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From Campus to Camps: The Linguistic Challenges of Training Humanitarian Interpreters to Work in Mental Health Clinics

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Abstract

Jordan is a major hosting country for Syrian refugees, who can access mental health clinics run by international organizations, where interpreting is usually needed. Interpreting is not a regulated profession in Jordan which risks the quality of the interpreting service in such fragile context. The current research examined the ability of a group of Yarmouk University MA Translation students, enrolled in interpreting module, to interpret expressions that reflect different intensities of emotions commonly used in therapy. It also explored whether Jordanian students were able to interpret colloquial Syrian idioms of emotion and expressions of distress. Interpretations were analyzed, evaluated then categorized in two ways. The first focused on exploring how many shades of meaning students were able to convey into their B language, then again into their A language. The second focused on the implication of errors in translating colloquial Syrian idioms and expressions of distress, and its possible consequences on the therapist's understanding and diagnosis. The research showed that only 20.8% of the interpreters were able to convey all shades of meaning when translating into their B language, compared to 42.4% when translating into their A language. This is also prevalent in more complex situations when translating idioms and expressions of distress, where a mere 8.63% were adequate and accepted, while the remaining were either partially accepted (43.15%), or not accepted (48.23%). The study concludes that the capacity building of humanitarian interpreters in Jordan is vital to improving the accuracy and efficiency of their interpretations, particularly in mental health settings.

Keywords: Humanitarian Interpreting; Mental Health; Interpreter Training; Refugees; Conflict Zone.

*'Ignorance leads to **fear**, **fear** leads to **hatred**, and **hatred** leads to **violence**. This is the equation.'*

Ibn Rushd - Averroes

1. Introduction

While the conflict in Syria rages on into its tenth year, millions of Syrians have undertaken treacherous journeys in a bid to escape across the borders, seeking safety in neighbouring countries such

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as Turkey, Lebanon and Jordan. Taking the decision to flee the bombs and bullets which have devastated their lives was not always a quick decision, but rather the result of a dilemma of whether to "leave as a refugee, stay as a civilian, or to join the armed rebellion" (Mironova 2019, 49).

Pushing oneself to embark on a desperate journey into the unknown, with all the insecurity and uncertainty this may hold, along with the threats and difficulties that refugees encounter during the journey itself, and the anguish and despair of leaving loved ones behind - whether dead or alive - takes its toll on the psychological and mental health of the refugees. It may also hinder the process of adaptation to their new living conditions in the hosting countries (Fazel et al. 2012).

In any circumstances, clear communication between therapist and patient is vital. The situation is more challenging when interpretation is needed, as the onus is on the interpreter to establish this communication and accurately convey the information expressed in the process. The health and wellbeing of the patient in this case depends on the interpreter's skill in clearly and fully relaying all remarks from both parties so that the therapist can reach the correct diagnosis and determine the appropriate course of treatment.

The presence of an interpreter brings additional opportunities and challenges into the clinical encounter (Tribe and Thompson 2009a). Significant problems were found when cross-checking interpreted diagnostic interviews where the interpreters were not experienced in psychiatric work. These included omissions, additions and distortions of meaning (Marcos 1979; Tribe & Thompson 2009b). If this was the case in established medical settings in the West, where numerous interpreting training and regulations are available, then one can only imagine the situation in clinics in refugee camps or near the borders of hosting countries where the availability of professional interpreters is limited and the existence of academic research to investigate the quality of such service is scarce.

Interpreting in mental health clinics is bilateral, thus interpreters need to be able to fulfil their duties irrespective of the language directionality. This study follows the International Association of Conference Interpreters (AIIC 2019) definition of A language and B language, where the A language is the interpreter's mother tongue (or its strict equivalent), while the B language is a language in which the interpreter is perfectly fluent, but which is not a mother tongue.

Needless to say, training interpreters in linguistic and non-linguistic competencies is crucial in order to maximise the benefits of their services, and to minimise problems which may result when an untrained interpreter works in the field. Nevertheless, such training needs to be designed to address the beneficiary's needs, and this can be conducted by exploring the interpreter's ability to convey topics and issues related to mental health such as the translation of the verbal expressions of emotions. This paper attempts to fill a gap in the field by focusing on the translation of selected expressions of distress, idioms and metaphors commonly used by refugees in psychotherapy. This was achieved by testing the ability of MA Translation students to interpret such expressions which reflect different levels and intensities of emotions, from their A language to their B language, and vice versa. It will also explore the ability of Jordanian students to interpret colloquial Syrian idioms of emotion and expressions of distress from their A language to their B language.

2. Socio-political background

Jordan is a major hosting country for Syrian refugees. UNHCR (2019a) considers it to be one of the most affected countries by the Syrian crisis, as it hosts the second highest share of refugees pro capita in the world. There are 670,637 Syrian refugees in Jordan; almost 45% of them are located in Irbid and Mafraq (UNHCR 2021b).

Refugees need a wide range of support to obtain the basic needs of shelter, nutrition, sanitation, education, and health care. Experiencing war inevitably causes emotional and psychological stress (Buchmüller et al. 2018). Studies also show that conflict can negatively affect psychological health (Perkins et al. 2018). Refugees are uprooted from their land and torn apart from their normal daily life, including their families, jobs and social circles. "Psychological problems when left unresolved can have dangerous consequences, and can escalate to anxiety, depression, violence, and suicide" (Dator et al. 2018, 683).

A recent critical review which surveyed and statistically measured the content of articles which evaluated the health status of Syrian refugees located in different parts of Jordan revealed that 32.9% of these refugees suffer from emotional or mental health problems, in terms of the prevalence of chronic diseases, infectious or communicable diseases, emotional and mental health problems, and physical impairments. The previous study states that different signs of psychological distress were observed in the refugees, including "stress, anxiety, fear, anger, fatigue, lethargy, lack of motivation, feelings of hopelessness, depression, difficulty falling asleep or staying asleep, and having periods of terror or panic" (Ibid, 681-682).

International organizations and NGO's have helped in addressing these needs for refugees, besides alleviating some of the financial burden on Jordan, by providing free services and resources inside and outside the camps, such as health care, including mental health and psychosocial support (MHPSS). International organizations and NGO's employ national and international staff hence they frequently post translation and interpreting job vacancies. Fluency in Arabic and English is required, in addition to which a BA and related work experience such as humanitarian work is desirable. However, language is more than just a means of communication, and the competencies needed from the humanitarian interpreter in general, and mental health interpreter in particular, go well beyond what is called for in such job vacancy ads.

Interpreting for refugees suffering from the aforementioned distress means that the interpreter plays a vital role in the therapeutic team. Inadequate communication can cause diagnostic and treatment errors, such as the diagnosis of psychopathology which is not present, or inaccurate identification of its type, or an under-estimation or over-estimation of its severity (Miletic et al. 2006). The case in Jordan is not exceptional, as "translators and interpreters contracted to work in theatres of war and other areas of tension are often non-professional linguists yet play a key role in communications" (The International Federation of Translators 2012). Clearly, interpreters employed in these roles require specialised training

in order to maximise the benefits of the therapy. Such training is beyond what 'traditional' study plans for BA and MA degrees in Translation offer.

3. Setting the scene

Interpreting is not a well-established profession in Jordan. Unlike the accreditation of the academic programmes which lead to a BA and MA in Translation regulated by the Ministry of Higher Education, there are no regulations for accreditation or licensing for the practice of translation and interpreting. Interpreting in mental health settings is not an exception, despite the fact that arenas such as these demand accuracy and reliability, as language and communication is the *sine qua non* for diagnosis and treatment. To the best of our knowledge, there is no path to receive a structured and well-supervised education in this specialised area, as this is still an emerging field which needs further development in Jordan.

However, an opportunity arose when a revised study plan for the BA in Translation at Yarmouk University included a new module named 'Special Topic in Translation'. The elective module aimed to meet the new needs of the market, where the first topic of choice was 'An Introduction to Humanitarian Translation and Interpreting'. The module is considered advanced, and focuses on the theoretical, practical and institutional issues involved in translating and interpreting in refugee contexts, as well as the essential linguistic and non-linguistic competencies such as self-care and ethics (Qudah 2019). With regard to the linguistic competencies, and based on evidence drawn from class observations, practical exercises and tests carried out by the module's lecturer, it was evident that students progressed significantly in understanding and using medical and mental health terminologies (Qudah 2019); however, it was noted that students faced significant difficulties in translating emotions and expressions of distress while undertaking therapy role play training.

Although Jordanians and Syrians share Arabic as their native language, they may differ in the way they express emotions of distress, due to different social and cultural backgrounds. Thus, this is an issue that needs to be explored and addressed during interpreters' training in Jordan. Cultures differ in ways of expressing distress, and it is clear that "understanding local idioms of distress is important for communication with refugees" (Hassan et al., 2015, 22). The American Psychiatric Association categorizes the cultural concepts of distress into three categories: cultural syndrome which refers to a cluster of symptoms that tend to occur in a certain group, cultural explanations which refer to a culturally recognised meaning for an illness or symptom, and cultural idioms of distress which refer to shared ways of experiencing and communicating emotional suffering and expressing personal or social concerns (APA 2013). Accordingly, an interpreter's linguistic training should address these issues since interpreters are cultural mediators who facilitate the vital link between patient and therapist. An interesting example that demonstrates the culture's impact on the therapist's understanding is mentioned by a French therapist who worked in a mental health clinic in Palestine for Doctors Without Borders. She narrated how people there, even people with severe depression, when questioned about their health they answer by saying 'al-hamdulilah'. The interpreter working with her needed to explain that this is a socially accepted answer which literally means 'praise be to God' but figuratively means 'I'm fine'. Rather than taking this

response at face value, the interpreter encouraged the therapist to ask further questions to know how someone is really feeling (Médecins Sans Frontières, 2019).

The current study was conducted to examine the ability of MA students to translate verbal expressions of emotions and distress in order to have a more holistic view of their linguistic training needs. MA students were selected for this study in preference to BA students because the language used in therapy requires a minimum level of linguistic abilities which MA students would have met in order to be admitted to the MA program, while BA students of different study levels and linguistic abilities, for example third and fourth years, can attend the same modules. Furthermore, the BA in Translation study plan in Yarmouk University consists of only two compulsory interpreting modules and one elective module which are usually taken towards the end of the degree course. Therefore, MA students were deemed more suitable for such study given their previous experience in interpreting which they are expected to have achieved prior to joining the MA Translation programme.

4. Research Questions

This paper will attempt to fill a gap in the field by providing answers to the following three research questions:

1. To what extent can MA Translation students interpret different levels and intensities of emotions, at word level, from their A language to their B language, i.e. Arabic into English?
2. Will there be a considerable difference in their ability and performance when they translate it back from their B language to their A language, i.e. English into Arabic?
3. Will Jordanian students be able to provide equivalence at above word level for colloquial Syrian idioms of emotion and expressions of distress from Arabic into English?

5. Theoretical Framework

Quality standards and criteria used to assess translation and interpreting can vary, based on the various perspectives of the assessors and the target of the assessment. Pöchhacker (2001) states that such sets of criteria can range “from text processing to communicative action for a certain purpose and effect and, most generally, to the systemic function of facilitating communicative interaction.” However, there is significant agreement that accuracy is a core criterion. Linguistic acceptability and clarity are also essential (Huertas-Barros et al. 2018).

Assessment of interpreting in mental health settings in general, and therapy in particular, is a complex task. Patients handle and express “difficult and often subtle meanings concerned with emotional experience and interpersonal relationships” (Miletic et al. 2006, 2). Correspondingly, emotions are central in many therapeutic modalities, and recent advances in neuroscience have validated the healing power of a solid emotional connection with clients (Lawson-McConnell 2018).

According to Marcos (1979, 173), there are three major sources of distortions in interpreting during the interview assessment of psychopathology, which lead to errors in clinical decision-making. The first is due to the deficient linguistic and/or translation skills of the interpreter (errors included omissions,

additions, substitutions, and condensations). The second is the interpreter's lack of psychiatric sophistication (clinician could not detect important aspects of the patient's mental status because the interpreter tried to 'make sense' of the patient's disorganized statements). While in the third, the interpretation may be flawed due to the interpreter's attitude toward either the patient or the clinician (interpreters answered the clinician's questions to the patient without asking the patient, also the tendency to minimize or emphasize psychopathology). More recent studies, such as that of Hornberger (1996), used the criteria of addition, omission and substitution to evaluate the interpretation content in a medical setting, whereas Flores et al. (2003) and Anazawa et al. (2012) used the same criteria with the addition of editorialization criterion and false fluency criterion. The latter will form the base criteria of assessment for this study.

6. Methodology

This is a qualitative enquiry that uses the error analysis approach. Brown (2007, 259) identifies the fact that "learners make errors and that these errors can be observed, analyzed and classified to reveal something of the system operating within the learner". Error analysis, as a procedure, involves collecting samples of the learner's language, identifying the errors in the sample, describing these errors, giving an explanation of these errors, and finally, evaluating their seriousness (Corder 1974 and Ellis 1994).

6.1 Sample

The tests took place during December 2019, in the Interpreting Lab at Yarmouk University, as part of an MA Interpreting class which had twenty enrolled students. There is only one interpreting module included in the study plan for the MA degree in Translation. All study participants were Jordanian nationals and native speakers of Arabic. Each had attained a minimum score of 6.5 in the IELTS exam or equivalent, which is the minimum requirement to be admitted to the MA in Translation at Yarmouk University.

6.2 Design

Three interlinked scenarios were created in order to collect three sets of data, each of which is targeted to answer one of the research questions respectively. The simulated encounter imitates an intake interview in a mental health clinic in Jordan, between an English-speaking therapist and an Arabic-speaking Syrian female refugee. The intake interview entails the therapist asking the refugee to relate her history and the reason she is seeking therapy. For the first scenario, the refugee's answer was formed to include eight statements, each of which refers to one of the eight primary emotions, presented in three different shades of intensity. The choice of emotions was based on the American Psychological Association's definition of primary emotions, in addition to Plutchik's Wheel of Emotions. Students would provide their interpretation, from their A language (Arabic) into their B language (English), immediately after each statement.

In the second scenario, the therapist would repeat what the refugee had just said in order to confirm their comprehension of the patient's statements. Since the therapist's statements were designed to give a

close repetition of what the refugee had just said, each statement also contained one primary emotion with three different shades of intensity. This time, the translation was from their B language (English) into their A language (Arabic). Students would provide their interpretation immediately after each statement.

The third scenario took the form of a short narration from the refugee about the situation in Syria before the war, and her feelings and reactions to an incident when forces of the Syrian regime entered her home. She went on to speak about her current situation as a refugee in Jordan, and about her asylum application. Since the aim of this test is to explore the Jordanian student's ability to interpret colloquial Syrian expressions and idioms of distress, which are widely used during therapy, the narration benefited from the following two resources:

1. Common expressions and idioms of distress in the Syrian Arabic table, published in '*Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support Staff Working with Syrians Affected by Armed Conflict*'. (Hassan et al. 2015, 25).
2. Syrian Colloquial Emotion Identification Wheel. This is a clinical assessment tool designed to promote cultural formulation of emotional distress, published in '*Karama means dignity: Ecological factors affecting adaptation to displacement among Syrian refugees living in Jordan*', a PhD thesis by Ruth Wells, The University of Sydney 2019, 266-267.

The first resource provided common Syrian expressions and idioms of distress alongside the thoughts, emotions and physical symptoms that may be conveyed through the use of these expressions, which formed a guideline in developing utterances that have clinical significance. The second resource categorized colloquial Syrian Arabic idioms under six domains of emotional experience, which contributed significantly to the formation of the refugee narration by balancing idioms and expressions from the different emotional domains.

The simulated refugee narration contained 52 utterances, 18 of which have a clinical consequence, i.e. can guide the therapist to make an accurate diagnosis of the patient's condition. The narration was reviewed by two independent humanitarian psychologists who work with Syrian refugees in a mental health clinic in Northern Jordan. The utterances associated with clinical consequences were also validated by both psychologists. For this scenario, students provided their interpretation from Arabic into English, since the third research question focused solely on this language direction.

The study followed the normal practice of a therapy session in mental health settings, where the interpreters are briefed about the case before they meet the patient. The students were also informed about the purpose and the procedures of the intake interview and were requested to deliver a bilateral interpretation.

The importance of the translation of emotions and expressions of distress was clarified, and the students were made aware of what the test would be measuring, and that their recordings would be evaluated anonymously and included in the current study.

Students were also made aware that their consent was essential before, during and after the test, and that they had the right to withdraw at any time. One student opted not to participate from the outset, and

another student asked to withdraw from the test after it started. The final number of the participating students was eighteen. The participants completed a consent form before the test started.

Prior to collecting the data, students were reminded about the importance of self-care for interpreters. This is especially crucial when working with refugees in mental health settings, as "high frequency and duration of contact with refugees is a risk factor for secondary traumatisation" (Denkinger et al. 2018).

6.3 Analysis

Recordings of the students' interviews were transcribed and analyzed in three consecutive procedures in order to answer each research question**.** The analysis for the first scenario focused on exploring the students' ability to capture and accurately convey the different shades of meaning in each Arabic statement into English. The results were used to answer the first research question concerning the students' ability to convey different shades of emotions from their A language to their B language. Students' interpretations were evaluated, analyzed, and then categorized into four themes, based on how many shades of meaning each student was able to convey, which acts as an indication of their performance. The four themes ranged from 'poor' to 'excellent'. A mark of Zero, indicated a 'poor' level, was given when the students failed to provide any interpretation, or when their interpretation comprised one or more errors which significantly distorted the meaning and rendered the interpretation as largely inaccurate.

The performance level was given a ranking of 'fair' when the students provided translations which included one shade of meaning; the performance level was ranked as 'good' when interpretations provided two shades of meaning; finally, translations which included three shades of meaning were considered 'excellent'.

The analysis for the second scenario focused on exploring the students' ability to capture and accurately convey the different shades of meaning in each statement, from their B language to their A language. Students' interpretations were evaluated, analyzed, and categorized into four themes, utilising the same analysis framework followed for the first set of data. However, in order to answer the second research question, which explores the possible differences between students' abilities to translate emotions based on language directionality, tables of results from the first and the second scenarios were compared and evidence was drawn to answer the question.

The analysis for the third scenario gave more attention to the implications of the errors in the translation, and to their overall consequence on the therapist's understanding of the patient's case, and therefore to the diagnosis and treatment plan. As a result, it examined the ability of Jordanian interpreters to interpret colloquial Syrian idioms and expressions of distress. The test contained 52 utterances, 18 of which have possible clinical consequences. Subsequently, the error analysis was carried out in two stages; the first step evaluated the interpretation as a whole, finding patterns of the errors, while the second focused on the possible clinical consequences of these errors.

The analysis used the following criteria which were developed in similar previous studies (Flores et al. 2003; Anazawa et al. 2012):

1. Omission: where a word or phrase uttered by the speaker is not conveyed by the interpreter.
2. Addition: where a word or phrase that was not uttered by the speaker is added by the interpreter.
3. Editorialization: an addition or substitution error whereby the interpreter conveys a personal view as the speaker's utterance.
4. Substitution: where a word or phrase uttered by the speaker is rephrased by the interpreter such that the meaning is altered.
5. False fluency: the use of words or phrases that do not exist in a particular language.

As Syrian Arabic idioms and expressions of distress were used, the analysis of the utterances meaning was based on the Syrian context, because "context is a critical variable that must be considered carefully in the assessment of emotions and emotion regulation strategies in clinical interventions" (Ehrenreich et al. 2007).

7. Results and Discussion

Regarding the first research question, the study reached several important findings. The qualitative analysis of the data collected from the first scenario, which had eight statements, each representing one primary emotion reflected in three different shades of intensity, revealed results which came under the four main themes described in the analysis section, namely: excellent, good, fair and poor.

The majority of the participants provided a 'good' level of translation as they were able to give two shades of given meanings. Furthermore, many participants provided an 'excellent' translation and were able to give three shades of the given meaning. In third place came the participants who provided a 'fair' level of translation, as they were only able to offer one shade of the given meaning, while a minority of participants provided a 'poor' level of translation as they either completely omitted the translation of the emotion or provided an inaccurate translation of it. The following table shows the detailed frequencies and percentages per level of performance for each emotion:

Table 1: The different response frequency per emotion

Language Directionality		Arabic to English							
No. of interpreted shades of meanings		0		1		2		3	
Results		F	%	F	%	F	%	F	%
No.	Less Intense-**Primary Emotion**- More Intense								
1	Annoyance – **Anger** – Rage	2	11.1	2	11.1	**9**	50.0	5	27.8
2	Apprehension - **Fear** – Terror	3	16.7	2	11.1	**8**	44.4	5	27.8
3	Distraction – **Surprise** - Amazement	4	22.2	5	27.8	**7**	38.9	2	11.1
4	Interest – **Anticipation** – Vigilance	0	0	2	11.1	**14**	77.8	2	11.1
5	Boredom – **Disgust** – Loathing	1	5.6	**7**	38.9	5	27.8	5	27.8
6	Serenity – **Joy** – Ecstasy	1	5.6	2	11.1	**15**	83.3	0	0
7	Pensiveness – **Sadness** – Grief	3	16.7	3	16.7	**8**	44.4	4	22.2
8	Acceptance – **Trust –** Admiration	2	11.1	5	27.8	4	22.2	**7**	38.9
	Overall Frequency & Percentage out of 144 responses	**16**	**11.1**	**28**	**19.4**	**70**	**48.6**	**30**	**20.8**

As for the second research question, concerning the difference in students' performance and ability to translate emotions based on the language directionality, two steps were taken; the first focused on analyzing the data collected from the second scenario, using the same method of analysis followed for the

first, where results came under four main themes: excellent, good, fair and poor. The results of both scenarios were compared in the second step, and evidence of the differences was drawn.

The majority of the participants provided a 'good' translation, as they were able to give two shades of given meaning. The second most prevalent level was the 'excellent' translation, as many participants were able to give three shades of the given meaning. The third most prevalent level was 'fair', where participants only provided one shade of the given meaning. Furthermore, a minority of participants provided a 'poor' translation as they either completely omitted the translation of the emotion or provided an inaccurate translation of it.

The comparison between the results of the first and the second scenarios revealed the following findings:

First, the sequence of the most prevalent levels in both results was the same, though there was a notable difference in the number of occurrences in some levels, namely the 'excellent' level and the 'poor' level. The frequency of interpretations in the excellent level was doubled based on the directionality of the translation. The data analysis shows that the ratio of interpretations which conveyed the three shades of meaning from English into Arabic was double those when translating in the opposite direction, Arabic to English (42.4% compared to 20.8%).

Second, there was a significant drop in the ratio of omission and inaccurate translation according to the translation directionality. The analysis shows that the number of omissions and inaccurate choices made by interpreters in the first direction, from Arabic to English, dropped to less than one fifth (from 11.1% to 2.1%) when translating from English to Arabic.

Third, it is apparent that the translations in the 'good' level, offering two shades of meaning, were the most frequent level in both directions, with a slight drop in its percentage in the second scenario (48.6% to 43.8%). Similarly, the analysis shows that the ratio of interpretations, offering one shade of meaning in the English into Arabic direction has dropped comparing to the converse direction (19.4 % to 11.8%). This is due to the increased number of translations which included the three shades of meaning in the second scenario. The following table shows a complete comparison of responses per emotion in each language direction:

Table 2: Comparison of responses per emotion in each language direction

Language directionality		Arabic to English				English to Arabic			
No. of interpreted shades of meanings		0	1	2	3	0	1	2	3
Results		%	%	%	%	%	%	%	%
No	Less Intense - **Primary Feeling** - **More** Intense								
1	Annoyance – **Anger** – Rage	11.1	11.1	50	27.8	0	5.6	38.9	55.6
2	Apprehension – **Fear** – Terror	16.7	11.1	44.4	27.8	11.1	11.1	11.1	66.7
3	Distraction – **Surprise** - Amazement	22.2	27.8	38.9	11.1	5.6	27.8	44.4	22.2
4	Interest – **Anticipation** - Vigilance	0	11.1	77.8	11.1	0	11.1	66.7	22.2
5	Boredom – **Disgust** – Loathing	5.6	38.9	27.8	27.8	0	11.1	27.8	61.1
6	Serenity – **Joy** – Ecstasy	5.6	11.1	83.3	0	0	5.6	66.7	27.8
7	Pensiveness – **Sadness** – Grief	16.7	16.7	44.4	22.2	0	16.7	55.6	27.8
8	Acceptance – **Trust –** Admiration	11.1	27.8	22.2	38.9	0	5.6	38.9	55.6
	Overall Percentage out of 144 responses per language direction	**11.1**	**19.4**	**48.6**	**20.8**	**2.1**	**11.8**	**43.8**	**42.4**

With regard to the interpretations considered inaccurate in both scenarios, the analysis shows that they comprised of one or more errors, which significantly distorted the meaning of the interpretation. The examples in Table 3 illustrate a sample of these errors:

Table 3: Inaccurate translation examples for (serenity) and (enraged)

Example from scenario 1:	
Patient: لكني وجدت السكينة في الصلاة (*I found serenity in praying*)	
Int. 5	I found the solution in prayer.
Int. 12	I feel less stress when I pray.
Example from scenario 2:	
Patient: I felt enraged.	
Int. 4	شعرت بعدم الأمان (I felt insecure)
Int. 5	لا أشعر بالأمان (I don't feel safe)

It is expected that interpreters will have greater linguistic abilities in their A language which, for the interpreters in this study, is Arabic. However, since the liaison interpreting which happens in clinics is bilateral, it is vital that interpreters provide accurate interpreting for both the therapist and the patient, which naturally requires a certain proficiency in their B language. This is highly applicable to the third research question which explored the possible implications and clinical consequences of interpreting errors in terms of accurate diagnosis. Of the 52 utterances used in the scenario, 18 of them have possible clinical consequences, i.e. can help the therapist to diagnose certain disorders such as anxiety or depression. The utterances associated with possible clinical consequences were validated by two independent humanitarian psychologists working with Syrian refugees in a mental health clinic in Northern Jordan. Since this study aimed to answer the question of Jordanian interpreters' ability to interpret colloquial Syrian idioms and expressions of distress, the test was designed to include idioms and expressions of distress used by Syrians during therapy sessions, as mentioned in Hassan et al. (2015) and Wells (2019).

The analysis of the level of distortion of meaning, using the aforementioned criteria of assessment namely; omission, substitution, addition, false fluency and editorialization, showed that errors appeared in different frequencies among the five patterns. The error types and their occurrences are illustrated in the following table:

Table 4: Shows the pattern of error occurrences and frequencies

	Omission	**Substitution**	**Addition**	**False Fluency**	**Editorialization**	**Total Number**
Frequencies	521	81	29	29	2	662
Clinical Consequences	200	27	9	10	0	246

Clearly, the omission errors are the most prevalent among other error types with a total of 521 occurrences. There is a considerable difference between this figure and the second most prevalent type of error, which is substitution, with a total of 81 occurrences. Despite the fact that the ratio of the omission error is consistent with previous studies of the quality of interpreting in medical settings (Flores et al. 2003), the number of errors with possible clinical consequences is alarming. The third and fourth

categories of addition and false fluency had similar frequencies of occurrence. It is evident that editorialization was the least occurring error.

Translation errors in this context can be categorized into two divisions, errors which are a result of misunderstanding or errors which are a result of mistranslation. One can assume that the former occurs due to the lack of subject knowledge in a selected area or the dialect of the speakers, while the latter results from a lack of linguistic abilities in the target language in general, and in the subject terminology in particular. Professional training for interpreters would give them the skills to avoid providing personal judgment in interpreting and to avoid making omissions or paraphrasing that may alter the meaning.

To further clarify the implications of these errors, detailed examples of the interpretations will be provided subsequently. It is worth noting that some examples will have a range of different errors which can further misguide the therapist's understanding.

Omission

The following example illustrates omission errors in the interpretations:

Table 5: Shows examples of omission errors

كان قلبي بيخبط خبط ، وركبي كانو برجو، نشف دمي، كنت مرعوبة و ملتمسة، وما عم اقدر افكر.	
Literal translation: My heart was racing, my knees were shaking, my blood froze (in my veins), I was terrified and freaking out, I couldn't think.	
Int. 10:	My heart was running very fast, and my knee were shaking, not only scared, I was completely terrified.
Int. 11:	My blood pressure went up and down many times, my legs started to shake, I started to shiver.
Int. 17:	I was scared, in that moment very scared; I didn't know what to do.

It is clear that the above patient's statement in Arabic reflects the different aspects of her reaction to recalling the fearful event of the regime forces entering her home. These include physical reactions such as 'my knees were shaking', emotional such as 'I was terrified', and cognitive such as 'I couldn't think'. The patient's statement reflects the familiar thoughts - feelings - behaviours triangle, while the three interpretations listed above omitted one or more of these details. The first omitted the thinking part of the sentence while the second and third examples summarised the statement, omitting several details such as 'I wasn't able to think'.

Omission errors are more significant when they are associated with clinical consequences, as in the following example:

Table 6: Shows examples of omission errors with clinical consequences

كثير متضايقه هالفتره، حاسة حالي ضايجة وقامطني قلبي، نفسي مخنوقة... مرات بحس روحي عم تطلع، وبتمنى نام وما فيق.	
Literal translation: I'm very annoyed these days, I feel cramped, and my heart is squeezing, my psyche is suffocating, sometimes I feel my soul is going out, and I wish to sleep and not to wake up.	
Int. 1:	I'm very sad, nothing makes me **more** comfort, I feel my soul is aroused.
Int. 12:	I feel uncomfortable, I can't sleep well.
Int. 10:	I'm very upset, I feel cramps in my stomach, I **wish** I **can** die.

The above translations show that there is a significant distortion in the meaning, mainly due to the omission of significant utterances in the statement. For example, the utterance 'I wish to sleep and not to wake up', can be a sign that leads to the diagnosis of depression or suicidal thoughts, depending on the

context in which the phrase was used. Nevertheless, omission is not the only factor that can misplace the diagnosis, as the statement interpreted by (Int. 10) gives the impression that suicide is a serious consideration, which may shift the therapist's attention from carrying out the screening to referring the patient to a psychiatrist, not out of necessity but rather because the interpreter's choice of words over-emphasized the intended meaning.

Substitution

The second most frequent error category is substitution, which may range from a minor distortion of meaning to a totally inaccurate translation, as demonstrated in the following example:

Table 7: Showing examples of substitution errors

حسيت اني فخورة بحالي، وانه ابو زيد خالي، واخو اخته الي بده يحكي معي.	
Literal translation: I felt proud of myself, and that Abu Zaid is my uncle, no one can face me.	
Int. 17:	I felt very gratitude and that I'm the best in the place.
Int. 11:	I felt really very proud of myself, like I have the treasures of the universe, so I'm really happy.
Int. 2:	I felt very proud of self and extremely happy, no one can take this happiness

Clearly, the distortion of meaning is presented in the form of vague interpretation of the phrase 'Abu Zaid is my uncle' which is an idiom used by people in the Levant region to indicate the status of being proud. Fourteen of the recordings omitted the idiom or the meaning that underlies it. The fact that the phrase is used in Jordan as well as Syria supports the view that the interpreters may have understood the meaning but didn't know how to render it, so they chose to omit it. The case is repeated when rendering other cultural expressions such as**قلت لحالي عين وصابتنا** (*Literally: I told myself it is an evil eye that has cursed us)* where, similarly, 13 recordings omitted it completely. This practice can reduce the therapist's understanding of the client's feelings, because the use of figurative language can form a link between the client's processing of information and emotions (Wagener 2017, 144). Although cultural expressions are difficult to interpret, interpreters must strive not to alter the meaning by addition or omission but rather to focus on understanding and delivering the intended meaning, and to act as a cultural mediator to explain the cultural context further, when not doing so will hinder the purpose of the communication.

Again, the situation becomes more serious when errors that distort the meaning can have clinical consequences, such as in the following case:

Table 8: Shows examples of substitution errors with clinical consequences

حاسة ما في شي بيستحق احارب مشانو. انا ولا شي، عقلي وقلبي فاضيين، انا مخنوقة، كرهت حالي وكلشي حوالي.	
Literal translation: I feel there is nothing worth fighting for, I'm worthless/nothing, my heart and mind are empty, I'm suffocated, I hate myself and everything around me.	
Int. 3:	I feel there is nothing to fight for, I'm nothing, I have a **broken heart**, **I don't have anything, everything just go away.**
Int. 9:	I felt that there is nothing to fight for, I feel nothing, I'm upset **and annoyed and angry.**
Int. 18:	Nothing worth fighting **anymore**, I'm nothing, my mind and heart are empty.

What may seem like a simple difference between the two interpretations offered for the utterance **انا ولا شي** (*Literally: I'm nothing*), can have a significant meaning and indication for the therapist. The accurate translation, which is 'I'm nothing', can indicate feeling worthless or having low self-esteem. The

inaccurate renderings of 'I don't feel anything' or 'I feel nothing' have different connotations which may indicate emotional numbness or even depression, depending on the context. The utterance **كرهت حالي وكلشي حوالي** (*Literally: I hated myself and everything around me*), which was omitted in 11 of the recordings, can refer to frustration and deep sadness, or early stages of depression. Also, **عقلي وقلبي فاضيين** (*Literally: my heart and mind are empty*), which was omitted in 10 recordings, can be an indicator of post traumatic stress disorder (PTSD) or depersonalization disorder. Hence, substitutions as well as omissions can have a serious impact on the accuracy of the interpretation and consequently, on the patient's chances of being diagnosed and treated correctly. An addition error was also present in the rendering of (Int. 9), as it states, 'I'm upset and annoyed and angry'. Furthermore, the word 'anymore' in the work of (Int. 18) was not present in the source message and is therefore an addition error.

Addition

The following examples show further instances of addition:

Table 9: Shows examples of addition errors

حسيت اني مو قادرة أتحمل، فرطت، من كثر الضغط الي علي بطلت أقدر أركز.	
Literal translation: I feel I can't bear it anymore, I'm in pieces, I can't concentrate from the pressure	
Int. 8:	I couldn't take this anymore, I couldn't deal with it anymore, **I just sat in fear.**
Int. 18:	I couldn't take it anymore, because of the stress and **war.**
Int. 4:	I couldn't understand **what happened to me**, I felt I couldn't bear it anymore.

It is clear that the additions of 'I just sat in fear' in (Int. 8), 'war' in (Int. 18) and 'what happened to me' in (Int. 4) are unnecessary and distort the meaning. Interpreters ought to resist the temptation of clarifying or adding more information unless absolutely necessary, which is not applicable in these cases. The combination of errors within the same statement can blur the meaning even further and remove it so far from the intended meaning that it hinders the therapist's understanding and leads to clinical consequences, such as the following examples:

Table 10: Shows examples of addition errors with clinical consequences

عتلانه هم، ما بعرف شو بدي أعمل بحالي هلا، الحياة سودا.... شو بدي أحكي، الشكوى لغير الله مذلة.	
Literal translation: I'm carrying my worry, I don't know what I'm going to do with myself now, life is black, what am I supposed to say....it is humiliating to complain to someone other than Allah/ God.	
Int.2:	I don't **care** anymore, and nothing **will go the right way**, my life is black.
Int. 3:	I feel very bad, I don't know what I should do **or say**, what I should say **is just** to go and pray for God **and God will help me.**
Int. 8:	I'm very worried, and don't know what to do now, and I **can't** say anything.

Apparently, the interpretation of (Int.2) and (Int.8) is misleading, due to the addition of negation. (Int.2) also added 'anymore' and 'will go right away' which is inaccurate. The interpretation of (Int.3) added an unrelated statement of 'just to go and pray for God and God will help me'.

False fluency

The fourth frequent error category is false fluency, which includes the use of terms that do not exist in the target language, or a translation that is very literal to the extent that it obscures the intended meaning or makes it sound unnatural, such as the following:

Table 11: Shows examples of false fluency errors

الحزن كسر ظهري.	
Literal translation: Sadness broke me (overcome by sadness)	
Int.13:	I feel sadness break
Int. 16:	Grief is full of myself
Int. 2:	Sadness broke my heart

The use of metaphors and figurative language is not unusual in expressing distress as 'client-generated metaphors provide a lens into the internal world of clients that combines their emotional reactions and experiences in an understandable manner and creates a bridge so clients' internal worlds can be shared with the counsellor (Wagener 2017, 154). The previous interpretations didn't serve the function of the metaphor nor its purpose in communication because they sound unnatural.

Even though there is a considerable cultural gap between Arabic and English, Al-Haq and Elsharif (2008) demonstrated how the two languages share a number of basic-level metaphors and conceptualizing of the emotions of happiness and anger. Similarly, Ahmed (2016) discussed the metaphors of sadness common to both Arabic and English, where both languages view sadness as an opponent which can overcome the person. Clearly, this metaphorical meaning was not clear in the interpretations above. Another example of false fluency can be noticed in the following example:

Table 12: Shows examples of false fluency errors with clinical consequences

حاسه هيك شي كاتم على صدري.	
Literal translation: I feel tightness in my chest.	
Int.1:	I feel something on top of my shoulders.
Int. 15:	I feel my heart is blocking.

The Arabic statement refers to tightness of the chest that can be felt due to anxiety, or during a panic attack. However, all the interpretations above failed to convey this meaning which may disadvantage the patient.

Editorialization

The least frequent error category was editorialization, which refers to the addition or substitution error whereby the interpreter conveys a personal view as the speaker's utterance. This is possibly due to the fact that the therapy session was simulated in the university setting and did not happen in an actual mental health clinic where the interpreter would have direct contact with the patient. However, the interpreters' assumptions can influence their choice of wording while interpreting, such as the translation of the word **بره** (abroad) in the following example:

Table 13: Shows example of editorialization errors

مو احنا الي طلعلنا لجوء بره.	
Literal translation: It was not us who got the asylum abroad.	
Int. 2:	It was not us who got the refuge in a **European country**.
Int. 7:	It was not us who got the **Green Card**.

Clearly, the interpreter's personal assumptions of the word's meaning resulted in two different interpretations of 'European country' or the 'Green Card', where the latter refers to the permanent resident card issued in the US. None of the errors in this category carried any clinical consequences.

The previous account of examples illustrated how mistranslation can disadvantage the patient. Obscuring the patient's mental status reflected in the representation of their emotions can lead to a wrong diagnosis of the disorder type or its severity, and as a result affect the treatment plan. The analysis of the impact of errors in distorting the meaning, using the aforementioned criteria of assessment, showed that only 8.63% of the interpretations are considered adequate and accepted. Most of the interpretations fall into one of two categories: 1. partially accepted (43.15%), or 2. not accepted (48.23%). This was based on the number and types of error included in each sentence and the implication of these errors on the communicative function of the translation.

8. Recommendation and Conclusion

This research, through three consecutive studies, explored one of the linguistic challenges of training humanitarian interpreters to work in mental health clinics. It explored error categories prevalent when interpreting expressions of emotions, and their possible influence on clinical decisions. Results were consistent with previous studies in so far as omission is the most common error among interpreters (Flores et al. 2003; Anazawa et al. 2012). The error analysis we conducted in the first two cases showed that only 20.8% of interpreters were able to convey three shades of meaning for the same feeling when translating into their B language, and 42.4% were successful when translating into their A language. This is also prevalent in more complex situations where facts, emotions and personal perspectives interrelate, such as the statements in the third scenario where the total number of errors was 662, of which 246 can have clinical consequences. A mere 8.63% of the interpretations in the study were adequate and accepted, while the majority were distributed between the two categories of partially accepted (43.15%), or not accepted (48.23%).

The types of errors resulting from the translation of Syrian colloquial idioms appear to be a result of insufficient linguistic ability to convey the meaning, rather than a lack of understanding of the meaning of the expression or idiom. The interpretation errors presented in the results of this study, in terms of their extent as well as their type and possible clinical consequences, are substantial enough to prompt a review of the training and recruitment of humanitarian interpreters in Jordan. Although the small sample size makes it difficult to generalise the results, the fact that there is no structured and well-supervised specialized training, nor an official system of licensing the practise, leaves a large margin for unnecessary errors in delicate situations where communication is essential for a successful diagnosis and treatment.

It is hoped that this paper will contribute to future studies in finding ways to aid the capacity building of humanitarian interpreters and to improve the accuracy and efficiency of their interpretations, particularly in mental health clinics. There is a dire need to establish specialized courses to address this issue; collaborating with western universities which offer similar courses would be highly beneficial, since medical and mental health interpreting has its own legislations and training in such countries, which would be useful in paving the way for this profession in Jordan. The first step in achieving this goal has been taken by launching the 'Humanitarian Interpreting and Translation Diploma' in Yarmouk University. This professional diploma is the fruit of collaboration between Yarmouk University and

InZone at the University of Geneva. However, Jordanian universities can fill this gap and meet the needs of the labour market even further by establishing academic degrees in interpreting, both at undergraduate and postgraduate levels, or by modifying existing study plans to allocate modules which can focus on interpreting in general and mental health interpreting in particular. It was evident that the latter topic lacks training materials in the Arabic-English language pair, which sheds the light on the importance of developing an open access repository of humanitarian translation and interpreting training material.

Communication lies at the heart of therapy; a well-trained interpreter can bridge the linguistic and cultural gap between the patient and the therapist and consequently improve the quality of care given to patients. Interpreting errors in therapy can have clinical consequences which can be reduced or eliminated by improved training for interpreters. Linguistic training for mental health interpreters should not be limited to 'technical' glossaries but should also include cultural expressions and idioms of distress in order to be able to accurately convey emotions during therapy sessions.

"Just as emotionally traumatic events can tear apart the fabric of individual psyches and families, emotions can also act as powerful catalysts for healing." (Fosha et al. 2009, viii)

من الحرم الجامعي إلى المخيمات: التحديات اللغويّة في تدريب المترجمين الشفويين في قطاع العمل الإنساني للعمل في عيادات الصحة النفسيّة

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الملخص

يعد الأردن بلداً مضيفاً رئيساً للاجئين السوريين الذين بإمكانهم الاستفادة من خدمات عيادات الصحة النفسيّة التي تديرها المنظمات الدوليّة، والتي تستعين بدورها بالترجمة الشفويّة بصورة منظمة. يهدف هذا البحث إلى التعرف على قدرة عينة من طلاب ماجستير الترجمة في جامعة اليرموك المسجلين في مساق الترجمة الشفويّة على تقديم ترجمة شفويّة لمستويات المشاعر المختلفة التي يشيع استخدامها في العلاج النفسي. علاوة على قياس مدى قدرتهم على ترجمة العبارات العاطفيّة والمفردات المعبرة عن الكُرَب الدارجة في اللهجة السوريّة. وصُنِّفَتْ وحُلِّلَتْ تسجيلات الترجمة الشفويّة وقُيِّمَتْ بطريقتين، الأولى ركزت على استكشاف قدرة الطلاب على ترجمة تدرجات العواطف إلى لغتهم الثانية، ثم مرة أخرى إلى لغتهم الأولى، في حين ركزت الطريقة الثانية على دراسة أثر الأخطاء في ترجمة العبارات العاطفية ومفردات التعبير عن الكُرَب الدارجة في اللهجة السورية، والنتائج المترتبة على فهم المعالج وتشخيصه للحالة، وأظهرت الدراسة أن 20.8٪ فقط كانوا قادرين على ترجمة جميع تدرجات المعنى عند الترجمة إلى لغتهم الثانية، مقارنة بـ 42.4٪ عند الترجمة إلى لغتهم الأولى. ويظهر الأمر جلياً أيضًا عند ترجمة العبارات والمفردات الأكثر تعقيداً كالعبارات العاطفيّة ومفردات التعبير عن الكُرَب، حيث كانت نسبة الترجمة المقبولة 8.63٪، ونسبة الترجمة المقبولة جزئيًا 43.15٪، في حين كانت نسبة الترجمة غير المقبولة 48.23٪، وخلصت الدراسة إلى أن بناء قدرات المترجمين الشفويين في المجال الإنسانيّ في الأردن أمر حيويّ لتحسين دقة ترجمتهم وكفاءتها، لا سيما في عيادات الصحة النفسيّة.

الكلمات المفتاحية: الترجمة الشفويّة في العمل الإنسانيّ، الصحة النفسيّة، تدريب المترجمين، اللاجئين، مناطق النزاع.

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