

# Working with interpreters using British Sign Language

Bernie Tuohy writes about the challenges and rewards of working with an interpreter using British Sign Language (BSL) with Deaf clients

In Leeds over the last 10 years a steering group has been working towards making mental health services accessible to Deaf people, and making Deaf services more accessible to people experiencing distress. The steering group consists of Deaf and hearing professionals from voluntary, health and social services, with the common aim of providing holistic mental health services not solely based on the medical model.

We have recently researched the mental health needs of Deaf people and the current service provision in Leeds, culminating in the publication of *Free your Mind*<sup>1</sup>, which was launched in October last year. To our knowledge, this is the first time the mental health needs of Deaf people have been researched from a social model of both Deafness and mental health.

## Training

One of the main issues we identified early on was to train mental health professionals in Deaf awareness. We offered a training day for everyone in specified mental health services run by a Deaf trainer. Next, professionals were trained in how to work with a sign language interpreter, which was facilitated by Leeds sign language

interpreting services. In the future we plan to offer training for the interpreting services on mental health issues. It is easier to interpret when you understand the context and jargon of the subject you are interpreting.

## Deaf culture

*'The term "Deaf community" has demographic, linguistic, political, psychological and sociological dimensions. Britain's Deaf community shares characteristics that derive from common experiences, beliefs, values and norms - most importantly, the community bonds through a common language (BSL) and a shared culture.'*

Department of Health, 2002<sup>2</sup>

Ridgeway<sup>3</sup> further explains that 'Deaf people have developed a distinctive culture, viewing themselves as part of a linguistic and cultural minority, rather than as disabled'. Deaf people often have limited access to material written in English. Denmark<sup>4</sup> explains, 'BSL is a visual-spatial language which has its own vocabulary and distinctive grammar and structure and bears no relation to spoken English'.

Historically Deaf people have been marginalised and have faced discrimination. Attempts were made

to 'normalise' Deaf children, who were forced to communicate in English in school and other situations. Many Deaf children were removed from the family environment and placed in boarding schools (sometimes as early as two years old), as this was felt to be best for the Deaf child and the family. Prendergast<sup>1</sup> explains that mistrust towards the hearing community is a common theme in working with Deaf people. In her report, Deaf participants described being forced to speak by hearing people, being denied an education, having their lives controlled by hearing people, and in some cases being abused by hearing people.

## Good practice in working with interpreters

In Leeds as we developed our services we created guidelines and developed training for interpreters and mental health professionals prior to a Deaf person accessing them. It is not an everyday experience in generic mental health services to find ourselves working alongside a sign language interpreter. When this occurs many issues are raised. What do you do? Who do you look at? How do you develop a therapeutic relationship with a third person in the room?

As a service provider I had experience working alongside an oral interpreter when working with clients from ethnic minorities who do not speak English, but with a BSL interpreter there are subtle differences. There are practical issues to be aware of, such as seating arrangements and adequate lighting. An interpreter cannot be seated with their back to the window as BSL is a visual language and the light makes it difficult for the Deaf person to see. I usually ask the Deaf client where the interpreter and I should be seated.

Sometimes I wonder if my question has been translated in the way I would ask. Has the interpreter conveyed my empathy as I would? One way to improve this understanding is to ensure regular meetings between the interpreter and mental health worker. We found it useful to meet interpreters prior to a session and discuss issues such as breaks during sessions, questions, expectations from the interpreter, and checking out if the interpreter understands the mental health jargon.

It is good practice to devise a contract so that, if the client is happy with the interpreter, then the client, interpreter and mental health worker are able to commit to future sessions. This continuity with the same interpreter, mental health professional and Deaf client facilitates an increase in accuracy in matching facial expressions, tone of voice and so forth.

The language used by the mental health professional needs some consideration, given the nature of BSL and cultural issues. I have identified three areas for consideration in language use:

1. BSL is a visual language and uses specific rather than abstract concepts. We may want to ask, 'Do you injure yourself?' But as we are working in a visual language, we need to specify the activity, e.g. 'Have you taken too many tablets that have made you ill on purpose?' or 'Do you cut your body with a sharp object when upset?' Some words have no direct translation from English to BSL, such

as the English word 'coincidence'.

2. Living in a hearing world isolates the Deaf community. A Deaf person may have limited opportunity to get to know mental health jargon – words like 'referral' or 'schizophrenia'. Information about mental health is written in English. As hearing people we learn via the media and written material. All these are inaccessible to Deaf people.

3. There are cultural differences in the way mental distress manifests. A common experience of mental distress is to hear voices, but a profoundly Deaf person has never heard a voice. Instead Deaf people describe seeing hands signing.

The interpreter will usually check out with the mental health professional around the context of the words, but I find this delays the process for the client if the interpreter has to educate the worker on cultural issues or if the interpreter is constantly seeking clarification about mental health jargon.

### Pitfalls

As described by Trivasse<sup>5</sup>, there are a number of pitfalls with interpreters in a mental health setting, such as the difficulty in developing a therapeutic relationship through a third person and potential feelings of exclusion for the mental health worker. BSL interpreters nearly always know not to introduce their own ideas and to translate exactly what is being said. To be a BSL interpreter requires many years of training, both in language and in interpreting ethics and practice.

One difference in working with a Deaf client is that the BSL interpreter is normally hearing, so will not share the same cultural background as a Deaf person. This can bring the issue of mistrust towards both the interpreter and the mental health professional. We found that it is important to acknowledge the power issues of there being two hearing people in the session and for the Deaf client to feel able to explore feelings this brings up for them. However, other Deaf people would *choose* to have a hearing worker due

to issues of confidentiality and anonymity within the small Deaf community.

One of the major pitfalls is the shortage of BSL interpreters. There are limited opportunities to train in BSL to the level of an interpreter and hence a national shortage of qualified interpreters.

### Conclusion

My experiences of working with sign language interpreters have been positive. The main ingredients to working in partnership with an interpreter are preparation and consultation. When working in partnerships, we all come with specific knowledge. In Leeds we have been able to put our pieces of knowledge together and help each other with the common aim of providing a better service for clients. ●

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*This article was first published in the January 2004 issue of the Healthcare Counselling and Psychotherapy Journal (HCPJ) and is reprinted here with thanks.*

### References

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