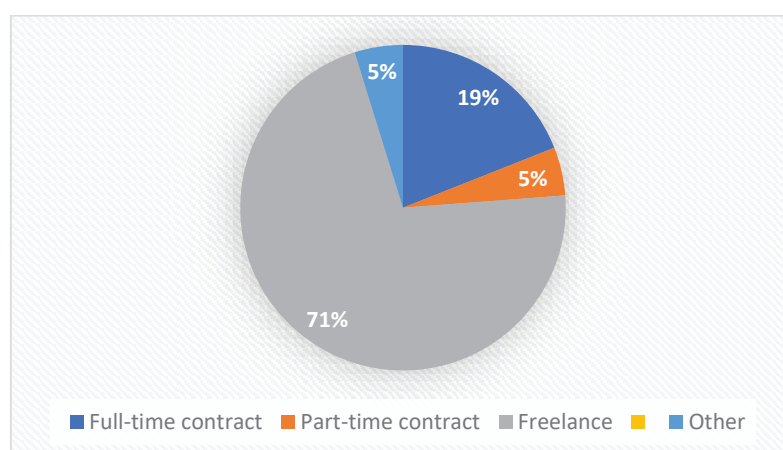


Figure. 5: Type of employment



In terms of academic background, most participants have either a Degree or a Master's in Translation and Interpretation; both categories make up 43% of the respondents (see Figure 4 above). The biggest single category seems to be constituted by those with a university degree in a discipline other than Translation and Interpreting studies, and 14% have achieved community interpreting certifications. The remaining 14% indicated they accessed the profession through other routes (PhD in Linguistics, master's in French as a Foreign Language, or DPSI¹⁰ in combination with a BA¹¹).

On the other hand, when we take a look at the type of employment, the vast majority of respondents appear to be freelance workers, 71%, while only 19% have full-time contracts (refer to Figure 5 above). This data paints the picture of an interpreting market where translators and interpreters are predominantly self-employed. This pattern appears to be the norm globally. Additionally, the same 71% of participants also reported combining interpreting work with other sources of income (see Figure 6 below). Interestingly, 67% of the participants stated that they dedicate under 35 hours per week to interpreting, indicating their part-time status as interpreters, while 33% declared working over 35 hours, suggesting that among these interpreters, some hold additional occupations alongside their already full-time interpreting responsibilities (see Figure 7 below).

¹⁰ Diploma in Public Service Interpreting.

¹¹ Bachelor of Arts, Humanities and Social Sciences.

Figure. 6: Do you combine interpreting with other jobs?

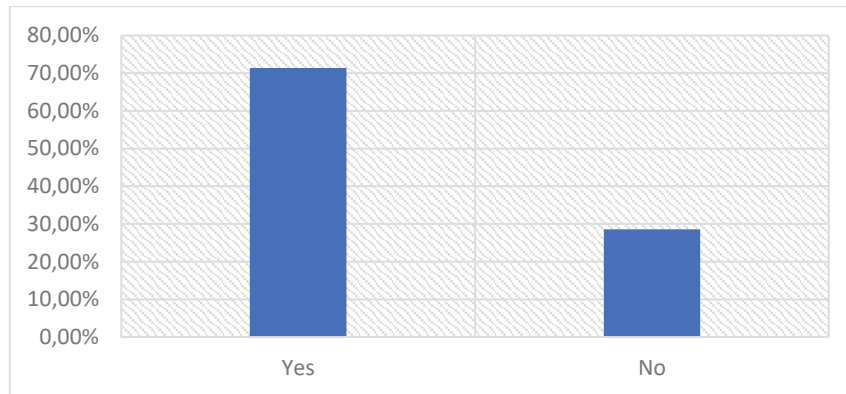
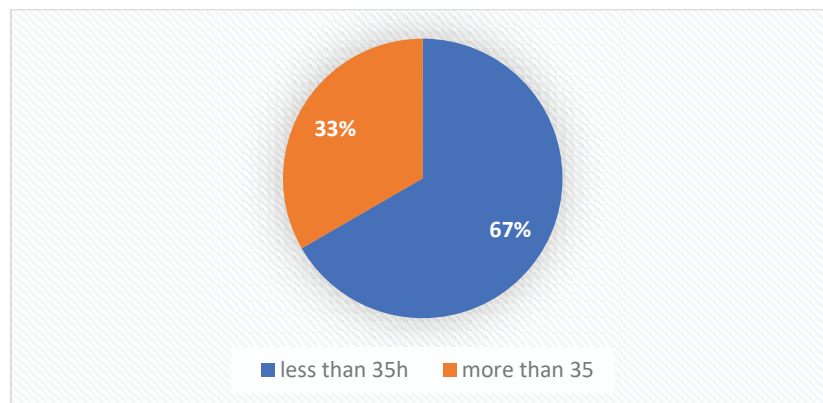


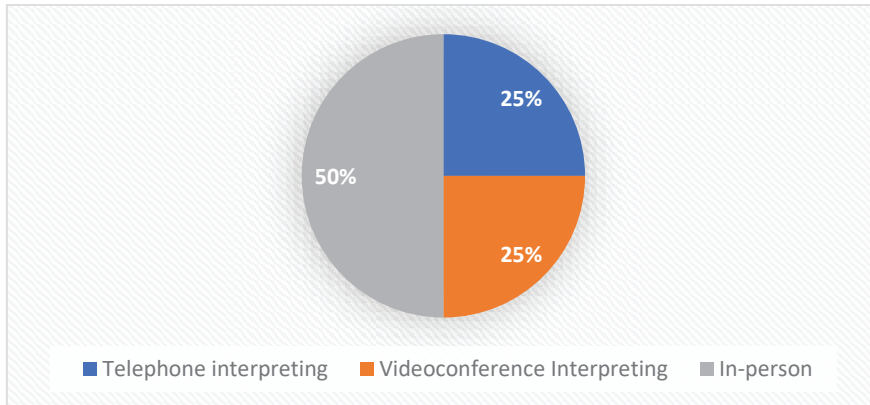
Figure. 7: Interpreting daily hours



In a similar way, most interpreters indicated that they combine telephone and videoconference interpreting with in-person modalities (11 respondents). In contrast, seven interpreters specialise in telephone and videoconference interpreting, and the remaining three focus exclusively on telephone interpreting. Telephone interpreting seems to be most commonly paired with other modalities instead of being practised on its own. From my experience, freelance agencies tend to offer these two modalities as default options, but ultimately it is up to the professionals to accept the assignments they feel most comfortable with. When enquired about which of these three categories

professionals prefer, in-person interpreting emerged as the clear winner, while videoconference and telephone interpreting seemed to draw in last place¹².

Figure 8. Professionals' preference regarding interpreting modalities.



These are some of the arguments given by those who were in favour of in-person interpreting:

“Much easier to understand everything when provider, LEP and interpreter are all in the same room.”

“Phone interpreting is way more challenging because clients don't have the right equipment or etiquette. They'll often put you on loud speaker and step 10 feet which makes it nearly impossible to hear them. They also seem to forgot [sic.] there's a human being behind the phone and go on talking for 20 minutes straight without pausing. When interpreting f2f clients are more aware of you being there and they will take breaks more often to allow you to speak and they also don't try to talk over you whilst you're interpreting - which happens all the time over the phone.”

“In person, there are more communication channels in play.”

“More human contact.”

“The thrilling surrounding. Interpreting at home is boring. But sometimes, If I don't feel so communicative, it's enough to interpret in my homeoffice [sic.]”

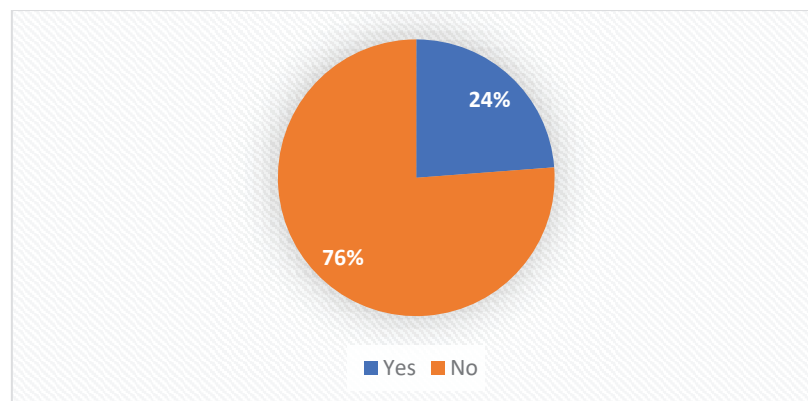
“More personal and more efficient.”

Most of those who admitted having a preference for in-person interpreting often also emphasised the advantages of human contact in one way or another. As mentioned

¹² This question was exclusively aimed at those who had experience with in-person interpreting and other remote interpreting modalities hence why only 20 respondents answered. Ten said they preferred in-person interpreting, while the other ten were shared evenly between videoconference and telephone interpreting.

in previous sections being able to use other channels, such as body language or visual environmental context, can help interpreters feel like they have more control over the situation and understand better. 76% of those who participated admitted that the lack of visual clues negatively impacted their performance. Equally, and in line with the second response above, 76% of respondents also agreed that most clients and service providers do not understand how to use telephone interpreting services, making little effort to speak clearly, or use appropriate tone or volume, and often talking over the interpreter (refer to Figure 9 below). In this way, it is understandable how some interpreters may choose to avoid situations like the previously mentioned by being present in the assignments. However, this exact presential and human nature of in-person interpreting can also turn into a disadvantage when clients forget the limits of the interpreter's role.

Figure 9. Perception of clients' understanding of interpreters' role and etiquette¹³



On the other hand, individuals who favoured telephone interpreting usually insisted on its flexibility, the convenience of working from home, the elimination of commuting times and expenses, and the telephone's role as a sort of extra protective layer between clients, service providers and interpreters (helping in mitigating some of the

¹³ The question was: Do you believe clients understand how to use the interpreting services, and do they attempt to make your task less difficult (e.g. speaking clearly, using appropriate tone/volume, using shorter sentences, giving you sufficient time, respecting the limits of your role)?

social pressures of face-to-face assignments). For example, the following answer summarises the opinions of the participants who preferred this category:

“It allows me to work from home, besides it alleviates some of the pressures of being face to face if you make a mistake.”

Finally, those who preferred videoconference interpreting argued that this modality offers the best of both worlds. These are two of the answers that seem to better represent why one-quarter of the interpreters prefer videoconference interpreting:

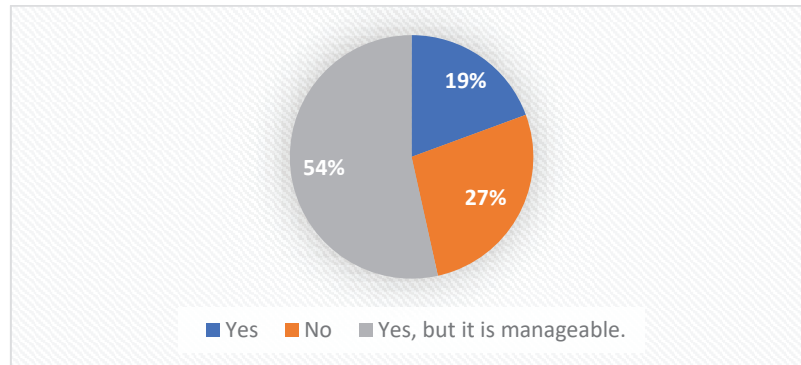
“In remote video interpreting there is a closer interaction than during phone calls: I can see another person and use non-verbal hints + I don't need to move to another place, manage before/after meeting interactions typical for in-person interpreting (I don't want to enter into out-of-assignment discussions: allophones often seek for talking to someone who speaks their language).

However there are two types of assignments where phone interpreting is really preferable: meeting with psychologists and virologists (not seeing [sic.] the interpreter helps the persons speak more freely).”

“Video is the best of both worlds- you stay home but can still see the person, body language and facial expressions.”

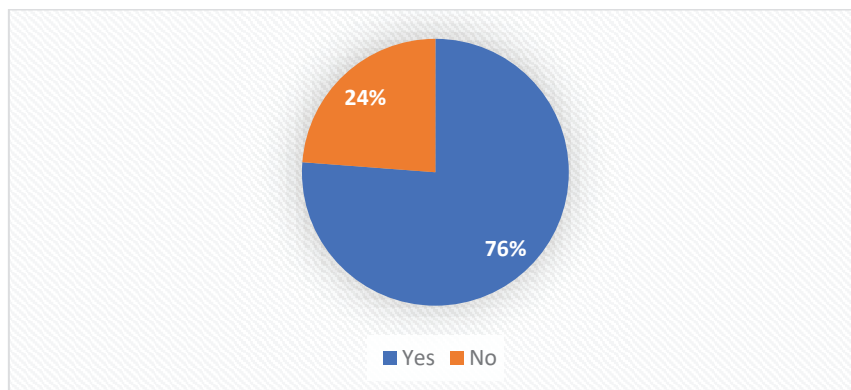
As mentioned in previous sections, videoconference interpreting seems to maintain most of the advantages of in-person and telephone interpreting whilst removing most of the disadvantages of both. It keeps the flexibility of telephone interpreting but still works as a barrier to help interpreters safeguard the neutrality of their work whilst keeping some of the better qualities of in-person interpreting, such as the use of visual clues for more context and the ability to use body language. However, due to the nature of remote interpreting and its dependence on technology, this modality does present some challenges in the form of connectivity issues, poor audio quality or excessive background noise. Nonetheless, when asked about whether this technological limitation posed extra difficulties or hindered the interpreters' overall performance, most respondents answered either “yes, but it is manageable” (52.4%) or “no” (28.6%). Only 19% of respondents reported that their performance did suffer as a consequence of these issues (see Figure 10 below).

Figure 10. Have you felt that your equipment and the issues derived from remote technologies significantly hinder your performance?



Additionally, in Figure 11 below, we can observe how over three-quarters of participants (76%) also admitted that the quality of their work is negatively affected by the lack of visual clues. These results also correlate with the number of respondents who marked in-person and videoconference interpreting as their preferred options (see Figure 8).

Figure 11. Does the lack of visual clues negatively impact interpreters' performance?



4.2. Employer support, interpreters' experience and emotional assessment

In the following sections, we will be discussing aspects such as the support offered by employers, work conditions and the interpreters' assessment of their training experience and their emotional well-being.

Figure 12. Did you receive induction or training at the start of your employment?

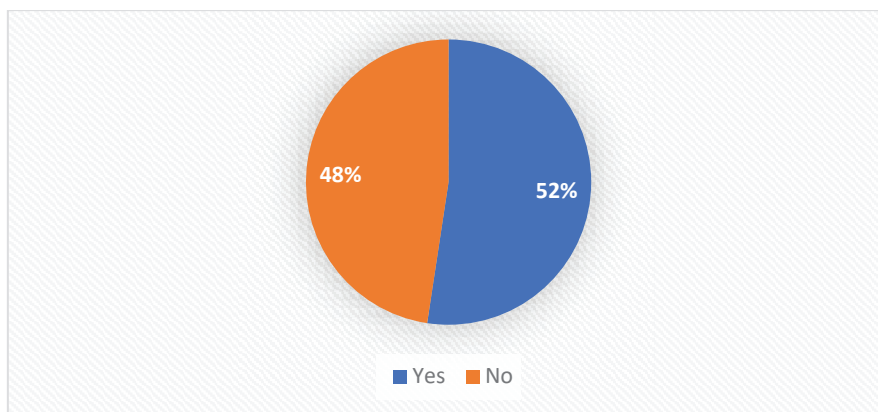
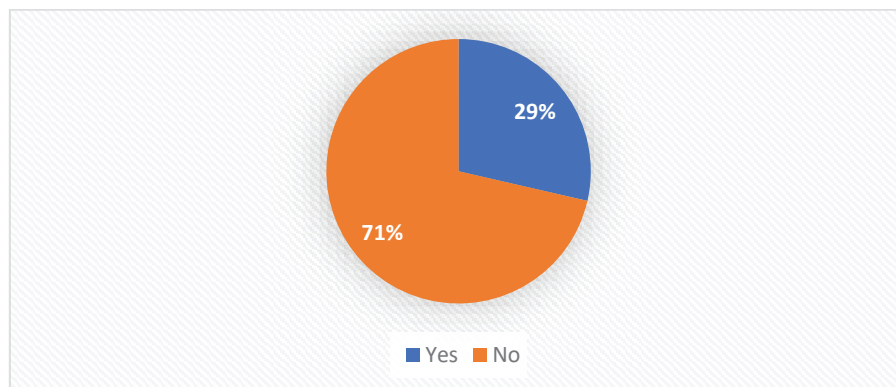


Figure 13. Did you receive training regarding your mental health?



Eleven participants, which is slightly over half of the sample, said they had received induction training covering areas such as the agency's software, etiquette, or internal processes, and six of them were also given mental health-related training (Figures

12 and 13). When asked whether they considered this training enough, only three of them deemed it sufficient. Similarly, when asked whether they feel supported by their employer regarding their mental health, sixteen interpreters said “no” (76%), while only five said “yes” (24%) (three of whom are full-time employees). Most of those who reported they did not feel supported by their employer were freelance workers (13 individuals). In contrast, only two out of the freelance workers felt they had enough support from their agencies. In recent years, companies have been encouraged to improve in their approach and acknowledgement of their employees’ mental health struggles. However, there is still significant progress to be made in this respect. In most cases, agencies only go as far as providing various documents with possible strategies and links to resources, but few offer therapy sessions for those who need it or peer support groups (either presential or online). Similarly, interpreters working as freelancers rarely get to meet their co-workers, leading to further isolation. Many interpreters develop their own coping strategies to deal with their struggles, whilst others turn to internet communities, frequently run by other interpreters, where they can share their experiences and provide support to one another.

Figure 14. Have you ever felt discriminated against by reasons of race, nationality, or accent?

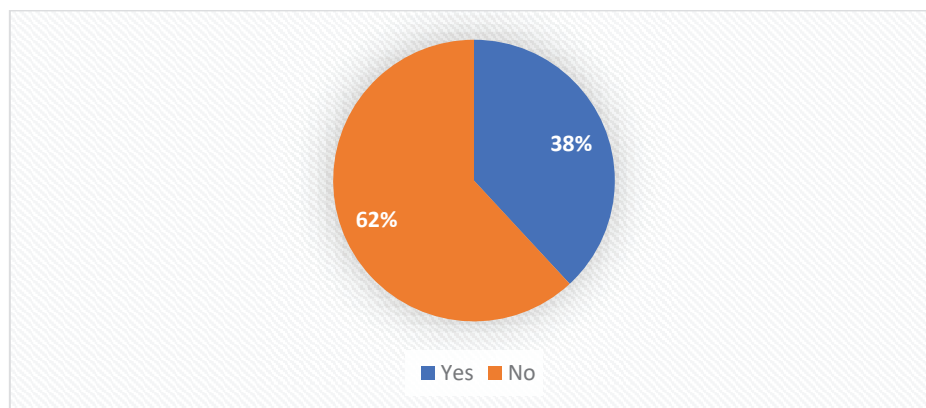
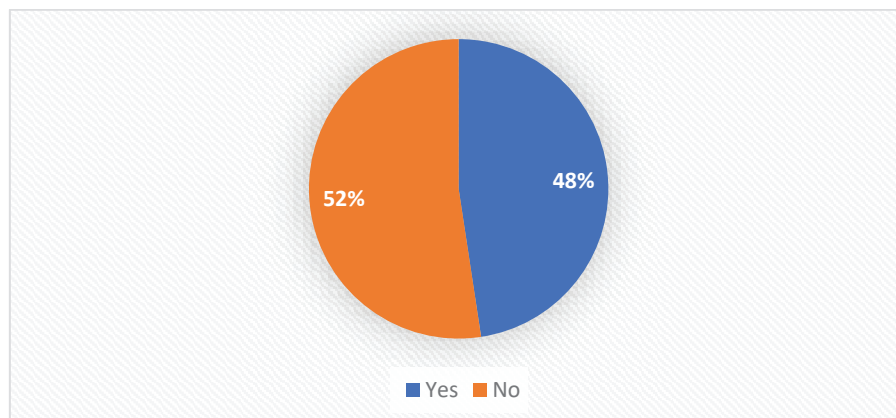


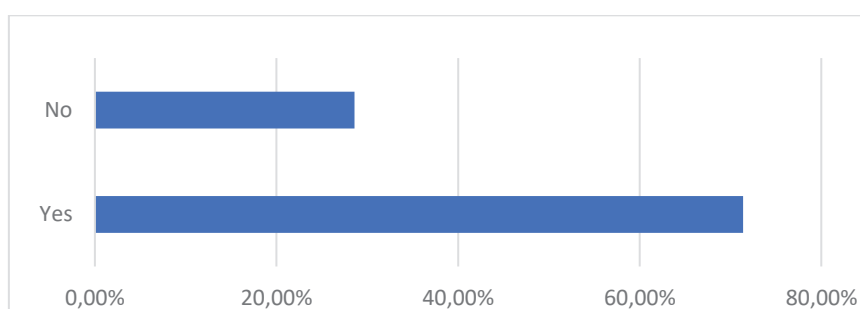
Figure 15. Have you ever been verbally abused or disrespected by a client?



Almost half of the respondents (10) admitted they had been verbally abused during assignments, and out of these eight participants (38% from the total sample) also reported that occasionally these cases of abuse were aimed at their race, accent, or gender (see Figures 14 and 15).

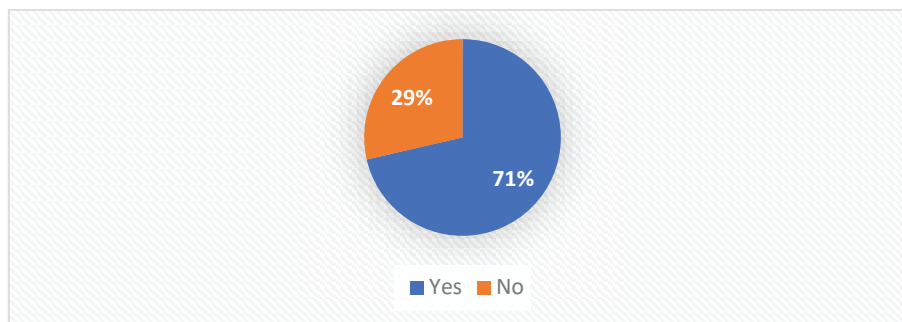
Additionally, ten respondents, comprising 48% of the sample, also recognised that some assignments had been too difficult to remain neutral. When enquired about their experiences, most of those willing or able to share the circumstances of their tasks mentioned having witnessed cases of child abuse through VRI¹⁴ (both verbal and physical), end-of-pregnancy doctor appointments, substance abuse cases, war refugees (from their home country) or they had mediated in the relay of information to ambulance services, for example. In the majority of cases, these professionals felt they were especially affected by some of these calls as a result of their previous personal experiences, having somewhat become acquainted with their clients or feeling emotionally close to the case. Occasionally, interpreters also reported bursting into tears once the assignment had finished. Moreover, 15 participants (or 71%) recognised that they sometimes continue experiencing feelings of frustration, guilt, or sadness for several days after a challenging call (see Figure 16 below).

Figure 16. Have you been emotionally affected by the content of an assignment for days after?



¹⁴ Video Remote Interpreting.

Figure 17. Do you feel supported by family or friends? Do you have someone you can speak to if you struggle at work?



Under these types of circumstances and given that interpreters are required by law to protect their clients' privacy, it is crucial for professionals to have strong social networks to find support when necessary (even though they are not able to share the details of their work). Given the freelance nature of interpreting work, a relatively large percentage of the sample (43%) confirmed not having a supportive group of work colleagues. Luckily, however, most participants (71%) did report they have people they can turn to outside of work when they are struggling (namely family and friends). However, over a quarter of the respondents admitted they do not have anyone they can confide in when they are feeling overwhelmed or isolated (see Figure 17 above). This percentage, although it does not represent the majority of participants, is still significant and should be taken into consideration. Some respondents expressed feeling isolated or even lost when it comes to finding out whom they work with or reaching out for help. One way to resolve this, and in my view, probably the most effective, would be for companies and freelance agencies to take a more active role in their employees' well-being. Participants suggested different ways to do this. Companies, for example, should have their own online workspaces using platforms such as Teams or other online discussion forums. In the same way, they should also show a more proactive approach to building a sense of community among professionals. This could be accomplished through the organisation of events, meetings, and training sessions either online or in-person when possible. Some companies already have similar programs in place for their employees, but they are not yet that common and rarely extend to freelance employees. Expanding these efforts to include freelance employees would help enhance the sense of community and support within the interpreting profession.

Finally, the following two graphics show the participants' view of their work conditions and salary:

Figure 18. Work conditions

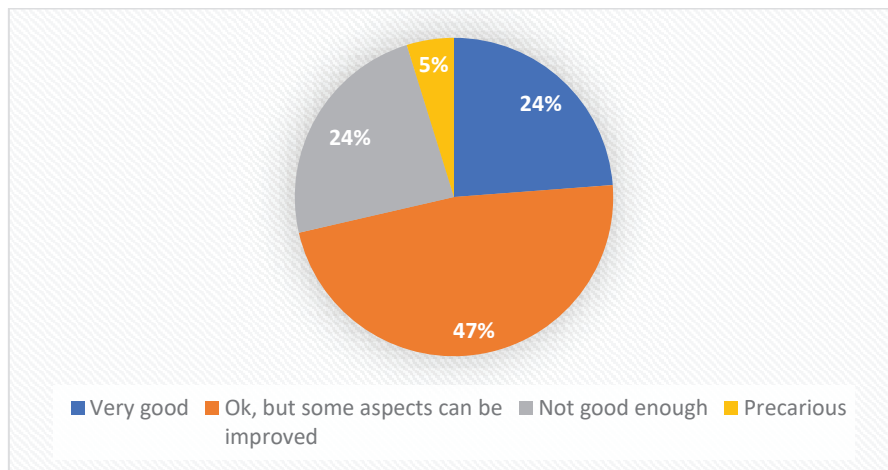
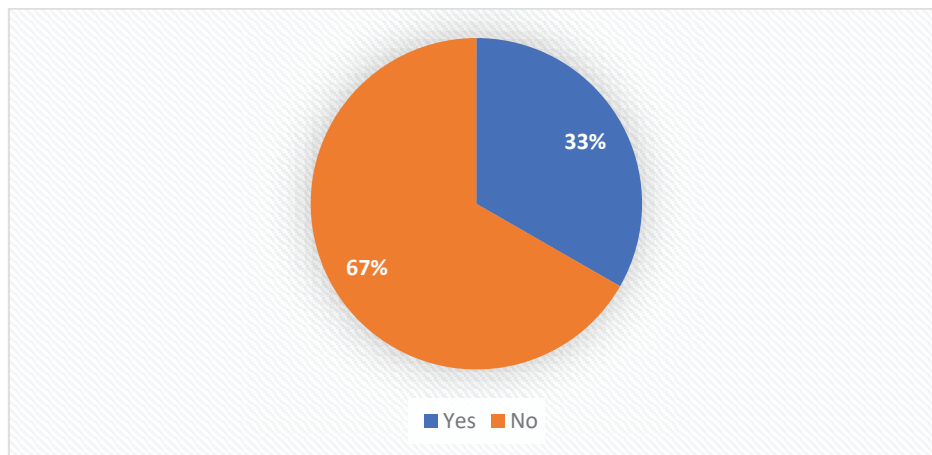


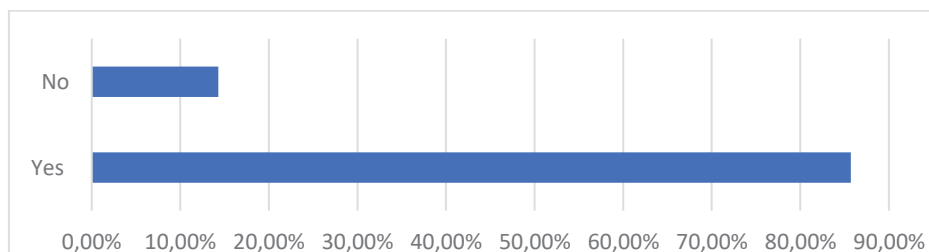
Figure 19. Do you consider your salary to be representative of the responsibilities and difficulties of your role?



Looking at Figure 18, we can observe how over one-quarter of the sample consider their conditions substandard, with 1 of the respondents viewing them as precarious. On the other hand, 47% of the participants believe there is room for improvement, and 24% saw their conditions as “very good”. Unsurprisingly, those with a contract were, on average, more likely to have a better outlook regarding their job conditions.

Conversely, when asked about the relationship between their wage and job responsibilities, most interpreters deemed their salaries to be too low. Interestingly, this answer was irrespective of the kind of contract or of whether the work conditions were considered to be “very good”. In countries such as the UK, it is not rare for telephone interpreters to earn minimum wage (videoconference interpreters earn slightly more, but not significantly), especially when they are self-employed. Additionally, they are not paid per shift. Instead, each call adds minutes to the professionals’ count, which means interpreters are not paid for the time between calls either;¹⁵ thus, an eight-hour shift may only count as six or seven hours of work (depending on the day). In this sense, it is again not surprising that interpreters seemed to agree across the board when asked whether telephone interpreting was undervalued within the industry. Over three-quarters of the sample, or 86%, believe telephone interpreters are undervalued in the sector, and only three respondents believed the opposite (see Figure 20 below).

Figure 20. Do you feel telephone interpreters are undervalued within the industry?



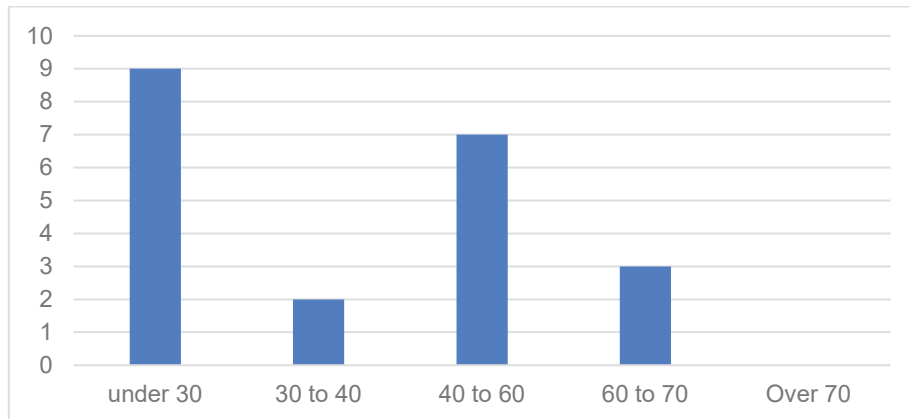
4.2.1. Personal Emotional Assessment

Lastly, the emotional assessment has been arranged in a score-like system since the purpose of this dissertation is not that of diagnosing the participants but to understand how often and in what ways they are emotionally affected by the nature of their work. Each question was linked to symptoms associated with burnout, depression, chronic stress, or vicarious trauma. Participants were required to score on a scale of 1 to 5 how strongly they related to each statement (where 5 was the highest score implying

¹⁵ Usually with minimum of 15 minutes (agency dependant).

interpreters experienced this extremely frequently). The maximum score each participant could reach was 85, and the lowest was 17.

Figure 21. Emotional Assessment: general score



Fortunately, most people seemed to be on the lower end of the scale. However, 10 out of 21 participants did report having moderate to high levels of stress-related issues, and none of the respondents scored higher than 70. The four participants with the highest scores also mentioned their work conditions were either not good enough or precarious, often combined interpreting work with other sources of income or indicated they work more than 40 hours a week. These professionals seemed to experience higher levels of most of the parameters but mainly reported being often overwhelmed or anxious; they experienced more forgetfulness, irritability, trouble sleeping, avoidance of certain people and places, were more likely to suffer from physiological symptoms (i.e. stomach issues, chest pain or headaches), and reported feeling drained, helpless, or isolated.

On the other hand, when observing the whole sample, the most common issues were: feeling overwhelmed (15 individuals), anxiety (13), forgetfulness (12), and general exhaustion (10). A fair number of participants (9) also recognised they had a more negative view of the world, felt isolated or detached, or noticed it takes them longer to get things done. Some of these also pointed out agencies' disregard for their employees' circumstances or even exploitation conditions.

According to the majority of participants, the pandemic did not have a negative impact on their work as interpreters. In fact, a significant number of them had already

transitioned to remote work prior to the pandemic and had even experienced a surge in their workload. This increase in assignments was particularly noticeable as hospitals reduced their face-to-face interactions. However, it is important to note that nine respondents expressed a less favourable experience. These interpreters reported feeling a sense of isolation, a lack of human connection, and increased stress levels compared to their pre-lockdown experiences, often derived from a lack of distractions from their workload.

4.2.2. Respondents' Insights and Advice

To conclude, after the participants had responded to the questions posed to them, I gave them an open opportunity to provide any feedback or advice to myself and other present and future interpreters. I would like to further appreciate the respondents' effort and time by listing some of those comments below¹⁶.

"Practice as much as you can, learn frequently used vocabulary words."

"Keep preparing and develop a supportive network of colleagues."

"Be sure you understand what you're getting into, shadow seasoned interpreters."

"Follow codes of conduct, study, be professional- don't get involved personally."

"Improve your native language continually, read a lot."

"To practice mindfulness, try to detach yourself from the situation and remain neutral."

"Take care of yourself first."

"Having a good knowledge about the target languages' market."

"Choose a different career. Interpreting is not regulated in the UK which makes it really easy for agencies to exploit you. Instead of getting pay rises your pay will pretty much fall under minimum wage. It's not worth it."

"It's one of the most rewarding careers out there, nonetheless it can be sometimes taxing. My advice would be to never stop studying and getting updated with the vocabulary in your industry, and along the way make your own personal dictionary, read, watch documentaries, youtube videos related to your line of work, and have a network of fellow interpreters for support."

"Read a lot and listen, be patient and empathetic, work on emissions of your voice and how it sounds, record yourself to correct eventual mistakes and for personal development."

¹⁶ Please note that I have left these comments exactly as they were shared with me to maintain the authors' original meaning instead of "correcting" and possibly altering their message.

“Future professionals can try to connect and work with the translation providers before they graduate. I think this will help them to feel more comfortable when they start to work.”

“I have learned lots of self development techniques and I find them more useful or at least as useful as what I have learned at the University.”

“Notes, notes, notes. I made flow charts for all kinds of things. Especially when I'm nervous and therefore forget everything, all I have to do is go through my flow charts and everything goes fine.”

“It's important to be in contact with some other persons who work in the same area (can be other languages). It helps to know things better and only by communicating and working together we can improve things.”

“Yoga is a perfect remedy for loneliness, reduce stress and helps with spinal problems.”

5. CONCLUSION

Community Interpreting is a profession that holds immense potential to positively impact people's lives. Throughout this dissertation, we have explored the origins of interpreting, the development of remote modalities, and the personal experiences of real interpreters. While it is encouraging to find that many interpreters consider their situation manageable or even good, it is important to address the challenges they face.

Unfortunately, interpreters often encounter situations where they feel mistreated by agencies or clients, overwhelmed by the instability or solitary nature of their work, or triggered by the content of their assignments. The rise of remote interpreting modalities, particularly during the pandemic, has provided more opportunities but has not necessarily led to improved work conditions. Companies have vastly benefited from cost savings, but it is crucial not to overlook the well-being of the interpreters themselves.

Creating a sense of community, offering employee support channels, and providing more stability would greatly enhance interpreters' work conditions. Additionally, building human connections and promoting work-life balance would significantly improve the lives of interpreters. Furthermore, it is essential to recognise the significance of interpreters in public services and the often-overlooked role of remote interpreters, particularly telephone interpreters, within the industry.

In conclusion, the profession of community interpreting deserves better treatment and fair compensation for its passionate professionals. While it is true that individual interpreters' ability to cope with stress may vary from one individual to another, it is not solely their responsibility to address the emotional struggles they encounter. Companies should play an active role in offering support and resources. At the same time, interpreters can also take steps to improve their situation through self-care, continuous learning, and seeking support from online peer groups, which are often run by fellow interpreters and provide a safe and supportive environment.

It is inspiring to see the number of free resources available, such as Facebook groups and mental health-related Zoom meetings, that offer interpreters the opportunity to connect, share experiences, and support one another. By recognising the value of community and working together to address these challenges, we can strive towards an industry that genuinely supports the well-being and professional growth of interpreters.

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8. APPENDIX

8.1. Questionnaire



Remote Interpreting and Mental Health



Hello! My name is Natalia García, and I am studying for a Master's Degree in Professional Translation and Intercultural Mediation at Universidad de Las Palmas de Gran Canaria.

I am currently in the process of completing my final essay consisting of a dissertation which dives into some of the difficulties endured by professional interpreters on a daily basis and how this affects telephone interpreters and their mental well-being in particular.

By completing this survey, you would be helping me finalise my course whilst shedding some light on the work conditions of interpreters. Your participation is much appreciated.

This survey is completely anonymous and will take you 10 to 15 minutes to complete. Thank you again in advance.

natalie.galonso@gmail.com [Switch accounts](#)

 Not shared 

* Indicates required question

1. How do you identify? *

Male

Female

Prefer not to say

Other: _____

2. Age: *

Your answer _____

3. What is your language combination? *

Your answer: _____

4. Years of work experience: *

- 3 years or less
- 3 - 5
- 5 - 10
- More than 10 years

5. Academic background: *

- Community interpreting certificate
- University degree in translation/interpreting
- Master in translation/interpreting
- University degree in a different discipline
- Other: _____

6. Type of employment: *

- Full-time contract
- Part-time contract
- Freelance
- Volunteer work
- Other: _____

7. How many hours a week do you dedicate to interpreting work? Please, give an average estimate if the hours are not consistent. *

Your answer _____

8. Do you combine interpreting with other jobs? *

- Yes
- No

9. Did you receive induction or training at the start of your employment? *

- Yes
- No

10. Did you receive training or guidance regarding your mental well-being? *

- Yes
- No

11. If you said yes to the previous question, did you consider this training to be sufficient?

- Yes
- No

12. Regarding your mental well-being, do you feel supported by your employer? *

- Yes
- No

13. Do you work as a telephone interpreter exclusively? *

- Yes
- No, remote interpreting (Telephone and videoconference)
- No, I do in-person and remote interpreting.

14. If you combine remote with in-person interpreting (or have done both in the past), which one do you prefer? (Optional)

- Telephone interpreting
- Videoconference
- In-person

Please, briefly explain why? (Optional)

Your answer

15. Have you felt that your equipment and the issues derived from remote technologies significantly hinder your performance? *

- Yes
- No
- Yes, but it is manageable.

16. Do you feel the lack of visual clues in telephone interpreting negatively impacts your performance? *

- Yes
- No

17. Have you ever felt discriminated against by reasons of race, nationality or accent? *

- Yes
- No

18. Have you ever felt that your lack of understanding of a client's cultural background was an obstacle in interpreting? *

- Yes
- No

If you answered yes, how did you feel, and how did you deal with that situation? (Optional)

Your answer _____

19. Do you believe clients understand how to use the interpreting services, and do they attempt to make your task less difficult (e.g. speaking clearly, using appropriate tone/volume, using shorter sentences, giving you sufficient time, respecting the limits of your role)? *

- Yes
- No

20. Have you ever been verbally abused or disrespected by a client? *

- Yes
- No

21. Have you ever been emotionally affected by an assignment to the point that you could not remain neutral anymore? *

- Yes
- No

If your answer to the previous question was yes, would you be ok to share your experience or how you felt? (Optional) *

Your answer _____

22. Have you been emotionally affected by the content of an assignment for days after? (e.g. feelings of guilt, frustration for not being able to do more, sadness...) *

- Yes
- No

23. Do you feel telephone interpreters are undervalued within the industry? *

- Yes
- No

24. Do you have a supportive community of work colleagues? *

- Yes
- No

If you answered no, what do you think could be done to improve this? (Optional)

Your answer _____

25. Do you feel supported by family or friends? Do you have someone you can speak to if you struggle at work? *

- Yes
- No

26. You consider your work conditions to be: *

- Very good.
- Ok, but there are aspects that can be improved.
- Not good enough.
- Precarious.

27. Do you consider your salary to be representative of the responsibilities and difficulties of your role? *

- Yes
- No

Next

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Google Forms

Assessment of the emotions of the interpreter in the context of the Covid-19 pandemic.

On a scale of 1 to 5 (where 5 is Extremely or Every day and 1 is Not at all or Never), mark how applicable or frequently the following statements are true to you.

Since the pandemic started until now, I have:

I have experienced difficulty concentrating or making decisions (self-doubt). *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Every day

Felt overwhelmed by work. *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Every day

Experienced anxiety. *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Every day

I have become more forgetful. *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely applicable

I am more irritable. *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely applicable

I have experienced trouble sleeping, or I sleep too much. *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Every day

I often experience headaches, dizziness or muscle tension. *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely applicable

I started to avoid certain places or people. *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely applicable

I experienced stomach problems. *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Every day

I have occasionally experienced chest pain or a faster heartbeat. *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely applicable

I feel tired or drained most of the time *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Every day

I have felt helpless, trapped or defeated. *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Every day

Experienced feelings of isolation or detachment. *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Every day

I procrastinate or it takes me longer to get things done. *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely Applicable

I have a more negative and/or cynical view of the world. *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely Applicable

I have lost interest in doing things that I used to enjoy. *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely applicable

I often have intrusive thoughts related to assignments or relive calls for days. *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely applicable

Final Section: Strategies and tips for other interpreters

This last section is optional, but your insight would be greatly appreciated.

Do you think the circumstances brought about by the Covid-19 pandemic negatively impacted your work as an interpreter? If so, how?

Your answer

Do you have any personal strategies for dealing with complex assignments? And if so, which ones?

Your answer

Do you have any advice for new or future interpreters?

Your answer

If you have any personal anecdotes or experiences that you can share and could be helpful to future professionals, please, feel free to do so here. They will be much appreciated.

(e.g. Any strategies you may have developed to deal with difficult assignments, hobbies you recommend that help you disconnect from a stressful day, an anecdote of a complex assignment and how you fixed it, or anything I may not have asked but you think would be important to add)

Your answer

Thank you ever so much for your time!