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# THREE'S A CROWD? LANGUAGE ASSISTANCE IN MENTAL HEALTHCARE SETTINGS IN SLOVENIA

Martina Bofulin[I]

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## ABSTRACT

### Three's a Crowd? Language Assistance in Mental Healthcare Settings in Slovenia

The article addresses the inclusion of non-Slovenian speakers into mental healthcare services in Slovenia by looking at how language assistance is perceived and received during psychotherapy and psychosocial support sessions. Clients of mental healthcare services in Slovenia are increasingly more linguistically diverse, which may add to the existing challenges that the mental healthcare system faces. At the same time, it offers the opportunity to conceive more inclusive mental care for non-Slovenian speakers. The article highlights the main characteristics of language assistance in psychotherapy and psychosocial support sessions. It presents the findings of a study that point to the difficulties regarding implementing language assistance in mental health care in Slovenia, which are consistent with findings in other European settings and beyond.

KEYWORDS: language assistance, mental healthcare, psychotherapy, psychosocial support, Slovenia, intercultural mediation, interpreting

## IZVLEČEK

### Eden preveč? Jezikovno posredovanje v obravnavah duševnega zdravja v Sloveniji

Avtorica v članku naslavlja vključevanje neslovensko govorečih uporabnikov v obravnave na področju duševnega zdravja v Sloveniji, pri čemer preučuje, kako je zaznano in sprejeto jezikovno posredovanje pri psihoterapevtski in psihosocialni obravnavi. Uporabniki storitev na področju duševnega zdravja v Sloveniji so vedno bolj jezikovno raznoliki, kar lahko še poveča obstoječe izzive, s katerimi se sooča sistem duševne oskrbe, hkrati pa je to priložnost za zasnovo bolj vključujočega sistema tudi za neslovensko govoreče uporabnike. V prispevku so izpostavljene glavne značilnosti jezikovnega posredovanja v psihoterapiji. Predstavljene ugotovitve raziskave, ki so skladne z ugotovitvami v drugih evropskih okoljih in širše, opozarjajo na težave pri uvajanju jezikovnega posredovanja v storitve na področju duševnega zdravja v Sloveniji.

KLJUČNE BESEDE: jezikovno posredovanje, duševno zdravje, psihoterapija, psihosocialna pomoč, Slovenija, medkulturna mediacija, tolmačenje

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## INTRODUCTION

As an increasing number of people require mental care services, these must adapt to the growing diversity of contemporary societies. Due to the multiethnic and multilingual composition of these societies, mental care providers and clients may not share the same language of communication. The communication barrier negatively affects access to this type of service, client retention, and diagnostic accuracy, and it may even contribute to distrust toward organizations that do not provide language assistance (Paone & Malott, 2008). While in other medical settings, language assistance is increasingly used to overcome language and other access barriers, the use of persons providing language assistance in mental care has been lagging. I define language assistance as acts of language mediation that lead to overcoming clients' language barriers. These are done by professional providers who may subscribe to being interpreters, community interpreters, or intercultural mediators.

This article addresses the inclusion of speakers with limited Slovenian proficiency into mental care services in Slovenia by looking at how language assistance is perceived and received during the psychotherapy and psychosocial support sessions. The organization of mental healthcare in Slovenia is in the process of transformation, with key documents being adopted or in the process of adoption (The National Mental Health Programme 2018–2028, new Mental Health Act, Psychotherapy Act) ("Duševno zdravje je univerzalna človekova pravica", 2023a), with, at times, contentious public discussion on how to best organize psychotherapy and mental care more broadly in order to provide for the escalated needs for mental care services after the COVID-19 pandemic measures (Presekar, 2023). These discussions generally omit the fact that clients of mental health care services are becoming more linguistically diverse, reflecting the composition of Slovenia's population in the twenty-first century, which adds to the existing challenges that the mental healthcare system in Slovenia already faces and at the same time fails to conceive more inclusive services that could support the non-Slovenian speakers, among which are often vulnerable groups including refugees and asylum seekers (Cukut Krilić, 2019).

The aim of this article is twofold; this being one of the first contributions regarding the role of language assistance in mental care in Slovenia, I highlight the extant literature on language assistance in mental healthcare and some key issues it addresses, which reveal a fast-developing subfield at the crossroads of interpreting and communication studies, medical anthropology, psychology, and psychotherapy. I then present the findings of the study Mental health difficulties among migrants: experiences of recognition and treatment that pertain to the implementation of language assistance in mental healthcare in Slovenia. While these findings only show the contours of the emerging phenomenon, I hope the contribution to this thematic section will be a catalyst for a more nuanced discussion on the need for an inclusive and client-centered mental healthcare system in Slovenia.

## THE CHARACTERISTICS OF LANGUAGE ASSISTANCE IN HEALTHCARE

In most general terms, language assistance pertains to facilitating communication between people who do not share the same language by translating or interpreting what is said in the source language into the target language. While these services are used in a myriad of situations (conferences and meetings, courts, public services, etc.), language assistance in the medical setting is a fast-developing subfield that aims to improve access and treatment of persons with limited proficiency in the dominant language in use. According to the systematic literature review by Glenn Flores (2005), bilingual care and professional language assistance positively affect the satisfaction of clients with limited language proficiency, the quality of care, and medical outcomes.

Language assistance in the medical setting is provided by various professional profiles and job titles whose work entails interpreting, that is, mediating spoken messages among people speaking different languages, from medical interpreters to community interpreters and public service interpreters, as well as intercultural mediators and cultural brokers. The definition of their roles in the medical setting is complex and relational and varies from country to country. It depends on the different "traditions" of the development of language assistance and the health care system and organization. Their work is guided by various codes of conduct (e.g., the Code of Ethics for Medical Interpreters ("IMIA Code of Ethics", 2006), A national code of ethics for interpreters in health care (2004), Guide for intercultural mediation in health care (Verrept & Coune, 2016). They set the main principles of language assistance in the medical setting: accuracy, confidentiality, and neutrality (Bancroft, 2005).

Accuracy refers to rendering the message accurately, not adding or omitting anything, while also ensuring that it conveys both the content and the spirit of the original message, taking into consideration its cultural context. Confidentiality pertains to treating all information conveyed during the medical session as confidential, not sharing it outside of the treating team, and observing relevant requirements regarding disclosure. Neutrality or impartiality is a complex and, at times, contentious principle (Leanza et al., 2014) referring to refrainment from personal involvement, counseling, advising, or projecting personal biases or beliefs ("A national code of ethics for interpreters in health care", 2004). This last principle, transferred from the ethics of conference interpreting (Leanza et al., 2014) and Western individualist, positivist philosophy (Marianacci, 2022), has important implications for the relationship between professional interpreters and intercultural mediators as well as for the introduction of language assistance in mental care settings. Initially, professional interpreters were strongly encouraged to adhere to "pure interpreting" (Verrept & Coune, 2016) and to focus "on resolving language barriers through mediating spoken messages between people speaking different languages without adding, omitting or distorting meaning or editorializing" (Verrept, 2019, p. 48).

In recent decades, this model of "interpreter as the conduit" is slowly making way for a more interactionist understanding of interpreting (Wadensjö, 2013; Rudvin, 2002) that posits that interpreters convey information that contains both verbal and non-verbal meanings, informed by their personal knowledge and perspective (Wadensjö, 2013). On the other hand, intercultural mediators explicitly aim for patient empowerment and have a "default position that is impartial/neutral but with an additional focus on inequity/inequality" (Verrept, 2019, p. 49). The resolution of language barriers remains a core activity. However, patient advocacy is an important aspect of their work profiles, together with the promotion of practitioner-client relationships and education about the workings of the healthcare system (Verrept, 2019). While there is a lack of empirical research on the roles of medical interpreters and intercultural mediators in medical settings (Verrept, 2019), some research suggests that there is a strong overlap between the two professions in the actual workplace (Verrept, 2012).[1]

## The challenges of language assistance in mental healthcare

In mental care settings, in particular, the interactionist nature of language assistance is a key aspect to consider. Language assistance providers are not "invisible scribes" (Leanza et al., 2014) as they affect the normally dyadic relationship between the practitioner and the client through their social positioning and personal identities (Leanza et al., 2014). In the research literature, some of the prominent topics, therefore, include the examination of the language assistance's impact on psychological evaluations and the therapy process and the complex emotional reactions that arise within the therapy process, including therapeutic alliance and the multiple roles persons doing the language assistance play within the therapy process (Miller et al., 2005). According to this research, the impact depends on the interpreting strategy during mental care evaluations and treatments. Often, the decision on the strategy derives from negotiations with the mental care practitioner and sometimes with the client. Despite the above-described development toward the interactionist model of language assistance, mental care practitioners still strive for language assistance where the interpreter or intercultural mediator's relationship with the client (or practitioner) or the identity of the language assistance provider ideally does not have any bearing on the therapy process. Practitioners strive for a traditional therapist-client alliance and treat the presence of the language assistance provider "as an unfortunate necessity, a potential obstacle to genuine therapeutic contact with the client" (Miller et al., 2005, p. 30), as portrayed in this candid therapist's quote:

1 For further reading on the relationship between (inter)cultural mediators and community or medical interpreters see Martín & Phelan (2009), Ribas (2017), Wang (2017), Kocjančič Pokorn & Mikolič Južnič (2020).

> My rule of thumb is that I get the interpreter out of the room as fast as I can, as much as I said earlier that therapy turns on the nuances, there is a certain point after I have worked with somebody for a while and we have gotten the basic story, if they can understand half of what I am saying after a while and I can understand half of what they are saying, I tell the interpreter to leave (Miller et al., 2005, p. 30).

Many practitioners thus still advocate for the neutrality principle because of the fear of potential errors in language assistance (Leanza et al., 2014), together with other complex emotional repercussions for the practitioner, client, and language assistance provider, as detailed below. These may lead to the implementation of restrictive guidelines or even refraining from seeing clients who cannot communicate through a common language (Leanza et al., 2014).

In contrast, the more interactionist or relational understanding of language assistance strives to include language assistance providers in a three-person alliance, forgoing the insistence on the dyadic relationship between the practitioner and the client. In this approach, the language assistance provider's role is considered an integral part of a three-person alliance (Miller et al., 2005). In this approach, conveying information often entails explaining cultural contexts or systemic characteristics, thus going well beyond what is typically understood as mere language assistance. Depending on the health care system, these tasks may be part of the role of "community interpreter" or involve another type of consultant (e.g., cultural broker, intercultural mediator) (Miklavcic & LeBlanc, 2014) that may or may not also offer language assistance. The tasks of such experts are complex. Next to linguistic skills, they need to possess knowledge of mental issues as conceived and perceived by the client (indigenous knowledge) and the practitioner (biomedical knowledge). This includes understanding the client's idioms of distress and cultural dimensions of practitioner-client interactions, including nonverbal communication (Miklavcic & LeBlanc, 2014). Moreover, they need to grasp the characteristics of the systems (e.g., healthcare, asylum procedures, immigration) that are consequential to the client's predicament.

In this, many issues emerge that are non-existent or at least much less pronounced in the wider field of language assistance in healthcare systems. These pertain to a) the language—its register and accuracy, b) competing or conflicting understandings of "mental" issues and care, c) the possibility of therapeutic alliance, and d) the identity of the language assistance provider. I have already mentioned accuracy as one of the guiding principles in language assistance. Apart from denotation (the literal meaning), the connotations and the language register (conventional associations that the words evoke based on the speaker's identity and the social context) can have greater significance in mental health care than in any other medical field (Leanza et al., 2014; Cambridge et al., 2020). People often use idioms and metaphors, which depend on regional specificities, education, social class, etc., and can be bound to small in-group use. They can be hard to interpret even for fluent

speakers and can be misunderstood if interpreted literally (Crezee & Grant, 2020). Cambridge et al. (2020) discuss the importance of accurately interpreting the "rudeness register," for example, where swearing can be a symptom of neuropathology. One of the considerable challenges is the language mediation of the communication of emotions. The first aspect pertains to the question of the universality of human emotions and the fact that more complex emotion terms refer to specific situations that may be culturally coded. Certain emotions with a precise name in one language do not have close equivalents in other languages (Russel, 1991 as quoted in Leanza et al., 2014). Moreover, the client's code-switching during the psychological evaluations or therapy sessions is common (Verkerk et al., 2023) as they are struggling to find appropriate concepts (Verkerk et al., 2021) and support emotional communication (Alhamami, 2020). The research, although inconclusive, shows the importance of choosing a particular language for multilingual speakers to convey emotions or trauma. The intensity of recollections of traumatic experiences seems to be different depending on the language; Szoke et al. (2020) show that using clients' first language when speaking about trauma may allow clients to reach emotional release faster and thus facilitate healing. On the other hand, Cook and Dewaele's study (Cook & Dewaele, 2022) demonstrates that using a second language helped some clients detach themselves from the intensity of the recall, avoiding re-traumatization.

The interaction between the practitioner and client is affected by their respective cultural backgrounds. Bhugra et al. (2021) claim that cultural determinants represent a crucial factor in mental healthcare as they contribute to the causation of mental issues, mold symptoms, make certain groups more vulnerable, and affect beliefs and the interpretation of the illness. While the cultural background of clients, especially migrants and minorities, is increasingly considered, the issue that practitioners also operate with a particular set of cultural determinants and are not neutral is often neglected. Moreover, as Jadhav (1996) argues, psychiatry (as well as psychotherapy) itself is not culture-free. Working with Indian clients, for example, he is doubtful about the diagnosis of depression and its cultural validity. He writes: "[...] depression to the culture-free psychiatrist in India is merely a consensus taxonomy among health professionals who share a common (Western medical) epistemology, and this is not the same as being culturally 'valid' among the general population" (Jadhav, 1996, p. 281). He also invokes the findings of cross-cultural psychiatry, suggesting that "'Western psychiatric theory' has often overdetermined its own cultural distinction, objectified them through empirical data and then received them back as if they were universal objective 'natural science' categories" (Littlewood 1990, as quoted in Jadhav, 1996, p. 270). The cultural norms crucially determine what is "normal" and what not in particular time and place, and this needs to be taken into consideration in mental health care. As mentioned, both the client and the practitioner rely on the language assistance provider to interpret these variations, but this is not an easy task. The success of these providers' interventions depends on their abilities

"to render divergent regimes of interpretation meaningful and acceptable to participants in the clinical encounter" (Miklavcic & LeBlanc, 2014).

An issue most often raised in implementing language assistance in psychotherapy sessions is the possibility of negatively affected therapeutic alliance due to the language assistance providers' presence. The therapeutic alliance[2] is considered one of the critical factors influencing psychotherapy and has the highest predictive value concerning the success of psychotherapy (Hanft-Robert et al., 2023). While the therapeutic alliance is typically a dyadic connection between practitioner and client, with the language assistance provider's presence, it becomes a triad with three distinct alliances: the practitioner-client, practitioner-language assistance provider, and language assistance provider-client (Hanft-Robert et al., 2023). As previous research has shown (Lipovec Čebron & Škraban, 2022), language assistance providers, in this case, intercultural mediators, may shift allegiances between clients and practitioners. On the other hand, many practitioners fear that a close alliance between the client and the language assistance provider might jeopardize the alliance between the practitioner and the client, especially if, initially, clients form a stronger attachment to the language assistance provider rather than the practitioner. Consequently, the practitioner may feel excluded, incompetent, powerless, and even self-conscious of being watched over (Miller et al., 2005; Hanft-Robert et al., 2023). Clients, too, may at first dislike the presence of another unknown person and may have difficulties establishing trust within the session. However, as demonstrated by Hanft-Robert and colleagues (Hanft-Robert et al., 2022), after a period of acclimatization, clients perceive the language assistance provider (ideally the same person continuously) as an integral part of the therapy: "You could put it like this: I go to a therapist and talk to one therapist, and that's how it is with the interpreter too, it makes me feel good. I always do therapy with one therapist and one interpreter" (Hanft-Robert et al., 2022, p. 194). As concluded in the research by Hanft-Robert and colleagues (Hanft-Robert et al., 2023), language assistance providers are increasingly seen as an integral and active component of the therapeutic alliance, which points to the shift already described above—toward a more relational understanding of language assistance. Still, finding the right amount of language assistance provider's activeness and involvement is challenging and should vary depending on the situation.

The last specific aspect of language assistance in mental health care is the impact of the language assistance provider's identity on the session and the impact these sessions have on the language assistance provider. They are of various genders, ages, ethnicities, education, religions, etc., and this may impact their work or how they are perceived. In conflict situations, one's nationality/ ethnicity may hinder establishing trust and professional working relations despite linguistic

2 Therapeutic alliance refers to both the personal alliance, which is based on interpersonal and affective aspects such as sympathy and understanding, and the task-oriented alliance, which involves joint work on therapy goals and tasks (Hougaard 1994, as quoted in Hanft-Robert et al., 2022).

skills. Belonging to the same, small and close-knit communities can also create barriers to developing trusting relations. At the same time, belonging to the same group can cause the language assistance providers to side more with the client than the practitioner (Lipovec Čebron & Škraban, 2022). Besides the identity of the language assistance provider, the circumstances of their work environment may also impact the triadic relation—precarious employment positions or internationalization of the biomedical views may shift language assistance provider's allegiance toward the practitioners (Lipovec Čebron & Škraban, 2022).

## Language barriers in the Slovenian healthcare system

According to a survey among healthcare workers in Slovenia conducted in 2016, 94% of respondents reported regular encounters with non-Slovenian speaking clients, pointing to the fact that such clients are by no means an exception in Slovenian healthcare (Kocjančič Pokorn & Lipovec Čebron, 2019). Respondents also identified areas where such encounters are most common: emergency rooms, family medicine, pediatric medicine, obstetrics, and gynecology. Several other medical areas/fields were also mentioned, including psychiatry (Mikolič Južnič, 2019). Among the most likely health problems for which non-Slovenian speakers seek help were various acute conditions and inflammations (27 %), pregnancy, birth, and post-natal care (16 %), injuries (14 %), mental healthcare problems (10 %), gastrointestinal issues (10 %), and others (Mikolič Južnič, 2019). The survey indicated that most of the encounters with non-Slovenian speakers are with Albanian-speaking clients, but also with speakers of German, Macedonian, Croatian/Serbian/Bosnian/Montenegrin, Romani, Arab, Russian, Chinese, English, and other (Kocjančič Pokorn, 2019).

While the healthcare system itself fails to collect robust data on the barriers non-Slovenian speakers face in the Slovenian healthcare system, several projects[3] and smaller-scale research (Bofulin & Bešter, 2010; Morel et al., 2012; Kocjančič Pokorn & Lipovec Čebron, 2019; Lipovec Čebron et al., 2019; Lipovec Čebron, 2021; Božič et al., 2022) highlight that both healthcare workers and non-Slovenian speaking clients face serious day-to-day language barriers. There are several ways in which language affects access and the quality of care received by non-Slovenian speakers. Firstly, healthcare practitioners cannot communicate with clients and inquire or convey often urgent and vital information (Lipovec Čebron, 2021). In case of limited proficiency in Slovenian or "bridge language" (e.g., English, Croatian/Serbian), there is a high probability of miscommunication, which may lead to erroneous diagnosis, inappropriate treatment, or worse, grave medical errors (Lipovec Čebron, 2021). Furthermore, the inability to communicate may harm wider communities (e.g., not understanding instructions in case of communicable disease) (Lipovec Čebron,

3 For example, Healthcare Interpreting in Slovenia (UL, 2010–2013) MoST (NIJZ, 2017–2020), TRAMIG (UL, 2019–2021).

2021). All this results in lower quality healthcare for clients aggravates healthcare practitioners' feelings of alienation toward clients, and leads to racist treatment (Lipovec Čebron, 2021).

The already mentioned survey (Kocjančič Pokorn & Lipovec Čebron, 2019) highlighted common and some worrisome strategies for dealing with non-Slovenian speakers. The most common strategy is using "bridge language," most often English or Croatian/Serbian/Bosnian/Montenegrin (Kocjančič Pokorn, 2019). This strategy is followed by the use of *ad hoc* interpreters, communication using hand gestures and facial expressions, interlanguage communication where each speaker uses their first language, and online and electronic interpreting apps and dictionaries. Healthcare practitioners rarely ask their bilingual colleagues for help or engage professional language assistance providers. Regarding the perceived favorable outcome, the respondents reported that the most successful strategy was the use of *ad hoc* interpreters (Kocjančič Pokorn, 2019). While extant research confirms the widespread and uncritical use of *ad hoc* interpreters, including children (Bofulin & Bešter, 2010; Lipovec Čebron et al., 2019) in Slovenian healthcare, more recent studies point to the increased awareness about the inappropriateness of this strategy among individual healthcare workers (Lipovec Čebron et al., 2019; Božič et al., 2022).

The legal basis for language assistance in healthcare institutions in Slovenia is vague and opaque. The Constitution of the Republic of Slovenia in Article 62 guarantees the right to use one's language and script: "Everyone has the right to use his language and script in a manner provided by law in the exercise of his rights and duties and in procedures before state and other authorities performing a public function ("Constitution", 2016)." However, in practice, this article is interpreted as a person having the right to a court-appointed interpreter only in court and criminal proceedings. In 2021, Article 62a was added to the Constitution, guaranteeing the freedom to use and develop Slovenian sign and tactile sign language (and in constitutional minorities' areas, Italian and Hungarian sign language) ("Constitution", 2016). This positive development may point to a broader understanding of the need to overcome language barriers for non-Slovenian-speaking persons in institutions performing a public function, including healthcare institutions. For now, interpreting outside court proceedings is legally guaranteed only to members of the two constitutional minorities (Italian and Hungarian) and deaf persons (but only for Slovenian sign language). In the case of asylum seekers, the International Protection Act (Uradni list Republike Slovenije, 2016) guarantees an interpreter only in the process of the asylum application, while in other procedures concerning public institutions only in "justified cases decided by the competent authority" (Uradni list Republike Slovenije, 2016). Often, the justified cases include the asylum seekers' healthcare. The Patient Rights Act (Uradni list Republike Slovenije, 2008) explicitly guarantees only communication in the Slovenian language (and in Italian and Hungarian in the areas of constitutional minorities). However, Article 20 of the Act also states that the patient has the right to be informed on their medical condition, which has to be

conveyed by the healthcare practitioner "in face-to-face contact, in a considerate manner, in a way that the patient understands, or in a way that is consistent with the individual's ability to take in information, in a complete and timely manner" (Uradni list Republike Slovenije, 2008). This provision could, in the future, allow for the interpretation of the right to include language assistance to non-Slovenian speakers entering the healthcare system in Slovenia.

Regarding the provision of professional interpreters, there is currently no formalized training available for medical interpreters or community interpreters specializing in healthcare.[4] However, there were shorter courses for interpreters working with refugees and asylum seekers organized by the Ministry of Interior. In the case of the intercultural mediators, shorter intensive training courses were organized first in 2018 by the National Institute of Public Health (NIJZ) and the University of Ljubljana's Faculty of Arts (Škraban & Lipovec Čebron, 2021). These courses have been continuously organized in the subsequent years with support from various institutions and organizations (the University of Ljubljana in joint organization with NIJZ, Public Education Centre – Cene Štupar, etc.). There were also a few one-time-only trainings organized by the NGO sector (e.g., IOM, Slovene Philanthropy, Društvo Up) (Škraban & Lipovec Čebron, 2021). In recent years, however, two National Vocational Qualification (NVQ)[5] have been developed and approved—NVQ for community interpreters for the Albanian language[6] and NVQ for intercultural mediators, with three other NVQ in development—for community interpreters for Arabic language,[7] Farsi language,[8] and Ukrainian language.[9] Intercultural mediators have been recruited by individual community healthcare centers (Škraban et al., 2020) through various government-funded programs,[10] although their employment remains precarious and dependent on limited-time funding.

Concerning mental healthcare institutions, no particular systematic or systemic provisions have been made, despite healthcare practitioners identifying mental care problems among more common issues for non-Slovenian-speaking clients. The next chapter details some of the experiences with language assistance in psychotherapy and psychosocial support in Slovenia.

4 In 2013, the University of Ljubljana developed a curriculum for a one-year community interpreting training program. However, the program failed to actualize due to a lack of funds and qualified teachers (Gorjanc & Pokorn, 2013).

5 The National Vocational Qualification is a formally recognized competence-based qualification that reflects the skills and knowledge needed to do a job effectively ("National vocational qualifications", 2023).

6 For this NVQ, see https://npk.si/katalogi/8048327.

7 For this NVQ, see https://npk.si/katalogi/2842284.

8 For this NVQ, see https://npk.si/katalogi/4461446.

9 For this NVQ, see https://npk.si/katalogi/5614561.

10 For example, the program "Skupaj za zdravje" (https://nijz.si/programi/skupaj-za-zdravje) and the project MoST (https://nijz.si/projekti/most), both lead by NIJZ.

## ATTITUDES TOWARD LANGUAGE ASSISTANCE IN PSYCHOTHERAPY AND PSYCHOSOCIAL SUPPORT IN SLOVENIA: AN EXPLORATORY STUDY

As part of the study Mental health difficulties among migrants: experiences of recognition and treatment, sixteen interviews were carried out with individuals working with migrants in the healthcare setting. All participants were women: four were intercultural mediators, one was a legal counselor, one was an NGO worker, one was a teacher, four were psychologists, and one was a licensed psychotherapist. Among these, six were psychotherapists who were training and working with migrants as part of this training. Their countries of origin were diverse; one-third were Slovenians, a third were from Russia or Ukraine, and the others came from Kosovo, Jordan, and Turkey. The researchers contacted interviewees via personal networks established through long-term work on migration and integration issues in Slovenia and through the snowball method. The interviews took one to two hours and were conducted face-to-face or on the Zoom platform, primarily in the Slovenian language, between March 30, 2022, and October 30, 2023. The interviews were subsequently transcribed, some translated, and coded by researchers involved in the project. The semi-structured design of the interviews focused on the experience of participants working with migrants in need of mental healthcare support, including a section on their experiences of working with language assistance providers. This is the first study on the reception of language assistance in mental healthcare sessions with non-Slovenian-speaking clients in Slovenia.

Only a handful of psychologists and psychotherapists in training in the study group had experience with language assistance providers present during psychotherapy or psychosocial support sessions. The interviewees also did not differentiate between the profiles of the language assistance provider (community interpreter, interpreter, or intercultural mediator) but rather called them "translators" (Slovenian: *prevajalci*), which is a common everyday expression for all language assistance providers in Slovenia. For this reason, in the direct quotations from the interviewees below, I use the term "translator" if this was a term used in the interview. The use of this term also implies that the profiles of an interpreter, community interpreter, or intercultural mediator are not yet differentiated or professionalized to the extent of being easily recognizable throughout the mental care community. At the same time, the lack of experience working with language assistance providers can also be partly explained by the particularity of the sample; many of the participants had a Russian or Ukrainian background or spoke the Russian language and have predominantly worked with Russian-speaking clients.

The attitudes of those who had experience with language assistance were not positive as they saw the language assistance provider's presence as a hindrance to developing a productive client-practitioner relationship: "This experience was awful because it is tough to establish an intimate relationship. […] From a psychotherapeutic view, you cannot establish a relationship. At least we could not, even

with excellent, high qualitative interpreting. I do not know; perhaps there are other experiences out there" (Interviewee P12). Apart from the difficulty in establishing a client-therapist relationship, the interviewees highlighted the question of trust in the interpreting process, the alienation of the therapist, and the doubts about the language assistance provider's neutrality:

> […] how will I know what they have talked about? Here was my distress: he will not understand as I wanted to ask, this is the Arabic way, I have felt uncomfortable because you do not know what was interpreted, you do need to trust, and getting the feedback, I felt we are here somewhere, but it is a special kind of work. And this translator was really willing to talk everything through, we have been checking for understanding a lot, did the client understand, we were going back asking "Is this how you meant it?" […] but with the one from Eritrea, this did not go well at all. The asylum center does not have a lot of translators, and they assign you somebody from Eritrea who has been here for a while. I had a case where I was not aware he knows my client. I realized this when I noticed the exchange, that they are just talking among themselves. Wait a minute, can we stop for a moment? What are you two talking about? I have explained at the beginning how the communication (among us three) is going to be conducted, so I kindly asked them not to talk among themselves because then I do not have any material, yes? So, it was quite uncomfortable, you have to be really careful. (Interviewee P5)

The issue of trust in what and how it is being interpreted and the therapist's positioning in the therapeutic triad was also present in other interviews. In line with the existing research (Miller et al., 2005), the language assistance provider's confidentiality and neutrality were desired by the therapists: "The trust is a key thing, that you know that this will not go beyond the session, that it will stay here …" (Interviewee P5). One of the therapists spoke more specifically about the unique nature of the client-therapist relationship, mentioning the processes pertaining to the therapeutic alliance:

> […] it would be hard for these processes of transference and countertransference, which are so essential, that is, transference as the relation of the client toward the therapist and countertransference, let's say, if a therapist feels some kind of uncomfortable feelings, then we can examine where does this comes from, and it is an important source of information. Especially transference, what is actually going on in this therapeutic alliance, and this is not possible with the presence of a translator, so I think … I do not know for cases where therapy work would be possible in the translator's presence. (Interviewee P15)

While this therapist acknowledged that she did not have any experience with language assistance in the psychotherapy sessions and that she did not believe that

therapeutic alliance is possible in a triadic relationship, she did feel that language assistance can fulfill an essential role in the field of psychosocial support and counseling, pointing out that with asylum seekers, the most important thing is often that they are being heard and that they have somebody to talk to. In general, a kind of a priori refusal of language assistance is common among therapists in Slovenia who believe that an adjustment to therapeutic alliance is not really possible and that "*the third person is really too much*" (Interviewee P3). Despite this, as highlighted in the above quote, few still felt that in some instances, language assistance providers can do valuable work or that sometimes there simply is not any other possibility:

> But if there is no other way, I would still use this opportunity if this is the only way to help somebody, although this means a different way of working. In any case, I would need to vet the interpreter, to see how I feel … This is additional work, but I think it is necessary not to judge or evaluate him … […] Also, the client and the interpreter need to get to know each other, and that the client is OK with this, and we would probably need additional hours just to get to know each other and to ensure safety. But OK. (Interviewee P13)

Those study participants who had prior experiences working with language assistance providers also described how they established some ground rules for the session and were careful to keep the attention on the client despite difficulties:

> Usually, we were sitting in a circle, and at the first meeting, we had a discussion about how the session would look so that we would not jump into each other sentences. I have always emphasized that in case of any uncomfortable feelings (the client) can always stop, we are not in a hurry … […] I have talked directly to the client, always to the client, and it was funny to see how a situation happened when a client was responding to the translator, and you could see how it is lost (therapeutic alliance), it gets lost, but we got back on. I have said, you see what happens … (Interviewee P5)

One intercultural mediator commented that she has learned how to act in such situations in the interpreting courses: "I was making sure that I am not in the center of attention. So, whenever the person is looking at me, I look to the psychologist. They (the client and the therapist) were having eye contact throughout." (Interviewee P9) In this sense, therapists mentioned the need to educate language assistance providers to work in therapy sessions. Still, only one intercultural mediator mentioned the need to educate therapists and other medical staff to work with non-Slovenian-speaking clients. Another intercultural mediator mentioned the clients' expectations of her, for example, to vocalize their needs or to decide on their health-related procedures. Furthermore, while respondents commented on the identity of the language assistance provider as bearing some importance for the session—"the interpreter cannot be just anybody" (Interviewee P13)—only one

spoke of the emotional toll of interpreting: "Because for him (the interpreter), this is very, very hard, because his inner world reacts to that, this is not translating some literal text, what the client shares, also touches the translator, this is inevitable. […] I have asked him, the translator, will he manage? […] Can he keep a line between his inner world and the words he hears …?" (Interviewee P5)

## DISCUSSION

The study's analysis highlighted that only a few participants had prior experience with language assistance in psychotherapy or psychosocial support sessions. Within the sample, the practitioners, both those with experiences of working with language assistance providers, or "translators" as they often called them, and those without, felt that the presence of a language assistance provider negatively affects the sessions, especially the trust relationships and the therapeutic alliance (see also Gostič, 2024). Although the interviewees acknowledged that the language assistance provider is more than just a conduit between the client and the practitioner, thus implicitly subscribing to the interactionist model of language assistance (Wadensjö, 2013), the desired state was still one of impartial and neutral provider that would allow for traditional dyadic relationship thus treating it as an "unfortunate necessity" (Miller et al., 2005) to be used only in unavoidable circumstances.

These attitudes toward language assistance are not surprising or unique; most studies among mental health practitioners highlight the reluctance or ambivalence regarding its inclusion in psychotherapy (Miller et al., 2005; Paone & Malott, 2008; Hanft-Robert et al., 2023). At the same time, some studies suggest (Kline et al., 1980; Hanft-Robert et al., 2023) that clients evaluate the presence of the language assistance providers much more positively than psychotherapists and even feel that they act as "a bridge establishing contact between me [the client] and the therapist" (Hanft-Robert et al., 2022, p. 193). The research by Saskia Hanft-Robert and colleagues highlighted that all—practitioners, language providers, and clients—require a period of acclimatization in the triadic type of sessions. While language assistance providers are seen as necessary at the beginning of the sessions due to language barriers, they are also perceived as disruptive to establishing trust between practitioners and clients (Hanft-Robert et al., 2022). However, well-functioning triadic relationships are dynamic, depending on the therapeutic stage and content (Hanft-Robert et al., 2023, p. 9). In time, the language assistance provider will no longer be perceived as disruptive. Future research should, therefore, focus also on how language assistance is received among mental healthcare clients who are non-Slovenian speakers in Slovenia and whether its use may improve access to psychotherapy and psychosocial support and satisfaction with the sessions and practitioners.

Interviewees who have worked with "translators" in the past also conveyed different experiences depending on the level of professionalism and neutrality. As

we have seen, the training of community interpreters or intercultural mediators in Slovenia is in a nascent state, while the training of specialized medical interpreters is non-existent. As already mentioned (Kocjančič Pokorn, 2019), the second most common mode of dealing with language barriers in Slovenia, after the use of lingua franca, is the use of *ad hoc* interpreters (i.e., non-professional interpreters), who often lack interpreting and mediating skills, especially in a demanding and particular setting such as mental healthcare. However, even professionalized interpreters (in the case of Slovenia, most often court-appointed interpreters), community interpreters, or intercultural mediators may not possess the skills needed to integrate into the triadic therapeutic alliance. The interviewees, therefore, emphasized the need for further professionalization of language assistance providers, which should lead to systemic changes at the level of a) implementation of language assistance in mental care and b) additional training of language assistance providers to work in psychotherapy. With regards to the first, the implementation would entail the state/insurance providers shouldering the financial burden and prioritizing continuous work with a particular language assistance provider throughout the sessions with the same client. The second point would mean to have mental care practitioners included in trainings for community interpreters and intercultural mediators, both as instructors of the particularities of psychological, psychiatric, and psychotherapeutic care but also as trainees of working in therapeutic triads instead of dyads. This last aspect is often overlooked in the process of language assistance professionalization in medical settings—the training of health care practitioners to work with language assistance providers is crucial for overcoming language and cultural barriers and improving care for migrants.[11] Such collaborative work between mental care practitioners and language assistance providers has been suggested earlier by Miller et al. (2005) and Paone & Malott (2008), who also emphasize the importance of joint and regular debriefing sessions between the practitioners and language assistance providers that would benefit the client and lead to further professionalization. As therapeutic approaches for specific vulnerable groups such as forcibly displaced people may go beyond "traditional psychotherapy" (Gostič, 2024), language assistance providers should work closely with practitioners to explore which are the most suitable methods for therapeutic triads. In the current circumstances of the public healthcare system crisis, the need for the reform of mental care in Slovenia, and the difficulties in finding possibilities for the continuous training of language assistance providers in Slovenian healthcare, the described measures seem almost unattainable. Despite this, the discussions about the system's reforms to enable better care for users must include the measures of including individuals who face intersecting

11 NIJZ recognized the need for training practitioners to work with intercultural mediators and interpreters in providing interculturally sensitive care. Starting in 2016, the three-day training program "Developing cultural competences of healthcare workers" was part of the already mentioned program "Skupaj za zdravje" and the project MoST.

vulnerabilities, including language barriers, if we are to speak about a professionalized system that is able to respond to the needs of current societies.

## CONCLUSION

The article aimed to highlight the characteristics of language assistance in mental care by first addressing the characteristics of interpreter-mediated mental care and then presenting and analyzing the findings of the study conducted among mental care practitioners and intercultural mediators in Slovenia. The study, the first on the subject in the context of Slovenia, reveals attitudes consistent with findings in other settings in Europe (Cambridge et al., 2020; Hanft-Robert et al., 2022) or in other parts of the world (Miller et al., 2005; Hunt & Swartz, 2017). The findings also point to relatively rare experiences of working with language assistance providers, given the frequent encounters with non-Slovenian speakers in Slovenian healthcare. This may be the result of other coping strategies—psychotherapy with a bilingual therapist or psychotherapy conducted in a "bridge language." Despite other strategies, language assistance remains the only option in cases where the other two options do not exist. In these cases, one hopes the professional language assistance providers, ideally specialized in mental care, will find their way into the Slovenian healthcare system and that practitioners will explore the alternatives to traditional dyadic relationships and not, as mentioned by the therapist at the beginning of this article, throw the language assistance provider out of the room as fast as possible.

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## REFERENCES

*A national code of ethics for interpreters in health care*. (2004, July). NCIHC – The National Council on Interpreting in Health Care Working Papers Series. https://www.ncihc.org/assets/z2021Images/NCIHC%20National%20Code%20of%20Ethics.pdf

Alhamami, M. (2020). Switching of language varieties in Saudi multilingual hospitals: insiders' experiences. *Journal of Multilingual and Multicultural Development, 41*(2), 175–189.

Bancroft, M. (2005). *The Interpreter's World Tour – An Environmental Scan of Standards of Practice for Interpreters*. The California Endowment. https://www.ncihc.org/assets/documents/publications/NCIHC%20Environmental%20Scan.pdf

Bhugra, D., Watson, C., & Wijesuriya, R. (2021). Culture and mental illnesses. *International Review of Psychiatry, 33*(1–2). https://doi.org/10.1080/09540261.2020.1777748

Bofulin, M., & Bešter, R. (2010). Enako zdravstvo za vse? Imigranti v slovenskem zdravstvenem sistemu. In M. Medvešek & R. Bešter (Eds.), *Državljani tretjih držav ali tretjerazredni državljani? Integracija državljanov tretjih držav v Sloveniji* (pp. 270–311). Inštitut za narodnostna vprašanja.

Božič, A., Rožnik, A., Podlogar, A., Ličen, S., & Prosen, M. (2022). Izkušnje medicinskih sester z albansko govorečimi pacienti: kvalitativna raziskava. *Obzornik Zdravstvene Nege, 56*(3), 200–208. https://doi.org/10.14528/snr.2022.56.3.3157

Cambridge, J., Singh, S. P., & Johnson, M. R. D. (2020). The challenges of interpreting in psychotherapy. In M. Schouler-Ocak & M. C. Kastrup (Eds.), *Intercultural Psychotherapy* (pp. 317–330). Springer.

*Constitution*. (2016, November 30). Official Gazette of the Republic of Slovenia. https://www.us-rs.si/media/constitution.pdf

Cook, S. R., & Dewaele, J. M. (2022). "The English language enables me to visit my pain." Exploring experiences of using a later-learned language in the healing journey of survivors of sexuality persecution. *International Journal of Bilingualism*, *26*(2), 125–139. https://doi.org/10.1177/13670069211033032

Crezee, I., & Grant, L. E. (2020). An Achilles' Heel? Helping Interpreting Students Gain Greater Awareness of Literal and Idiomatic English. *International Journal of Interpreter Education, 12*(1), 44–61. https://tigerprints.clemson.edu/ijie/vol12/iss1/5

Cukut Krilić, S. (2019). Duševno zdravje v kontekstu sodobnih migracij. In L. Šprah (Ed.), *Z več znanja o motnjah razpoloženja do izhodov iz labirintov. Izkušnje in razmisleki* (pp. 245–253). Založba ZRC. https://doi.org/10.3986/9789610502197_23

*Duševno zdravje je univerzalna človekova pravica*. (2023, October 10). Gov.si. https://www.gov.si/novice/2023-10-10-dusevno-zdravje-je-univerzalna-clovekova-pravica

Flores, G. (2005). The Impact of Medical Interpreter Services on the Quality of Health Care: A Systematic Review. *Medical Care Research and Review, 62*(3), 255–299. https://doi.org/10.1177/1077558705275416

Gorjanc, V., & Pokorn, N. (2013). We are not giving up: training public-service translators and interpreters in the economic crisis. *mTm – A Translation Journal. 5*, 18–39.

Gostič, M. (2024). Mental Health and Psychosocial Support for Forcibly Displaced People: Insights From Slovenia. *Dve domovini / Two homelands, 60,* 91–114.

Hanft-Robert, S., Pohontsch, M. J., Uhr, C., Redlich, A., & Metzner, F. (2022). Therapeutic Alliance in Interpreter-Mediated Psychotherapy from the Perspective of Refugee Patients: Results of Qualitative Interviews. *Verhaltenstherapie*, *32*(1), 190–198. https://doi.org/10.1159/000517136

Hanft-Robert, S., Lindberg, L. G., Mösko, M., & Carlsson, J. (2023). A balancing act: how interpreters affect the therapeutic alliance in psychotherapy with trauma-affected refugees – a qualitative study with therapists. *Frontiers in Psychology, 14* (16. May). https://doi.org/10.3389/fpsyg.2023.1175597

Hunt, X., & Swartz, L. (2017). Psychotherapy with a language interpreter: Considerations and cautions for practice. *South African Journal of Psychology*, *47*(1), 97–109. https://doi.org/10.1177/0081246316650840

*IMIA Code of Ethics* (2006). IMIA – International Medical Interpreters Association. https://www.imiaweb.org/code

Jadhav, S. (1996). The Cultural Origins Western Depression. *International Journal of Social Psychiatry, 42*(4), 269–286. https://doi.org/10.1177/002076409604200403

Kline, F., Acosta, F. X., Austin, W., & Johnson, R. G. (1980). The misunderstood Spanish-speaking patient. *The American Journal of Psychiatry*, 137(12), 1530–1533. https://doi.org/10.1176/ajp.137.12.1530

Kocjančič Pokorn, N. (2019). Reševanje jezikovnih ovir v slovenskem zdravstvu: analiza stanja. In U. Lipovec Čebron & N. Kocjančič Pokorn (Eds.), *Večjezično zdravje: Komunikacijske strategije in večkulturni stiki s tujejezičnimi bolniki v slovenskem zdravstvenem sistemu* (pp. 30–47). Znanstvena založba Filozofske fakultete Univerze v Ljubljani.

Kocjančič Pokorn, N., & Lipovec Čebron, U. (2019). *Večjezično zdravje: Komunikacijske strategije in večkulturni stiki s tujejezičnimi bolniki v slovenskem zdravstvenem sistemu*. Znanstvena založba Filozofske fakultete Univerze v Ljubljani.

Kocjančič Pokorn, N., & Mikolič Južnič, T. (2020). Community interpreters versus intercultural mediators. Is it really all about ethics? *Translation and Interpreting Studies. The Journal of the American Translation and Interpreting Studies Association, 15*(1), 80–107. https://doi.org/10.1075/tis.20027.koc

Leanza, Y., Miklavcic, A., Boivin, I., & Rosenberg, E. (2014). Working with Interpreters. In L. Kirmayer, J. Guzder & C. Rousseau (Eds.), *Cultural Consultation. International and Cultural Psychology* (pp. 89–114). Springer. https://doi.org/10.1007/978-1-4614-7615-3_5

Lipovec Čebron, U. (2021). Language as a trigger for racism: language barriers at healthcare institutions in Slovenia. *Social Sciences, 10*(125), 1–17. https://repozitorij.uni-lj.si/IzpisGradiva.php?lang=slv&id=135236

Lipovec Čebron, U., Bombač, L., Kocijančič-Pokorn, N., & Lučovnik, M. (2019). Monolingual Health: Linguistic Barriers in Slovene Healthcare Experienced by Migrant/Refugee Women. In S. Ličen, I. Karnjuš & M. Prosen (Eds.), *Women, migrations and health ensuring transcultural healthcare* (pp. 139–153). University of Primorska Press. https://doi.org/10.26493/978-961-7055-43-6.139-153

Lipovec Čebron, U., & Škraban, J. (2022). Intercultural Mediation and its Conflicting Allegiances in Slovenia. *Ethnologia Europaea, 52*(2), 1–23. https://doi.org/10.16995/ee.3103

Marianacci, A. (2022). Horizontal methodologies in community interpreting studies: Conducting research with Latin American service users in Aotearoa, New Zealand. *Interpreting and Society, 2*(2), 160–184. https://doi.org/10.1177/27523810221110033

Martín, M. C., & Phelan, M. (2009). Interpreters and Cultural Mediators – different but complementary roles. *Translocations: Migration and Social Change, 6*(1). https://doras.dcu.ie/16481/1/Martin_and_Phelan_Translocations.pdf

Miklavcic, A., & LeBlanc, M. N. (2014). Cultural brokers, clinically applied ethnography, and cultural mediation. In L. J. Kirmayer, G. Jaswant, & C. Rousseau (Eds.), *Cultural consultation: Encountering the other in mental health care* (pp. 115–137). Springer Science and Business Media.

Mikolič Južnič, T. (2019). Kdo dela z uporabniki zdravstvenega sistema, ki ne govorijo slovensko? In N. K. Pokorn & U. Lipovec Čebron (Eds.), *Večjezično zdravje: Komunikacijske strategije in večkulturni stiki s tujejezičnimi bolniki v slovenskem zdravstvenem sistemu* (pp. 17–28). Znanstvena založba Filozofske fakultete Univerze v Ljubljani.

Miller, K. E., Martell, Z.L., Pazdirek, L., Caruth, M., & Lopez, D. (2005). The role of interpreters in psychotherapy with refugees: an exploratory study. *Am J Orthopsychiatry, 75*(1), 27–39. http://doi.org/10.1037/0002-9432.75.1.27

Morel, A., Gorjanc, V., & Kocijančič Pokorn, N. (2012). Healthcare interpreting in Slovenia. *The Interpreters' Newsletter, 17*, 103–116.

*National vocational qualifications.* (2023, August 17). Gov.si. https://www.gov.si/en/policies/education-science-and-sport/national-vocational-qualifications

Paone, T. R., & Malott, K. M. (2008). Using interpreters in mental health counseling: A literature review and recommendations. *Journal of Multicultural Counseling and Development, 36*(3), 130–142. https://doi.org/10.1002/j.2161-1912.2008.tb00077.x

Presekar, D. (2023, September 21). *Napoved zakona o psihoterapiji razdvaja. Komu bo pritrdilo ministrstvo?* N1info.si. https://n1info.si/novice/slovenija/napoved-zakona-o-psihoterapiji-razdvaja-komu-bo-pritrdilo-ministrstvo

Ribas, M. A. (2017). The fuzzy boundary between the roles of interpreter and mediator in the public services in Catalonia: Analysis of interviews and interpreter-mediated interactions in the health and educational context. *Across Languages and Cultures*, *18*(2), 195–218. https://doi.org/10.1556/084.2017.18.2.2

Rudvin, M. (2002). How Neutral is Neutral? Issues in Interaction and Participation in Community Interpreting. In M. Viezzi & G. Garzone (Eds.), *Perspectives on Interpreting* (pp. 217–233). CLUEB.

Szoke, D., Cummings, C., & Benuto, L. T. (2020). Exposure in an Increasingly Bilingual World: Native Language Exposure Therapy With a Non-Language Matched Therapist. *Clinical Case Studies*, *19*(1), 51–61. https://doi.org/10.1177/1534650119886349

Škraban, J., Oprešnik, D., Pistotnik, S., & Lipovec Čebron, U. (2020). Implementation of intercultural mediation at the primary level in preventive healthcare in Slovenia. *Javno zdravje, 1*, 1–17. https://nijz.si/wp-content/uploads/2022/11/skraban_et_al._jz_2020-1.pdf

Škraban, J., & Lipovec Čebron, U. (2021). *Medkulturna mediacija in zdravstvo v Sloveniji*. Znanstvena založba Filozofske fakultete Univerze v Ljubljani.

Uradni list Republike Slovenije. (2008). *Zakon o pacientovih pravicah*. Ur. list RS, št. 15/08, 55/17, 177/20 in 100/22 – ZNUZSZS. https://pisrs.si/pregledPredpisa?id=ZAKO4281

Uradni list Republike Slovenije. (2016). *Zakon o mednarodni zaščiti*. Ur. list RS, št. 16/17 – uradno prečiščeno besedilo, 54/21 in 42/23 – ZZSDT-D. https://pisrs.si/pregledPredpisa?id=ZAKO7103

Verrept, H. (2012). Notes on the employment of intercultural mediators and interpreters in health care. In D. Ingleby, A. Chiarenza, W. Devillé & I. Kotsioni (Eds.), *Inequalities in health care for migrants and ethnic minorities* (pp. 115–27). Garant Publishers.

Verrept H. (2019). What are the roles of intercultural mediators in health care and what is the evidence on their contributions and effectiveness in improving accessibility and quality of care for refugees and migrants in the WHO European Region? *Health Evidence Network (HEN) synthesis report 64*. Copenhagen: WHO Regional Office for Europe.

Verrept, H., & Coune, I. (2016). *Guide for intercultural mediation in healthcare*. Brussels: FPS Health, Safety of the Food Chain and Environment. https://eody.gov.gr/wp-content/uploads/2023/05/philos2021-bibliografia6-interculturar.pdf

Verkerk, L., Backus, A., Faro, L., Dewaele, J. M., & Das, E. (2021). Language choice in psychotherapy of multilingual clients. *Language and Psychoanalysis, 10*(2), 1–22.

Verkerk, L., Fuller, J. M., Huiskes, M., & Schüppert, A. (2023). Expression and interpretation of emotions in multilingual psychotherapy: A literature review. *Counselling and Psychotherapy Research, 23*(3), 617–626. https://doi.org/10.1002/capr.12650

Wadensjö, C. (2013). *Interpreting as Interaction*. Routledge.

Wang, C. (2017). Interpreters = Cultural Mediators? *TranslaTologica: A. Journal of Translation, Language, and Literature, 1*, 93–114.

## POVZETEK

### EDEN PREVEČ? JEZIKOVNO POSREDOVANJE V OBRAVNAVAH DUŠEVNEGA ZDRAVJA V SLOVENIJI

Martina Bofulin

Namen članka je izpostaviti vlogo jezikovnega posredovanja pri storitvah na področju duševnega zdravja. Avtorica najprej predstavi značilnosti psihoterapevtske obravnave z vključenim jezikovnim posrednikom (tolmačem, skupnostnim tolmačem ali medkulturnim mediatorjem), nato pa predstavi in analizira ugotovitve raziskave, izvedene med psihoterapevti, izvajalci psihosocialne pomoči in medkulturnimi mediatorji v Sloveniji. Raziskava, ki je prva na to temo v kontekstu Slovenije, razkriva stališča, ki so skladna z ugotovitvami v drugih okoljih v Evropi (Cambridge et al., 2020; Hanft-Robert et al., 2022) in v drugih delih sveta (Miller et al., 2005; Hunt & Swartz, 2017). Intervjuvani izvajalci, tako tisti z izkušnjami pri delu z jezikovnimi posredniki kot tisti brez njih, menijo, da prisotnost jezikovnega posrednika negativno vpliva na psihoterapevtsko obravnavo, zlasti na odnose zaupanja in transferja. Intervjuvanci so sicer prepoznavali, da je jezikovni posrednik več kot le posrednik med klientom in izvajalcem. Hkrati pa so še vedno preferirali nepristranskega in nevtralnega posrednika, ki bi omogočil tradicionalni diadni odnos. Jezikovni posrednik je tako viden kot »neprijetna nujnost« (Miller et al., 2005), ki je uporabljena le, ko je to neizogibno. Intervjuvanci so poudarili potrebo po nadaljnji profesionalizaciji jezikovnega posredovanja, vendar je le eden omenil tudi potrebo po izobraževanju izvajalcev. Zdi se, da bi bilo treba za učinkovito profesionalizacijo psihoterapije z jezikovnim posrednikom vključiti izobraževanje tako jezikovnih posrednikov kot izvajalcev, ki bi bili deležni posebnega usposabljanja za kolaborativno delo, kot predlagajo Miller in soavtorji (Miller et al., 2005), hkrati pa bi se redno udeleževali skupnih poročanj (Paone & Malott, 2008). Ugotovitve kažejo tudi, da imajo intervjuvanci razmeroma redke izkušnje dela z jezikovnimi posredniki glede na pogosta srečanja z neslovenskimi govorci v slovenskem zdravstvu (Kocjančič Pokorn & Lipovec Čebron, 2019). To je lahko posledica drugih strategij premoščanja jezikovnih ovir – psihoterapije z dvojezičnim terapevtom ali psihoterapije, ki poteka v *lingua franca* (npr. v angleščini ali ruščini). Kljub drugim strategijam ostaja psihoterapija z jezikovnim posrednikom edini izhod v primerih, ko omenjenih dveh možnosti ni. Upati je, da bodo v teh primerih izkušeni in visoko usposobljeni jezikovni posredniki (skupnostni tolmači, medkulturni mediatorji ali še neobstoječi medicinski tolmači), specializirani za storitve na področju duševnega zdravja, našli pot v slovenski sistem duševnega zdravja in da bodo izvajalci odprti do raziskovanj alternativ tradicionalnim diadnim odnosom v psihoterapiji in psihosocialni pomoči.

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