'Consider the object of offering refuge' when exploring the therapist experience of working with refugees supported by an interpreter; *'a mille fois of experience'*

An Exploration using Interpretative Phenomenological Analysis

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Introduction to the Thesis

I have been drawn to the lives of refugees for some time and framing this study in a way that made it possible was initially quite difficult. I identified my curiosity around how the refugee resettles when they have lost everything, arriving in a country through lack of choice and finding ways to start their life again. It was from these initial thoughts that the study was created. This initial curiosity was identified as being a parallel process to my own experiences which have touched on these losses in a similar way although it became clear that focussing on the refugee experience was going to be complicated. I spoke to organisations that support refugees and became aware that to focus on the refugee experience required interviewing refugees as participants which would require an interpreter. This also posed questions around which language or country the focus would be on. This seemed important for homogeneity at this stage. Due to these complications and a timescale for the research to run alongside the doctoral training I saw that it was not going to be possible at this time, although this may well be an area of focus in the future where there are fewer time constraints.

As I returned to my original thoughts and ideas, I broke these down to think about what I was more specifically interested in. At this stage I realised that the resettlement of the refugee with perceived trauma was my curiosity – how they process this in a western world that identifies their experiences as trauma. To facilitate this process they may enter therapy and there are many organisations nationally that support this process. The therapeutic relationship became a focus. As a trainee Counselling Psychologist, the relationship is at the core of my work so this line of inquiry seemed a suitable phenomenon whilst still being connected to my desire to understand the refugee. I felt that I was creating a study that not only focused more heavily on the relationship but was going to permit a study to be carried out successfully within the required timescales whilst adhering to ethical requirements. This meant that I was now looking at a triad simply because the therapist perspective would also include an interpreter in the room due to the nature of this work. During this embryonic phase I returned to the literature to guide me, finding that whilst there was research considering this triad, there was little that considered the therapist role in this relationship.

The areas presented in the literature review are far reaching which allows the reader to understand how complex the life of the refugee is and how this subsequently impacts therapy by requiring the therapist to have an understanding of areas such as government

procedures, language and emotional understanding and cultural differences. This guided me in establishing my core focus and I became more curious about the workings of this triad from a perspective of loss and resilience. How does this work when the relationship is the key component in therapy and the refugee comes with quite specific needs? I became more curious about this, wondering how emotion was conveyed, how understanding was reached, and how the presence of the interpreter was felt. This led the formulation of my research question.

I was able to contact organisations where therapists work with refugees and interpreters and present my study to them in my recruitment of participants. The outcome was wonderful as therapists were willing to take part and the data I collected was broad and rich. This is presented in the analysis where identified themes are supported by the data, and the discussion brings together the literature, the results and further studies.

The study concludes having identified how significant and meaningful the role of the interpreter is in this setting which was identified through the themes that developed. The role of the government was identified by all participants as fundamental in supporting the therapist in this work by providing a more consistent and supportive transition for the refugee. This also highlighted the participants feelings that more training for both the interpreter and therapist could be helpful. Strong feelings were shared regarding power in the therapy room, the support of the interpreter in providing knowledge and understanding to the therapist, and the shared acknowledgment that the success of this work relies on the interpreter. I was surprised and warmed by this finding; my own experience of the strength of the therapeutic relationship in a dyad led me to be curious about this third person in the room yet I heard how the interpreter is the person who makes it happen, they are the bridge and they are fundamental in this process. The described need for learning for both the interpreter and the therapist is identified as a key component within the triad.

I feel that my original curiosities around the refugee's losses and resettlement have been maintained as they have been considered through the therapist lens. This perspective has given me a greater connection given my own choice of work and training, allowing me to approach this study from a professional perspective as a trainee Counselling Psychologist whilst also connecting with my own losses which are significant in the creation of this study.

The structure of this thesis considers the role of the therapist working with a refugee client and an interpreter with a focus of inquiry on the therapist experience. A wide range of literature is considered which views this topic from a perspective of loss and resilience

framing the study by providing the reader with a foundation to this area of society. The structure that follows includes the views, perceptions and experiences of six psychological therapists working with refugees, through semi-structured interviews which were then transcribed and analysed using Interpretative Phenomenological Analysis. The analysis settled on five superordinate themes. The 'union of government and mental health systems' consists of two subthemes; government's offer of refuge and government and third sector refugee support, secondly 'challenges of interpreting emotion, language, and culture' consists of three subthemes; Interpreter supports the therapist with cultural knowledge, feeling powerless; a fear of incorrect interpretations and fear of losing empathy. Thirdly 'control – the bridge within the triad' consists of four subthemes; triad creates a family, Interpreter offers space and learning for therapists, power changes with a third person in the room, and therapist can feel left out. The fourth superordinate theme 'the therapist role' has four subthemes; Therapist as a support worker, feeling responsible, complex mental health needs of refugees and feeling burnt out, and the fifth theme 'the interpreter's presence'; Interpreter is positive, the interpreter makes this work, and unresolved trauma for the interpreter. I conclude by arguing that the therapist takes pleasure from this work whilst recognising the possible need for additional training for the interpreter and therapist whilst at the same time suggesting that the government systems may feel like obstacles at times. Strengths and limitations are considered, and reflexive commentary is offered throughout the project in an attempt to bracket and pay attention to the phenomenology of the researcher.

Abstract

The world is experiencing an ever-increasing growth in the number of displaced refugee persons across the globe; individuals who have fled their homeland due to force and fear for their life. It is widely acknowledged these individuals have often experienced torture, violence, loss, pain and a violation of their human rights. Research indicates a strong connection with unique mental health difficulties in this group of people and based on this, there has been a growth in the provision of mental health services for refugees in western countries. Due to language difficulties an interpreter is required in mental healthcare to work alongside the therapist and the refugee client creating a triadic setting. However, it is not clear whether, or how, this impacts the therapist.

The aim of this research was to explore the therapist's experience of working in this triad in order to investigate how their work is impacted by the interpreter, and how language and emotion are conveyed. A study into how therapeutic work is experienced in this context is important to understand how, and whether, service providers could improve their offering.

Interpretative Phenomenological Analysis was used to collect and analyse data from semi-structured interviews of six participants who have been working as therapists with refugees supported by an interpreter for over two years.

Five superordinate themes emerged from the data; the union of government and mental health systems; challenges of interpreting emotion, language and culture; control – the bridge within the triad; the therapist role and the interpreter's presence.

This study's contribution to knowledge brings a focus on the therapist and the broader influences that may impact the therapeutic relationship when working with refugees. These may include the potential for greater training for the therapist and the interpreter and the possibility of greater self-care. The therapist feelings of being unheard and frustrations with the government systems were highlighted which may contribute to the sense of the triad possibly not being offered enough support.

Implications for counselling psychology, limitations and avenues for further research are discussed.

Introduction

This qualitative study explores the accounts that therapists give of their experience working with refugees using an interpreter. This research considers the question 'what is it like for the therapist to work with a refugee supported by an interpreter?' This is a much-neglected area in Counselling Psychology literature whilst at the same time, concerningly, becoming an area of global growth. This will be explored through the chosen methodology of interpretative phenomenological analysis (IPA) (Smith et al., 2009) which was regarded as especially suitable given its emphasis on the meaning individuals attribute to their experiences. IPA's commitment to idiography was one reason why this was considered to be the best method for this project due to the focus on understanding the meaning the participant makes of being the therapist with a refugee and interpreter.

The author of this study is a trainee Counselling Psychologist which has had an impact on the study especially with regards to the study epistemology, principally through the commitment to the critical realist perspective which is aligned with Counselling Psychology philosophy. The relationship is central to the work of Counselling Psychology coupled with the philosophical underpinnings which move away from the more traditional medical psychology approach. With this in mind, as a trainee Counselling Psychologist, the author holds an interest in how these three relationships of therapist-client, therapist-interpreter and client-interpreter work in the shifting dynamics of this triad whilst maintaining a focus on the therapist.

To provide an understanding of terminology whilst giving a framework to the study, what follows are some definitions of terms. A refugee is 'someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion' and are people who have fled war, violence, conflict or persecution crossing an international border to find safety in another country (1951 Refugee Convention UNHCR, p. 3). An asylum seeker is someone who has applied for asylum and is waiting for a decision from the government as to whether they are a refugee (UNESCO, 2017), and a displaced person refers to persons forced from their locality or environment and occupational activities most commonly as a result of armed conflict. A stateless person is "a person who is not considered as a national by any State under the operation of its law". In simple terms, this means that a stateless person does not have a nationality of any country (UNHCR, 2017). Resettlement is described as 'the transfer of refugees from a country where they have initially sought asylum'.

In creating context to this study, according to UNHCR statistics, as of mid-2021 there were 135,912 refugees, 83,489 pending asylum cases and 3,968 stateless persons in the UK (UNHCR 2021, Mid-Year Trends Report). These statistics are helpful in highlighting the sheer number of individuals becoming refugees whilst providing a glance at the initial states an individual holds as they enter a country of refuge moving from stateless, to asylum seeker before achieving the state of refugee.

While many studies have demonstrated the global need for mental health therapy for refugees and demonstrated the global engagement within mental health (eg; Carswell et al., 2011; Gartley & Due., 2017; Gorman., 2001; Miller & Rasmussen., 2010; Tribe & Patel., 2007; Watters., 2001); it will be shown in this study that as yet, there is limited research that considers how therapy functions in the therapy room when the therapist and client are communicating through an interpreter with consideration toward these relationships which form the triad, from the therapist's perspective. The following literature review will demonstrate that the majority of research studies examining this field of practice have considered the impact of this work on the interpreter and the client along with external factors such as government support. There is a small amount of literature focusing on the therapists and fewer studies focusing on the triadic setting with interpreters. Therefore, this study aims to discover what this experience is like for the therapist. The contribution to knowledge brought from this study primarily includes giving the therapist a voice and considering the role of government systems, training and therapist selfcare.

The participants for this study have been recruited from statutory and third sector organisations which provide support for the refugee. Each participant worked as a therapist with refugees supported by an interpreter at the time of data collection which was seen as an essential feature for this study. A pilot study was run through face to face one to one interviews' however, due to the global pandemic which hit during the time between these interviews and the research interviews, the interviews that were included in the analysis were carried out online. Six participants were recruited, and semi structured interviews were used.

With the above in mind the research questions for this study are;

- How do the dynamics in the therapy room impact the therapist supporting the refugee when an interpreter is present?

- how do the complexities of communicating with a refugee via an interpreter impact how emotional language is captured and how empathy is conveyed?
- an exploration of the mental health services offered to refugees

It is hoped that this qualitative study will add to the literature in the field of therapy with refugees from the therapist experience whilst enhancing the profession of Counselling Psychology. It is anticipated that through increasing understanding of what happens for the therapist in this role service providers will be in a stronger position to support all three members of the triad. This may be provided through additional training and supervision.

Reflexivity

This study has developed through my interest in the loss experienced by the refugee and their ability to rebuild their life when they have lost everything, finding themselves in a country which may not have been their choice. My passion for my work as a trainee Counselling Psychologist led my curiosity around the therapist experience in the therapy room with the refugee and interpreter as I wondered what this experience was like given the quite specific experiences of the refugee. As I travelled with my research and noticed my engagement with the stories of therapists and their reflections on their own experiences I became aware of the parallel process taking place. I have been able to see that the draw I have felt toward the refugee population is connected to the loss I have experienced through my own life, from my younger years and more recently as I was creating my thesis. This connection was initially an unconscious process for me as I formulated my project, only becoming aware of this toward the final writing up of my study. Whilst my background of loss has been significant the connection I have felt to this population became more noticeable following the life changing events that took place for me during my doctorate. This highlighted the importance of bracketing as I reflected on my study and analysis.

My own values of respect for humanity, equality and understanding human suffering have been highlighted in both my thesis and my choice of training. I identify the refugee population as vulnerable, unrepresented and in need of support which may not always be felt in society, however, due to the growth of this group I have felt that additional representation is important to develop knowledge in the western world and encourage the refugee voice to be heard. It is from these values which I hold close to my heart coupled with my own experience of loss and starting again that caused me to be attracted to this topic. From the beginning of this study I have held an agenda which has moved as we have journeyed together. Initially I was thinking about exploring the refugee's adaptation to their new life by considering their individual experiences by inviting them to be my participants, which would have formed a different study with a focus on the refugee. I identified this desire formed from my own curiosity around how we adapt ourselves when adverse situations are presented to us and became aware that my own experiences were very present in this process. By speaking to organisations that support refugees I came to understand that my study would take time to form due to language and cultural issues, ethical procedures could be lengthy whilst also feeling that my own knowledge of the refugee population was not deep enough at this time. I reflected on this earlier period and came to understand my desire was connected to my personal experience of loss which I was then able to adapt by connecting to my training in Counselling Psychology.

Despite always holding the refugee and their experience of the western world close, my agenda moved as I refined my study. My agenda had been to identify the interpreter as the third possibly awkward person in the room and then to see that there is a third person, the therapist, who may feel left out. This meant that I began to blend both experiences of the refugee and that of the therapist to formulate a thesis that could bring new knowledge to the field of Counselling Psychology, represent the therapist, and present some of the obstacles refugees may meet as they resettle in a new country. Working as a therapist in this triad felt complicated. I recognised my feelings toward this were connected to my own experiences of being in a triad throughout my life which created thoughts around someone being left out, relational break downs and competition. My curiosity led my desire to understand how this triad managed these difficulties which I perceived to be present, creating an assumption that the interpreter would be seen as a problem. As I moved into my interviews, I was aware this assumption was strong highlighting my need to bracket which I was able to do through writing in my journal. However, my hopes for this study from its birth were that I would learn about the refugee population, bring new information to the field of Counselling Psychology and give therapists a voice to be heard in this setting.

It was during the formulation and write up of my study that I experienced further loss myself making me aware of the powerful meaning this had to my project. The parallel process taking place of the refugee loss, the therapist loss of autonomy and possibly the relationship with the client, and the potential lack of support available demonstrates the different methods in place to support different people. This sense of justice felt strong throughout my learning in this thesis whilst also running parallel to my personal experiences of what felt just and un-just. I am a white British woman living in my home country with family, friends and external support systems; systems I am familiar with as a British citizen. The refugee is often alone and thrown into a stark new world of strangeness that encompasses a vast number of areas; language, culture, sensory experiences, abandonment, aloneness, and systems to navigate, often with little support. The therapist may lose their familiar way of working in a dyad and struggle to find a way to reconcile these feelings within the triad. As my thesis developed these experiences became highlighted through my participant interviews leaving me feeling a sense of injustice was experienced by the refugee. Differently, I was aware of feeling my own loss whilst being held at the same time. These experiences are significant parts of myself which were present in this study and were observed and regulated through regular peer discussion and the use of my journal which helped me bracket, although it is fair to

acknowledge that these experiences held some influence over my interpretations of this study.

I would like to return to my agenda which was to understand the therapist experience of working with a refugee and interpreter in the therapy room. My own experiences, feelings, values and thoughts were present throughout this study and there were times when I was aware of thinking 'this cannot be right' as I read some literature or listened to a participant describe the wonderful support of the interpreter. Remaining true to my subject and inquiry whilst being aware of my internal processes and beliefs was often a challenge when I attempted to balance the losses of my own life or arrived at a challenging period. This can be a difficult area to navigate in qualitative research whilst also being an integral part; the researcher's role is identified as fundamental, and my own interpretation of my data could have been interpretated differently by someone else. This helps illustrate the role of Interpretative Phenomenological Analysis with the double hermeneutic and highlights the importance of bracketing, being aware of the role of the self in the research and looking objectively at our interpretations. In my experience this has applied from the embryonic stages of my study through to completion as my beliefs were challenged in the literature review where I recall feeling surprised by some findings. My agenda remained present throughout and was managed by bracketing and peer supervision. Regular reading and returning to my journal were important in managing this as I found the literature review brought some unexpected papers identifying alternatives to my expectations. My interview schedule was also impacted by my agenda, and it was amended frequently as I was aware of my own influence on the structure of my schedule. I also observed this in my interviews as I listened and wrote up the transcripts.

My relationship with my thesis has ebbed and flowed throughout its development and moved from great connectedness to distance, great motivation to detachment and passion to disinterest. These shifts have generally occurred in parallel to my personal circumstances moving, meaning I have had periods of difficulty re-engaging with my thesis. However, my interest in my subject has not weakened, on the contrary as I have learnt more, I have become more connected with it, but this does not mean that my enthusiasm has been consistent. Throughout the writing up of my thesis the parallel processes were influential in the connectedness I was feeling to the population and the therapist in this triad.

Literature Review

The phenomenon under investigation in this study is how the therapist experiences working in the triad with the refugee and interpreter using a theoretical framework that follows the perspective of loss and resilience whilst considering the object of refuge. As defined by the Oxford Dictionary refuge is;

'*the state of being safe or sheltered from pursuit, danger or difficulty; a place or situation providing safety or shelter'*

The UNHCR (The UN Refugee Agency) describe refuge as people fleeing their home country due to war and violence crossing an international border to seek safety in another country.

This literature review examines current literature within the theoretical framework and draws literature identifying how the therapist adapts, their experiences of those who do and do not have training, what changes occur and what these mean for the therapist and how they manage this. These areas relate to the phenomenon by remaining focused on the experience of this triad on the therapist. Some of the obstacles experienced by this triad are identified along with benefits from working in this three-way system. Whilst the focus is on the therapist the researcher has read extensively around the area of therapy for refugees to provide a cohesive explanation and understanding of the many facets contributing to this field of work within the perspective of loss and resilience.

As will be noted in this literature review therapeutic work with refugees supported by interpreters is a widespread practice and one that is growing due to global conflict. Not only does this research aim to understand the therapist experience of working in this triad, it also hopes to add significantly to the small amount of qualitative research into the therapist experience of working in this triad focusing on loss and resilience.

It is important to acknowledge that there is limited research available on the impact, and understanding made, of having an interpreter in the room for the therapist, and how this may affect the process or the outcome of therapy whilst remaining true to the theoretical framework.

Some common themes that are introduced from current literature include the sense of vulnerability of the counsellor/therapist, the complications of becoming a triad, the difficulties around the second language in the room and power struggles. The literature stays close to the phenomenon studied by considering how this can impact the therapeutic relationship and alliance. Much of the current research includes findings that suggest there is a gap in the training received by mental health workers and interpreters

with refugees, that interpreters can hinder as well as assist in therapy and that the specific experiences of refugees can have adverse impacts for the therapist (Miller et al., 2005). The focus remains on the therapist experience throughout this research.

Given that the focus of this project is the therapist's experience this is a qualitative exploration. This is similar to many of the projects discussed here due to the nature of the inquiry about individual experience. A study that was equally interested in this phenomenon, identified that there is limited research available in this subject area (Schweitzer et al., 2015). They found that loss and resilience was supported in previous research in the risk of therapy burnout, secondary trauma and compassion fatigue supported by previous research. They also identified how vital supervision is to maintain therapist wellbeing as well as noticing positive effects which include enhanced meaning in the therapist lives.

The lack of understanding the interpreter may have of the methods used by a therapist during the session includes examples such as periods of silence, sitting with discomfort and encouraging the client to stay with a painful memory which can be uncomfortable for the interpreter (Zimanyi., 2013). This may lead the interpreter to feeling they need to intervene. This focus on the relationships and knowledge in the room encourages the therapist to explain their way of working to the interpreter in advance of the session to help manage expectations from all parties. Since therapy for refugees is dependent on the involvement of interpreters without whom therapy could not take place, it seems of great importance to provide this information in the initial stages of the relationship (Miller et al., 2005). They also observe that the traditional dyadic relationship between client and therapist is altered somewhat which is true to the phenomenon of this study. Their observations suggest the differences between clients who are political refugees and other clients include their experience of extreme violence and deprivation. This is coupled with the loss of all support, family, home and social standing due to being forcibly misplaced, an experience unique to this client group and significant to the perspective of this study of loss and resilience.

The therapist is involved within a triad that requires additional knowledge and understanding to facilitate the therapeutic relationships. An impact on the therapist of working with this client group is recognised due to the experience of war, torture and further atrocities highlighting the potential for vicarious trauma and therapist burnout (Posselt et al., 2020). They note that by nature of the experiences of this client group there will undoubtedly be a significant impact on the mental health worker's mental health. This can include vicarious trauma, burnout, secondary Post Traumatic Stress Disorder

(PTSD) and compassion fatigue. However, positive outcomes were also reported which include medium to high levels of compassion satisfaction, enriched lives and meaning making (Posselt et al., 2020).

These impacts are understood through literature presented by McColl, McKenzie and Bhui (2008) who propose that the social risk factors for asylum seekers are higher than refugees' given their unstable status due to social policy and laws of the UK. These factors are influential in the work of the therapist whilst considering their experience of the triad, highlighting the broad spectrum of imposing factors the asylum seeker or refugee experience whilst following this research perspective of loss and resilience. They went on to suggest that mental health professionals often assume that the psychological problems present in this population are due to their premigration problems which can result in the effect of ongoing adversities caused by the asylum-seeking process and social context being neglected. One study found that asylum-seekers had a much higher prevalence of posttraumatic stress disorder (PTSD) than refugees (Iverson & Morken., 2004) suggesting the asylum process has the potential to cause re-traumatisation (Qureshi, 2016).

Impact of the government systems on the therapist work

The phenomenon under exploration is the experience of the therapist working in a triad with a refugee and interpreter. Whilst considering this and following the perspective of loss and resilience, the significance of refugees having a safe base before beginning therapy is highlighted by Schweitzer and colleagues (2015) as a fundamental basic need which is not always established. They added that working with the refugee's resettlement needs was a critical part of improving their wellbeing, suggesting this was essential before therapy began. The refugee is required to go through the immigration system which can prove to be traumatic in itself and is a lengthy protracted procedure.

The adaptation of services in order to facilitate effective therapeutic work with refugees was discussed by Kaczorowski and colleagues (2011). They identify that the refugee has undergone trauma in fleeing their homeland which is perpetuated when they go through the asylum system in their country of refuge. It is, however, important to recognise the strain on statutory services as identified by Nicholson, Reid and Albuerne (2012) whose study found that despite a directive for primary care to include the most vulnerable members of the community (identified as asylum seekers), the complexities of the asylum system were a hindrance. What was highlighted was the need for health care professionals to understand the legal and government systems that the refugee/asylum seeker has to go through to encourage greater knowledge and accessibility which

commits to the phenomenon under discussion of the impact on the therapist of working in a triad with a refugee and interpreter. Upon arrival in their place of refuge refugees, often coming from countries with poor healthcare systems, are subjected to the processes in place to access the country (Asgary & Segar., 2011). They found that many refugees experience mental health difficulties but have limited access to available services, the impact of which, for the therapist is the exacerbated extent of the refugee mental health difficulties when they eventually access support services. There appears to be the potential for refugee distress as they go through the governmental systems in applying for refuge as described by Herlihy and Turner (2013) in a study that suggests the refugee is expected to declare their torture experiences whilst moving through the immigration system and fulfils the perspective of loss and resilience. If facts are omitted and brought in at the next meeting it seems a judgment of the refugee's integrity can be made. In a study that looked at a fast-track approach to receiving refugees into Australia, the vulnerability of the refugee is highlighted (Kenny & Procter., 2015). Concerns were raised at the level of prolonged distress added to the already traumatised refugee through living in constant uncertainty, insecure visa status and living in fear. It seems that these aspects of refugee life are fairly consistent and reasons why a refugee could enter psychological therapy, indicating a need for the therapist to understand these systems, adding an additional dimension to their role.

Bridging of culture and language between the therapist, client and interpreter

The government requirements and factors cannot be separated from recognising how culture and language are large factors in the success of therapy for this client group and remain true to the phenomenon under investigation in this study which is considering the therapist experience of working in this triad. The perspective of loss and resilience is also significant and as found by Dotevall and colleagues (2018) there can be difficulties accessing mental health services due to language barriers which may create issues around trust and potential clashes between culture. An earlier study found that interpreters (who are referred to in this journal as bicultural workers) can often be the bridge that fills the gap between the client and health worker not just linguistically but also culturally. The significance of this is how it reduces the possible alienating of the client although may also contribute to power conflicts within the triad (Tribe.,1999). What may benefit all three in the room is if the practitioner is able to be mindful that the interpreter cannot always interpret word for word as there may not be a direct match in the language of the client (Hoffman., 1989).

The discourse of psychology and mental health is formed from a western vocabulary which comes from the cultural context of its authors and is a self-defining structure. Therefore, it is important for the therapist to be aware that many words which may be used in western mental health talk are not necessarily available for translation in other languages. Provided that the focus of this study is on the therapist's experience, therapists are concerned with the feeling of a word, and whilst it may have a universal meaning in western culture this can be very difficult to translate directly (Tribe, 1999). Where positive experiences are described of the therapist, client and interpreter working well together, it seems that more time is given for the three members of this triad to develop trust and common understanding. This can be difficult and takes more time, but it seems that by adopting this approach and giving space, there can be better outcomes for all three parties (Tribe, 1999). It was also found that open ended therapy can often be seen as a luxury which is not always available, creating a time pressure and preventing the triad from being able to develop a common understanding. However, a common theme that comes through from current literature is the capacity for someone, usually the therapist, to feel excluded in the therapy room which is something the researcher has been curious about (Tribe., 1999) and feels important when considering the focus of this study is the therapist's experience.

The characteristics of the therapist were seen as a critical element that influences the therapy process for refugees, postulating that curiosity was emphasised as a foundation to the therapist work with refugees. This is a significant research conclusion due to the cross-cultural nature of the work (Schweitzer et al., 2015). The essence of success in this triad is being able to communicate in a way that allows the refugee to share their trauma. In another study it was reported that communicating through language is the way our history and mental health is understood, and when this is compromised due to an unshared language, reliance falls to the interpreter to create mutual understanding. Additionally, it was reported that language plays a role in the recognition of symptoms and when clients were interviewed in their mother tongue they were more likely to describe symptoms. This study suggests that interviewing a client in their mother tongue is more likely to bring clear psychopathological symptoms to the front rather than struggling to find words in English as a second language (Farooq & Fear., 2003). The researcher felt this was particularly significant since the perspective of this study is loss and resilience which comes across throughout the literature discussing culture and language. This is highlighted by noticing how communication provides the refugee with access to share their distress.

Additionally, a further study identifies the difficulty of meeting the needs of a diverse refugee population given English is not their first language and the range of countries of origin being so vast that few therapists speak the refugee's mother tongue (Kaczorowski et al., 2011). Furthermore, it was also noted that psychological therapy delivered in the mother tongue rather than English as a second language brought more successful outcomes (Griner & Smith., 2006). This was later added to in further research where the importance of a cultural broker as an individual in the triad was identified as one who bridges the cultural gap by supporting the therapist. It was also noted that some refugees were unable to tolerate exposure to their traumas limiting the therapist's choice of modality and feasible depth of their work together (Kronick., 2017). An interesting study that identifies the need for experiential multi-cultural intervention training discusses cultural immersion programmes as a future intervention whilst also recognising the current lack of such training in the field of counselling (Kuo & Arcuri., 2014).

This area of culture and language is a critical factor in all health care work, as identified by Mengesha and colleagues (2018) and is equally significant in this study since culture and language are present in the therapy room. They note that communication can be a barrier for many refugee women which impacts their ability to access adequate counselling and healthcare. They also note that sessions with refugees and interpreters require longer to facilitate a developing relationship adding that the health care professional's lack of cultural competency can contribute to a less adequate level of care. They also consider the importance of cultural competence which may be achieved through a training programme for the therapist whilst at the same time recognising this isn't sufficient. Since therapy is reliant on a trusting relationship, they suggest the issues of the refugee client may be missed by the therapist due to their focus on these cultural factors. They go on to make a poignant point that refugees are regarded as a homogenous group of vulnerable people which may create a lack of focus on the individual's narrative.

Interpreter's understanding of mental health and psychotherapy

As discussed above culture and language are identified as significant factors in the therapeutic triad and since the phenomenon being studied is the impact on the therapist working in this triad, the interpreter's understanding of mental health is identified as an important part of this study. The interpreter's knowledge of mental health therapy may be lacking, as identified by Miller and colleagues (2005). They went on to suggest that some interpreters may be offered training, but the focus is on legal or medical models. Whilst this is helpful, an identified missing component is training to understand the function of the

relationship. The interpreter's understanding of the relationship is important to the researcher given the study is exploring the therapist experience of working in this triad. Often interpreters receiving legal or medical training are not required to develop this knowledge (Miller et al., 2005). These triangular relationships can bring many different perspectives into the room, and Searight and Searight (2009) identify that many interpreters have medical translation knowledge but when it comes to mental health interpreting, knowledge is limited. Dubus (2010) and Raval (2003) suggest the therapist and the interpreter view each other as a collaborative team, which is difficult to achieve when there is a lack of common understanding of their roles and work. Many mental health professionals have requested increased and improved training for both therapist and interpreter, recognising the specific requirements of mental health interpreting as it requires more interpretation than purely language, stemming from the majority of interpreting being focused around legal and medical jargon (Searight & Searight, 2009; Tribe & Morrisey, 2004; Tribe & Thompson, 2009).

The specific requirements for interpreters were highlighted as a clinical challenge in a study by Miller and colleagues (2005). This was highlighted due to the lack of specific mental health training interpreters receive (Miller et al., 2005). Whilst this can impact the therapist and their role, it also affects the therapeutic relationship as the interpreter may be unclear of their own boundaries when working with other's stories (Splevins et al. 2010). This is meaningful in this study as the therapist experience is being explored and the relationship is critical in therapeutic work. Interestingly, some literature seems to identify three different roles taken on by the interpreter. These are conduit/transmission, cultural broker or advocate (Wright, 2014). The first role conduit/transmission is described as a 'mouth-piece' for the therapist not taking in non-verbal communication, which is also identified as unhelpful for the medical profession. The second as cultural broker requires the interpreter to interpret verbally and also convey the cultural meaning and significance attached to this. Tribe and Keefe (2009) describe this type of interpretation as the 'psychotherapeutic/constructionist model'. The advocate model comes with greater concern as it has more potential to influence the client (White & Laws.,2009) A study discovered that this model found that interpreters may take on the role of the therapist (White & Laws., 2009) which is unhelpful and gives freedom for the interpreter to become un-boundaried (Wright., 2014). It may be possible to introduce interpreter training to promote an understanding of these aspects of the work, which could improve the therapist experience.

Whilst the cultural broker stance is most suitable to therapeutic support Hsieh and Hong (2010) found that interpreters most often acted in the conduit role. Risk could arise here

as the therapist may find themselves not completing as accurate assessment as they would expect due to the lack of emotional connection made between the interpreter and the client's story (Wright., 2014). This is a significant factor around client safety which may require a discussion between the therapist and interpreter to improve this.

A further observation was that mental health interpreting is unique in its' foundation of creating a long-term relationship with the client, whereas other interpreting in other fields such as medicine or law have more rigid requirements (Miller et al., 2005). This suggests difficulty for all three members in the triad as the therapist is potentially working with an interpreter who is lacking in knowledge and understanding of mental health. If the interpreter receives specific mental health training then presumably this difficulty is reduced and positive outcomes are increased.

There is also the element of the therapist's experience and expectations of working with an interpreter and as Costa (2017) identifies there is sometimes a deficit in the training deemed necessary to equip them for this work. Whether interpreting is regarded as a 'technical profession or practice profession', there are additional training needs identified and understanding emotional language and empathy is a core component of therapy (Dean & Pollard, 2005; Costa, 2017). Counsellors are trained to listen to painful experiences which allows them to be completely present with the emotions in the room and hence able to hold what is expressed, whilst also being able to prepare for who is coming into the therapy room and what their presenting problem may be. However, the interpreter does not come into the role with this level of training despite being expected to listen, hold and manage difficult experiences and emotions, and consequently is emotionally exposed (Costa, 2017). There can be complicated and strong emotions projected by the client which the interpreter has no skills or knowledge of how to manage. This can potentially negatively impact the therapeutic frame whilst having a detrimental outcome on the ability of the therapist to recognise and understand the client's emotions. Further, it was reported that interpreters become heavily involved with feelings that are driven by the emotions in the room and have a lack of knowledge on managing this, which in turn can impact the success of the emotional understanding between client and therapist (Harvey 2003; Costa., 2017). This can potentially be harmful for all three members of the triad, specifically for the interpreter and could be a great weight of responsibility sitting with the therapist. An additional study felt that having the interpreter in the room 'muddied the waters' in terms of communication (Ludlam & Dearnley., 2014) which could impact the therapist's experience of working in this triad.

How matching the right interpreter impacts the therapist

How the interpreter is matched is seen as potentially impactful for the therapist which is a significant area of the phenomenon of this study as it is considering the therapist's experience of the triad. The importance of matching the interpreter to client was a further area of significance identified and highlighted by Tribe and Morrissey (2004). The demographics of the interpreter are critical to the success of therapy, for example if the client has been raped or abused by men then they may not respond well to a male interpreter. Alongside this is the recognition of the appearance of power in the therapy room which is a common feature of someone who has experienced persecution and can also be a feature where an individual is reliant on the use of an interpreter and feels silenced, highlighting the perspective of loss and resilience. In therapy this can place therapists and interpreters in a position to challenge or collude with this (Patel, 2003). The importance of guidelines for the use of interpreters to facilitate the maintenance of boundaries was also identified by Kuay and colleagues (2015). In order to form a triadic alliance in psychotherapy they recognise the importance of matching interpreter to client by considering culture, gender and religion. However, this may not always be in the client's best interest depending on other factors which could break the therapeutic frame; there seems to be great importance put on matching the client to an interpreter from their homeland.

How the relationships impact the therapist

This area is a significant focus of this study whilst looking at the impact of the triadic relationships from the therapist perspective. The success of psychological therapy is dependent on the strength of the relationship, stating 'the therapist-client relationship itself holds enormous therapeutic potential' (Kahn., 1997) This seems to be acknowledged in the research that identifies complexities with the interpreter in the room. The therapist attempts to be able to enter the client's world through empathy and at the same time remain outside it, objectively (Gray., 1994). This element of the therapeutic relationship referred to as the therapeutic frame was described by Clarkson (2003) as *'the part of the client-psychotherapist relationship that enables the client and therapist to work together even when either or both of them do not want to'*.

The role of the interpreter as a co-therapist involved with assessment and the development of the therapeutic relationship with the client were observations made by Dubus (2010). This is supported in further literature that found therapists were concerned with developing a relationship with the interpreter as there were fears of negative

therapeutic outcomes (Hsieh & Hong, 2010). This is significant to the researcher as it reflects the phenomenon in question.

Additionally this fundamental area of therapeutic work can be put under strain when a third person becomes part of the relationship suggesting a possible struggle with power in the triad. Therapist concerns around their relationship with the client when the interpreter is in the room were identified and believed to be due to the added dynamic of the interpreter's own life stories and interpretation of the client's emotional world possibly causing a break in the frame with the client (Costa & Briggs., 2014). There are different relationships being managed in this triad and the idea of a power struggle within the triad suggests an imbalance or lack of defined role for the therapist. In a dyadic setting the shared relationship forms the container for the therapeutic work as described above. When a third enters the relationship there is a change in dynamic causing a shift in the therapist's control or power of the therapeutic frame. Whether there is an impact on the therapeutic alliance when a third person is in the room has been explored further with variable findings. These include that the interpreter-client relationship is as important as the client–therapist relationship, and that consistency of interpreter is important, suggesting the significance of the third person in the room. It could be possible that this three-way balance between all parties is so important in the success of therapy that finding a way to accept it could be a way forward (Miller et al., 2005). This is an important area to help explore the phenomenon of this research focusing on the therapist's experience of the triad.

However, when thinking about the role of the therapist Wampold (2011) describes 'interpersonal perception, affective modulation and expressiveness, and warmth and acceptance' (p.3) as important therapeutic skills held by the therapist, supporting Gray's earlier comments. This would also suggest that the therapist is able to manage this change in dynamic and power through the therapeutic skills they hold. However, questions were raised around how the therapist can interpret interpersonal and non-verbal queues from the client if they don't understand what is being spoken at the time, also questioning how different cultural expressions or norms can be interpreted (Hunt & Swartz., 2016). The phenomenon under investigation makes this a significant finding as the therapist's perspective is being considered.

Important features of therapy include the therapist's ability to focus on the individual and feel empathy (Wampold, 2011). With this in mind, a further study noted that the client's lack of understanding of the English language could hinder the therapeutic process possibly causing the interpreter's attitude toward the process to be inconsistent (Miller et

al., 2005). This could potentially leave the client feeling excluded from the triad (Searight & Searight., 2009) whereas viewing the interpreter as a halfway place and middle person to achieve success was highlighted as possibly more helpful (Hunt & Swartz., 2016). Additional research found that the relationship was specified as being central to the therapy and more so with refugees learning that the safe authentic therapeutic relationship brough safety to the traumatised refugees. This was of greater value than the chosen modality of therapy (Schweitzer et al., 2015).

Furthermore, as this phenomenon is explored this triad can be viewed as complicated when considering the two additional relationships of interpreter–client and interpreter–therapist identifying these complexities as significant with reports that the danger in interpreter work is their lack of skill (Sabin.,1975). This inadequacy promotes an inability to communicate emotional suffering and despair and was identified with an additional problem of the refugee and the interpreter falling into their own conversation where the interpreter assumes the role of the therapist and the therapist becomes a facilitator (Gartley & Due., 2017). This role exchange can be confusing for the therapeutic alliance and process causing the interpreter to be seen as an additional problem (Farooq & Fear., 2003). A further contributing factor here is interpretation being recognised as far more than translating words; interpretation requires the decoding of two linguistic codes where each has its own individual geography, culture, words and expressions. This sounds like a potential clash in the therapy room as the different dynamics come together possibly requiring the therapist to work hard at maintaining a balance within the triad.

Whilst being noted as difficult for the therapist to identify what may be said in the room between interpreter and client, therapists have reported being able to sense a change in body language and length of time taken to answer (Gartley & Due., 2017). This recognition of the therapist observing and interpreting body language endorses comments by Wampold (2001) regarding the abilities and characteristics of the therapist. A further study considers whether the dyadic relationship shifts to allow the therapist and interpreter to build their own relationship in the therapy room (Miller et al., 2005). However, feedback from the therapist suggests their view of the interpreter is one of them being more mechanical and robotic. This is challenged by further literature that suggests the interpreter is an important mediator between client and interpreter, and by creating this alliance enhances the therapist client relationship (Boss-Prieto et al., 2010). This is meaningful to this study as the therapist is identified as holding different roles in this triad which supports this inquiry into the therapist's experience of working with a refugee and interpreter.

As these triadic relationships are considered whilst remaining true to the phenomenon being explored, the benefits of the same interpreter being present in all the client sessions is explored to allow an alliance to develop (Tribe & Ravel., 2003). Difficulties around the use of various different interpreters identify how this can be unhelpful for the therapeutic alliance which is endorsed through further research suggesting that using a regular pool of interpreters who are familiar with the service and setting is beneficial for all parties. Familiarity and understanding are important for both therapist and interpreter, and since part of the role of the interpreter is to understand psychological assessments, treatment plans and interventions, becoming familiar with the setting and environment can support this since these are integral parts of mental health therapy.

Whilst the therapeutic relationship is already identified as a foundation to the success of therapy, therapists in a previous study carried out by Schweitzer and colleagues (2015) identified the relationship as even more significant when working with refugees. Due to the trauma experienced, a genuine and equal relationship signified an ability for the refugee to trust and feel safe during the therapy highlighting the perspective of loss and resilience.

How boundaries influence the therapeutic frame

Therapeutic boundaries are important to keep all members of the relationship safe which is an important feature of the phenomenon under investigation; understanding the therapist's experience of this triad may bring different and sometimes new boundaries for the therapist to navigate which the researcher was keen to explore whilst remaining aligned to the phenomenon in question. The importance of boundaries in therapy was highlighted in a report proposing that traditional boundaries of psychotherapy were not helpful for refugees due to their cultural background and beliefs suggesting that the need for greater fluidity rather than rigidity of the therapeutic frame was more effective (Schweitzer et al., 2015). They went on to identify how complex and unique the refugee experience is by recognising the conflicting emotions for the refugee around having food on their table, ongoing political disruption in their homeland and the lives of their family left behind. Combined, this can bring many painful experiences to the therapy room. Potentially the therapist is holding these traumas for both the client and interpreter (Schweitzer et al., 2015).

Whilst matching interpreter to client is important, structuring the session with the third person in the room is equally so. The needs for interpreters and therapists to jointly

maintain a patient centred focus identifies that mental health interpreting is a specific dialogue (Searight & Searight., 2009). This continues to suggest that a clear structure before, during and after the session is essential to keep the interpreter boundaried and alongside the therapist. Interestingly they found that therapists talking directly to clients during the session was significant in boundary setting. They also recommend that the language chosen by the therapist should encourage a direct communication with the client rather than presupposing it goes to the interpreter and then the client. At the same time the interpreter could be encouraged to speak in the first person interpreting every word. This finding indicates a shared responsibility between the therapist and the interpreter although it is not clear from current research how this impacts the therapist (Searight & Searight., 2019). The researcher feels this is significant in this exploration to understand the therapist's experience of working in this triad as it seems possible the responsibilities can become broad and varied, so almost non-boundaried in themselves.

Due to the lack of familiarity of psychotherapy in some eastern countries, longer term psychological work can be difficult with the use of the interpreter (Miller et al., 2005). This suggests that a lack of psychological knowledge may prevent the free flow of therapy which could impact the therapist's ability to create a holding psychological space. As the therapist's experience is explored in this study it feels possibly difficult for the therapist as by nature of therapeutic work and training being able to create a holding psychological space is part of what the therapist does. They also notice that an assumption that the client and the interpreter do not understand the fundamental aspects of therapy could create a block in the room (Miller et al., 2005). The Royal College of Psychiatrists reports that current services don't meet the needs of refugees with psychological difficulties (2007).

Therapist experience of feeling excluded as the power shifts

Power is raised in literature around this triad and the researcher felt the relevance of this whilst focusing on the phenomenon of this study. The therapist experience of this triad identifies power moving around and the researcher is interested in the experience of the therapist feeling excluded.

This experience of feeling left out was identified by Costa and Briggs (2014) who found that multilingualism in the therapy room can cause those who don't speak the same language to feel disempowered. This can also apply to the counsellor who can find themselves observing the communication between the client and interpreter and not feeling part of it (Miller et al., 2005). These problems can potentially lead to a broken

therapeutic bond between all members of the triad. Additional research found that the therapist can find working with the interpreter and client to be tense and burdensome leading to a fear of losing the depth of communication required in this field of work (Raval & Smith., 2003). Counsellors also noted finding difficulty in forming a constructive working relationship with the interpreter which then filters through to the client. This may present a difficulty when the triad is attempting to include all three members which the researcher feels is an important aspect in this investigation of the therapist experience working in this triad.

This experience of feeling excluded brings questions around the position of power and who it belongs to into the room, as Tribe and Morrissey (2004) also note. They suggest that reliance on the therapeutic dyad shifts and weakens in various ways when the interpreter enters the relationship. Initially it is reported that therapists find the interpreter impacts the ability for the client and therapist to form a trusting bond. However, other findings indicate that having an interpreter in the room who originates from the same country as the client can create enhanced understanding and trust (Tribe & Raval., 2013). Finding an interpreter who matches the client's cultural background may not be an easy task, which also identifies the number of prerequisites that can be helpful for the interpreter to have; this feels connected to loss and resilience as matched culture may provide a clearer understanding between the interpreter and the client. Power feels present in this triadic dynamic due to the different roles being played out and the responsibilities moving between the therapist and the interpreter. In this setting power suggests an individual with greater potency or holding stronger connections with the client which can cause the therapist to feel out of control. There is also a sense of the client losing their sense of agency and having their choices taken away from them as their spoken words are taken and translated by the interpreter without knowing whether they have been directly translated, something that could also apply to the therapist.

The therapeutic dyad is a common feature in psychological therapy and recognised as integral in facilitating change (Jacobs., 2010). This feels important to consider in this study since the therapist experience is being explored. Once the interpreter is in the room this dyad becomes a triad, and recommendations are that the therapist views this as an equilateral triangle where all three are seen as equal members of the experience. Without this adaptation the therapist can feel left out of the relationship (Dearnley., 2000). This may develop due to cultural difference and a lack of understanding of the therapist role, causing the client to feel closer to the interpreter. This is highlighted by Miller and colleagues (2005) who recognise that the interpreter may pass judgement and share this with the client creating a stronger alliance between the client and interpreter, again

causing the therapist to feel left out of the triad. Whilst therapists wish to form a strong alliance within this triad they do experience a sense of being excluded in the room as they witness the relationship between client and interpreter growing in strength (Raval., 2015). The feeling of loss of power is strong here as the therapist is feeling outside of the therapeutic frame. The feeling of exclusion grows due to the fear of this relationship deepening between client and interpreter. This feeling or exclusion appears to be due to cultural and language understanding between the client and interpreter which is noted by Schweitzer and colleagues (2015) who suggest that the move to a triadic relationship brings complex relational dynamics and somewhat suggests a lack of direct involvement in the therapist and client's relationship (Hsieh & Hong, 2010; Pugh & Vetere., 2009). The discussed loss of power is symbolised by exclusion from the triad and could be an indication of the therapist feeling their knowledge and therapeutic skill is not being utilised.

Further research comments on the power differences in the therapist-interpreter relationship which was something experienced by the therapist but not by the client (Becher & Wieleg., 2015). Looking at the dynamics of the three relationships in this triad Boss-Prieto and colleagues (2010) discovered that the interpreter's alliance was more to the client than the therapist. This could suggest that the therapist's idea of alliance with the interpreter may be less solid possibly creating space for the therapist to feel excluded.

Whilst this current study is curious about the impact of working as a therapist with a refugee and interpreter, there is great significance and importance attached to how the roles of the therapist and interpreter impact the refugee. The functions of psychotherapy include facilitating change for the client although this should not suggest that the client is a passive bystander in this process. On the contrary the client is identified as being an active player in their therapeutic work (Levitt et al., 2016).

Regardless of our chosen profession or which seat we choose in the therapy room cultural conditioning is something that applies to each of us and can be influential in forming a therapeutic relationship whether we are conscious of this or not (Sue & Sue., 2012). Sources of comfort and support may be a small group of individuals who are also refugees and therefore possibly experiencing their own difficulties whilst they adjust to a new way of life at the same time as navigating a new government system. A sense of powerless can occur for the client as they may have lost their role within the family, their community and their workplace which comes with involuntary moving to a new country (Sue & Sue., 2012). There may also be concerns around losing their connection with their culture and their children being raised in a Western country (Weine et al., 2006). The importance for the therapist to be aware of these factors may help promote more culturally

sensitive therapy at the same time as recognising the refugee client as a facilitator in their own change by being aware of their own agency. Psychotherapy can be seen as an opportunity for the refugee to enhance their own autonomy and empowerment as they become involved in enhancing their emotional understanding by connecting with the therapist (Timulak., 2007).

Vicarious trauma for the therapist and interpreter

By connecting with the refugee it is possible the therapist is exposed to the unique traumas of refugees which are recognised as specific and complex psychological difficulties due to their experiences of war, destruction, displacement and possible torture. Understanding vicarious trauma for the therapist is an important area to explore as the therapist's experience of working with a refugee and interpreter is the phenomenon under investigation. A report on the impact of refugee trauma on the interpreter recognises that vicarious trauma is a significant factor contributing to the success of therapy (Simms et al., 2021). Despite the training given and expertise held by the therapist both the therapist and interpreter are equally at risk of vicarious trauma. This was found to be true in a study which discovered that vicarious trauma could develop for the healthcare professional when being repeatedly exposed to highly traumatic narratives (Finklestein et al., 2015). The provision of specific training and support was identified as being important in supporting the professional (Finklestein et al., 2015) indicating how the quality of interpretation provided by the interpreter, and their feelings in the therapy room, have an impact on the triad (Finklestein et al., 2015). Reports from an earlier study suggest that interpreters have been affected by the stories told by the client which left them feeling guilty and distressed, encouraging them to employ their own strategies to help them cope (Butler., 2008). Some stories meant the interpreter was revisiting their own previous trauma whilst not having the tools to be able to manage this (Miller et al., 2005). They also discovered that interpreters may leave the therapy room during the session with the refugee to help manage their distress. A common response by the therapist was becoming overwhelmed by the client's needs and in attempts to manage this, becoming over involved with the refugee (Schweitzer et al., 2015). They added that therapists describe their work with refugees as difficult and overwhelming, seeing burnout and vicarious trauma frequently.

It is understood that many interpreters have themselves been refugees, so re-triggering the trauma is not unusual. This may impact the therapist which is significant in their experience of working in this triad. This re-triggering can cause blurring of emotion and

empathy in the room as it is unclear who this belongs to. One study argued that mental health professionals could provide regular debrief sessions for the interpreter after meeting with clients to help manage their own difficulty (Tribe & Lane., 2009). There have been concerns raised that without this support there is a higher chance that the interpreter could turn to family members for support which of course has an implication on client confidentiality. The interpreter's difficulty in holding emotion in the therapy room when listening to distressing narratives from the client was also discovered (Miller et al., 2005). They also reported that on occasions the interpreter was not able to interpret immediately due to their own emotional connection to what they heard, so for a period of time the therapist sat outside of the experience.

An opportunity for the therapist to become psychologically harmed when working with client trauma was also recognised along with the positive impacts of working with trauma. These positive impacts include vicarious resilience, altruism and growth (Hernandez et al., 2010).

How the therapist experiences the expression of empathy and emotion

Given the phenomenon being studied is the therapist's experience of working in this triad, the researcher felt it important to consider how the therapist experiences the expression of empathy and emotion in this context. It is widely recognised that empathy is regarded as a core component in therapeutic work and can allow therapists to feel, think and understand what a client may be experiencing. Empathy is a necessary element for the development of a client therapist relationship although there can be different perspectives on this which are more noticeable in transcultural therapies (Mirdal et al., 2012). These may be due to different understandings of what therapy is. They also identified that recent studies claim that understanding of empathy in the west can be different from an eastern understanding and may be less applicable in work with an interpreter due to the loss of empathic communication in this three-way interaction. It is noted that empathy develops through the continuous interaction between the therapist and client, and where the interpreter is intercepting this, there could also be a lack of understanding of empathy between different cultures (Pugh & Vetere., 2009).

At the same time, it does not seem possible for the interpreter to be treated as a bystander outside of these relationships, as a robot there only to translate words. '*Meaning does not exist in a vacuum'* (Bot & Wadensjo., 2004) and the words we use are chosen to create sense of our subject. Therefore, all three in the therapy room have a responsibility to be emotionally present for the duration. Interpreting is about more than

interpreting the words spoken by the refugee. Examples are recognising and understanding non-verbal language, translating accurately, understanding the 'type' of language for the therapy profession and recognising trauma focused words. Accurate translation in the profession of psychological therapy involves understanding the emotions communicated, verbally and non-verbally (Tribe & Morrissey., 2004) which feels important to the researcher in this study of the therapist experience since the work involves communicating and understanding emotions.

A further study found that therapists felt overwhelming emotions from the refugee clients' trauma and the size of their situation, describing therapists feeling like crying and consequently working ineffectively (Schweitzer et al., 2015). In a study inquiring into the successful use of Cognitive Behaviour Therapy (CBT) with immigrants where English was their second language, it was noted how an interpreter can damage the therapeutic alliance whilst at the same time recognising how language is our individual vehicle for expressing our emotions (Singh., 2016). They went on to suggest the client uses their first language to express their emotions and English to 'do' CBT. This study concluded that emotion is conveyed with connection to the event and some higher level of memory can be accessed by the mother tongue (Singh., 2016).

It seems understandable that misunderstandings may arise in the therapy room when there is a disparity between cultural understanding of what is appropriate in the language used and the meaning of emotional displays. This also raises questions about how interpreters can convey this disparity, noting that the interpreter's expression of the client's emotion may get muddled as their own causing confusion for the therapist. Cultural differences may bring confusion and the interpreter may be unsure how to interpret distressing information for the therapist, possibly causing them to exaggerate or cover up the information (Hsieh & Nicodemus., 2015). An additional observation made by Schenker (2012) suggests that emotion has different meanings to different cultures which may cause the interpreter to deliver an inaccurate narrative. These factors may combine to create the view of the interpreters' role as an obstacle to, as well as a facilitator of, the empathic process. This is because the emotional connection between healthcare worker and client requires interpreter help to be conveyed. Due to the complexity of cross-cultural understanding of emotion, language and culture, it can cause a compromise in the appropriate treatment for the client (Hseih & Nicodemus., 2015). Whilst this provides interesting views into the complexities of the triadic relationships, there is a lack of research available regarding the impact for the therapist.

Therapists' experience and use of emotional language in working with interpreters

The therapist experience in this setting is the phenomenon under investigation so the researcher was curious about the therapist's experience of the use of emotional language when working with the interpreter. Transference and countertransference in a psychodynamic therapeutic relationship with an interpreter present was explored by Schweitzer and colleagues (2013). They discovered that the relationship between therapist and client altered and became a more complex triadic relationship with the interpreter in the room as they took the role of container; something that is necessary to facilitate a safe therapeutic environment and also a feature of psychological therapy. The container provides the client with a safe and holding space allowing them to express themselves in safety. It was also documented that the client welcomes the empathy brought into the room by the interpreter which was endorsed by the emotional responses the therapist had with the interpreter as they responded to the client-interpreter relationship. What is noticeable here is the positive outcome in recognising that the therapeutic effectiveness of transference and counter transference in the triad can be successfully achieved (Schweitzer et al., 2003).

This highlights the importance of how lexical interpretation involves the translation of both verbal and emotional responses which are our internal and external communications (Mudarikiri, 2003; Pugh & Vetere., 2009). Adding to this, Tribe (1999) identifies that interpreters are required to translate the client's narrative immediately without a gap or silence, and at a fast pace which allows little time to consider the emotional undertone and internal dialogue that may also be present and expressed. In a more typical dyadic setting non-verbal communications along with cultural attitudes, beliefs and expressions would also be shared with the therapist although these exact meanings can be difficult to draw out between languages (Marcos, 1979; Westermeyer., 1989, Pugh & Vetere., 2009). An outcome can be non-verbal communication is harder to understand. The discourse of psychology forming from Western culture and language was written in a study, highlighting that not all words have a translatable equivalent (Tribe, 1999). This was added to in a study by Farooq and Fear (2003) who report that language is how our history is understood. Whilst these studies are thinking about the refugee/interpreter/therapist triad, the underlying feature is that we use language to describe our experience and communicate our feelings (Cushing, 2003; Raval., 2000).

Other concerns around the accuracy of interpretations were identified by Farooq, Fear and Oyebode (1997). They found that therapists can feel limited if they are unable to speak a common language with their client as communicating clearly is how difficult

experiences are described. This level of distress is also communicated through other types of communication. Non-verbal cues were identified as being used by the therapist to lead them to what the client may be feeling. This also identifies how much harder it is to achieve this with the interpreter present (Cushing., 2003).

Previous research on working with refugees with interpreters in a CBT framework showed that interpreting can hinder therapy outcomes although the involvement of the interpreter may also have positive outcomes (d'Ardenne et al., 2007). Interestingly there are more people in the world who consider themselves multilingual than those who speak one language (Hamers & Blanc., 2000). Whilst this suggests a greater opportunity of sourcing someone with a second language this tends to be more applicable in the west. Emotion words along with their identified meaning are stored at a less meaningful level when they are in a second language, noted Altarriba (2003). The language we use is the primary means through which our emotions are labelled and expressed (Altarriba et al., 1999). It could be due to this important factor that psychologists and therapists report having reservations about the use of interpreters (Gerrish et al., 2004). Further studies report that we think and feel differently when speaking one or more languages. This can affect the decisions made which is impacted by the culture connected to the language (Marian & Kaushanskaya., 2004). People express their emotions differently in a second language and that can have a significant impact on therapy. Therefore, in the work with interpreters' clients express themselves in their mother tongue but the meaning is conveyed in a different way to the therapist. The literature brings a variety of mixed emotions about the role of the interpreter with this particular client group, and Brissett and colleagues (2014) discuss the significance of language in mental health therapy identifying that the difference in culture and language can be a barrier to the success of therapy.

The interpreter is a positive versus negative influence for the therapist

The therapeutic relationship typically involves the therapist and the client, and with this in mind the researcher was curious to understand the positive influence on the therapist of having the interpreter in the room to inform the researcher about the therapist's experience of working in this triad which is the phenomenon under investigation. The positive influence of using an interpreter in the room was identified by Brissett and colleagues (2014) who acknowledge that this can improve therapeutic outcomes as long as practitioners are trained in using interpreters.

The role of interpreters in the room was considered in an earlier study by Bischoff and Hudelson (2010) who notice communication barriers causing a weakened communication,

therapeutic alliance and subsequent poor outcome for the client. This was added to by Searight and Searight (2009) who found that therapists are becoming more aware of the significance of interpreters demonstrating warmth and empathy toward the client rather than simply translating each word for word in a mechanical manner.

A case study following cognitive behavioural therapy (CBT) was considered by Mofrad and Webster (2012) who reported that the therapist often felt that they were not in control of the therapeutic session. They also note that although the interpreter was able to enhance communication and understanding of cultural differences, there were concerns around bias and missing information.

The literature does also show that the interpreter not only acts as the bridge in a positive way but also needs their own support. Whilst supervision may be provided for the therapist, it isn't clear what support has been made available for the interpreter and it is not uncommon for the interpreter to turn to the therapist for support (Costa., 2010). Although there is suggestion that the interpreter is a positive factor in therapy with refugees, there is also acknowledgement that this style of working can be complicated due to the unknown professional background of the interpreter. Research has indicated that some interpreters may use the therapeutic setting for their own gain, have their own ideas about how the session should run and may be unable to adopt the compassionate and empathic approach that is required in therapeutic work. This could also include reacting judgmentally toward the client and their disclosure leading to the client feeling less at ease to continue describing their difficulty (Gartley & Due., 2017). Equally there maybe occasions when the interpreter attempts to shield the client from shame by selecting the translation of some descriptions such as suicidal ideation or flashbacks. This may be detected by the therapist through vague interpretation offered by the interpreter, in which case a different interpreter is advised (Westermeyer., 1989).

This cross-cultural understanding of emotion was noticed by Pugh and Vetere (2009) in their study where they noted that the emotions in the room affect all three parties finding that therapists were mostly concerned that interpretation may lead to changes in empathic messages. This supports the significance of non-verbal empathic communication leading to concerns that this can be lost in interpretation. These concerns led to the therapist feeling the client may experience the interpreter as empathic rather than the therapist, contributing to feelings of being excluded (Roy 1993). This highlights the importance for the interpreter to understand how a therapist works with their client. Further concerns were that the interpreter may put a bias on the client's story which could influence how the therapist understands the client's narrative. Concerns also conveyed questions around the

interpreters' comprehension of empathic dialogues and their inability to engage the client in direct communication. Empathic dialogue includes eye contact, body language, tone of voice and the manner in which something is expressed.

The experience of psychotherapy for refugees was studied by Ali-Roubaiy and colleagues (2017) who discovered positive feedback from refugees. This includes the benefit of having the opportunity to verbalise their thoughts and feelings. Negative feedback includes a lack of cultural or linguistic understanding from the therapist coupled with incompetence, highlighting the importance of having an interpreter in the room to help convey these important factors.

A great impact on the therapist working with the refugee highlighting the need for supervision was identified in the study by Schweitzer et al., (2015). They also identify the risk of burnout whilst acknowledging the positive effects which include greater reflection and enhanced meaning in the therapist life.

The phenomenon being studied is the therapist experience of working in this triad, and from the current literature available it seems that there is a continuous flow of helpful and unhelpful characteristics identified from having the interpreter in the room. What appears to be neglected is the impact this triad has on the therapist which will be focused on in this study. Whilst the vast amount of literature in this field covers the different aspects of this triadic work, the lack of literature on how the therapist is impacted aims to be developed from this current study. The author discovered literature supporting the mental health worker working with refugees although few of these studies involved the triadic setting and interpreter.

Rationale for the current study

The phenomenon under investigation in this study is exploring the therapist's experience of working in this triad. The theoretical framework of loss and resilience has been conceptualised by two thought processes; one is through personal interest in how the refugee may lose everything, arrive in a country of refuge and rebuild their life from scratch. This is also borne from the researcher's own experiences as described earlier. Secondly the framework has guided the researcher in the literature which is broad, whilst focusing on the therapist experience in this triad. Despite the research focus being on the therapist experience, each area of the literature review was felt to connect with the concept of loss and resilience due to the refugee being an integral person in this study. This facilitated a more informed approach to this study to help the researcher and reader

understand the many areas that are considered in this work. Government systems are discussed which is also shared by the participants in the analysis, identifying the importance of understanding the asylum and refugee process which identifies how loss and resilience are present throughout the refugee's resettlement. Culture and language are seen as important in the framework of loss and resilience which is also shared in the analysis, as well as an understanding of mental health which again is highlighted in the analysis. Matching the best interpreter along with the relationships in the triad and their impact on the therapist are discussed due to the study focusing on the therapist experience. These findings in the literature felt connected to loss and resilience since they highlight how present they are for the therapist in the therapy room. This is included in further literature around boundaries, power, vicarious trauma, and emotional expression. The influence of the interpreter on the therapist highlights the potential difficulties along with potential benefits of the interpreter in therapy. This is also identified through the participant narratives and mostly seen as a positive impact. The researcher felt the literature findings link to the study aims by creating an in-depth discussion of the range of influencing factors which are significant in this area of therapy. This project focuses on the impact on the therapist of working in this triad and it is hoped that the literature brings an understanding to the reader of the breadth of this area.

This review of the literature shows that whilst there is a considerable amount of research available that considers the psychological support offered to refugees supported by interpreters and therapists, there is limited literature that discusses what may be occurring for the therapist in this setting. The aspiration is for this study to add to the discussion on the psychological therapies for refugees especially given the recent global events and the growing needs of this population.

Schweitzer and colleagues (2013) present an interesting study that discusses the role of the interpreter in the therapeutic relationship with particular focus on how psychodynamic therapy is delivered. Whilst there is interesting data concerning the impact on psychodynamic therapy and translation, the focus of the study is specific and narrow. The study looks at how unconscious material is dealt with using an interpreter. Whilst this research is pertinent to the current study through its curiosity around the triadic relationships between client, interpreter and therapist a further noticeable difference is the focus on the client's difficulty. This study presents an argument where the client is an immigrant from 20 years ago and experiencing depression following a life event (Schweitzer et al., 2013). Whilst this study brings some interesting results to the forefront the client base is different from a refugee which has various implications, for example the government processes to gain citizenship and the level of distress the refugee

experiences when travelling to and arriving in their country of refuge (UNHCR). However, this research does highlight the importance of supervision in the triadic setting along with observations on the therapists' conscious processes during periods of translation (Schweitzer et al. 2013).

A further study that considers the role of the interpreter in the triadic setting with a refugee is Miller and colleagues (2005) where the experience of both the therapist and the interpreter is considered. Whilst a bigger focus in this study is on the interpreter experience, there are interesting results that highlight significant changes to therapy from a dyad to a triad. This research identifies the lack of available studies that focus on the role of the therapist with an interpreter and refugee noting that the refugee experience is unique in terms of their social losses and the prevalence of violence and subsequent psychological trauma (Miller et al., 2015).

It is evident from the literature that whilst studies considering this therapeutic triad are available there is a lack of focus on the therapist experience when working with refugees and interpreters. Based on this the current study hopes to gain significant insight into the therapist experience which will potentially improve the therapeutic offering to the refugee and the support available for the therapist.

Aims and objectives

Based on this, the present study aims to explore the therapist experience of working with refugees with an interpreter in the room. The triadic setting is of curiosity however the focus allows the voices of therapists working with interpreters to be heard.

With this in mind the main objectives of this research are;

1. to understand the dynamics in the therapy room when an interpreter is present to support the refugee, focusing on the experience of the therapist

2. To understand the complexities of communicating with a refugee via an interpreter focusing on how emotional language is captured and how empathy is conveyed from the therapist perspective.

3. To explore the mental health services provision for refugees from the therapists' perspective

Finally, it is anticipated that there will be potential benefits from this research for the clients as well as the therapists and interpreters, and the therapeutic relationships developed in this context.

Methodology

This chapter offers a summary and explanation of the approach taken to answer the research questions focusing on allowing the voices of therapists working with refugees and interpreters to be heard. The philosophical underpinnings and rationale for choosing Interpretative Phenomenological Analysis (IPA) as a methodology will be described along with a reflexivity discussion.

This chapter captures the theoretical and epistemological assumptions before moving into a discussion of the more specific procedural details that form this study which reflect the researcher's efforts to deliver an ethically sound and good quality piece of research work.

Aims of the study

This study looks through a phenomenological lens at the lived experience of six participants, all of whom are psychological therapists working with refugees and interpreters in order to gain a deeper insight into their experience in these triadic therapeutic relationships. Given the aims of this study are to try and understand the therapist perspective of working in this triad, a qualitative methodology is deemed to be the most suitable research paradigm.

Qualitative v Quantitative

There is limited research available which considers the therapist's experience of working with refugees supported by an interpreter (e.g; Schweitzer et al., 2015; Posselt et al., 2020; Simms et al., 2021). Therefore, a qualitative method is deemed suitable to answer the research question and add to the discussion in the literature. Additionally, given the meaning the participant attributes to the experience was being explored, a qualitative approach seemed most suitable. This can facilitate the opportunity to access meanings, interpretations and perspectives (Willig., 2013). The ontological positioning in this study is critical realist (Harper & Thompson., 2012) which assumes that what the participant says informs the researcher about their lived experience, although their reality is far more deeply rooted and influenced by the wider context which informs the reality. Language is the means through which we can gain access to the participant experience which is presented in a study highlighting the significance of language in qualitative research and acknowledging that language is the vehicle for gathering data (Polkinghorne et al., 2005).

Qualitative research provides a space to explore thoughts, feelings, meaning, perspective and interpretation whilst remaining sensitive to the individual (Willig., 2001). Since the research aims to explore the experience of the therapist working with a refugee and interpreter a quantitative methodology would restrict the collected knowledge and limit the space for participants to develop their narrative. Qualitative research is widely recognised to hold an interest in meanings rather than reports and measures of behaviour or cognitions. The interest is in the individual's interpretation of meaning rather than setting out to test a hypothesis (Braun & Clarke., 2013).

Quantitative approaches consider associations between events where the focus is on what happens, generally considering a hypothesis and sets out to determine its validity, an approach which is not focused so much on sense-making which is the essence of qualitative approaches (Smith et al., 2009). Whilst there is space for both qualitative and quantitative methods within Counselling Psychology, the research question aims to explore the therapist's lived experience. Murphy (2017) also notes that Counselling Psychology is regarded as holding a close association with psychotherapeutic interventions; this promotes qualitative research as a relevant tool for clinical practice and aligns itself with a qualitative approach to this study.

Rationale for chosen methodology

The experience of the therapist is being studied to provide knowledge rather than testing a hypothesis. Language and experience are integral factors in this process, and a research paradigm which holds an interpretative foundation around experience is considered by the researcher as the most suitable approach.

The researcher has chosen to use a qualitative methodology due to the study focus being on lived experience, whilst also being influenced by the foundations of Counselling Psychology which have a strong humanistic belief. Psychological research aims to discover more about human behaviour and experience. Qualitative research specifically aims to offer an understanding of people's experiences and the meaning they give to these (Willig & Stainton Rogers., 2008) which is an important factor in this study since the aims are to understand the experience of therapists. IPA is the methodology of choice given the idiographic focus on the participants lived experiences as a therapist in this setting. IPA is theoretically situated in critical realism which proposes that reality has an independent existence but is perceived through our individual lens (Bhaskar., 1989). This methodology is based on three theoretical philosophical underpinnings; phenomenology, hermeneutics and idiography (Smith et al., 2009) and was deemed as the most suitable

methodology to answer the research question given IPA aims to expand the understanding of a particular phenomenon rather than seek causal explanations.

Historically, IPA formed from a recognition that an experiential and qualitative approach to psychology was needed as stated in Jonathan Smith's paper (1996). Since then IPA has grown strongly in counselling and clinical psychology from its original development primarily in health psychology (Smith., 1996) and it is this focus on lived experience that has made IPA increasingly popular in counselling psychology (Brain & Clarke, 2003).

IPA was the chosen methodology for this research since the aim was to explore the experience of the therapist working with the refugee supported by an interpreter. The expression of meaning as being a particular thing for the particular person in the particular circumstance connects with IPA's idiographic engagement (Smith., 2019). IPA's commitment to idiography is a reason why it is chosen as the most suitable methodology for this project since it focuses on the detailed analysis of individual participants. What follows is a description of each of the three principles of IPA coupled with its relevance to this study.

The philosophical underpinnings of IPA are bound around three principles of philosophy. These are phenomenology, hermeneutics and idiography (Smith et al., 2009).

Phenomenology is concerned with the detail of how things appear to individuals in their own experiences by identifying the core components of phenomena or experiences which make them unique to each person (Smith., 2019). In this study this applies to the individual experience of each participant and how they understand their own experience. Larkin and colleagues (2006) suggest that an IPA study aims to look at the experience of each participant with great detail stating that the core of IPA is the interest and depth of understanding in the individual experience and the meaning of this. This study aims to explore the experience of the therapist working in the triad rather than look for a definitive answer. Larkin and colleagues (2006) also proposed that primary aims of this methodology include giving 'voice' to the participants experience and interpreting this; a feature that was important to this research if the study aims were to be answered. The second underpinning is hermeneutics, an approach that establishes a meaning from an experience, creating an event into an experience (Smith., 2019). This is described as something that is unseen can become seen similar to translating an experience for others to see (Pietkiewicz & Smith, 2014). A further development is the hermeneutic circle which is concerned with the relationship between the part and the whole as described by Smith and colleagues (2009).

'*To understand any given part, you look at the whole; to understand the whole, you look at the parts.'* (Smith et al., 2009, p28).

Within IPA the double hermeneutic is where the researcher is trying to make sense of the participant's sense making (Smith, Flowers & Larkin, 2009). This has significance in this study in relation to how the data has been analysed which will be discussed further on in this chapter. The double hermeneutic is also a feature of IPA that highlights the significance of reflexivity, so the researcher is aware of their self in the data analysis. The researcher is exploring the phenomenon of the therapist experience working with a refugee and interpreter and to discover the depth she is interested in exploring, the double hermeneutic permits a wider exploration into the researcher making sense of the participant's own sense making of this experience.

The third theoretical underpinning is idiography, an influence that feels especially important in this project due to its concern with the particular. IPA's commitment to idiography occurs at two levels; sense of detail coupled with depth of analysis (Smith et al., 2009). Placing focus on the detail of how particular experiential phenomena have been understood from the perspective of particular people, in a particular context, which in this study is therapists working with refugees and interpreters. This contrasts with nomothetic, a second approach to knowledge and one often used in psychology which is concerned with making claims of a group whilst establishing general laws of human behaviour (Smith et al., 2009). Given the aim of this study is to capture the detail of the individual's experience to understand what sense the therapist makes of this, this central premise of IPA is of significance. In this study the Covid-19 pandemic could be seen as a contextual factor that influenced both its design and its findings.

Deciding which method to apply was a carefully considered process bearing in mind the importance of the research methodology being the most suited to what the research aims to explore (Braun & Clarke., 2006). The researcher considered thematic analysis (TA) and grounded theory (GT) during this process as both are approaches that focus on the exploration of experience. TA is a flexible method which can be used across the epistemological and ontological spectrum allowing it to be critical realist or constructionist. TA is a systematic approach for identifying and reporting patterns across a data set which could make it suitable for this study since TA's flexibility is one of its strengths. However, this approach is a method for data analysis and does not prescribe a method for data collection, theoretical positions or epistemological frameworks and could have limited interpretative power (Braun & Clarke., 2013). It can also be criticised for its lack of depth and structure in analysis as it does not lend itself to detailed first person accounts of

people's experiences and the individual's voice may become 'lost' in the data running a risk of the analysis being more descriptive than interpretative (Braun & Clarke., 2013). TA does not offer the focus on lived experience which is a main feature of IPA and the aim of this study. It was at this point that the researcher realised this may not be helpful for this study as the aim was to focus on the individual's voice. Following considerable reflection on aspects of this project including the participant sample and the philosophical underpinning, TA was rejected. Unlike TA IPA provides a framework for the research as a methodology (Braun & Clarke., 2013). Larkin and colleagues (2006) identify IPA as a theoretically informed approach to research. The aim was to reach this depth in the analysis through the interpretation stages of analysis included in the IPA framework (Braun & Clarke., 2006).

In coming to the decision to use IPA GT was also considered as a qualitative research process where theory about the phenomenon being explored emerges from the data. Findings in GT are grounded in specific theory and contexts which are generated from the emerging data (Willig & Stainton-Rogers, 2008). IPA and GT may be viewed as similar as they aim to develop a map that represents the individual's world view, their approach to analysis is similar in that they are both developing key categories and master themes that capture the process and meaning of the explored phenomenon (Willig & Stainton-Rogers 2008). However, drawbacks for using GT in this study were identified from suggestions made by Willig & Stainton-Rogers (2008) that GT generally subscribes to a positivist epistemology and refrains from addressing questions of reflexivity to the depth the researcher is trained as a fundamental element of Counselling Psychology. GT also holds focus on exploring social processes which may limit its suitability to exploring phenomenological investigations, as in this study which explores the therapist experience of working in this triad. As a trainee Counselling Psychologist reflexivity is a core component of the researcher's approach to exploring the phenomenon of the therapist experience of working in a triad with a refugee and interpreter. Reflexivity allows the researcher to work methodically through the data analysis and apply depth to the interpretative element of IPA whilst being aware of her own role in this exploration.

IPA was the best choice for this project given its' focus of exploring the lived experience of the participants to understand the phenomenon being researched. In this case the experience of therapists working with refugees supported by interpreters (McLeod., 2003). IPA is interested in what is within the data whereas TA and GT are looking across a data set (Braun & Clarke., 2006). Unravelling the meaning held in the participant's story within this study is a process that has required a significant amount of reflection in order for the researcher to make sense of her own sense making of the individual's experience. When

this project was conceived these three methods were considered whilst the researcher was aware that the investigation required interpretative depth and reflexivity to bring interesting findings to the surface.

IPA offers a straight-forward set of procedures for the researcher to follow which also provide a great degree of flexibility. An element of this is the in-depth exploration of the experience of the participants which falls in line well with the research question of this study which centres around the lived experiences of therapists working with refugees supported by interpreters. IPA aims to explore, describe, interpret and discover the way the participants make sense of their own experience (Smith et al., 2009).

Different aspects of this study were considered carefully in deciding the research design and elements such as the participant sample, the philosophical paradigm and the research question caused GT to be rejected. Within IPA participants are asked questions about their experiences and perspectives which aligns with the research question which centres on the exploration of the therapist experience working in a therapeutic triad with a refugee and interpreter.

Epistemology

The epistemological position the researcher has taken for this study is critical realist whilst also drawing on phenomenology. This position sits with the assumption that the data collected can tell us something about people's involvement. IPA follows a critical realist approach since its core premise is inquiring into peoples lived experiences, believing that knowledge is gained in the world but experienced individually (Braun & Clarke., 2003). This position is also in keeping with the view that each of us has our own experience viewed through our individual lens which the researcher is looking to capture in this project.

Critical realism acknowledges that the world is real and that the production of knowledge is fallible whilst acknowledging representations of this reality are characterised by individual differences such as culture and language (Bhaskar., 1989). Critical realism adheres to the epistemological position by considering social structures and the individual (Bhaskar., 1989). This is strongly connected to IPA since the methodology is committed to exploring how people make sense of their life experiences. As a qualitative approach IPA is compatible with a critical realist epistemology (Reid, Flowers, & Larkin., 2005). This paradigm aligns with the current study as it explores the way therapists make sense of their experience of working with an interpreter. There is recognition that each individual

has their own unique experience, meaning there are a range of outcomes (Bhaskar., 1989). Critical realism sits on a continuum of approaches where positivism and constructivism sit at either end. Critical realism proposes that whilst the data provides us with knowledge of what is happening in the world, it does not assume this is done in a self-evident way. It requires interpretation of what may be occurring underneath the phenomena which is where the knowledge we are seeking sits (Willig., 2013).

For this to occur the critical realism paradigm recognises the double hermeneutic as an integral feature of our understanding of the world by recognising that we don't have direct access to understanding reality. The double hermeneutic postulates that the participant interprets their experience and the researcher has access to the experience through these interpretations which they then interpret themselves as they analyse the data (Smith et al., 2009). This double hermeneutic is a core feature of IPA, and since IPA analysis always involves interpretation, this is a critical factor of the paradigm to hold in mind.

This study aimed to understand how the participants have subjectively made sense of their experience of working in a triad with a refugee and an interpreter. Therefore a critical realist ontological and epistemological approach is congruent with the study aims as the inquiry is into the participant experience of their own reality rather than reality itself (Fade, 2004). The accounts of all six participants interviewed in this study are seen as being truthful accounts of their individual experience since critical realism accepts the idea of many credible truths. Each participant account is believed to be true as their own truth, and by using IPA for this study I became aware of the varied truths from the participants about their own experiences. For example, Participant 3 told the researcher that refugees are received well and that the therapists have knowledge and understanding whereas Participant 6 said she felt that services were not able to provide what is needed. When using IPA it is important to remain aware that the participants are describing their own subjective experience and not reality itself.

The primary goal of IPA is for the researcher to develop an understanding of the meaning each participant applies to their own experience. This is identified as a dynamic process by Braun and Clarke, (2013) with the researcher moving between descriptive and interpretative.

Recruitment

The process of IPA undertaken for this study followed the methodical guidelines devised by Smith et al., (2009). After the topic was chosen and refined, the aims were set which

focused on the individual experience of the phenomenon under investigation. The research questions were grounded in a critical realist epistemology and a semi-structured interview schedule was created. After acquiring ethical approval organisations that offer therapeutic services to refugees were researched (Appendix 1). IPA requires a fairly homogenous sample which was in agreement with the current research project since the shared experience allows for convergence and divergence. The importance of being able to examine similarities and differences enables these features to be analysed when they are created from a group that has similar traits (Pietkiewicz & Smith., 2014).

Following the successful email contact with one participant who expressed interest in taking part in the project, the researcher was signposted to organisations where therapists work with refugees and interpreters and also recruited through word of mouth. Once the contact had spoken to them and gained their consent they passed the contact details to the researcher who then emailed the additional individuals outlining the project and requirements. Potential participants received the information for the study via email by the researcher and three of them agreed to participate. The semi-structured interview schedule was used in face-to-face interviews which were arranged and carried out at the participant's place of work with the three participants. They were recorded onto an encrypted memory stick.

Following the progression review in March 2020 the examiners committee recommended to focus more closely on the topic. The decision was then made to recruit new participants. Interviewing the initial participants would demand reframing the interview schedules and context and references would have to be made to the original interview (Ryan et al., 2016). As a result two different groups of interviews would comprise the research data which would not meet the requirements of the methodology and would distort the results (Thomson, 2007; Thomson & Holland., 2003). Following this feedback, the initial interviews were then used as a pilot since it was decided that the interview schedule lacked tightness and clear focus. After a great deal of time refining the research question and interview schedule, the researcher searched online to find organisations that fulfilled the inclusion criteria. At that time the pandemic had started and the United Kingdom was entering lockdown which permitted the researcher to source participants nationally as interviews were to be held online. The researcher contacted eighteen organisations by emailing their administrators. This was forwarded to the therapists inviting them to contact the researcher if they were interested in taking part in this study. Following this initial contact the researcher was able to arrange online interviews with the participants. The homogenous sample required by IPA is in keeping with the research subject. The inclusion and exclusion criteria for the project was participants with

experience of working with refugees and interpreters (Smith et al,. 2009). Eight individuals emailed the researcher, two dropped out for reasons unknown to the researcher and six interviews were arranged on-line. As highlighted by Smith and colleagues (2009) the researcher selected a purposeful sample so they could offer insight into the experience of working therapeutically with a refugee and interpreter. They were selected through referral and opportunity as described above.

IPA studies are generally smaller sizes with the aim being to find a reasonably homogenous sample which will allow convergence and divergence in detail. The recommended size of between three and six participants allows for the development of meaningful points of similarity as well as difference between the participants without creating too much data that may become overwhelming (Smith et al., 2009).

Between three and six participants is seen as being a reasonable size for a student IPA project. The emphasis is on quality rather than quantity and concerns with a larger sample include becoming overwhelmed by the data. Equally a sample smaller than 3 may not provide enough data to develop themes and topics of discussion. However, professional doctorates are identified as being demanding and between four and ten interviews is seen as being sufficient (Smith et al., 2009). The number of participants for this study fell into the middle of this range at six which the researcher felt provided sufficient meaningful data to address the research questions (Smith et al., 2009). With six participants the focus on experience and meaning was explored in depth which is consistent with the principles of IPA. This small number enables a detailed account of each participant experience (Peat et al., 2018).

There were various factors the researcher decided were important as inclusion and exclusion factors which are listed below;

Inclusion criteria:

- Mental health professionals in the form of counselling psychologist/psychologist/therapist/psychotherapist/counsellor – there was flexibility within this inclusion with the foundation being they held a professional qualification
- Qualifications for example a post graduate diploma in counselling/doctorate in counselling psychology
- Current or recent experience of working with refugees with interpreters
- Able to speak and understand English

Exclusion criteria:

- No experience working as a mental health professional with a refugee and an interpreter
- Mental health professional without formal qualification
- Mental health professionals with less than 2 years of post – qualified experience
- Mental health professionals who haven't worked in this field for over 2 years

All participants had current experience of working therapeutically with refugees supported by an interpreter. At the initial stages of contact this was clarified as a prerequisite since the research questions could only be answered through exploring the knowledge and experience of the therapist working in this role. This was also intended to allow participants to talk about current experiences rather than past memories. The researcher became aware of other individuals working in these settings but they did not meet the sampling criteria. Participants were working with males and females supported by male and female interpreters which the researcher felt provided an inclusive base for the research (Appendix 5).

As mentioned above IPA studies are carried out with relatively small samples and strive to find a homogeneous sample (Smith et al, 2009). Given the therapists work with refugees and interpreters with a common goal it could be argued that they are a homogeneous sample. As already discussed additional criteria was put in place to achieve homogeneity, however, the homogeneity of the participant group could be questioned since each participant has different clinical training and have worked in different settings. One could argue that these experiences bring different perspectives to the research and where some have experienced statutory work places and others have not, it is inevitable that their experiences will be different from working with charities who just support refugees. These experiences may impact the data through bringing more varied responses and fewer shared patterns.

Data collection

IPA methodology invites participants to provide rich, detailed, first person accounts of their experiences and interviews are identified as being the best means of accessing such accounts (Smith et al., 2009). Six subsequent interviews were conducted online. In keeping with the IPA methodology, the researcher developed a semi structured interview schedule with open and expansive questions as recommended by Smith and colleagues

(2009). This style of interview provides a less rigid structure for the interviewer to follow whilst at the same time allows the participant freedom to explore any areas of particular interest (Mcleod, 2003).

Interviews have been a well-established method of collecting qualitative data for some time and semi structured one to one interviews allow the participant to be heard. This style of interview gives the participant opportunity to describe their story and experience with greater flexibility and less rigidity, the benefit of which is a collection of rich data (Smith et al., 2009). Using semi – structured individual interviews for the current research project allowed participants to unfold more freely their experiences of working therapeutically with refugees with an interpreter.

Following the first pilot interviews the interview schedule was revised in light of feedback by the research supervisor at the time and the reviewers in PR2 meeting. Based on the feedback, questions should be less broad and more focused on the research aims. The interview schedule was amended and redrafted as more questions were rephrased and included. Ten semi structured questions were then used for the interviews (Appendix 9) which is identified by Smith and colleagues (2009) as a schedule to fill 45 to 90 minutes of conversation. During the formation of the schedule prompts were added so they were available if needed. Participants were made aware of the possible duration of the interview so they could manage their time accordingly. The shortest interview lasted 44 minutes and the longest was 60 minutes.

Adjustments due to COVID-19

While recruitment was undertaken there was an outbreak of COVID-19 leading the government to impose a national lockdown which prevented the ability to meet face to face for interviews. It is also important to note that the interview schedule was devised pre-COVID-19. Therefore the impact of COVID-19 on the participants and their therapeutic work in triads was not explicitly discussed.

Due to the global pandemic face to face interviews were prevented from taking place after the pilot which meant all six interviews were conducted on an online encrypted platform. Limitations from this method of interviewing include missing non-verbal communications, weak and unreliable set-up, and concerns around privacy and access. Benefits of using this style of interviewing were identified as comfortable, unintrusive and relatively easy to arrange (Dodds & Hess., 2020). Participants were interviewed for up to one hour and this took place in the participants place of work or home setting. The researcher used her own

laptop and recorded each interview onto a dictaphone. At the end of the interview the recording was immediately removed from this device and uploaded onto an encrypted password protected memory stick to which only the researcher had access. The researcher then transcribed each interview one by one verbatim. The researcher found that technical difficulties for both parties also brought difficulties into the interview. Examples are loss of video connection, wifi unreliability and undefined interference. Although there is a text chat facility with online platforms which can pick up the interview where the video connection may fail, as discussed by Deakin and Wakefield, (2014), there is the possibility of a break in the therapeutic connection between the therapist and participant. The researcher experienced the narrative flow being interrupted due to undefined interference which caused both parties to lose their train of thought.

Transcription

Each interview was transcribed verbatim using VLC media software to slow down the speed of speech allowing the researcher to capture all spoken words. For depth of data all words and non-semantic sounds from both speakers were recalled. This included pauses and structure of speech ensuring the whole of the conversation was recorded (Smith & Osborn., 2007). As the transcription was typed onto a blank document for each participant the researcher used different colour ink to identify where the participant spoke and where the researcher spoke. The researcher also initially numbered each line of transcribed data which was then broken into chunks of research data as it was broken into experiential statements (Appendix 10).

The researcher was initially engaged in each transcript one at a time to allow absorption into the data and to encourage the researcher to recall her own feelings and thoughts about the participant. This also allowed the researcher to consider the emotion in the participant's voice and consider any features of the conversation that had been noted in their research journal. This journal was kept alongside all transcribing and listening to interviews allowing the researcher to note down observations throughout this process. Some examples are;

'*their voice is flat, I can sense irritation, frustration*?' participant 1, line 866-875

'*thoughtful, sadness in their voice'* participant 1 Line 194-200

Participant 6, a lot of thinking time, pauses.

This tool was invaluable when transcribing as it helped bring memories back for the researcher.

Ethical Considerations

In order to ensure research integrity all ethical matters were considered and this study was ethically approved by the Faculty of Health and Life Sciences Research Ethics Committee on behalf of the University of the West of England Ethics Committee on 17 October 2019, reference HAS.19.07.237 (Appendix 1).

Participants received the participant information sheet, GDPR statement and consent form by email and returned the consent form (Appendices 6,7,& 8) Participants were informed they had the right to withdraw at the beginning of the interview whilst being given the opportunity to ask any questions about the study. Participants were also given the opportunity to email any questions to the researcher before the interview.

Participants in the consent form confirmed that they were informed that they had been given the opportunity to ask questions about the study; they had their questions answered satisfactorily; they are happy for anonymous quotes to be used; they are aware they can withdraw and they agree to take part (Appendix 7).

The consent forms are stored on an encrypted memory stick as described in the University of the West of England Research Data Management Plan. The researcher completed a standard UWE research data management plan which included information stating what data will be collected and how, the privacy and storage of the data and access to the data (Appendix 3).

Transcripts were edited so all identifiable information were removed and numbers have been used throughout the writing up of this study to protect the identity of each participant.

UWE's guidelines for ethics assessment were followed with the support of the researcher's original Director of Studies. Potential risks include emotional distress to the participant leading to an inability to continue with the interview and possible distress to the researcher. These situations highlight the importance of participant information and withdrawal rights along with therapist supervision, journaling and personal therapy. Prior to the commencement of the interview the researcher explained the interview process making sure the participant was fully aware of the procedure and the nature of the questions. All participants were debriefed at the end of the interviews to ensure no distress occurred and the researcher was pleased that no distress was experienced by

any participant. Each participant had contact details for the researcher knowing they could make contact with any queries or concerns (Appendix 6).

Process of Analysis

Guidelines of IPA were implemented for analysis of the data as described in Smith and colleagues 2009, and the steps taken for the analysis are outlined below. This process involved reading and re-reading the data so the researcher felt fully immersed in the data by engaging in one transcript at a time to allow for full submersion into the interview. The transcript included all words spoken by both the participant and the researcher. The researcher opened a new word document for each transcript and created a column either side for coding and themes. The transcript was read numerous times to become familiar with it and notes were made from this. Each line of data was numbered. Through repeated reading of the transcript descriptive, linguistic and conceptual comments were identified which were added into the final column and colour coded for easy identification (Smith et al., 2009). The researcher made interpretative notes as she went along to help understand what the participant may have been experiencing by looking at their language used and thinking of the context (Smith et al., 2009). Once completed the researcher moved onto the next participant and followed the same procedure.

Emerging themes were then captured and written in the left hand column through a process of repeated reading and noting (Appendix 10). An approximate excess of 1700 themes were discovered across all 6 participants, and once the researcher determined this had been well explored a hard copy of all the emerging themes was printed and each individually cut out. They were all placed on a table to enable spatial representations of how and where the themes relate to each other to then be grouped into superordinate themes (Smith et al., 2009) (Appendix 11). The researcher was looking for patterns in the data and followed the processes of abstraction and numeration to achieve this. Abstraction involves identifying patterns and grouping them together; numeration involves considering the frequency a particular statement is supported (Smith et al., 2009) (Appendix 11).

The researcher spent time looking through these themes and referred back to the research journal which helped her see initial themes that had been identified whilst transcribing. Returning to the raw data allowed the researcher to engage in the iterative process of analysis, as indicated in IPA methodology (Smith., 2019). From here the researcher grouped the themes into an excess of 150 subthemes by abstraction (identifying patterns between them) and numeration (frequency of each) permitting a

deeper understanding of the common themes across the interviews. Each superordinate theme was then separated out with all emerging themes that fitted each superordinate theme. Initially six superordinate themes were identified which the researcher believed captured the twelve sub themes. Following supervision and a discussion around the meaning of the superordinate themes and the two sub themes identified for each, the researcher went back to the data to consider whether the superordinate themes could be reduced so that the subthemes could be grouped more closely together. This required the researcher to re-read the transcripts whilst referring back to the groupings made from the themes that had been cut out from the raw data (Appendix 11). Whilst looking back at the patterns across the cases the researcher attempted to find the most potent themes to help reorganise them and in so doing reduced the superordinate themes to five and increased the subthemes to sixteen. The researcher sought to have an equal number of subthemes to each superordinate but as she was led by the data this was not possible, recognising that the importance was listening to the data and grouping according to her analysis and understanding the purpose of the subthemes is to help the reader understand the superordinate theme. To facilitate this process the researcher spent time going deeper into the raw data to reflect on how the six themes were created. As well as re-reading the transcripts and reviewing the groupings, the researcher went back and listened to the recordings to help understand how these superordinate themes had been created. The researcher reflected on the themes to see that some were unique to a participant rather than a pattern across the data. For the data to follow IPA analysis the development of patterns is an important part of this stage of the process and this reflection facilitated the reduction to five superordinate themes and an increase of sub themes to sixteen.

During this process of pattern identification and reviewing the superordinate themes, the researcher also went back to the literature to re-read the original findings. This helped her focus on current literature, findings from this study that support this as well as new information including how the therapist adapts to support this triad and the need for training for all three members of the triad.

To help illustrate this, theme one was originally ‘A lack of sensitivity of mental health in the government system’ described through four subthemes including ‘visa status impacts mental health’ and ‘leave to remain is not always organised before therapy begins’. As the researcher went back to the literature and re-defined this theme, she was guided by the need for a coming together of the government and mental health systems through the participant stories whilst also looking more closely at current literature. An example is Schweitzer and colleagues (2015) who discuss the importance of securing a safe base for the refugee before beginning therapy which brings in both areas of the re-defined theme

whilst also creating broader subthemes. When looking at the patterns in the data the researcher felt the subthemes told a richer and deeper story by becoming broader. The government theme remained the first theme in the analysis since the researcher saw this as the initial step in understanding the refugee, interpreter and therapist. The themes which follow also flow through the researcher's interpretation and understanding of the data.

A further example of how the themes were reduced is the subtheme 'intimacy changes with a third person in the room'. Remembering that the subthemes are informing the reader, after returning to the data the researcher felt this subtheme could be better represented through other subthemes of 'power changes with a third person in the room' and 'therapist can feel left out'. By re-defining these the researcher was able to include more data which providing greater detail and substance to the subtheme. The literature was also informative as Tribe & Raval (2013) identified that a third person can create a trusting relationship with the refugee client which felt to resonate more with power changes and feelings of being left out.

Additionally, an original subtheme of 'the therapist does not know if language is being accurately interpreted' was redefined as 'feeling powerless; a fear of incorrect interpretations'. When the researcher went back to the data this redefined theme created a broader opportunity to include more data by looking more closely at the patterns. This was also influenced by the literature where Farooq & Fear (2003) discuss how language interpretation can be difficult for everyone in the room due to a potential lack of accurate emotional language in the client's first language.

Language was also considered by the researcher as themes and subthemes were redefined. Words that create a more tentative and fluent narrative were felt to be a more accurate representation of the participant's narratives.

This process was undertaken with the greatest level of commitment and dedication to the analysis of the data. By returning to the data repeatedly and applying great attention to detail the researcher ensured she followed the requirements of IPA to ensure a rigorous study was created. Smith et al., (2009) identified the importance of interpretation and the danger of being too descriptive at this stage of the research reminding the researcher to explore each line of each transcript thoroughly. Interpretation of meaning through hermeneutics gives the researcher opportunity to explore what may be beyond the written text which, along with the consideration of language used by the participant are advocated by Smith (2004) as skills which bring together a good quality IPA study that moves away

from a descriptive narrative. In this current study the researcher found that reading and re-reading the transcripts permitted greater interpretation.

The researcher feels it is important to point out that a change in supervisor took place during the summer of 2021 when the researcher had completed the taught part of the doctorate and the global pandemic was continuing. The impact of this change was small. However, time was taken to allow both the new supervisor and the researcher to understand each other's working styles which developed into a supportive working relationship.

Reflexivity

As part of my reflexive process in this study it was important to keep a journal throughout. A main purpose for this was to allow me to reflect on the lens I was viewing each participant which gave me space to consider my own perspective throughout.

I am a white British woman who has worked in the field of mental health for fifteen years. During this time my work has taken me into statutory and private education, the NHS, and private sector services. Since undertaking my training in Counselling Psychology I have worked in a variety of clinical placement settings including IAPT, tier 4 inpatient services, women's mental health and a third sector organisation. I found some of these placements became more challenging as I progressed through the doctoral training as I questioned who I am as a practitioner, and what was important to me. Counselling Psychology sits on a philosophical foundation where the individual experience is at the heart of our work. Working in various NHS settings caused me to think about this in greater detail as I began to find myself compromised between the work I was doing which followed the medical model, and my individual moulding into Counselling Psychology. Working in a tier 4 setting became particularly challenging for me as I struggled with the legal and medical 'rules' largely formed by the Mental Health Act 1993 (www.nhs.uk) that applied to all individuals, whilst thinking about each individual experience and questioning how the person found themselves in a secure setting. Through lengthy conversations with my manager, who was also a Counselling Psychologist, I found ways of thinking about this setting in a different manner which permitted me to think about the client's journey from a different perspective. Being able to make a difference feels important and something I struggled with was feeling I wasn't doing this. Perhaps in such a setting the difference a counselling psychologist makes is of great significance, just not so visible.

I feel this explains something about me as a person, the values I hold and the importance of human freedom, understanding and respect, which leads to the choice of my research project. Refugees have undergone unique experiences which in the western world we interpret as trauma. Through the media we are made aware of conflict and war, and of refugees being displaced, abandoning their unstable home for a journey of unknown potential obstacles, often risking their life to claim a better future in a place of refuge. Through reading about the refugee system sometime before embarking on my Counselling Psychology training I developed a greater curiosity wrapped in compassion for the lives of refugees before, during and after their refugee journey. However, where I seemed to settle was where the refugee was reaching out to services, recognising that we were getting closer to each other and that I may have the opportunity to be instrumental in their development of a new life in their country of refuge.

Part of my interview for the doctorate involved presenting a research idea which at that time, four years ago, considered the experience of the refugee in a mental healthcare setting with an interpreter and therapist. As I began my training and explored this in more depth it became clear that I was looking at this triad from a complicated angle due to the need for interpreters and, more importantly, was possibly looking through a fraction of a lens at an area that quite possibly wasn't the main area of my curiosity. The role of the therapist became my focus which I could see clearly when looking in more detail at this triad. As a trainee Counselling Psychologist I can identify with the therapist, and my curiosity around the impact of the interpreter and refugee grew due to my desire to understand what this experience felt like. I am drawn to the life of a refugee given the perceived lives I believed they have experienced, something that I have learnt about during this project, and something that I feel is possible for me to make a difference in as my career as a Counselling Psychologist develops. The refugee has become part of the world and is a growing population, so understanding more about how the west can support this group feels particularly poignant to me.

I began speaking to organisations in my first year of training to establish whether refugees could possibly be participants, and as my topic developed, these organisations became my starting point to inquire about potential participant therapists. I had researched these organisations online and made initial contact by phone and email (Appendix 4). This was harder than I anticipated due to a minimal number of therapists working in this triad in my local area. However, under the guidance and support of my supervisor at the time I recruited six participants whom I interviewed.

The outcome of my second progression review was quite difficult for me to progress with due to the advice to tighten my research area and expand my interviews. I am not surprised now looking at the progress review 2 feedback. Reading back through my research journal I can see and feel the chaotic rushed approach I took to compiling this stage of my research. Following a break from my project for a few months and under the continued guidance of my supervisor, I returned to the project paying attention to the review feedback, feeling less overwhelmed and spent some considerable time thinking in more detail about what it was I really wanted to explore, where my curiosity sat and how I was going to go about this. Despite difficulties in finding participants, the researcher was delighted at the willingness from those who were interviewed to be part of the research project.

I revised my interview questions with greater depth and focus, adding prompts and returning frequently to my aims with the purpose to ensure I created questions that would elicit in-depth narratives. Adhering to Levitt's principles this permitted me to select procedures that would create insightful findings which apply to my research question (Levitt et al., 2016). Due to the emerging pandemic, I was able to recruit nationally due to online interviewing which helped me greatly in sourcing participants. I enjoyed my data collection – interviewing participants whom I felt I had a shared interest with, and whose professional positioning I understood. Although I found coding interesting and easy to submerge myself in, it ebbed and flowed as my motivation and fascination in my data moved. Keeping a journal was greatly beneficial for the subsequent analysis as it helped bring back vivid memories from the interviews.

When my supervisor changed this brought fresh eyes to my project having a positive impact for me as I took my new supervisor through my research from its conception. This gave me space to engage with and submerge myself in my data again at a point when I was working on analysis. Both supervisors had a different approach, both were supportive, and I came to realise that setting tight deadlines and meeting regularly to discuss my progress was a framework I responded to. Coding my data was difficult to keep focused on until I could see emerging themes which I cut up and spread on the table (Appendix 11) and by now was aware that my research was developing with great commitment. Through frequent meetings with my supervisor to discuss my analysis I was encouraged to think more deeply about my subthemes as they merged and separated. I spent a great length of time on my analysis and development of superordinate themes and despite being advised to keep four subthemes within my superordinate themes, this number was driven by the data with the final number coming together from what the data told me. Initially I had in excess of forty subthemes within eleven superordinate themes at

the time of my progression review three. Reducing these down was not too difficult as, for example, the government superordinate theme was formed from external and legal factors. With the remaining themes, grouping was done by returning to the data and reviewing what I'd found. The themes are in part a reflection of me due to their creation which suggests it is possible another researcher would have gathered and seen different themes from these. This process considered how the themes related to each other in a contextual sense whilst remaining true to the phenomenon under inquiry. This process was grounded in the data and remained so as the analysis developed (Levitt et al., 2016).

When I reflect over the four years of my project I can see how disconnected I became in the initial two years. Whilst this is not surprising, it is helpful for me to see how I have grown with my study in the last twelve months. A research project of this level requires full submersion, and whilst it is difficult to achieve this permanently, a connection with the subject and its growth is essential to develop 'ownership', knowledge and believe in oneself as an expert in this area. As I refer to Haynes (2012) who encourages us to question the way in which we do things within our project, I have been able to do this with greater ease as my thesis has developed. It is fair to acknowledge my initial bias that interpreters were problematic and that this triadic work is difficult, possibly not pleasurable; what I have learnt is how important it is to acknowledge our biases, bracket them and encourage ourselves to stay present with our participant experience whilst remaining aware of our own position in the interview.

Evidence of rigour is found throughout this study and is demonstrated through many of the aspects described above that provide an 'audit trail' from the beginning of the study. This is seen through my engagement with the data especially following the second progress review and my return to the interview question demonstrating my deep engagement and connection with my project. My analysis has created the themes from the participant transcript and has remained true to the participant narrative throughout, whilst supervisor support and my own reflection has been shared above illustrating a commitment to rigour and integrity (Levitt et al., 2016).

The double hermeneutic involves myself making sense of my participant's stories so it is important to identify where I may have influenced the data. In reflecting back to the interviews it seems that each participant felt highly attached to this area of work and felt that working with a refugee was a valuable and important part of their identity. Each of the participants told me they had chosen to work with this client group and that they had developed their self as a therapist who works with refugees and an interpreter so much so that returning to working in a dyad was less likely to happen. Knowing each participant

worked in an organisation that supports refugees and interpreters informed me of their knowledge and commitment to this client group from the beginning, and I was aware of their passion for this topic throughout the interviews, some participants more than others. Throughout the interviews I was struck by the commitment, compassion and strong sense of right and wrong that was shared with me. At times great emotion was shared through the language and expression used by the participants as they described their feelings towards the government systems amongst other aspects this client group experience. My journal was valuable whilst listening to my interviews in helping me identify aspects of each interview that affected me more and where I may have influenced my data more than in other areas. It also helped me reflect on any participant I felt more connected to as I was aware that this permitted a more approachable conversation which I did not experience with all participants. Equally the participants will have had an experience of me as someone with limited knowledge of this client group, and each participant commented on what a valuable phenomenon this study was exploring. Reflecting through my journal showed me that I felt a sense of appreciation and respect from my participants as they expressed their feelings of needing to be heard and for the population to understand more about this client group.

As I reflected on these aspects of interviewing my participants' I was reminded how small my own experience was of being a therapist working with an interpreter where the client was not a refugee. For this reason, I can be considered to have 'outsider' positioning (Braun & Clarke, 2013) for this study. Occupying this position may have led me to feel more drawn into my participants' stories as I was unable to share a lot of their experiences and possibly submerged myself in the data as a novice to this field. Equally, occupying an 'insider' status could also bring different responses to the participant's stories from a perspective that the researcher may have greater affinity to. My journal proved to be an invaluable tool throughout.

Trustworthiness and Methodological Integrity

There has been much discussion around integrity and quality in qualitative research as validity and reliability have been assessed according to the criteria applied to quantitative research (Smith et al., 2009). Over time developments have taken place to assess these important characteristics of research within a qualitative framework, one being Yardley who identifies four principles for this purpose; sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance (Yardley, 2000). These were accepted and considered throughout this study alongside the principles of IPA being

followed. The researcher's commitment to integrity can be evidenced through the steps taken in the creation of this project. These include making good use of the feedback provided by my supervisors and examiners along with being continually informed by previous empirical literature. Then incorporating this into the development of the interview schedule and tightening my research area. Ensuring the research subject was approached with an open mind and remaining grounded on the data, keeping a research journal where personal appraisals and thoughts were separated from the data and auditing the analysis to ensure the themes reliably represent the data. Examples of this are how the subthemes from the data were individually cut out of the transcript and set on the table whilst the researcher took great concern to work through each one and theme appropriately.

Yin (1994) proposes filing all the data so each step can be followed; from initial documentation through to the completed report as a method to check validity of research. In an IPA study this audit could begin from the initial phase of the research proposal through notes, creation of questions, structure of the project, recordings, and drafts up to the final report. This level of evidence and creation of an 'audit trail' provides the reader with the opportunity to assess validity and rigour whilst following the journey of the researcher. From conceptualisation of this project the author has kept a journal detailing meetings with supervisors, ideas as they have grown and altered, plans on what to approach next and research on organisations to approach for sourcing participants. An email folder was created with emails sent to organisations inquiring whether there were potential participants I could recruit (Appendix 4) and all steps have been recorded in the journal throughout the project. This has included reflections on interviews, analysis, planning of the chapters and notes on how to organise and structure the project. Journals and articles were noted in the journal as well as in an electronic document.

Levitt et al.,(2016) proposed that integrity is achieved when research designs and procedures support the research questions, respect the research philosophical assumptions and are tailored to the subject of study. To achieve fidelity to the subject matter the data should be sufficient, the researcher aware of their own influence on the data collection and analysis, and be committed to ensure the findings are grounded within the data that supports understanding. The research findings need to be in context of the research, the data rich and varied, collected from the most appropriate methods to provide an ability to relate findings to one another (Levitt et al., 2016).

Bracketing Assumptions

Within IPA the idea of bracketing relates to setting aside our vision and knowledge of the world as it appears to us through our individual lens requiring me to put my own judgments and expectations to the side to permit full engagement with the data (Smith., 2009). Levitt and colleagues (2016) highlight the importance of bracketing so the researcher is aware of their own influence or bias on their research. The idea being that by reflexive journaling we can become aware of our own assumptions and see how they could influence the data. As mentioned above when I came to this project I was aware of my preconceived assumptions that working as a therapist in this triad maybe difficult, that an interpreter's involvement could be problematic and that mental health services could be better. To manage my perspectives, I used broad language and wide-ranging open-ended questions which were helpful in setting these opinions aside whilst remaining aware of them. The involvement of my bias and pre-conceived ideas was monitored and bracketed as much as possible during the interviews. For example, as the participants described their negative attitudes and beliefs towards the governmental processes and the system for refugees, I could not help myself thinking 'I am not surprised'. These thoughts were recorded in the research journal and revisited during the analysis stage.

Analysis

Having analysed the data from the six participants, 5 superordinate themes emerged that represented the experience of the therapists working with refugees and interpreters. Their lived experience is explored and analysed in the subsequent subthemes. These themes have been formulated using IPA analysis guidelines and are presented in the table below before being discussed in detail with excepts from the therapist's narratives to exemplify the themes.

Superordinate themes	**Sub themes**
1.The union of government and mental health systems	• Government's offer of refuge • Government and third sector refugee support
2. Challenges of interpreting emotion, language, and culture	• Interpreter supports the therapist with cultural knowledge • Feeling powerless; a fear of incorrect interpretations • Fear of losing empathy
3. Control – the bridge within the triad	• Triad creates a family • Interpreter offers space and learning for therapists • Power changes with a third person in the room • Therapist can feel left out
4. The therapist role	• Therapist as a support worker • Feeling responsible • Complex Mental health needs of refugees • Feeling burnt out
5. The interpreter's presence	• Interpreter is positive • The interpreter makes this work • Unresolved trauma for the interpreter

Figure 1 Themes

Quotes are presented after each theme and in order to ensure anonymity for participants, numbers are allocated in the form of P1, P2, P3, P4, P5 and P6. These quotations have

been punctuated for reading ease and care has been taken to keep quotes in context to remain true to the data.

Superordinate Theme 1; The union of government and mental health systems

The first superordinate theme considers different aspects of the government systems experienced by all participants. Every participant discussed the impact of government systems and their experiences and understandings were varied. Each participant felt that the government systems and what happens in the therapy room are entwined. There are two notions held by the participants that the government plays a significant role in supporting the refugee and the attention paid to the way in which refugees are supported by government bodies or by privately funded organisations. Therapy may be slower starting due to the need to work through the difficult experiences of the refugee in the government system, and a lack of stability for the refugee can mean they are not always ready to start therapy. Every participant noticed how the government system may impact the refugee's mental health which in turn impacts the delivery of therapy. The analysis identified that coupled with refugee mental health support is the wider need for supportive government systems.

'the physical conditions they (refugees) *live in sometimes are so appalling and that would help, decent accommodation would go a long way I think, being warm and safe and dry, having their voices heard'[…]'I'm working with people that could be up to at least 15 years of being here without having leave to remain, not being able to work' (p5, line* 297)

'*I wouldn't say the quality of mental health services that I know of in' (*city*) 'are particularly good'[….] I don't there there's a lot of resources for refugees, there are some projects for refugees I think given the number of refugees in' (city) 'with mental health problems it's quite difficult to get a service' (p6 line 3)*

These extracts can be seen to capture the experiences of what is provided and what is available to refugees illustrating the entwining of mental health support and government systems. Participant 6 communicates a sense of disappointment for the services offered in their locality. It was evident from her account that she may see the need for mental health provision for refugees is not received. Participant 5 discusses the impact of the government systems from a different perspective, focusing more on the poor living

conditions refugees can experience. She emphasises the wider impact on the refugee and seems to apply this to therapy and how she feels this impact. Participant 6 seems to feel that the support is not available for the number of refugees needing it and may feel the government have a role to play in this.

Following analysis, it became clear that the theme of the government systems and sensitivity to mental health was recurring. Each participant seemed to feel their own experience of how the government is directly involved with the refugee client's mental health and frustration was expressed throughout the data.

Each therapist interviewed said they embarked on this career out of choice recognising that the government support is an integral element of this work. The therapists commented on how closely they work with the Home Office and require an understanding of the systems in place for refugees, which benefits therapy. The participants shared that having knowledge of the government systems and having the refugee in a stable place regarding their status permitted greater opportunity for therapy to take place. This theme developed from a wide narrative from the participants of the system currently in place for refugees in the UK. Feelings were expressed regarding this and how the therapist's felt they were impacted. Two subthemes support this superordinate theme and were felt to encapsulate what the therapists experience.

Subtheme 1a; Government's offer of refuge

Five of the participants said the refugee experience with the therapist is different from their experience with the Home Office. The participants suggest the refugee may feel traumatised by their Home Office experience which they felt impacts the therapist. Participants described what felt like working with two layers of trauma since the client may be quite traumatised by their Home Office experience. The therapists described their awareness of what the Home Office require and questioned some of their methods suggesting they could be improved as they felt they may not currently be providing what the therapists feel is needed.

In the quote below P4 compares and contrasts what the refugees may speak about in different settings;

'It (therapy) *allows them to speak about what they want to speak about whereas the Home Office and solicitors have to be very focused on particular kinds of evidence and get answers, facts, dates and actually the experience and the trauma' (p4 line 33)*

P4 seems to suggest that in therapy there is more freedom for the client to talk freely and potentially talk about their experiences and traumas, whereas in the Home Office

interview process the refugee has to talk about everything there and then in an attempt to prove their right to asylum status. They describe no freedom or flexibility given for them to choose what to talk about, as indicated by *'solicitors have to be very focused'.* It could probably be inferred that the participant is alluding that the client in therapy is seen as who they are and their refugee experience is not doubted, whereas in contrast, at the Home Office they may not be seen in the same way. They need to talk about their experiences in detail to prove that they did indeed suffer. It seems that there is a comparison between solicitors and therapists, in that solicitors seem very focused on certain questions and topics to be covered, whereas therapists are not as focused specifically in the 'when' and 'what' the client talks about during the therapeutic work.

The way in which P3 communicated their experiences in the quote below suggested that basic needs may not be provided;

'someone who has been sleeping in the street last night – what kind of therapy you want to do with him if you don't find a shelter for him tonight?' [….] *'their life, their status, their immigrant visa status is impacting their mental health very much'* (p3, line 877)

P3 suggests there may be a lack of connection between the government and therapy. It seems that a refugee client may not be offered accommodation whilst at the same time may be offered therapy which seems to be a conflict for P3. There appears to be a feeling of frustration as the two systems of government support and therapeutic support may be running alongside each other rather than working together which illustrates how the two may need to be entwined but may not always be. P3 describes her experience with what feels like passion and respect for the refugee client whilst at the same time feels unable to offer therapy to someone who does not have a place to sleep indicated by *'what kind of therapy you want to do with him if you don't find shelter for him tonight?'* P3 suggests that their role of therapist feels compromised as therapy is unable to occur without these basic needs being met. P3 identifies this possible conflict which she describes with what feels like despair at the idea that this could work, possibly questioning how therapy could be offered before the government may have organised accommodation for the client.

During interview two, Participant 2 described her experience of the role government may have in potentially hindering and increasing the decline in the refugee's mental health;

'they've managed to keep their mental health in relative check…they come here they go into detention, that's when things are becoming so much worse for clients' […] *'being in detention was the worse thing, I've never seen so many people kill themselves or try to kill themselves'* […] *'before I went into detention I was anxious but still able to go out and about'* (p2)

P2 described how the refugee may have been able to look after their own mental health throughout their experience of leaving their home country and arriving in the UK, only then to possibly experience a worsening situation in detention where other refugees may be struggling with their mental health which possibly has an impact on other refugees. As p2 describes her experience she uses language to emphasise her possible frustration illustrated by *'things are becoming so much worse for clients'* and '*was the worse thing'*. Maybe there are different levels of trauma and distress experienced by the refugee which could be identified in p2's experience here.

In the quote below p1 also refers to the detention process;

'we should stop treating refugees as though they are criminals'[…['the detention process in this country is an absolute abomination'[…] 'client's experiences have been one of quite literally slave and master' (p1 line 510)

P1 seems to suggest that refugees may be treated poorly through the asylum system possibly without understanding or acknowledging what they have been through. As she compares the refugee to a *'criminal'* there may be a sense that the refugee is not seen as who they are and may be little understanding of their journey is offered. As she refers to the experience of *'slave and master'* it is possible she is referring to their escape and travel over here, possibly referring to the person who facilitated their journey or the people who may have brought fear and destruction to their homeland that they felt they had to escape. There may be a suggestion that the government facilities are not offering a supportive environment that understands or maybe respects the refugee which may be important to participant 1. As she describes the detention process maybe p1 feels her own sense of responsibility to the client and possibly feels she is part of the system that is giving the refugee this experience described. At the same time she seems to convey possible feelings of her own shame and embarrassment at the way the system is run, which may contribute to why she is working as a therapist in this setting and may feel her own sense of being able to make a difference to refugees.

Subtheme 1b; government and third sector refugee support

Each participant described their experience of different organisations offering refugee support identifying that the government role is necessary in bringing refugees into the country and organising their paperwork and visas. The experiences of the therapists encapsulate both government run and charity run therapy allowing the therapists to reflect on what this means to them. Therapy is accessed either through the National Health Service (NHS) or through local or national charities which are established to support refugees. A key difference highlighted by the therapists is the role of the NHS covering all

mental and physical health conditions of all citizens of the UK whilst third sector organisations are designed exclusively for this client group.

In the below excerpt p3 highlights the knowledge that maybe required to work with this client group;

'in'(service)' in' (city) 'which is exclusively a mental health service for working with asylum seekers and refugees only, most of therapists they are very familiar with this group of clients, ….] with all the challenges, with barriers, with life situation and circumstances, Home Office..' (p3, line 15)

P3 seems to suggest the possible benefit of a service working solely with refugees as she describes the understanding held by the therapists around the wider aspects of the refugee resettlement. It is possible that she feels this is the best way to support the refugees rather than in a statutory organization that may offer support to the wider public. There is a sense of pride implied by her acknowledgment of the service being *'exclusively'* for *asylum seekers and refugee's'* and maybe a suggestion that she and her colleagues are experts or specialists in this area. She describes possibly with ease, the familiarity and knowledge of the Home Office and other aspects of the refugee resettling in the UK and acknowledgement that they may be experts in this field.

In the quote below participant 1 considers the service she works in whilst comparing it to the wider picture;

'we receive them'(refugees)'really well here, I think more broadly they' (refugees) 'are seen as a drain on our system, an inconvenience or often at times as additional frustration for organisations that are already stretched to capacity with people that they can share a language with' (p1, line 16)

P1 shares a possible sense of achievement and pride in the work carried out in this service and her thoughts and approach to the refugee client. '*Receive them really well'* seems to suggest warmth, understanding and a provision of what is needed. She compares this to the national situation and suggests that refugees may be regarded as a problem given the lack of *'capacity'* held by statutory services. Maybe she feels that the NHS is under resourced for this client group and could be identifying the need for interpreters as a necessary part of working with refugee clients. The language she uses to describe '*with people that they can share a language with'* may be highlighting how it can be straight forward in a service designed for refugees which the NHS is not. Possibly she is also suggesting that working as a therapist with this client group requires the therapist to be dedicated to this work to embrace all aspects so the refugee is well received. She

describes her sense that refugees may receive negative feedback from services and suggests they come with additional needs which may not having funding facilities.

In the excerpt below p4 describes her experience of organisations;

'there's a real attempt to try and support refugees, some of the problems are funding, it's a problem for these organisations most of them are third and not statutory' (p4, line 58)

P4 reflects on her experience with a possible sense of helplessness being conveyed as she says '*a real attempt'*. Maybe she feels that she and everyone are trying their best to support the refugees but feels it is a struggle. As she describes problems with funding she maybe implying that the third sector have a greater struggle than statutory services as funding is a possible continual difficulty. However, she describes funding as part of the problem by implying '*some of the problems are funding'* alluding to there being other difficulties. Maybe finding suitable interpreters is a further problem

P5 reflects on her work within the constraints of the service and its resources;

'*I think we do a good job, I take care of the referrals and I contact the refugees pretty much as soon as we get the referral and explain to them what we are about but unfortunately the waiting list is very long' (p5, line 22)*

P5 seems to convey a sense of pride for the quality of work she and colleagues provide at the service illustrated by *'we do a good job'* and in particular about the efficiency in which she does her work, implied by the phrase 'pretty much as soon as'. At the same time, she seems to convey a sense of helplessness or even guilt about the fact that even though she is efficient, the lack of resources may let the refugees down. There potentially is some frustration expressed as if she is saying 'we do what we can but our hands are tied after that'.

Superordinate theme 2; Challenges of interpreting emotion, language and culture

The participants described feeling that language and cultural differences may impact the accuracy of interpreted language. The interpreter's ability to guide and support the therapist around what is and what is not culturally acceptable language to use was experienced by the participants. They describe the challenges in the room which were helped by the interpreter to create a positive impact for the therapist. Emotional language was described as often being different in eastern cultures and the interpreter is often able to guide the therapist around this. The participants also experience missing emotion in therapy as they experienced a sense of not knowing whether everything is being

interpreted accurately. They shared a range of experiences around lack of accuracy of translation and questioning whether the interpretation matches what the participant is asking. This lack of communication is described as a potential difficulty for therapy as the translation may be inaccurate. They share experiences of certain words being unacceptable in some eastern languages. Despite the challenges and the impact of the interpretations on the information exchange in the therapy room, the presence of the interpreters can have a significant role in the therapy processes with refugees.

Subtheme 2a; interpreter supports the therapist with cultural knowledge

The participants shared their experiences of how the cultural differences and discrepancies in the triad have raised challenges for them. The participants share how at times the interpreter offers the therapist a filter through which they can monitor the language they use which helps them navigate a suitable linguistic approach.

Below p4 communicates her experience which could suggest a need to control;

'*it can feel sometimes like the pace of what the interpreter is saying is a bit trying to soften what I'm asking, and sometimes I've asked about that afterwards sometimes interpreters have said to me 'oh in our language you can't say things that directly'' (p4, line 305)*

Participant 4 alludes to possibly feeling unsure whether what she has said has been translated accurately which seems to leave her feeling concerned about where the conversation may move to whilst possibly causing her to feel out of control. She alludes to finding this difficult, and when the interpreter may acknowledge words may need to be changed due to language differences, she may feel she is no longer holding the therapeutic space. This communication possibly changes the pathway of therapy which seems to feel difficult for participant 4. She is potentially conflicted with these possible feelings at the same time as possibly feeling grateful for the interpreter's knowledge and guidance with these areas that she is lacking in knowledge of.

In the quote below p6 reflects on her experience with language;

'*perhaps that could be put in a different way because culturally it might come across as offensive' (p6), line 112)*

Participant 6 suggests the interpreter guides her in her sentence formation, possibly adding a filter to support her in being able to reach the client. P6 alludes to an awareness of cultural difference that may identify itself through the language used which could be indicated by the word 'offensive'. P6 suggests that she is not aware of this so the interpreter's input is possibly helpful and may feel gentle and supportive. P6 alludes to a

possible open discussion occurring during therapy which may promote a shared feeling of supporting the client.

Participant 1 reflects on her experience;

'*language itself is difficult'[..]'as native English speakers things don't translate easily all the time, we share a language but we don't share cultural identity'[..]'and lots of languages do not have multiple words'[…]'you're like well what you're asking is this or is it this or is it this because we have different words for it'[…]'so it's not always that other languages come up short' (p1, line 82)*

Participant 1 implies language differences are all around us and that our culture may be the essence which can inform the words we may choose. She suggests that language may not be the difficult aspect to understand, possibly feeling that culture is the greater influence and suggests that some languages or cultures have a number of choices to describe a thing. This may suggest that if she can understand a culture she may feel she can understand what the person is trying to say. This may suggest that she feels she may need to have an interpreter in the session where the culture is different from hers.

Below participant 5 describes similar experiences in the excerpt below;

'the interpreter can elucidate things that aren't clear to me maybe culturally, linguistically or therapeutically that having that extra person there who can do both, who's got an insight into different cultures, that's really helpful' (p5, line 92)

Participant 5 alludes to feeling she does not understand culturally different elements of language and feels she needs the interpreter to support her. She may feel that she is unable to be good enough without this support and possibly feels she could be letting her client down without this. She suggests that the interpreter may have better skills than herself and may feel that together they may be able to provide what she feels the client deserves. P5 implies how important the client is and seems to feel the whole objective is to support them which may mean she needs the interpreter too. P5 seems to remain focused on her client suggesting how skilled the interpreter may be in supporting this

Subtheme 2b; Feeling powerless; a fear of incorrect interpretations

The participants specifically highlighted their experiences of the importance of language in therapy. They described the difficulties around compassionate listening highlighting the potential for inaccurate interpretation which may impact the therapeutic process.

The extract below by participant 5 reflects on what seems like a confusing time;

'um maybe say something that will diffuse whatever difficult thing is happening at that moment'[…]'the uncertainty of whether what the client is saying is being received, that there will be a difference that you know in the way the interpreter and I are receiving it'[..]'whether I've got it right'[…] "we must have missed a lot here, there must have been something that hasn't translated' (p5, line 126)

Participant 5 implies a sense of needing to think a step ahead of the therapeutic session and possibly finds this quite consuming. It seems that she may be aware of the feelings in the therapy room changing and becoming uncomfortable suggesting she may be alert to the occurring emotional transferences. Participant 5 alludes to possibly needing to think quickly and be aware of something that may not feel right whilst at the same time possibly notice whether information is conveyed accurately. This extract implies a potential level of anxiety around the communication in the session where the participant possibly feels responsible for the verbal exchanges between all members of the triad whilst at the same she may be suggesting there are elements of the communication that she cannot be in control of. She possibly feels able to be a step ahead when things feel difficult whilst at the same time feels unable to know whether the interpretation is accurate and potentially finds this not knowing difficult to sit with.

Participant 1 communicates her experience in the quote below;

'there's room for a lot of confusion'[…]'interpreters can be quite clumsy in the way that they interpret' [….] *'the interpreter will give you the information wrong'. (p1, line 72)*

Participant 1 seems to feel the interpreter may hold responsibility for how well communication moves around the room which may be indicated by *'clumsy'* and *'will give you the information wrong'.* She alludes to a sense of possible frustration with the interpreter and their possible lack of skill to navigate the triad. P1 possibly feels this therapeutic triad is messy and unclear and it may be that she resents the interpreter's presence potentially feeling she could do it better without them. *'Confusion'* may indicate that she may feel therapeutic time is lost trying to resolve communication difficulties which could possibly be a source of her frustration.

Participant 2 communicates her experience as she reflects;

'I might phrase it three ways and it's still not coming back then I need to understand what's going on for the interpreter' (p2, line 121)

Participant 2 alludes to possibly needing to work hard in her efforts to understand the interpreter which may be indicated by *'what's going on for the interpreter'.* This may suggest that she is possibly experiencing a counter transference which may lead her to

feel the interpreter could be struggling with something in the room which she may not understand. Participant 2 suggests she may become preoccupied with what she may interpret to be the interpreter's struggles possibly causing her to change focus to the interpreter and away from the client. She potentially explores her own use of language as she rephrases her words numerous times hoping to reach an understanding which may feel exhausting whilst possibly detracting from the client.

In the quote below p6 compares her understanding of meaning with the feeling of the words;

'you're starting to understand what the words mean but you're not getting the sort of emotion with it which can be very strange' (p6, line 177)

Participant 6 implies that after a period of time words become familiar which may help her understand what is happening in the room possibly suggesting that working long term with the same interpreter may help her become familiar with their language and words, at the same time as possibly experiencing the same with the client. It is possible that p6 may feel familiarity is how the triad develops and feels this may also permit a greater understanding of each other. This could be something she reflects on from her work in a dyad as the therapeutic bond develops, and it may be that p6 is possibly identifying this whilst she navigates the triad. This is possible in comparison to her search for the emotion in the room as she may find that she is unable to attach the words to feelings which could be indicated by *'it can be very strange'*. There may be a suggestion that therapists focus on the feelings and emotions in the room possibly alluding to the nature of their training and work which could contribute to the possible feeling of *'strange'*.

.***Subtheme 2c; fear of losing empathy***

Three of the six participants communicated in their experiences how empathy may get lost in the therapy room. This was identified as something which can impact therapy due to a disconnect with the feeling attached to the word. They describe how emotional language may be different to everyday language whilst also being a different language for the participant that has cultural foundations which they describe as having an impact on their feelings of empathy.

Below participant 5 communicated how she listens to the words to aide her comprehension;

'I'm listening semantically what the words actually mean'[….]'this sort of general whatever the emotion is that is coming through the music of the words being spoken' (p5, line 272)

Participant 5 may suggest that she does not necessarily need to understand the direct translation of a word to allow her to feel the emotion, suggesting that she listens to the word and then seems to allow herself to interpret this. It is possible that she allows herself to be creative and may feel by doing so she gives herself space to feel the emotion which may give her space to feel empathy. It is possible that empathy may not be directly available or so easy for her to access like it may be in a dyad where the language is common. Potentially p5 is alluding to being able to interpret from what she may be listening to as the only way for her to feel empathy.

Below participant 2 reflects on her experiences of emotional language;

'the content and the lack of emotion attached' [….]'people are very sensitive to the nuances of language with the emotional language you can't get away with it' (p2)

Participant 2 seems to experience the triad without emotion, possibly suggesting that the words used by the client or interpreter have little meaning for her and may feel that it can be difficult for her to feel empathy due to the words she hears which may feel empty. It is possible that p2 alludes to the therapeutic session feeling empty and she possibly may experience this as a regular conversation or maybe as an exchange where she may feel that she is not 'being' a therapist. Participant 2 alludes to a possible sense of high perception as she comments on how she may notice the various *'nuances'* which may feel unavoidable to her. This may be indicated by her words '*people are very sensitive to the nuances'* which may suggest she is aware herself and therefore may notice others being as aware. She seems to feel that emotional language may be identified by cultural or individual '*nuances*' which is a potential conflict for her as she notices the absence of emotion whilst recognising this. This could be fundamental in her experience of empathy as she contrasts these two notions.

Below participant 1 reflects on some recent work with clients from one country;

'I found recently I've been working with clients from a particular country and all of them kind of display the same character, perhaps they don't elicit emotions,, I did find it a struggle in connecting' (p1, line 672)

Participant 1 shares her notion of the possibility that some cultures may not express themselves. This may suggest her experience of this group of people possibly leaving her feeling that emotion may not available to them, therefore it probably was not going to present itself to her which subsequently may have impacted her ability to feel empathy for these clients. She seems to find grouping the clients together as they originate from the same country possibly helpful in her search to feel empathy, sharing that they have similar

personalities. It may appear easier for her to defend these clients by noticing this common trait which may also help her accept the difficulty *'connecting'* with them. It is possible participant 1 found it difficult to feel empathy toward these clients which may be indicated in the language '*I did find it a struggle in connecting'*. This may have left her feeling she has let her clients down. She may also be feeling a sense of guilt that she may not have been able to experience this and may be feels that she should have done.

Superordinate theme 3; Control – the bridge within the triad

This theme elucidates the therapists' shared narrative about the dynamics of the triad in the room which suggest a metaphorical 'bridge'. Each therapist felt this bridge allowed therapy to take place and identify it as a link between the members of the triad that facilitates therapy. The therapists' stories describe these changing dynamics between the relationships and how they felt about the interpreter being a bridge in different ways feeling that the dynamics often moved.

Subtheme 3a; Triad creates a family

The participants in this study described a shared feeling of parenting the refugee client. They describe feeling they are working with the interpreter to support the client and they describe feeling this as a parental relationship. They also describe feeling a connection with the interpreter. Below is an excerpt from participant 5 which describes reflecting on the triad;

'*even if the interpreter and therapist are the same gender the idea of having two people in the room listening feels like it could be a mother and a father you know or something like that in your transference' (p5, line 75)*

Participant 5 seems to convey a sense of comfort and pleasure in the triad which may come from her possible feeling of parenting the refugee. It is possible that the triad allows her to relate to the interpreter as another therapist who she can possibly share responsibility with leaving her feeling they are both responsible for the refugee as they support each other. It is possible that she is highlighting her own needs to have the support of another in the room and may be recognising that she possibly feels greater comfort herself when she is in a triad. This is potentially present in the transference.

Below participant 6 shares a similar experience;

*'…a sense of us both (*therapist and interpreter*) 'holding something you know and having a quiet space'* […] *'there's a sense that we're all working together'* […] *'there's a real sort*

of feeling of togetherness and working towards you know, really supporting a client and you know like we've both got their best interests at heart' (*p6, line 97*)

Participant 6 implies that herself and the interpreter are working as a team which may be something that feels important to her. She alludes to be enjoying being part of the triad and possibly enjoys this work more than working in a dyad as she is sharing responsibility for the client with the interpreter. She appears to enjoy having someone else there to work with and support the client. She is potentially taking comfort herself for being able to offer more to the client with this additional support and possibly feels less vulnerable herself with a partner supporting the triad.

Participant 4 reflects on her feelings about holding the client with the interpreter;

'having two people can feel quite supportive for the client, it can feel a little bit more like a family or two friends, or something that is a kind of bridge between me and the client because the interpreter understands their culture, language' (p4, line 153))

Participant 4 implies how supportive the triad can be for the client and suggests that the therapist and interpreter come together to provide what seems like more holistic support given the interpreter may have knowledge of the client's culture and background. She possibly feels the interpreter provides good support to both the client and her due to their cultural knowledge which is indicated by the use of the word 'bridge'. It is possible she is seeing the interpreter as the link between the client and herself, possibly finding it difficult to reach the client by herself and finding the interpreter is a potentially good connection. She possibly feels that she can offer something and the interpreter something else so the client may be supported in many ways. This may be important to participant 4. She may feel that offering support which may also make the client's life easier through a shared language and through cultural knowledge could potentially make it easier for the client.

Below is an excerpt from participant 2 reflecting on her experience;

'there was a sort of respect and also there's a sense of holding people, they feel they've got the safety of you holding the situation' (p2, line 323)

It appears that participant 2 feels responsibility for both parties. It is possible this feeling comes from her ability to take responsibility for the client and the interpreter. She seems to feel the potential stability this gives to the interpreter as well as the client and may suggest that participant 2 likes to maintain control in the therapy room. She seems to be aware of her own ability to hold more than one individual and is possibly aware of the support and safety this gives to them. She potentially feels less vulnerable when she can

take control of other people by holding the situation, possibly feeling more at ease when she is containing the space.

Subtheme 3b; Interpreter offers space and learning for therapists

Four out of six of the participants in this study describe their experiences of how the interpreter gives space whilst they translate which allows them to think. They reflect on how the triad communicates so each person is able to express themselves before the interpreter translates. The therapists shared how they learn about culture and faith from the interpreter which helps them also understand what is appropriate to discuss with the client.

The extract below by participant 1 is a reflection on her work;

'*when I first started working with interpreters here they were like ahh you use language in a different way and I don't understand what you're trying to ask and it's confusing for me and let's sit down and look at questions together and find out how I can make it easier*' *(p1, line 334)*

Participant 1 potentially shares her feelings of respect and support with the interpreter as she describes how informative and helpful her experience may have been when she began working with interpreters. She seems to identify differences in how the interpreter and the therapist use language which potentially brings value to how she can communicate with the client in the future. It is possible that she is identifying how helpful it may be to have an interpreter who may understand therapeutic work and therefore may be able to spend time with the therapist possibly helping them understand different language to communicate effectively. P1 seems to highlight how difficult it may be to work with a refugee and how helpful it may be to learn from the interpreter.

Below participant 3 reflects on her experience;

'*your interpreter is interpreting, you have time to think'* […]*'it just expands my world, I learn a lot' (p3, line 440)*

Participant 3 implies holding a slower pace in the therapy room when the interpreter is there to support therapy may feel beneficial. She may feel that everything slows down due to time allowing for translation and possibly for the three way communication to take place. She may be comparing to working one to one where the pace may be faster and where communication possibly passes between two people without planning and may be more free flowing. Whereas p3 seems to feel working with the interpreter possibly gives her permission to slow down and think. '*Just expands my world'* may indicate that she

feels growth and potentially learns from the interpreter's approach. It seems that a sense of calmness is experienced by p3.

Below participant 4 shares a similar experience;

it allows a different pace within the sessions because you're listening while what you said is being interpreted'……'a sort of more thoughtful pace' (p4, line 146)

P4 conveys a possible sense of mindfulness as she reflects on her work with the interpreter. She potentially feels this experience allows her to slow herself down and work at a more comfortable pace by including the interpreter in the session. She alludes to this three way communication providing a slow and possibly gentle experience which gives her time to possibly think about the session and listen to the language. P4 implies that having time to think is helpful for her. She potentially feels more in control at this slower pace.

Below participant 2 shares a similar experience to participants 4, 3 and 1;

'so while the interpreter is talking to the client you can be thinking about what else is going on between the two of them or look at how the client is looking at you or the interpreter you may be getting ready for your next question or dwelling on something that's been said' (p2, line 154)

Participant 2's experience implies her curiosity about what else may be occurring in the room between the client and the interpreter. This may be indicated by '*going on between the two of them'* and may suggest that she feels on edge and is potentially watching to help her feel included. She may be feeling anxious about being left out thus observing their communication. At the same time p2 also seems to enjoy taking time to think about the client and the session, possibly suggesting that she also enjoys the slower pace to reflect.

Subtheme 3c; Power changes with a third person in the room

Five of the six participants highlighted their altered relationships in the therapy room due to the interpreter's presence. Participants describe a change in the intimacy between client and therapist due to the differences from dyadic therapy. Participants also mentioned that the presence of the interpreter brought a sense of "wholeness" in the therapy room. Below in the excerpt from participant 3 she compares and contrasts the dyad and the triad;

'you have one to one therapy it's you and your client, there is not another witness in the session'[…]'everything I do I run through a filter of which I have no control'. (p3, line 108)

Participant 3 seems to suggest that in one-to-one therapy there may be more freedom for the participant to be in control of the session with greater flexibility compared to how she possibly feels with the interpreter in the room. She potentially feels that intimacy between herself and her client becomes lost possibly inferring that this leads to her loss of control. It is possible that she enjoys the autonomy of being alone with her client and developing a therapeutic bond which she may feel is not so available when she is part of the triad. It seems that she may feel judged in her work as indicated by '*witness'* and '*no control'.* It may be inferred that the participant finds it hard to relax into the triad feeling the interpreter is observing her actions which potentially causes participant 3 to be distracted in the session possibly leading to her feeling that her work is '*run through a filter'*. This may suggest she feels helpless in this setting.

This is echoed by participant 1's excerpt below;

trying to be able to cross that bridge with a third person in the room, it's no longer just that intimate exchange between the two of you' (p1, line 240)

Participant 1 alludes to feeling a loss in intimacy which seems to develop in a dyad but feels this is not available in the triad. She possibly feels it is a potentially difficult journey to reach the third person, the interpreter, which is inferred by '*cross that bridge'.* It seems that participant 1 may find this journey difficult as she suggests '*trying*' to cross which potentially could feel like she attempts this but may not always feel successful. It may be that participant 1 feels she has to work hard to try and create intimacy whilst also alluding to this being a hopeless task. There seems to be a great sense of loss for participant 1 and she may find it hard to recreate what she may be missing in one to one therapy.

In the quote below participant 4 reflects on what may be her understanding of the triad;

'we each have a role to play so I think I'm aware that from the outside that, because it's a trio it raises, people imagine a lot of kind of oedipal jealousy and things' (p4, line 292)

Participant 4 seems to highlight her sense that each member of the triad has a place and role to fulfil in the triad. It is possible this helps her understand how the triad can work and it may give her a structure and boundaries to help her frame the work. Participant 4 may feel by setting out from the beginning what each person may be responsible for, this possibly feels safe and feels everyone is knows what their role is. She alludes to others experiencing oedipal jealousy and may be suggesting an in-balance in the relationships and possible feelings toward one member of the triad and not the other. Participant 4 seems to feel that discomfort in the triad comes from outside and may be not within. She alludes to feeling in control of her place and the triad itself, and possibly feels that others

imagine feelings about the triad but she possibly finds the structure of roles helps her understand and keep everyone safe.

Below participant 6 reflects on the role of therapy;

if someone's approaching it just as a job that needs to get done then that quiet space, respectful space doesn't feel that it's been allowed'. (p6, line 144)

Participant 6 implies some interpreters may come to the role of therapy interpreting without knowledge or understanding of what the work is, possibly suggesting that without this prior understanding the therapeutic setting is broken which may be indicated by feeling it has not '*been allowed'.* This language may suggest that the therapeutic space provided in the therapy room can work well with an interpreter who understands this is different from working for the Home Office and on these occasions the triad can work well. However she also implies that without this prior understanding the setting may not work. Participant 6 suggests this is a role that may require greater understanding than other interpreting work and she possibly feels the quiet space is necessary for her work to take place.

Participant 2 reflects on complications in the triad;

'if there is an impasse between you and the interpreter then nothing works and then it's very uncomfortable'. (p2, line 162)

P2 seems to convey an inclusive feeling for the interpreter in the triad as she alludes to a rupture in the therapeutic relationship. P2 reflects on the therapist and interpreter potentially being unable to address their differences and how the relationship potentially breaks down. She possibly describes a relational breakdown between herself and the interpreter and alludes to this being irreparable. P2 implies a situation where the dynamics between the therapist and interpreter possibly become the strongest in the triad by indicating 'nothing works' which may suggest there is no way forward. It is possible that P2 feels the discomfort of this rupture yet seems unable to repair with the interpreter which potentially suggests her feelings of loyalty and support for the client.

Subtheme 3d; the therapist can feel left out

This theme was shared by four of the six participants as they shared the impact of feeling outside of the relationships in the room and observing the relationships between the client and interpreter. Participants described how they felt excluded from the triad. There are times described by the therapists when they have felt they are sitting doing nothing whilst the interpreter is doing the work leaving the therapist feeling outside of the relationships.

Below participant 4 reflects on feeling left out;

I didn't have empathy when an interpreter and the client were in a conversation….and they cut me out' […]'I got a sense of being blocked' (p4, line 317)

Participant 4 seems to convey feeling an outsider in the triad in the therapy room. It is possible her sense of being a significant member of the triad felt threatened as she witnessed the relationship developing between the client and the interpreter. She alludes to possibly feeling invisible and helpless in this experience where she shares a possible sense of being removed from the group. This may feel different for participant 4 as she reflects on her work in a dyad where her role is significant in the relationship and where she possibly felt more in control of the development of their relationship. It is possible that participant 4 lost her feelings of empathy due to her sense of seeming to become invisible and feeling she was '*blocked'* which could imply her becoming invaluable in the triad.

The relationship is further explored in the excerpt below by participant 3;

'eye contact is a fundamental element in therapy to make bonding…..it's happening with the client and interpreter instead of me as the therapist' (p3, 398)

Participant 3 suggests that feeling left out may occur quickly and may feel that her role is not needed in the therapy room. She implies that once eye contact is made between the client and interpreter then their relationship may become stronger than hers with both the client and interpreter. It is possible participant 2 may feel vulnerable in this triad and may feel she has to work hard to keep her position, at the same time as suggesting how fragile the triad can be by relationships developing that may exclude her.

Below participant 6 reflects on her relationship with the interpreter;

'and he was asking for things which were beyond my remit and I felt were beyond the remit of you know statutory services and wouldn't have been offered to anyone and the interpreter sort of kept pushing me to try and get these services set up which basically didn't exist so I ended up sort of feeling quite bullied' (p6, line 62)

Participant 6 alludes to the interpreter leading the session and having a lack of knowledge and understanding of the boundaries of the therapist. Potentially the interpreter has not received training to understand how therapy works or to understand what is and what is not available. This excerpt implies the interpreter working hard to resolve the client's difficulties which is indicated by 'asking for things' and possibly not understanding the boundaries. Participant 6 possibly found this experience intimidating which may be

indicated by her '*feeling quite bullied'* suggesting there may be an in-balance of power in the triad in the therapy room highlighting a potential vulnerability of the triad.

Below participant 1 reflects on her conflicting experiences;

'they're sharing that with me but they're giving it directly to the interpreter and so you know when trust happens between a client and interpreter it can be, it's a lovely thing and it's and it makes the work but clients can become really attached to that interpreter' (p1, line 544)

Participant 1 alludes to feeling part of the triad and feels she is included in the dynamic. However this possibly feels unreliable for her as she witnesses the relationship and trust develop between the client and interpreter. It is possible that participant 1 is able to see the helpfulness of this relationship developing as she acknowledges the need for this which is indicated by '*it makes the work'*. She is potentially feeling this connection and relationship is needed to make the work whilst possibly trying to fight her own feelings of being excluded. It seems that participant 1 may distance herself from her own vulnerability in this triad by identifying how difficult this may be for the client working with the interpreter which is conveyed by '*clients can become really attached'.*

Superordinate theme 4; The therapist role

The interview questions encouraged the participants to become curious about their own role as a therapist highlighting the established feeling that their role was mixed with support work which impacted the therapy sessions and therapist wellbeing. The therapists shared that they were performing more practical tasks to support the refugee but that these were outside of their role as therapist. This impacts the quality of the time spent in the therapy room which was shared as positive and negative.

The participants shared that it is not uncommon for the therapist to experience burn out due to the level of responsibility they feel for the refugee and the amount of trauma they are working with.

Subtheme 4a; Therapist as a support worker

Therapists in this study described their unique experience working with refugees which often included tasks that fall more under the role of a support worker. Therapists often find themselves in the position where they make phone calls for clients and deal with other practical work. They talked about feeling they cannot find continuous space to use their therapeutic skills with the refugee as the significant practical issues of their lives are

entwined with their mental health care. This feeling was shared by the therapists who describe how it changes the way therapy works in the room.

Participant 3 describes her experience below;

'in my therapy sessions sometimes I make phone calls for them and call the solicitor to see how is their status, so you as a therapist you are not doing pure therapy, this is not what they need'[….['we are constantly writing supporting letter' […]*'their life practicality is very attached to their mental health issues, we can't separate them' (p3, line 130)*

Participant 3 alludes to an evident link between offering support and therapy suggesting that her role is a blend of both. She describes what appears to be an acceptance that she is a combined therapist/support worker recognising that the client needs come first. There may be a suggestion in this quote that participant 3 feels happy offering both services to her client because she recognises their needs and wishes to fill them. It is also possible that by completing them herself she knows they will be done to her standard and together they can monitor the progress through their sessions. It seems like participant 3 can blend both roles comfortably because she accepts these are important parts of the refugee life that need completing, and by doing this herself she feels she is offering a more complete service. Possibly, she wishes to work with the whole person and by tending to the practical sides as well, she is not needing to separate the client into parts.

Participant 4 reflects similarly below;

'*often their needs are very urgent and very practical, things like housing'* […] *'it feels like you are trying to be both the therapist but a support worker as well'* (p4, line 112)

In this quote above participant 4 describes similar experiences to participant 3 as she describes a blended role possibly experiencing a similar sense of holding the whole client and may feel she does not have to share them with a support worker. It is implied that the practical aspects may need attention immediately with a sense of urgency whilst also alluding to her therapist position becoming a role she has to blend which may not feel so comfortable for her.

Participant 1 continues along this same thread of a dual role in the quote below;

'I can see when I try and help my clients arrange appointments with their GP and things like that I always say they'll need a double appointment and they'll need an interpreter and you know always they can either have an interpreter or a double appointment but they can't have both' (P1, line 40)

Participant 1 highlights the possible conflict she feels when trying to help the refugee client in a practical sense as she encounters the rules held by other healthcare professionals which may not agree with her own beliefs. She possibly feels that the client could receive both an interpreter and a double appointment as they benefit from this and may feel if she was that person then she would be offering both, but statutory services may have tight rules which may feel frustrating for her. Participant 1 may feel she tries to help but other healthcare professionals prevent this.

Participant 6 shares a different perspective in this quote below;

'…a lot of people are given support workers who offer to take them out and with some of the refugees that doesn't sit very well with them'. (p6, line 15)

Participant 6 considers the role of the support worker who may come and support the refugee but feels this is provided in a way that does not match the client's cultural understanding. She alludes to possibly feeling uncomfortable with this level of support and the possible lack of flexibility in their offering. Participant 6 alludes to having experience of Support Workers or knowing refugee clients who have received this. It appears that she may feel the right training is not provided to the support workers which could enable them to provide more suitable support. It potentially sounds like the offering is structured to one way of delivery and maybe participant 6 feels frustrated that they are not flexible like she can be in the therapy room.

Subtheme 4b; feeling responsible

This subtheme was presented in all participant interviews as the therapists describe their feelings of responsibility for the refugee client and the interpreter in the room and their desire to support the interpreter and to help the client. Therapists said they found themselves taking on responsibility for the wellbeing of everyone in the room which they felt may have an impact on their therapeutic work as they are concentrating on both parties rather than focusing on the client. The consequence of this is the internal conflict for the therapist as they are splitting themselves and their skills between everyone in the room which may compromise what they can offer to the refugee client

'…..feel an expectation from the interpreter to rescue whatever's going on' (p5, line 125)

'*we were in a room which for the client, echoed his experience of being kept in a cell, and the weight of that, that we were retraumatising him, because of where we were and the interpreter was relatively inexperienced in what we were doing I thought she must be overwhelmed and there was this different underwhelmed of his being retraumatised, hers of what the hell is going on here and mine I've inflicted this on this person in some way. I*

found it very hard' […] '*I did apologise afterwards and said I'm really sorry we've had to meet here'* (p5, line 151)

In participant 5's interview she describes what sounds like a sense of responsibility to be available to support both the interpreter and the refugee client. As she describes what sounds like her feeling of *'an expectation from the interpreter'* it is possible that her own interpretation of this may be representing her own need to be able to protect everyone in the room. The language participant 5 uses implies her sense of her responsibility to support and help, indicated in *'the weight of that'* and *'retraumatising him'* which may illustrate the pain she feels at being part of the pain being inflicted on the client. In this quote above it is possible there is a theme of participant 5's struggle to accept her role in adding to the possible distress the client and maybe the interpreter could feel. She appears to place a heavy focus on her own responsibility and possible expectation of herself to bring ease and comfort to both parties, potentially finding the idea of inflicting further pain on either or both parties unbearable.

In the quote below participant 1 shares a similar description;

'*we want people to feel comfortable, we don't want them to feel as though it's some kind of institutional experience like all of the other horrible institutional experiences they're having to have'[…]'we want people to feel included and welcome' (p1, line 515)*

Participant 1 seems to convey a sense of pride in the offering provided by the service she works for. There is an implied sense of acceptance that the other experiences of the refugee can be unpleasant through the language she uses, *'other horrible institutional experiences'* and possibly unavoidable which may make it even more important to her that what they offer needs to be warm and inclusive. These '*horrible institutional experiences'* may suggest a lack of support and understanding from the government which may potentially lead the therapist to feel she has to provide warmth and understanding. Participant 1 possibly finds '*institutional experiences'* difficult to accept and may indicate a need for a more compassionate approach for herself as well as for the refugee client. She possibly struggles with the idea that the refugee has had 'horrible institutional experiences' which may resonate with her own needs for warmth and inclusivity.

Participant 6 describes her experience differently in the below quote

'I always say to my interpreters we can hang out for a bit and talk about how you are feeling afterwards' (p6, line 284)

Participant 6 reflects on her approach to the interpreter and describes what may be a casual relationship outside of the therapy session. It seems there is a desire to offer a

connection with the interpreter which may be part of a sense of responsibility felt by the therapist. She implies this is a routine part of her work with the refugee as she *'always'* offers this time to check in with how they are. It could be possible that participant 6 likes to create a less formal check in with the interpreter by suggesting they '*hang out'* which possibly suggests a more friendly and less professional approach which could be something that may feel more comfortable for participant 6.

Subtheme 4c; complex mental health needs of refugees

Four out of the six participants described their experience of the complex mental health needs of refugees sharing how this can cause the therapist to be more alert to the needs of the refugee but also how this can impact the interpreter. The impact this has on the therapist is described by the need to be ahead of the client so they are almost expecting their emotional response. The therapists describe how some of the refugee experiences can impact the therapist ability to work with the client due to the interpreter's presence and a possible lack of skill or understanding of the therapist. They also shared feeling that the interpreter often lacks compassion for the refugee client which impacts the therapist's feelings towards the interpreter in the room.

Below participant 1 shares her experience of this;

'I can see when a client might be about to disassociate or the language is taking a turn, I need to get ahead' (P1, line 124)

Participant 1 seems to convey a sense of compassion and great ability to be ahead and notice these changes in her client. It may be possible that participant 1 expects herself to be ahead and notice these changes which may suggest her anxiety around keeping the client safe. There is recognition of the complex mental health needs of the refugee and how participant 1 appears to be mindful of this by possibly recognising changes in the client.

Participant 4 reflects on recent service changes and their impact on the complex refugee mental health;

'the new organisation, their remit is for mild to moderate depression and anxiety and practically no refugees would fit that remit' […]*'certainly every single refugee that I've seen has complex mental health needs' (p4, line 80)*

Participant 4 appears to convey a possible sense of bemusement at the change of service and the new guidelines as she reflects on her experience of refugee mental health needs. She may be suggesting that with this change comes a reduction in what is offered to

refugees since she may feel it is unlikely a refugee will fit the criteria. It is possible participant 4 is demonstrating her expertise in the area of refugees and therapy by recognising their needs and her fear that these may no longer be met. Flexibility from the new service may not be offered which could be how participant 4 understands the change, and maybe she is struggling to understand why this change would take place in a statutory organisation. It is possible she is questioning how seriously the refugee needs are being taken when the change in service may be more suitable for people who have less severe mental health difficulties.

In the quote below participant 3 explains the importance of therapy for the refugee;

'*because usually they are fighting with HO, they are telling Home Office I came here based on because I've been tortured because of blah blah and HO is saying no you're lying go back. So then they come to a session and someone is accepting them positively' (p3, line 510)*

Participant 3 seems to suggest a freedom and acceptance for the refugee in the therapy room whilst at the same time expressing possible frustration at the way refugees are treated by the Home Office. She appears to suggest that the refugee is possibly put in a position with the Home Office where their mental health needs may not be acknowledged. Participant 3 alludes to recognizing that there are two different pathways the refugee is involved with whilst at the same identifying the possible lack of skill and training by the government in refugee mental health. She is potentially highlighting the need for refugees to be offered therapy as they may have complex mental health needs which she may feel the government is unable to support.

Participant 6 identifies the complex mental health needs of refugees;

'clients are often so vulnerable' […] 'a refugee I would say he's got borderline personality disorder and a lot of trauma' (p6, line 157)

Participant 6 conveys her possible concern for the clients coupled with her ability to probably diagnosis a complex mental health condition and alludes to the needs of the client requiring them to be supported by mental health services. Very similar to participant 4 she is probably seeing that the refugee client requires services to be equipped with skilled staff and have an ability to work with trauma.

Subtheme 4d; Feeling burnt out

The therapists identified their own vulnerability in their sessions with refugees and interpreters. The idea of therapist burn out was made a reality as the participants

described their own experiences of managing their work in the triad and how they felt impacted by this. In their responses the participants reflected that working with refugees may be difficult due to the interpreter presence. All participants describe a great sense of awareness of their own wellbeing coupled with the possible impact of vicarious trauma.

Participant 2 reflects on her experience in the below excerpt;

it's material that you can pick up vicariously so you have to take great care of yourself' [….] *'re-traumatisation is always on our minds because if we learn things that we've never imagined then we can have a real existential shock'[….] 'it's full of life and fascination and it can go either way – you can fall off it and you can get burnt out and suffer vicarious trauma' (p2, line 36)*

Participant 2 describes what may be a conflicting experience where she feels vicarious trauma is a reality and therefore describes what sounds like great importance in looking after yourself whilst also sharing that she may feel it is turbulent and a possible mixture of burn out with pleasure. She describes *'re-traumatisation is always on our minds'* alluding to great awareness of the depth of trauma they may be working with and possibly sharing her own anxiety about how she may need to look after herself and maybe questioning her own ability to do so. There is what sounds like caution in her words which possibly represent her doubt in being able to hold the refugee trauma and maybe fear about what the refugee may bring into the room. As she adds '*it's full of life and fascination'* it's possible she is reminding herself of positive experiences she has had where she may have felt alive, recognising the positive side of working in this triad.

The excerpt below by participant 6 describes how she manages her work;

'it's a struggle sometimes, I feel like I'm shutting down in order to cope with either a sense of someone trying to push me or someone not being very sensitive and trying to push the client' (p6, line 190)

Participant 6 describes what may be an open and honest response as she shares what is possibly a difficult experience for her, alluding to how difficult the sessions can be. The words '*trying to push the client'* could be suggesting the interpreter behaving in a forward manner that could feel insensitive and maybe feeling like they are not listening to the client. As she describes '*trying to push me'* this could imply that the interpreter is pushing her too which she may find frustrating and could feel she is being hurried along with the client. Shutting down sounds like she may not have other resources to keep herself detached in the therapy room and finds that her only technique maybe this, potentially protecting her from burn out. It seems this work can at times be challenging for participant

6 and she alludes to her only self-protection to be this. The language she uses to describe this, ‘shutting down’ can possibly feel final, as if there is no other space or crack for participant 6 to be reached as she may feel that she is ‘pushed’.

Similarly, participant 1 refers to ‘saturation’ in the quote below;

‘and as somebody who’s quite attuned to other people the level of saturation that I reexperienced early on was quite overwhelming for me, early on until I realised what was happening, I was trying to hold onto too much, to two people’ (p1, line 439)

Participant 1 speaks with what sounds like pride in her ability to be *‘attuned’* to others, which is a contrast to the *‘overwhelming’* sense she describes in her work. The level of what feels like openness and honesty in sharing such feelings may suggest how helpful it is for participant 1 to talk about these experiences. ‘Saturation’ could suggest a complete exhaustion that shrouds her whole self, preventing her from continuing, and as she describes this ‘reexperiencing’ she may be giving herself permission to acknowledge what is happening. Despite her possible disappointment in being unable to remain attuned, participant 1 is reflective as she describes what she was doing in the words *‘to two people’.* This is potentially a realisation of the therapist role including supporting the interpreter too.

Participant 3 described how she works to stay present in the sessions in the below quote;

’*so I started using those skills a bit. In order to be able to stay in the session because you are hearing the things that can impact you very very strongly’ (p3, line 210)*

Here, participant 3 describes her experience in a reflective manner which possibly alludes to her ability to be self-aware and hence employ her techniques which may prevent her from burning out. She uses language such as *‘to be able to stay’* which suggests how challenging this work may be and as she talks about the impact she is possibly describing an experience that has the potential to cause harm to her. She may be suggesting that without having skills to manage herself this work could be too difficult. It is possible that the level of difficulty described may ebb and flow throughout the sessions as she describes using skills ‘a bit’ which may suggest they are not always needed. There may be a possibility that self-care needs to be more consistent so that the therapist is taking care of herself all the time. This may help improve her ability to stay in the sessions which could be alluded to by ‘*in order to be able’,* possibly suggesting taking time out is not her chosen option.

Superordinate theme; 5 The interpreter's presence;

The fifth superordinate theme covers the feelings described by therapists toward the interpreter, sharing their ambivalence and how this impacts therapy due to the inconsistency in their feelings toward the interpreter. The therapists said they are consistently supportive of the client but on occasions where the interpreter has a more negative approach to the client, or when the therapist feels unsure about the interpreter's relationship within the triad this can cause the therapist to feel the interpreter is unhelpful.

Subtheme 5a; The interpreter is positive

This subtheme particularly highlights the positive experience shared by the participants of having the interpreter in the room. Feelings of compassion toward the interpreter were shared by the participants with praise for the role they hold and a feeling of respect and recognition of the work they do to support the triad. This was a shared theme across all of the participants.

In the below excerpt p3 reflects on her work;

'all of a sudden you will find as a therapist you are doing nothing in the session, the session is being handled with interpreter and client' and *'…..feeling supportive if they're compassionate and understanding'* and *'I don't envy our interpreters' […] 'I've had some really good interpreters who were really compassionate and sort of went the extra mile' (p3, line 288)*

These extracts from participant 3 can be seen to capture the experiences of having the interpreter in the session demonstrating what may be a sense of ambivalence and highlighting a possible sense of helplessness in the session compared to possible feelings of praise and recognition. There is a possible need for her to feel kindness toward the client which is indicated by *'compassionate'.* It seems this ambivalence feels unpredictable for participant 3 indicated by '*all of a sudden'* which may suggest that she experiences a sudden change in the therapy room which she finds difficult to navigate. It is possible participant 3 is comparing her experiences of working in a triad where she has control over the session and may suggest that feeling out of control is a difficult experience for her. This then changes as she is able to compare other experiences she has where she potentially feels the interpreter is needed to facilitate the session and has experienced feelings of respect and support for the interpreter although there seems to be a suggestion that the interpreter's skill varies which may have an impact on the session which is indicated by *'some really good interpreters'.*

Below, participant 6 shares similar feelings;

with the good interpreters it's a sense of that togetherness in the room'[..] *'compassionate interpreters I guess you know, there's just a warmth between us'*. (p6, line 161)

Like participant 3 participant 6 also uses language to indicate that the quality of the interpreter may be influential in her feelings toward her by saying *'good'* and '*compassionate'.* Maybe there is an expectation of the quality of the interpreter which is held by the participants and it is possible there is a sense of the participant needing to protect the refugee client. Participant 6 seems to enjoy the sense of working together and feeling the *'warmth'* which may suggest how important it is for participant 6 to feel the interpreter is working with her. Similarly to participant 3 there seems to be a possible sense of caution in participant 6's words suggesting the interpreter who is not good enough may not enhance the session. Maybe feeling part of a group and including everyone is important for participant 6. It is possible that she feels responsible for everyone feeling part of the triad and finds the sense of coming together brings positive feelings for her.

Below participant 1 reflects on her experience of familiarity with the interpreters.

'we have a core group of interpreters who we work with for a long time, so ..'(nationality)' interpreters we know really well, they understand the work well because they've been involved in helping us do it for a long time' (p1, line 52)

Participant 1 alludes to liking familiarity and knowing who will be involved with her therapeutic work which is indicated by her language '*we know really well'* and *'they understand the work'.* She seems to convey a sense of pride in how her service runs by having a '*core group of interpreters'* who they may be able to rely on. She implies that her service may be well organised and structured so they are able to keep a group of interpreters who can be available for them and maybe indicates a service that has a focus solely on refugees which may facilitate this. The suggestion of familiarity and availability of interpreters may imply that participant 1's experience of interpreters in the triad is only positive and could highlight a helpful system.

Participant 4 shares a similar experience;

the interpreters that we have are interested and come with a more psychologically minded approach'. (p4, line 108)

Participant 4 alludes to having interpreters who are able to work in the triad as they may come with a more suitable skill set. She may suggest they only use interpreters who meet a criteria which is set by her service and it is possible they are interviewed or assessed with this in mind which is indicated by '*interest'* and '*more psychologically minded'*. These

may be features of assessment which could be how they recruit their interpreters. It is possible this service uses a form of recruitment and once they are identified as holding these qualities they may be kept as employees. Participant 4 suggests they 'have' interpreters which may remove the regular cycle of searching for suitable interpreters as they are required and it is possible this creates a familiarity and reassurance for participant 4 that she knows the triad will work.

Below participant 5 shares a slightly different perspective;

'it feels as though they are supported a lot more because they have somebody who speaks their language' […]*'working with an interpreter in the room I enjoy enormously' (p5, line 62)*

Participant 5 alludes to enjoying her work with interpreters which may suggest the successful recruitment of interpreters into her service. She seems to focus wholly on the interpreter experience and feels joy to be part of this triad. It is possible participant 5 feels the interpreter is more significant in the triad due to their ability to communicate in the same language and it may be that participant 5 feels the responsibility of her role in the triad is shared which she possibly feels gives the client a better experience possibly leading to her sense of joy.

Subtheme 5b; the interpreter makes it work

The interviews gave the therapists opportunity to describe how the interpreter is integral to this work. Therapists find themselves in a position where the interpreter is creating the space for the therapist to understand what the refugee may be saying. The therapists shared feelings that the interpreter gives the therapist space to think whilst the interpreter does their work in the room and the therapists feel this facilitates therapy greatly, recognising the interpreter is a necessity in this relationship and can see that without them, therapy may not be able to work. The therapists shared having experiences where the interpreter's knowledge of the refugee's culture or faith has provided positive support to the therapist. In this triad the therapists describe an unspoken shared responsibility between the therapist and the interpreter as an integral feature of the success of the triad which impacts the therapist and their work positively.

In the excerpt below participant 5 reflects on their work together.

really valuable when the interpreter has that extra depth to their way of working, another factor is it gives me a bit of thinking time while the interpretation is going on, that's really helpful' (p5, line 88)

Participant 5 implies that there may be different types of interpreters and those who have greater curiosity about them possibly bring more to the triad which participant 5 may find supportive. She alludes to possibly enjoying the space provided whilst the interpreter and client are communicating with each other suggesting that she may feel at ease in this triad. P5 seems to feel calm with her experience of the interpreter suggesting that she may feel respect and appreciation of their presence.

Participant 4 reflects on her experience of the interpreter below;

'because the interpreter understands their culture, their language, their religion often, all of these things are understood by the interpreter' (p4, line 157)

Participant 4 seems to suggest that the interpreter brings a lot to the session and potentially feels they bring more than she can. She suggests a possible feeling of inadequacy in this setting as she identifies what she may feel are strengths of the interpreter which may be indicated by the language she uses; '*the interpreter understands….'.*She alludes to the interpreter understanding *'culture, language, religion..'.* This may leave her questioning what she can bring. However, she also implies that the interpreter and herself come together well by possibly identifying potential boundaries for the interpreter, and for her, and she potentially feels that they may work well as a complementary team.

Participant 1 reflects on the notion of fear in the quote below;

'another interpreter came in and the relationship between the two of them was amazing as I found out later that one had one national background and the other came from a different national background and she wasn't afraid' (P1, line 213)

Participant 1 reflects on an experience where she appears to have witnessed a change of interpreters in the session which may have exposed her to the potential difference between nationalities and how this may impact the client. The language '*she wasn't afraid'* may allude to fear possibly being a visible part in the therapy room and may be something that p1 may wish to protect her client from. It is possible for p1 that interpreters may be booked and then arrive possibly without p1 having prior knowledge of who may be joining the session. She possibly feels comfortable with this for herself but may not feel this is helpful for her client.

In the extract below participant 2 reflects on her relationship with the interpreter;

'we build a relationship with the interpreter, usually they have, they' (interpreter) 'come from similar backgrounds or obviously because it's their first language, they' (interpreter)

'will be, they could well be traumatized themselves so we get to know them very well' (p2, line 47)

Participant 2 alludes to investing in spending time with the interpreter to possibly develop knowledge of this third person. This may suggest a depth of quality to the triad as she may be investing in developing this relationship implying her feelings of how important she may feel the interpreter is in this setting. She seems to be mindful that the interpreter could have experienced their own trauma and somehow may feel this gives her a possible opportunity to know the interpreter well. This may suggest that they spend time together before meeting the client where p2 may be able to offer trauma therapy to the interpreter. She alludes to developing a strong relationship with the interpreter which she may feel is beneficial for the client. There is the potential suggestion of a calm and strong triad by participant 2 that may be created from giving time to develop the relationship with the interpreter.

Subtheme 5c; Unresolved trauma for the interpreter

The therapists in this research shared experiences of the interpreter being triggered in the therapy room due to their own trauma. They felt this impacted therapy because the therapists felt they were responsible for the interpreter and felt cautious about the material discussed in the room in case it triggered the interpreter. This impact was felt by the therapist as they were more aware about needing to protect the interpreter in the room and after the session. The therapists felt this impacted therapy as they described stopping the session if the interpreter was visibly traumatised. The therapists felt this may not be helpful for the refugee. This is implied by participant 3 in the below quote;

'even a smallest sign that the interpreter is triggered or can't do it...it's better to stop the therapy' (p3, line 631)

Participant 3 reflects on her experience making it clear she possibly feels the interpreter needs to be contained. This is identified by '*it's better to stop'* which may suggest participant 3 is alert throughout the session and possibly distracted away from her client as she is aware of her care for the interpreter too. Potentially P3 is carrying out the therapy session regarding both parties as clients. May be this helps her to keep aware of the interpreter throughout the session. It seems that she is caring for the interpreter's wellbeing by monitoring their responses to what is going on in the room and her approach to *'stop'* if she becomes aware of them being triggered may be her high level of care. It is possible that keeping both parties safe is her main priority.

Participant 2's excerpt below reflects on her experience of this;

It's in the room, you can't bash that down, that there maybe some sort of re-enactment going on' [….]*'it was traumatising him' […] 'the material of that particular client was triggering the interpreter' (p2, line 471)*

Participant 2 conveys a possible sense of panic as the interpreter has become traumatised which she may feel is inevitable as there may not be an escape from the trauma which is shared by the client. There may be a sense of inevitability that this potential re-triggering for the interpreter can happen which is indicated by '*it's in the room, you can't bash that down'.* There is a sense of helplessness that this retriggering or *'re enactment'* is unavoidable. The word '*re enactment'* may suggest a trauma being played out in the therapy room as the interpreter experiences this which may feel powerful for the participant to experience. This may feel like a strong powerful force indicated by *'bash'* which the participant may struggle to control.

Participant 6 reflects on her work within the triad;

'*and this interpreter you know he hadn't been able to go back to Iraq to his mother's funeral and it was a sort of like well I've kind of got to get on with it sort of thing and you know when people shut down so you know he wasn't very sympathetic' (p6, line 85)*

It may be possible that the client and interpreter were matched due to their culture and Iraqi background which may have been created to be the best way forward for the client. This could indicate that cultural sameness may not always be helpful. Participant 6 implies the distance taken by the interpreter toward the client may have been due to their own loss and subsequent feelings leaving them possibly feeling resentment toward the client. There is a potential sense of feeling out of control and participant 6 possibly feeling helpless toward addressing this in the session. She describes the interpreter shutting down which could allude to his distance for the rest of the session to keep themselves safe.

In summary

Therapists in this study describe insightful and powerful narratives of their experience of working with refugees and interpreters. Based on their narratives five superordinate themes were created as a result of the analysis. The therapist has vast and valuable knowledge from this triad that is highly important to hear and acknowledge. Their narratives describe experiences that have been richly shared and which provide an opportunity to consider the triadic relationships from the therapist perspective. There is a commonality running through these themes which gives opportunity to consider the

emotional and practical aspects of the triad in the eyes of the therapist. There are divergences in the data, for example the triad as a bridge versus interpreter training where the narrative of supportive relationships changes to interpreters who are not equipped to be working in the therapy room. However, what comes across is the flow between the therapists that offers varying perspectives based on the individual experience.

The themes describe the external factors of the government systems with some strong narratives from the therapists regarding a system that is described as in need of strengthening. This sets a foundation for the work as the therapist narratives outline what needs to be in place for successful therapy.

Superordinate theme four provides some interesting narratives around the therapist view of their role in this triad and how this becomes blended, also focusing on a sense of being left out of the triad. This brings in the foundational theme of the government system to support the client needs by addressing how this blended role operates from the therapist perspective.

Superordinate theme two shares experiences of the therapist ambivalence as they move from seeing the interpreter as the facilitator of therapy to experiencing doubt about their ability to interpret accurately . Despite these experiences the therapists continue to recognise the benefits of the interpreter in supporting their work.

Superordinate theme three describes in greater intimacy the interactions in the therapy room and how these can impact the therapist. The idea of a family system supporting the client suggests the therapist sees the interpreter as a confidante. Whilst the therapists identify positive aspects of this triad, frustrations are raised in superordinate theme two where language, emotion, and interpreter training are considered. These themes were carefully identified from the analysis.

Discussion

Summary of Findings

The aim of this study was to investigate the lived experiences of therapists working with refugees and interpreters so that the way this triad functions and the benefits and pitfalls of this work for the therapist could be better understood. Perhaps least surprisingly, this study found that participants enjoyed this work despite being thwarted by government involvement and procedures. A plethora of potential difficulties emerged which the therapists present.

The meaning of the offer of refuge has been raised by the participants in this study and is described by The Oxford Dictionary as;

'the state of being safe or sheltered from pursuit, danger or difficulty'

With this in mind, the research question considers what is happening for the therapist working with the refugee through an interpreter. The explored elements of this include aiming to understand the dynamics in the therapy room when an interpreter is present to support the refugee along with understanding the complexities of communicating with a refugee via an interpreter focusing on how emotional language is captured and how empathy is conveyed. It is hoped that the insights gained from this research will go toward developing more appropriate and effective ways of providing mental health services for this client group which will benefit not only the client but also the therapist.

The findings of a study by Apostolidou (2016) discuss the benefits felt by therapists working with refugees which were described as 'meaningful and rewarding'. This highlights the extraordinary commitment and compassion of the therapist to manage their own level of distress experienced from the refugee's experience, in turn enhancing their own place in the world. A further study reports that there is limited research available on the subjective experience of the therapist working therapeutically with a refugee (Schweitzer et al., 2015). In their study they highlight the supportive needs of the therapist, the relationship experience, the role of the therapist and the role of informing therapeutic work with refugee clients. These factors are considered in this study whilst also bringing new information to the field.

This study presents five superordinate themes that emerged from the analysis which formed from the therapist's experiences. Findings include the therapist's needs being neglected which will be considered in relation to existing literature, the need for therapist

and interpreter training and an overview of the British government refugee and asylum systems. This is met with an overriding outcome of the therapist's commitment to their work with the refugee client despite various potential obstacles highlighted in this study.

1 The union of government and mental health systems

This external theme contains two subordinate themes; government is offering refuge and the range of government and third sector agencies supporting refugees. This theme was straight forward to create due to the external influencers which are brought into the room and which establish the foundation for therapy. The two subthemes are created from the most dominant shared experiences of the therapists. The findings from this study highlight the integrated involvement of these systems with therapy, identifying the influence the government has over refugee therapy. Both subthemes combine to highlight the impact on the therapist of the government system.

The participants describe their experiences of working with refugees without safe homes, going through the detention system, the asylum system being unsupportive and experiencing subsequent traumatic responses. In line with other studies that have found a correlation between the methods used by the government in providing refuge and refugee mental health (McFadyen., 2019; Murphy & Vieten., 2020; Bogner et al,. 2018) the participants experiences identify the tightly interwoven connection between the government services and the impact on the refugee. There is evidence from this study that the government systems may have an impact on the work the therapist is able to do with the refugee given the traumatic experiences they have had from arrival in their country of refuge.

The participants came from a range of government and third sector services which were described by the therapists. The general experience of the therapists was this combined offering was beneficial and a good offering although limited resources was identified. The importance of interpreter involvement was highlighted. The therapists articulate that this blend of services permits them to work in both sectors which seems important to help them feel they are supporting the refugee as identified by Schweitzer and colleagues (2015). However concerns are raised by Hull and Kambiz. (2006) due to the potential lack of equality of offerings and the marginalising of refugees through this shared offering, highlighting the importance of consistency in what is offered to the refugee.

The general experience of the therapists indicates how the government systems impact therapy. There is concern from the therapists that the systems in place for the refugee are

adding trauma to them meaning the therapist is working with their experiences from their homeland and displacement, as well as their experiences of arriving in their country of refuge. This reflects the findings of Hull and Kambiz (2006) regarding an inconsistent approach. An amalgamation of the NHS waiting list bringing all patients onto one list was discussed and was seen as unhelpful highlighting the importance of third sector organisations. Burck and Hughes (2018) explore the experience of refugees in a specific camp and found that the services involved in this process were all third sector. This identifies the willingness of charities to offer support where statutory services are unable, creating a potential situation where both can work together.

2 Challenges of interpreting emotion, language and culture

The author developed this theme from the strong narratives the participants shared of their experiences with language and culture, and as therapists with their focus on emotion. It appears to be a complicated experience whilst being well supported by the interpreter. Apostolidou and Schweitzer (2017) found that supervision provides quite a broad offering in this context by facilitating the therapist's knowledge of culture and language. They highlight the number of additional facets of this work that require support through supervision, including culture and language whilst also highlighting the fear and uncertainty the refugee lives with. This study indicates a need for the supervisor to understand the cultural, linguistic and emotional needs and experiences of the refugee client suggesting a further area of research around supervision training. This requirement for training is highlighted by Akinsulure-Smith and O'Hara (2012) who present a study suggesting the mental health professional requires knowledge of refugee status and cultural beliefs, alerting us to the fact that the refugee is also in this position where they have been required to learn a new language and culture following their arrival in the country of refuge.

According to the findings of this study language and interpretation was a significant factor experienced by the participants which was supported in a study by Rosenblatt and colleagues (2017). There is little doubt that the interpreter brings value to communication between the healthcare professional and client, however they also discovered that the shorter the sentence the less likely alterations were made in translation. Whilst the participants didn't raise this in their interviews, they did describe feelings of anxiety regarding the content of interpreted language, expressing doubt over knowing whether every word is interpreted accurately and declaring an acceptance that this will remain unknown. Cultural challenges were discussed by Dovetall and colleagues (2018) who

identified the significance of the interpreter in mental health work with the refugee by recognising the need for professionals to have cultural understanding. They highlight the importance of the health professional in this role, presenting the importance of human rights as they discuss the significance of cultural understanding. They postulate that the ability to listen to the refugee, understanding their anxiety and suffering whilst accepting their ethnic and cultural difference is an essential feature in building a relationship that avoids misunderstanding and exclusion. Participants identify with, and adhere to, this as a professional standard although the point here is identifying the complexity of this work for the therapist.

3 Control – the bridge within the triad

The bridge is a word used by the participants to illustrate the relationships within the triad which was interpreted in the results as a word suggesting a coming together, connection and shared commitment to the refugee. The participant narratives support this by describing experiences that led to the creation of the following subthemes: Intimacy changes with a third person in the room, parenting; client is held by interpreter and therapist, the therapist is looking after them both, and interpreter provides space for the therapist to think.

The experience of feeling left out of the triad was described frequently and with passion. This is something that is highlighted as significant in the therapy room due to the snowballing impact this can have on other features of the therapeutic triad. It was noticeable how the participants can feel left out, a possible cause being language (Costa, 2014; Miller et al, 2005; Raval & Smith, 2003). However, there may be a possible connection to the role of power in the therapy room which was identified by Tribe & Morrissey (2004). Mirdal et al. (2011) question whether all three members of the triad view the reason for therapy to be the same, asking how this can be considered and thought about, something that comes into play when thinking about power in the room. It has been well discussed that the therapist can feel

left out often in this triad through a lack of understanding language. All participants identify the importance of the relationship within the triad and despite having some concerns about the interpreter in the room generally expressed feeling that the interpreter is integral in facilitating this work.

The evolving dynamics in this triadic relationship are considered in current literature (Costa & Briggs., 2014; Searight & Searight., 2009; Gartley & Due., 2017) and discussed by Hunt and Swartz (2016) who consider the benefit of identifying the interpreter as a 'half-way place' or a 'middle person' is to achieve success, endorsing the participant experience of a 'bridge'. They consider the impact of therapy for the clinician identifying this as a possibly neglected area. At the same time they add how complex psychotherapy is with needs for further skills. Whilst this study considers the implication for the clinician there is considerable detail on the role of the interpreter evaluating elements of their role in the triad. Throughout this current study there are threads that support the metaphorical concept of a 'bridge' including the parental roles, shared support, linguistic and cultural educating, facilitator of the session, emotional support to name most although more are discussed in this writing. The critical element here is how these features impact all members of the triad; where there are some areas outlined as particular to the therapist it becomes evident that they are also applicable to the interpreter as identified by Boss-Prieto and colleagues (2010) who notice the interpreter is especially vulnerable to some of the objectives of therapy such as the therapeutic modality, namely psychodynamic. There is a sense that the interpreter relies on interpreting words although in this setting, concern with the feel of the word has greater significance. The current study has found how closely the therapist and interpreter can work to support each other; participants have highlighted the 'gap' where the interpreter translates and the therapist can think, the parental holding of the therapist, and the therapist ability or desire to care for all three members of the triad. Moreover, what must not be lost here is how this impacts the therapist. The results of this study have shown how complicated the role of the therapist is in this setting with three different individuals whom the therapist feels responsibility for, and as described, endeavours to take care of everyone. This supports the parental role as the participants described how this is shared at times with the interpreter. However, Costa and Briggs (2014) identified how the interpreters' own story can cause a break in the frame with the client. The author suggests this is where the bridge comes into play as the therapist acts to repair or reinforce the holding space. The interpreter is facilitating the relationship between the client and therapist and is able to help with language. However, for the interpreter to understand the process initial training could be valuable and could prevent the exclusion of the client.

This study is supported by current literature in identifying the benefits of having the interpreter in the room. Dearnley (2000) reported that the creation of the triad through the presence of the interpreter grows in strength when the therapist is able to recognise equality between them. Miller and colleagues (2005) add that whilst there is an impact

from this third person in the room the interpreter may be regarded as an invisible necessity. This idea of the invisible interpreter and the collaborative team is brought about through current literature (Dubus., 2010; Raval., 2005; Hsieh & Hong., 2010). However, there is little evidence on how this is for the therapist. The current study brings this to the field as participants have described their experiences which, whilst they are generally positive and recognise the role of the interpreter as positive and integral to therapy, also present doubts about their presence due to the impact it has on the therapist perspective of therapy. This is illustrated by participant 1 who reported how the level of intimacy changes with a third person in the room.

The 'bridge' metaphor is endorsed by Kaczorowski and colleagues (2011) who suggest that the therapist considers the relationships as a three person alliance, where support and consultation between the professionals is apparent. This was added to by interpreters reporting their experience of feeling the refugee's pain, describing how painful this was, and their need of support from the therapist.

4 The therapist role

The fourth theme in this study is firmly connected to the role held by the therapist. The four subthemes were created due to a dominant narrative from the participants; therapist as a support worker, feeling responsible, complex mental health needs of refugees, and therapist burn out. They all described a changed sense of their identity as a therapist, feeling their skills as a therapist weren't being fully utilised, and questioning their ability to be autonomous whilst recognising the intrinsic connection with government systems.

Although these subthemes are considered in current literature, in support of these findings this study focuses specifically on the therapist impact.

It is unsurprising that therapist burn out was experienced by the therapists as they are working in a blended role possibly experiencing vicarious trauma which is supported by current literature (Posselt et al., 2009; Hernandez et al., 2010; Simms et al., 2021; Finklestein et al., 2015).

Finklestein and colleagues (2015) found that vicarious trauma and PTSD in mental health care professionals was more likely when the therapist was greatly empathically involved with the client and had a larger case load. However, this study was written with participants working in countries experiencing war so their outcomes may be slightly different. Lambert and Barley (2001) identify the importance of the therapeutic alliance in the role of psychotherapy, whilst also postulating this can be improved by learning to

improve the ability to relate to individual needs and tailoring the relationship accordingly. This study highlights the role of the client in forming the therapeutic alliance and identifies how both parties are actively involved in successfully creating this frame. However, a significant finding comes from the identification that the reduction in feelings of empathy and compassion can indicate therapist burn out. This suggests that the therapist has the ability to be aware of possible burn out and act accordingly before succumbing to this. This area of self-care is promoted as essential in keeping both the therapist and the interpreter well.

There is emphasis on the therapist taking greater care of themselves through self-awareness and self-care as identified by Lambert and Barley (2001). This feels particularly poignant for this current study due to the additional risks of vicarious trauma with the refugee.

The role of PTSD in refugee clients, is identified as a western label that has been attached to victims of war (Watters, 2001). An altered perception of the refugee being seen as resistant to the challenges presented suggests they can become actively involved in their own care and can be encouraged to verbalise what they feel their needs are which was proposed by Watters (2001). A more holistic approach is seen as more suitable and Watters (2001) proposes that the refugee would highlight their needs as more social and practical than psychological. The current study illustrates the holistic role currently held by the therapist which leaves them often feeling unskilled and devalued. By considering a more holistic proposal in the way refugees are thought about could impact the multiple roles the therapists currently experience.

The responsibility of the therapist for the interpreter and triad is outlined by current literature (Miller et al., 2005; Tribe & Lane., 2009; Costa., 2011) which found that the interpreter distress caused by the refugee story leaves the therapist feeling responsible for debriefing them at the end of the session. Costa (2011) also notes that the interpreter turns to the therapist for support, something endorsed by the participants in this study. This is connected to the mental health of the refugee which Birman and Tran (2008) discuss. They discovered refugee experiences prior to migration were an indication of anxiety and that the post settlement experiences lead to greater psychological distress. This blends with superordinate theme one whilst holding a greater focus on the refugee experience, identifying the complexity of refugee mental health. The impact of this on the therapist is acknowledged by Barrington and Shakespeare-Finch (2013) who studied the idea of vicarious traumatic growth among mental health professionals working with

refugees and whilst identifying the significance of this, they also recognise how under researched this area is. In a further study, the impact of the refugee triad on the therapist with emerging evidence indicating that burn out is a potential risk due to the level of trauma and human distress they encounter was identified by Barrington and Shakespeare-Finch (2014).

The current study found that therapists feel their role has mixed responsibilities leaving them feeling their therapy skills aren't always being utilised. A more holistic offering by services would encapsulate a greater response that attends to all refugee needs (Carswell et al., 2011). A study of how interpreters working with refugees in a mental health setting are impacted by trauma supports the therapist experience described in the analysis and identifies the vulnerability of the interpreter in the room. This study also found that whilst experiencing work related emotional distress, interpreters also experienced positive growth from their work (Simms et al., 2021). The significance of this to the current study is two-fold; firstly the neglected therapist, and secondly the identification of interpreter distress which the therapists felt impacts the therapy. There are also findings that suggest the interpreter develops resilience and empowerment due to the emotional support they receive, illustrating the therapist experience of lack, and need, of support for the interpreter.

Whilst this mixed role held by the therapist gives permission to be more than the therapist it was described by the therapists that they do not wish to be in this mixed role and would like to be working as the therapist only. There is a dearth of literature discussing refugee mental health; in a study by Fazel and Silove (2006), results found that refugees could be about ten times more likely to experience PTSD than their peer group in their country of refuge. This current study found there to be an impact of this on the therapist; burn out and sense of responsibility. Bober and Regehr (2006) looked into ways of managing or supporting mental health professionals working with trauma and although various tools or activities were highlighted the outcome of engaging in coping strategies was reported as ineffective in the reparation of the impact of vicarious trauma on the professional. This highlights the severity of impact on the individual whilst raising curiosity around their resilience.

5 The interpreter's presence

There is a strong narrative from the therapists in this study that describes their mixed experiences of working with a refugee and interpreter. This theme identifies the therapists ambivalence as they share feelings of respect and support for the interpreter as they

regard them as the facilitator of therapy to feeling left out and not feeling part of the triad. The four subthemes were developed from the therapist's experiences where they all share feelings of ambivalence toward the interpreter.

With this in mind, the research question considers what is happening for the therapist working with the refugee through an interpreter. Ambivalence was raised throughout this study and seeing the interpreter as a facilitator of therapy between each member of the triad can be a helpful approach (Hunt & Swartz, 2016; Tribe, 1999). The interpreter is largely seen as a main facilitator in this triad as the participants describe feelings of comfort and support from their presence.

It might feel inevitable that the interpreter often comes with unresolved trauma given they may be from a refugee country of origin, or indeed may themselves have been a refugee themselves at some point. The participants highlight this as an area of concern for them which does raise questions about the level of supervision and support provided to the interpreter. As discussed by Simms et al, (2021) who identify vicarious trauma as and unresolved trauma a potential difficulty for the interpreter. Whilst this study is about the therapist experience the importance of the other members of the triad has been raised and can't be ignored. What is apparent however, is the therapist respect and need for the interpreter in the room which is described as more important than the feelings of exclusion.

Contribution to Knowledge

Previous literature discusses the therapeutic triads of the refugee, interpreter and therapist considering the various perspectives. However, there is limited literature available on the role of the therapist in this context. Through the perspective of loss and resilience this study has considered from a broad view the various factors that may impact the therapist and subsequently therapy. The benefits of this may be the acknowledgement of how stretched services are in providing provision for this client group, something that is currently familiar in other healthcare needs as statutory services appear to struggle with extensive waiting lists. This may be unavoidable although it is encouraging to hear how third sector organisations continue to provide services designed for this population. These factors could be regarded as outside the work of the therapist working with a refugee and interpreter although a further benefit of this study may be how it has identified how entwined these areas become. Focusing on the therapist may have created an opportunity to view the broader influences that may impact the therapist which include the

potential for greater training for the therapist and the interpreter and the possibility of greater self-care.

Other benefits of his study include the experience of feeling unheard and feeling frustrations with the government systems which were highlighted which may contribute to the sense of the triad possibly not being offered enough support. In terms of moving forward it is possible that hearing the therapist's voice amongst this triad could be identified as an overlooked aspect of this work given the potentially complicated background of the refugee and the perceived knowledge of the interpreter. The benefits of the findings from this study may show how the therapist could receive further support to enhance not just their work but also their own wellbeing. The participants have described examples where they are aware of vicarious trauma and burn out as well as the need to understand the asylum and refugee processes. These findings show us how intricate this work is and how greater support and knowledge can enhance many areas of practice.

This research has covered a broad area of literature which is hoped will raise the significance of 'seeing' the therapist in this setting and maybe recognising them as the knowledgeable professional in this triad. Literature discussed in this study outlined how culture and language can be a potential obstacle along with the importance of self care. This study adds to this by identifying similar findings that discuss loss of empathic or emotional language and how uncomfortable feelings may develop due to a lack of understanding all that is said. The focus on the therapist is a benefit of this study. Where the literature shows that many of the findings in this study are already discussed there is a lack of focus on the therapist. Knowledge from the literature may provide a more reflective stance when the triad is considered in terms of how vast this area is and how these individual aspects potentially impact the therapist. The participants seem to have identified a shared feeling of passion and commitment to this client group which may not have been widely acknowledged in the past. What this may bring is an opportunity to reflect on the significance of their work which has possibly been missed in the past, considering the many contributing features of the refugee's resettlement process that have been identified as potential factors in influencing the therapist's experience of working in this triad.

It is without doubt that the participants take great satisfaction in their work with refugees and highlight some moving and rewarding moments. This is not to be overshadowed by the difficulties found in this study which fall around the government systems. This could be regarded as an external influencer which sits outside of the therapy room although

thought can be given to the participant experience of how influential these systems can be on the therapy and consequently on the therapist.

The language barrier will remain a constant feature of this work due to the nature of the client and interpreter. Training of both professional members of the triad has been recognised as something that may possibly improve the dynamics in the therapy room and consequently the experience for the therapist.

Overall participants in this study felt there were features of their work that may benefit from improvement through funding and governmental support, although each participant described their work with pleasure and did not suggest any intention of leaving this client group. This may illustrate the value brought to the therapist from working with refugees. It seems that being aware of what support is and is not available at the onset could be beneficial for the therapist.

Contribution to Counselling Psychology

Counselling Psychology takes a holistic approach to the human condition. Counselling Psychologists work to understand lived experience and alleviate distress by working collaboratively with the client to help understand past experiences which may be influencing their distress. This is framed by the values and visions of The British Psychological Society Division of Counselling Psychology (2018). This includes working creatively, collaboratively and compassionately, and meeting the psychological needs of people. The theoretical framework of Counselling Psychology emanates from phenomenological and existential perspectives with an underlying foundation of humanistic values. The intentionality of Counselling Psychologists is to be with the client through the development of a relationship to facilitate client enrichment and wellbeing (Strawbridge & Woolfe., 2003). This approach of being 'with' the client rather than seen as a professional expert moves away from more traditional narratives of psychology (Strawbridge & Woolfe., 2003).

A belief held by Counselling Psychologists is that a positive therapeutic alliance with a humanistic foundation of warmth and empathy is a fundamental factor in the development of positive client outcomes (Lambert & Barley., 2001; Rogers., 2007; and Cooper., 2008). The therapist's awareness of their own internal experience of their client and their culture when working cross-culturally can facilitate the working alliance (Rosenfield., 2020). Guidance from the British Psychological Society (2018) surrounding working with refugees highlights the importance of boundaries, supervision, information providing, professional

interpreters and the continued sharing of information between services. The Society realises that vicarious trauma is a reality and due to the refugee's probable lack of knowledge of the health care systems these steps above are critical in reducing vicarious trauma and settling the refugee into therapy.

The discipline of Counselling Psychology has been used as a vehicle to discover knowledge about the therapist role in this triad by following an IPA methodology. This was felt to be important to gather in-depth data from the participants acknowledging that the therapist in this situation may be underrepresented. With the above guidance in mind this study can be said to have important implications in the practice of Counselling Psychology in relation to the role of the psychologist working with the refugee. As has already been discussed Counselling Psychology holds a firm philosophical foundation which is anchored in phenomenology and identifies the relationship as the essence of all therapeutic work. With this in mind the dynamic of the triad is a feature of importance to the Counselling Psychologist since the relationships have been highlighted as impacting sources of positive and negative outcomes. As we have seen in this study working collaboratively is a necessity – within the triad, with services and with the government – to facilitate greater wellbeing for the practitioner.

The findings of this study highlight a need to move towards a system that may be able to acknowledge the difficulties presented to the therapist whilst offering more resources which may enable them to work consistently within the relational dynamics of this triad. This study is relevant to the profession of counselling psychology due to its interest in marginalised groups. Participant accounts have pointed towards the government systems becoming more involved and working more closely with the therapist and interpreter which fits with the relational approach of Counselling Psychology. Other areas highlighted include greater support for the interpreter and enhanced training for the therapist and interpreter. The need for the government to work more closely with services supporting refugees is also identified.

The profession of Counselling Psychology can learn that the role of supporting a refugee with an interpreter may be regarded as particularly challenging whilst bringing rich rewards which have been highlighted in this study. Counselling Psychologists may benefit from understanding the potentially complicated role of the interpreter coupled with the need to understand the procedural processes that refugees are involved with, highlighting how therapy and the government are entwined. Given the current and expected continued growth in the global movement of individuals through war and trauma, it is likely that refugee numbers will continue to grow. Due to the relational focus, Counselling

Psychology may be well placed to become more involved in understanding this client group and other influential factors.

Strengths of this study

This study set out to explore the lived experience of the psychological therapist working with the refugee supported by an interpreter. This included inquiring how the dynamics in the therapy room are impacted for the therapist, how emotional language is captured and conveyed and an exploration of the mental health service provision for refugees. The methodological approach was appropriate to elucidate this. The research benefited from being grounded in the literature which covers many variables in the field of refugees and psychological therapy. The topic itself is one of great meaning, given the growth in global unrest and subsequent rising numbers of displaced individuals. A rich data set was collected coming from six interviews which were successfully completed for a first-time researcher asking non-leading questions and focusing on allowing the participant to say what they wished rather than what the researcher may have wanted to hear which possibly reflects the researcher's training in Counselling Psychology. A sample size of between three and six participants is recognised as being reasonable for a student study (Smith et al., 2009).

Transparency was maintained throughout the study with great effort by the researcher through paying attention to the hermeneutic processes which produced the results and through reflexivity where the researcher was open and honest about herself. Reflexivity has been a well-documented feature of this study. An additional challenge around hermeneutics is the researcher's own bias and the impossibility of separating the observer and the observed (Heidegger, 1962). Therefore in qualitative research the results can only be understood through the researcher's transparency and their application of bracketing of assumptions. The analysis of this study is formed through the researcher's own interpretations which is important to be aware of, identifying that someone else may have seen and interpreted the data differently.

Limitations of this study

This study has provided rich and detailed information regarding the experiences of therapists working with these clients. However it is not without some limitations which need to be acknowledged.

The participants were exclusively British Caucasian. This means the findings may have limited applicability to a more ethnically diverse population, something that is significant to the nature of this study and client group. This could add to the refugee's, as well as the interpreter's response to the therapist which may influence findings such as client ease, establishment of the therapeutic frame and boundaries, as well as understanding of culture and language. However, given the difficulties experienced in recruiting for this study this could have made it more difficult. What eased this was the global pandemic which allowed the researcher to find participants nationally and conduct interviews online.

For further research however, a larger sample size may bring richer data. The results in this study cannot be generalised as being an accurate representation for all therapists working with refugees and interpreters.

Smith and colleagues (2009) suggest the level of homogeneity may vary between studies highlighting the importance of finding a sample to whom the research question is meaningful. A further factor that could have been explored is the amount of supervision received by the therapists. Perhaps because of this the therapists reported experiences of support was variable therefore impacting their shared experience of burnout along with feeling left out. Whilst it would be difficult to find participants who do not enjoy this work, or who have left due to burnout, a study with these participants may bring different results. Future study may also benefit from considering the type of training and amount of experience the participants have to remain true to the requirement of a homogenous sample.

Despite these limitations the author has at all times endeavoured to adhere to the principles of sensitivity to context, rigour, transparency and coherence (Yardley, 2000) to ensure the limitations didn't affect the quality of the research.

Reflexivity

Having now completed this study it seems fair to say that my involvement has moved frequently from feeling attached and passionate to distant and highly avoidant, and I am able to recognise how my feelings toward this project may have influenced my interpretations. I feel confident in identifying my most passionate and connected times grew from my data collection where I felt actively involved in working with my inquiry. Interviewing my participants, listening to our interviews and reading the transcripts repeatedly gave me the opportunity to be fully submerged. However, my interpretations of my data will possibly represent my feelings along with my feelings of connectedness

with some of the participants. One of the losses I experienced at the beginning of my Counselling Psychology training caused me to momentarily lose the usual pace of my speech. This feels particularly significant because when I started listening to my recorded interviews on a slower pace I was sharply taken back to this time. As I took breaks from this part of my study I wrote my reflections in my journal and then gradually spent time listening to small sections at a time to allow myself to move beyond my experience. This delayed my analysis but was also an important part of involvement with my participants for me to do justice to each of my interviews, and to myself. This anxiety probably influenced some of my interpretations and something that also helped me manage this was reading and rereading the transcripts which facilitated my memory of our interviews and my feelings toward each participant.

Equally my personal losses described earlier in this thesis will have played a role in my interpretations and experience of my study. My involvement in my data collection and analysis will undoubtedly be influenced by this as I moved through my own journey at a different pace to the refugees moving through theirs, and at a different pace to the writing of the study. These parallel processes emphasise the importance of the double hermeneutic and as already observed will create a unique set of data. Despite the difficulties I experienced in learning about IPA to begin with and resisting the interpretative process it is this element of IPA that feels close to my heart as it represents a core element of Counselling Psychology.

Acknowledging it is now time to part company with my research brings many feelings for me. Without doubt relief, excitement and anticipation are there, but I am also mindful of the relationship I have had with this study that has been all consuming. I understand that writing a thesis is no easy task more so now than at the beginning. There have been parallel processes which have been part of my thesis and with this in mind I am not sad to be moving forward. As I do, I take with me a greater curiosity of humanity, and a deeper inquiring mind as well as a developing skill in interpretation.

I can now recognise that for a piece of research to honour the IPA methodology full submergence and reflexivity are fundamental elements of its success. It feels fair to say that at the beginning of my research journey I resisted this somewhat which came through in the drafts I sent to my supervisor. Having now completed this study I can reflect and see how my interpretative ability has developed and grown over this time.

Suggestions for further research

The current study has helped illuminate the lived experience and sense making of therapists working with refugees supported by interpreters. Although the current literature on the dynamics within this triad are growing, literature on the therapist lived experience is limited. As it remains there is more to learn and further qualitative research focusing on the therapist in this setting is encouraged with focus on the impact on the therapist. Since developing this study, war has broken out between Ukraine and Russia causing a rising number of refugees and displaced individuals. This highlights the great significance for further studies that focus on this triad since there is a steady global growth in the refugee population.

The role of the therapist in this setting requires further investigation to answer some of the questions raised in this project. These include how training for the therapist and interpreter could be offered, improvement of supervision for the interpreter, and how third sector and government mental health services could work more closely together.

Other potential areas of research identified in this study could be to consider the interpreter's experience of this triad. A further helpful area could be to explore the refugee client's experience of therapy having both a therapist and interpreter in the room. As previously discussed, this has been looked at briefly in the past but there is limited qualitative research available.

In keeping with the focus on the therapist lived experience and subsequent exploration of how service delivery may be improved, a further area of research could focus specifically on service delivery. This would involve the researcher considering a project that focuses on statutory or NHS services or similarly to this study is a blend of both by setting a research question with a broader inquiry.

In the context of psychological therapy and refugee support further studies could explore what help and support the refugee feels would be helpful for them; as a trainee Counselling Psychologist it is relatively easy to look from the outside and make assumptions and conclusions from the experiences we see they have had. However, there seems to be a body of evidence that suggests greater support may be found from a more socio-economic perspective.

Conclusion

'it's another layer in what is already, I don't know, a mille fois of experience'. This is a quote provided by participant 1 when describing the world of therapy with refugees and interpreters. Her chosen language indicates the many facets she attributes to this field of work. The participants in this study have described their lived experience of working as a psychological therapist with a refugee supported by an interpreter. They found many positive benefits of working in this setting whilst also voicing some despair at the legal governmental systems currently in place whilst sharing how they have learnt to work with these difficulties. They have voiced their feelings about the responsibility they feel for everyone in the room, feeling left out of the triad, concerns about burn out and elements of their role that they describe as influential on their wellbeing. The participants have described how supportive the interpreter is in this setting and how they are the integral feature of this work without whom therapy could not take place, and have described how supportive the interpreter's presence in the room can be for the therapist.

This study has highlighted the lack of research on the therapist wellbeing in this setting and clearly informed us of the pleasure received by the therapist undertaking this work. The discussion has critically compared the participant's lived experience of working in this role with current literature which has shown that there are continuous attempts being made to attend to the needs of refugees through the government and third sector systems along with community support.

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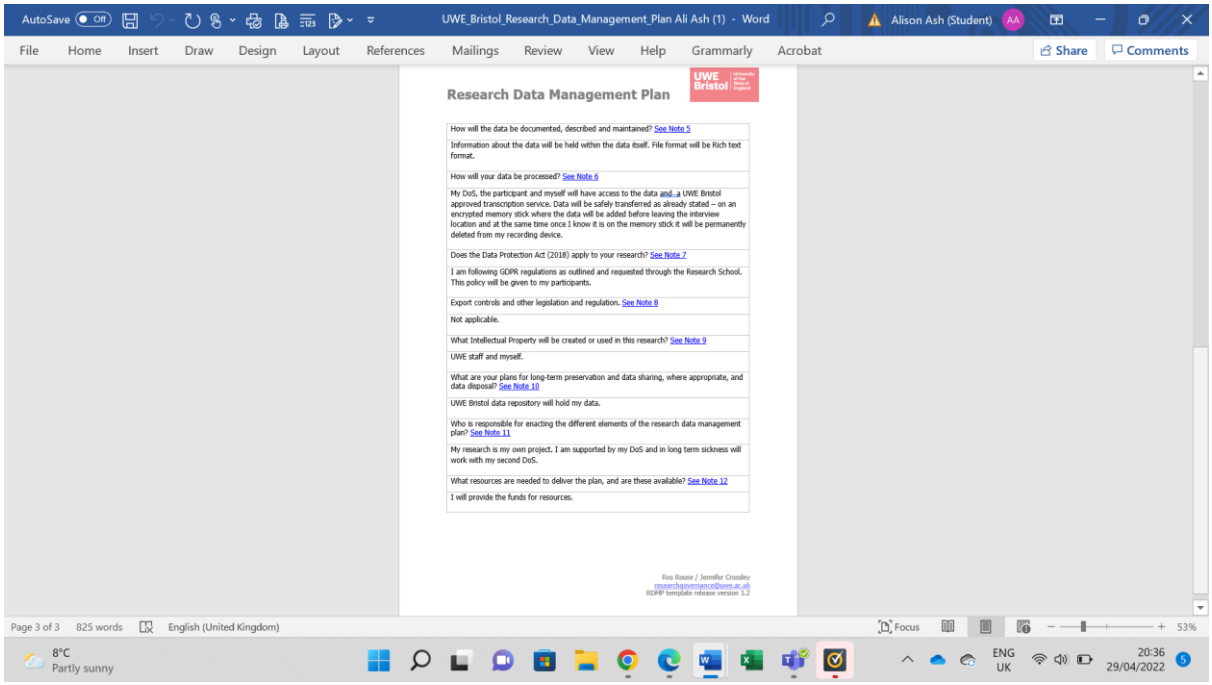
Appendix One – Ethical Approval

This has been removed to protect personal information.

Appendix Two – Risk Assessment

This has been removed to protect personal information.

Appendix Three – Data Management



Appendix Four - Recruitment

This has been removed to protect personal information.

Appendix Five – demographic information

Name:	
Number of years experience working as a therapist:	
Number of years experience working with refugees and interpreters:	
Racial/ethnic background:	
Religious preference:	
Age:	
Sexuality:	
Do you work full time or part time:	
Occupation:	
Currently working with refugees and interpreters, if not when was the last time:	

Appendix Six - participant information

This has been removed to protect personal information.

Appendix Seven - Consent

Mental Health Service Delivery for Refugees. Working therapeutically with an interpreter – what about the relationship?

Consent Form

This consent form will have been given to you with the Participant Information Sheet. Please ensure that you have read and understood the information contained in the Participant Information Sheet and asked any questions before you sign this form. If you have any questions please contact a member of the research team, whose details are set out on the Participant Information Sheet.

If you are happy to take part in the interview, please sign and date the form. You will be given a copy to keep for your records.

- I have read and understood the information in the Participant Information Sheet which I have been given to read before asked to sign this form;
- I have been given the opportunity to ask questions about the study;
- I have had my questions answered satisfactorily by the research team;
- I agree that anonymised quotes may be used in the final Report of this study;
- I understand that my participation is voluntary and that I am free to withdraw at any time until the data has been anonymised, without giving a reason;
- I agree to take part in the research

Name (Printed)…….

Signature……. Date……..

Appendix Eight - GDPR

GDPR privacy notice

Purpose of the Privacy Notice

This privacy notice explains how the University of the West of England, Bristol (UWE) collects, manages and uses your personal data before, during and after you participate in this research of working therapeutically with refugees through an interpreter. 'Personal data' means any information relating to an identified or identifiable natural person (the data subject). An 'identifiable natural person' is one who can be identified, directly or indirectly, including by reference to an identifier such as a name, an identification number, location data, an online identifier, or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.

This privacy notice adheres to the General Data Protection Regulation (GDPR) principle of transparency. This means it gives information about:

- How and why your data will be used for the research;
- What your rights are under GDPR; and
- How to contact UWE Bristol and the project lead in relation to questions, concerns or exercising your rights regarding the use of your personal data.

This Privacy Notice should be read in conjunction with the Participant Information Sheet and Consent Form provided to you before you agree to take part in the research.

Why are we processing your personal data?

UWE Bristol undertakes research under its public function to provide research for the benefit of society. As a data controller we are committed to protecting the privacy and security of your personal data in accordance with the (EU) 2016/679 the General Data Protection Regulation (GDPR), the Data Protection Act 2018 (or any successor legislation) and any other legislation directly relating to privacy laws that apply (together "the Data Protection Legislation"). General information on Data Protection law is available from the Information Commissioner's Office (https://ico.org.uk/).

How do we use your personal data?

We use your personal data for research with appropriate safeguards in place on the lawful bases of fulfilling tasks in the public interest, and for archiving purposes in the public interest, for scientific or historical research purposes.

We will always tell you about the information we wish to collect from you and how we will use it.

We will not use your personal data for automated decision making about you or for profiling purposes.

Our research is governed by robust policies and procedures and, where human participants are involved, is subject to ethical approval from either UWE Bristol's Faculty or University Research Ethics Committees. This research has been approved by the Faculty of Health and Applied Sciences Research Ethics Committee, application reference number NAS.19.07.237 Ash, contact details: researchethics@uwe.ac.uk for queries, comments or complaints. The research team adhere to the **Ethical guidelines of the British Educational Research Association (and/or the principles of the Declaration of Helsinki, 2013) and the principles of the General Data Protection Regulation (GDPR).**

For more information about UWE Bristol's research ethics approval process please see our Research Ethics webpages at:
www1.uwe.ac.uk/research/researchethics

What data do we collect?

The data we collect will vary from project to project. Researchers will only collect data that is essential for their project. The specific categories of personal data processed are described in the Participant Information Sheet provided to you with this Privacy Notice.

Who do we share your data with?

We will only share your personal data in accordance with the attached Participant Information Sheet and your Consent.

How do we keep your data secure?

We take a robust approach to protecting your information with secure electronic and physical storage areas for research data with controlled access. If you are participating in a particularly sensitive project UWE Bristol puts into place additional layers of security. UWE Bristol has Cyber Essentials information security certification.

Alongside these technical measures there are comprehensive and effective policies and processes in place to ensure that users and administrators of information are aware of their obligations and responsibilities for the data they have access to. By default, people are only granted access to the information they require to perform their duties. Mandatory data protection and information security training is provided to staff and expert advice available if needed.

How long do we keep your data for?

Your personal data will only be retained for as long as is necessary to fulfil the cited purpose of the research. The length of time we keep your personal data will depend on several factors including the significance of the data, funder requirements, and the nature of the study. Specific details are provided in the attached Participant Information Sheet. Anonymised data that falls outside the scope of data protection legislation as it contains no identifying or identifiable information may be stored in UWE Bristol's research data archive or another carefully selected appropriate data archive.

Your Rights and how to exercise them

Under the Data Protection legislation you have the following **qualified** rights:

(1) The right to access your personal data held by or on behalf of the University;
(2) The right to rectification if the information is inaccurate or incomplete;
(3) The right to restrict processing and/or erasure of your personal data;
(4) The right to data portability;
(5) The right to object to processing;
(6) The right to object to automated decision making and profiling;
(7) The right to complain to the Information Commissioner's Office (ICO).

Please note, however, that some of these rights do not apply when the data is being used for research purposes if appropriate safeguards have been put in place.

We will always respond to concerns or queries you may have. If you wish to exercise your rights or have any other general data protection queries, please contact UWE Bristol's Data Protection Officer (dataprotection@uwe.ac.uk).

If you have any complaints or queries relating to the research in which you are taking part please contact either the research project lead, whose details are in the attached Participant Information Sheet, UWE Bristol's Research Ethics Committees (research.ethics@uwe.ac.uk) or UWE Bristol's research governance manager (Ros.Rouse@uwe.ac.uk)

Appendix Nine – interview schedule

1. As a therapist who works with refugees using an interpreter could you tell me in your experience how mental health services support refugees?
   Prompt – how are refugees received in mental health services?
   Are there long waiting lists similar to other mental health services?

2. Can you tell me about your experience of working with refugees and interpreters?
   Prompt – how different it may be from 1-1 therapy?
   How do you understand the client's experience?

3. In your experience what would you say it's like to have an interpreter in the room?
   Prompt – having a third person there?
   How does different language impact this?

4. Holding emotion and listening to painful experiences is part of our work and what we have been trained to be able to do. How is this impacted with an interpreter in the room?
   Prompt – working as a triad?
   How do you understand the client's experience?
   How do the interpreter's interpretations and triggers impact this?

5. As therapists we experience our own personal therapy which helps us to identify possible ownership of feelings in the room. In your experience how is emotion experienced when there's an interpreter there too?
   Prompt – how do you feel your client's experience?
   How do you feel the client's emotion?

6. How do you manage your emotional responses toward the interpreter as well as the client?
   Prompt – you're working with the client but the interpreter understands what is said so what does this mean for how you respond to the interpreter?
   What happens if the interpreter is triggered?
   How does the interpreter influence the relationship between the therapist and client?

7. Could you share with me an experience where you've found it difficult to experience empathy in the room?
   Prompt – empathy is conveyed between client and therapist, how different is this with language and cultural difference with an interpreter translating?

8. What is your experience of an interpreter's inaccurate interpretation of the client's narrative and emotion?
   Prompt – how does the interpreter translate linguistic and cultural nuances?

9. What effect does translation have on the quality of the empathic dialogue with the client?
   Prompt – does emotion get lost in translation?
   What's your experience of sensing the interpretation is inaccurate?

10. How do you think the provision of mental health for refugees can be improved?

   Prompt – what changes would you like to see that could make this therapeutic relationship more successful?

Appendix Ten – Excerpt from a transcript

Emergent Themes	ORIGINAL TRANSCRIPT Me Participant 1	EXPLORATORY COMMENTS Descriptive comment – normal text *Linguistic comment – italic* Conceptual comment – underlined REVISED CONCEPTUAL COMMENTS
51-58 Interpreters make mistakes, can't be trusted Charities have a good reputation Interpreter's are in the way of therapy interpreter – they are needed but not wanted 52-71 the same interpreter needs to be used. Interpreters with experience are needed. Government need to train MH interpreters for refugees. Therapists need to be trained in working with refugees. 52-71 language and culture are complicated. 52-71 the relationship is strained due to language misunderstandings. 72-77 resenting the interpreter for having the relationship with the client Interpreter doesn't translate accurately.	**48Me** – and could you tell me about your **49**experience of working with refugees and **50**interpreters. **51**– um, mixed, here I think we're really lucky **52**because I kind of, we have a core group of **53**interpreters who we work with for a long time, **54**so Albanian interpreters we know really well, **55**they understand the work well because **56**they've been involved in helping us do it for a **57**long time, um, and a couple of the other **58**languages language skills which we draw upon, **59**but it's all so, it's just all just so really **60**frustrating because as a therapist I use my **61**words I choose my words carefully and am **62**thoughtful about the language that I use and **63**that's not to say that interpreters aren't **64**thoughtful it's just I think some of the times	**51-57** Knowledgeable, good to know the therapist pool, we're lucky in this service ***52-53*** *'kind of' finding the right words.* *Praising this service for having the right interpreters, identifying the significance of known and regular interpreters.* **51** I'm working in the most successful and reputable place for these clients. **51-58** Praising the interpreters but really they're in the way. I choose my words and the interpreter messes it up, I can't trust someone to do this for me. Maybe in the past trust has been broken by someone close and the interpreter represents this person. Interpreters – love them or hate them but I see the good they bring. Interpreters aren't meaning to cause harm, like the personal experience of broken trust, they didn't intend to cause so much hurt. Ambivalence toward the interpreter.

Some words can't be interpreted Therapist can't know if they are being interpreted word for word. Culture brings own nuances, own words that may not correspond directly to english. Misrepresentation of client, Misrepresentation of therapist. Saying the interpreter is needed but not convinced.	**65**there is no language there is no interpretation **66**in the language, ur, I, there's no, there's an **67**affect, like a wave of that I choose to couch **68**the things that I ask and that doesn't, that gets **69**lost in translation a lot of the time even with **70**the absolute best of intentions, and you know **71**the most, the interpreters who we've had with **72**us for a long time can still be quite clumsy in **73**the way that they interpret what it is we're **74**trying to talk about. Um on the flip side to that **75**you know so long as interpreters aren't **76**purposely trying to cause harm something a **77**lot of the time is better than nothing. **78Me** – mm, ok. So language really does come up **79**as a difficulty because of the understanding	AMBIVALENCE TOWARD INTERPRETER LONGSTANDING INTERPRETERS ARE BETTER **58-77** Language – not always a direct interpretation of the words. Interpretation inaccurate at times. I'm thoughtful before I speak but often what I say doesn't have a word or meaning in the other language, so the lack of care from the interpreter is irritating. But they help us. **77** It still helps. ***59-71*** *The relationship is strained by not being able to translate the therapist's words. Recognising how thoughtful she is at the same time as not dismissing the interpreter but identifying the words can't always be interpreted. Important to acknowledge that interpreters aren't thoughtless but that language gets stuck* ***72-77*** *An affect, feeling impact from this third person on the relationship between client and therapist. Some possible resentment? Keen not to discredit the interpreter at the same time as trying to verbalise their impact – 'clumsy'* ***75-77*** *Needing to praise the interpreter and see something positive – that they aren't intending to cause harm which may be a difficult idea for T?*

		59-77 I get misunderstood even though I share the English language because cultural identity is different. Reflecting this on self, talking about own experience and lack of global understanding of words. HOW DOES THE THERAPIST KNOW THEY ARE BEING INTERPRETED WORD FOR WORD? AMBIVALANCE – IS THE INTERPRETER A VALUABLE ASSSET?

Appendix Eleven – Analysis development

Photographs illustrating the rigorous process of analysis.

Appendix twelve – Journal Article

Article prepared for Journal

'Consider the object of offering refuge' when looking at working as a therapist with refugees supported by an interpreter; *'a mille fois of experience'*

An Exploration using Interpretative Phenomenological Analysis

Alison Ash, Dr Eva Fragkiadaki and Dr Nigel Williams

Abstract

The world is experiencing an ever-increasing growth in the number of displaced refugee persons across the globe; individuals who have fled their homeland due to force and fear for their life. It is widely acknowledged these individuals have often experienced torture, violence, loss, pain and a violation of their human rights. Research indicates a strong connection with unique mental health difficulties in this group of people and based on this, there has been a growth in the provision of mental health services for refugees in western countries. Due to language difficulties an interpreter is required in mental healthcare to work alongside the therapist and the refugee client creating a triadic setting. However, it is not clear whether, or how, this impacts the therapist.

The aim of this research was to explore the therapist's experience of working in this triad in order to investigate how their work is impacted by the interpreter, and how language and emotion are conveyed. A study into how therapeutic work is experienced in this context is important to understand how, and whether, service providers could improve their offering.

Interpretative Phenomenological Analysis (Smith, Flowers & Larkin, 2009) was used to analyse data collected from semi-structured interviews of 6 participants who have been working as therapists with refugees supported by an interpreter for over two years. A superordinate theme that was discovered in this study is, control; the bridge within the triad which was created from the following subthemes; The triad creates a family, interpreter offers space and learning for therapists, power changes with a third person in the room, and the therapist can feel left out.

Implications for counselling psychology, limitations and avenues for further research are discussed.

Introduction

This qualitative study explores the accounts that therapists give of their experience working with refugees using an interpreter.

This research considers the question 'what is it like for the therapist to work with a refugee supported by an interpreter?' This is a much-neglected area in counselling psychology literature whilst at the same time, concerningly, becoming an area of global growth. This will be explored through the chosen methodology of interpretative phenomenological analysis (IPA) (Smith et al, 2009) which was regarded as especially suitable given its emphasis on the meaning individuals attribute to their experiences.

The author of this study is a trainee counselling psychologist. This has been an influence as she has aimed to offer a critical realist perspective, in keeping with the philosophical underpinnings of counselling psychology. The relationship is central to the work of counselling psychology coupled with the philosophical underpinnings which move away from the more traditional medical psychology approach. With this in mind as a trainee counselling psychologist, the author holds an interest in how these three relationships work in the shifting dynamics of this triad whilst maintaining a focus on the therapist.

To provide an understanding of terminology whilst giving a framework to the study, what follows are some definitions of terms.
A refugee is 'someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion'. Refugees are people who have fled war, violence, conflict or persecution and have crossed an international border to find safety in another country (1951 Refugee Convention UNHCR); an asylum seeker is someone who has applied for asylum and is waiting for a decision from the government as to whether they are a refugee (UNESCO, 2017); a displaced person refers to persons forced from their locality or environment and occupational activities most commonly as a result of armed conflict (UNESCO, 2017); a stateless person is "a person who is not considered as a national by any State under the operation of its law". In simple terms, this means that a stateless person does not have a nationality of any country. (UNHCR, 2017). Resettlement is described as 'the transfer of refugees from a country where they have initially sought asylum'.

In creating context to this study, according to UNHCR statistics, as of mid-2021 there were 135,912 refugees, 83,489 pending asylum cases and 3,968 stateless persons in the UK. (UNHCR 2021, Mid-Year Trends Report). These statistics are helpful in highlighting the sheer number of individuals becoming refugees whilst providing a glance at the initial states an individual holds as they enter a country of refuge moving from stateless, to asylum seeker before achieving the state of refugee.

While many studies have demonstrated the global need for mental health therapy for refugees and demonstrated the global engagement within this professionalism, (eg; Carswell et al. 2009; Gartley & Due, 2017; Gorman, 2001; Miller & Rasmussen, 2010; Tribe & Patel, 2007; Watters, 2001); it will be shown in this study that as yet, there is little research that considers these relationships and the triad from the therapist's perspective. The following literature review will demonstrate the majority of research studies examining this field of practice have considered the impact of this work on the interpreter and the client along with external factors such as government support.

Whilst the vast amount of literature in this field covers the different aspects of this triadic work, the lack of literature on how the therapist is impacted aims to be developed from this current study. The author discovered literature supporting the mental health worker working with refugees although few of these studies involved the triadic setting and interpreter.

The participants for this study have been recruited from statutory and third sector organisations which provide support for the refugee. Each participant actively works as a therapist with refugees supported by an interpreter which was seen as an essential feature for this study. A pilot study was run through face to face one to one interviews however, due to the global pandemic which hit during the time between these interviews and the actual interviews, the main interviews of this study were carried out online. Six participants were recruited and semi structured interviews were used.

With the above in mind this research questions for this study are;

- How do the dynamics in the therapy room impact the therapist supporting the refugee when an interpreter is present?
- how do the complexities of communicating with a refugee via an interpreter impact how emotional language is captured and how empathy is conveyed?
- an exploration of the mental health services offered to refugees

It is hoped that this qualitative study will bring new literature to the field of therapy with refugees from the therapist experience whilst enhancing the profession of counselling psychology. It is anticipated that through increasing understanding of what happens for the therapist in this role service providers will be in a stronger position to support all three members of the triad by possibly improving what they offer.

Literature Review

This review will examine current literature relating to psychological therapists working with refugees supported by an interpreter in a therapeutic setting. It will set the context by considering the broader spectrum of working as a therapist with refugees and interpreters highlighting the vast areas of consideration which includes considering the role of the client and interpreter.

It is important to acknowledge that there is limited research available on the impact, and understanding made, of having an interpreter in the room for the therapist, and how this may affect the process or the outcome of therapy. This review will help identify how this study aims to fill a gap in the current literature.

How the relationships impact the therapist

Research suggests this fundamental area of therapeutic work can be put under strain when a third person becomes part of the relationship suggesting a possible struggle with power in the triad. Costa & Briggs, (2014) identify therapist concerns around their relationship with the client when the interpreter is in the room. This is due to the added dynamic of the interpreter's own life stories and interpretation of the client's emotional world possibly causing a break in the frame with the client. There are different relationships being managed in this triad and the idea of a power struggle within the triad suggests an imbalance or lack of defined role for the therapist. In a dyadic setting the shared relationship forms the container for the therapeutic work as described above. When a third enters the relationship there is a change in dynamic causing a shift in the therapist's control or power of the therapeutic frame.

Therapist experience of feeling excluded as the power shifts

This experience of feeling left out was also identified by Costa & Briggs, (2014) who found that multilingualism in the therapy room can cause those who don't speak the same language to feel disempowered. This can also apply to the counsellor who can find themselves observing the communication between the client and interpreter and not feeling part of it (Miller et al, 2005). These problems can potentially lead to a broken therapeutic bond between all members of the triad. Raval & Smith (2003) found that the therapist can find working with the interpreter and client to be tense and burdensome leading to a fear of losing the depth of communication required in this field of work. Counsellors also noted finding difficulty in forming a constructive working relationship with the interpreter which then filters through to the client.

Impact on the therapist of interpreter and client knowledge of therapy

It seems that the interpreter's knowledge of therapy could be lacking which Miller et al, (2005) identify. They went on to suggest that some interpreters may be offered training but the focus is on legal or medical models. Whilst this is helpful a missing component is training in the relationship since the strength of the relationship in psychotherapy is what brings success, and often interpreters receiving legal or medical training aren't required to develop this. Miller et al, (2005) go on to explore whether there was an impact on the therapeutic alliance when a third person was in the room. Findings varied and include the idea that the interpreter is an invisible necessity, that the interpreter-client relationship is as important as the client–therapist relationship, and that consistency of interpreter is important, suggesting the significance of the third person in the room.

Vicarious trauma for the therapist and interpreter

It is a general known fact that refugee trauma is specific and complex. Simms et al. (2021) report on the impact of refugee trauma on the interpreter recognising that vicarious trauma is a significant factor in the success of therapy. Could this be the same for the therapist? Despite the training given and expertise held by the therapist surely both parties are equally at risk of vicarious trauma; something that is presented by the therapists later in this research. Finklestein et al. (2015) found this to be true, that vicarious trauma could develop for the healthcare professional when being repeatedly exposed to highly traumatic narratives; something that is endorsed in this study.

The interpreter is a positive versus negative influence for the therapist

The literature does also show that the interpreter not only acts as the bridge in a positive way but may also become distressed by witnessing the story of the client. Whilst

supervision may be provided for the therapist, it isn't clear what support has been made available for the interpreter and it isn't uncommon for the interpreter to turn to the therapist for support (Costa, 2011). Although there is suggestion that the interpreter is a positive factor in refugee therapy, there is also acknowledgement that this style of working can be complicated due to the unknown professional capacity of the interpreter.

Aims and objectives

When considering the best way to approach this project the researcher considered both qualitative and quantitative methods. Posselt et al. (2019) used a mixed methods approach in their study which they identify as a limitation due to the lack of opportunity for participants to expand on what they had written. The mixed methods were online surveys with some open-ended questions to collect qualitative data, and thematic analysis combined with statistical analysis were used in the analysis. Whilst they identified that the qualitative approach allowed for greater data collection than quantitative alone, the mixed method was felt to be less successful than interviews, identifying interviews permit the participants to expand on what they say. It was felt the method they used potentially reduced the depth of the data.

Since this study aims to explore the phenomenological and lived experiences of therapists working with refugees supported by interpreters in order that their experience can be more fully understood, interpretative phenomenological analysis (IPA) (Smith et al., 2009) is the chosen methodology.

Method

The researcher has chosen to use a qualitative methodology due to the study focus being on lived experience, whilst also being influenced by the foundations of counselling psychology which have a strong humanistic belief. Psychological research aims to discover more about human behaviour and experience. Qualitative research specifically aims to offer an understanding of people's experiences and the meaning they give to these (Willig, 2008). This is an important factor in this study since the aims are to understand the experience of therapists. IPA is the methodology of choice given the idiographic focus of the participants lived experiences as a therapist in this setting.

Recruitment

Participant recruitment began on receiving ethical approval from UWE. As it transpired, there were a number of local organisations employing this model although, due to the pandemic the researcher was able to look nationally for participants. IPA requires a fairly homogenous sample which was in agreement with the current research project since the shared experience allows for convergence and divergence. The importance of being able to examine similarities and differences enables these features to be analysed when they are created from a group that has similar traits (Pietkiewicz & Smith, 2014).

Data Collection

IPA is most suited to a method which will invite participants to provide rich, detailed, first person accounts of their experiences and interviews are identified as being the best means of accessing such accounts (Smith et al., 2009). Based on this, six interviews were held online due to the global pandemic. Interviews have been well established methods of collecting qualitative data for some time and semi structured one to one interviews allow the participant to be heard.

Ethical Considerations

In order to ensure research integrity all ethical matters were considered as discussed below.

This study was ethically approved by the Faculty of Health and Life Sciences Research Ethics Committee on behalf of the University of the West of England Ethics Committee.

Process of Analysis

Guidelines of IPA were implemented for analysis of the data as described in Smith and colleagues 2009, and the steps taken for the analysis are outlined below.

The researcher initially engaged in one transcript at a time to allow for full submersion into the interview. The transcript included all words spoken by both the participant and the researcher. The researcher opened a new word document for each transcript and created a column either side for coding and themes.

Reflexivity

I am a white British woman who has worked in the field of mental health for fifteen years. During this time my work has taken me into statutory and private education, the NHS, and private sector services. Since undertaking my training in counselling psychology I have worked in a variety of clinical placement settings including IAPT, tier 4 inpatient services,

women's mental health and a third sector organisation. I found some of these placements became more challenging as I progressed through the doctoral training as I questioned who I am as a practitioner, and what was important to me. Counselling psychology sits on a philosophical foundation where the individual experience is at the heart of our work. Working in various NHS settings caused me to think about this in greater detail as I began to find myself compromised between the work I was doing which followed the medical model, and my individual moulding into counselling psychology. Working in a tier 4 setting became particularly challenging for me as I struggled with the legal and medical 'rules' largely formed by the Mental Health Act 1993 (www.nhs.uk).

I feel this explains something about me as a person, the values I hold and the importance of human freedom, understanding and respect, which leads to the choice of my research project. Refugees have undergone unique experiences which in the western world we interpret as trauma.

Results

Superordinate theme; Control – the bridge within the triad

This theme elucidates the therapists' shared narrative about the dynamics of the triad in the room which suggest a metaphorical 'bridge'. Each therapist felt this bridge allowed therapy to take place and identify it as a link between the members of the triad that facilitates therapy. The therapists' stories describe these changing dynamics between the relationships and how they felt about the interpreter being a bridge in different ways feeling that the dynamics often moved.

Subtheme a; Triad creates a family

The participants in this study described a shared feeling of parenting the refugee client. They describe feeling they are working with the interpreter to support the client and they describe feeling this as a parental relationship. They also describe feeling a connection with the interpreter. Below is an excerpt from participant 5 which describes reflecting on the triad;

'*even if the interpreter and therapist are the same gender the idea of having two people in the room listening feels like it could be a mother and a father you know or something like that in your transference' (p5, line 75)*

Participant 5 seems to convey a sense of comfort and pleasure in the triad which may come from her possible feeling of parenting the refugee. It is possible that the triad allows her to relate to the interpreter as another therapist who she can possibly share

responsibility with leaving her feeling they are both responsible for the refugee as they support each other. It is possible that she is highlighting her own needs to have the support of another in the room and may be recognising that she possibly feels greater comfort herself when she is in a triad. This is potentially present in the transference.

Below participant 6 shares a similar experience;

*'…a sense of us both (*therapist and interpreter*) 'holding something you know and having a quiet space'* […] *'there's a sense that we're all working together'* […] *'there's a real sort of feeling of togetherness and working towards you know, really supporting a client and you know like we've both got their best interests at heart'* (*p6, line 97*)

Participant 6 implies that herself and the interpreter are working as a team which may be something that feels important to her. She alludes to be enjoying being part of the triad and possibly enjoys this work more than working in a dyad as she is sharing responsibility for the client with the interpreter. She appears to enjoy having someone else there to work with and support the client. She is potentially taking comfort herself for being able to offer more to the client with this additional support and possibly feels less vulnerable herself with a partner supporting the triad.

Participant 4 reflects on her feelings about holding the client with the interpreter;

'having two people can feel quite supportive for the client, it can feel a little bit more like a family or two friends, or something that is a kind of bridge between me and the client because the interpreter understands their culture, language' (p4, line 153))

Participant 4 implies how supportive the triad can be for the client and suggests that the therapist and interpreter come together to provide what seems like more holistic support given the interpreter may have knowledge of the client's culture and background. She possibly feels the interpreter provides good support to both the client and her due to their cultural knowledge which is indicated by the use of the word 'bridge'. It is possible she is seeing the interpreter as the link between the client and herself, possibly finding it difficult to reach the client by herself and finding the interpreter is a potentially good connection. She possibly feels that she can offer something and the interpreter something else so the client may be supported in many ways. This may be important to participant 4. She may feel that offering support which may also make the client's life easier through a shared language and through cultural knowledge could potentially make it easier for the client.

Below is an excerpt from participant 2 reflecting on her experience;

'there was a sort of respect and also there's a sense of holding people, they feel they've got the safety of you holding the situation' (p2, line 323)

It appears that participant 2 feels responsibility for both parties. It is possible this feeling comes from her ability to take responsibility for the client and the interpreter. She seems to feel the potential stability this gives to the interpreter as well as the client and may suggest that participant 2 likes to maintain control in the therapy room. She seems to be aware of her own ability to hold more than one individual and is possibly aware of the support and safety this gives to them. She potentially feels less vulnerable when she can take control of other people by holding the situation, possibly feeling more at ease when she is containing the space.

Subtheme b; Interpreter offers space and learning for therapists

Four out of six of the participants in this study describe their experiences of how the interpreter gives space whilst they translate which allows them to think. They reflect on how the triad communicates so each person is able to express themselves before the interpreter translates. The therapists shared how they learn about culture and faith from the interpreter which helps them also understand what is appropriate to discuss with the client.

The extract below by participant 1 is a reflection on her work;

'*when I first started working with interpreters here they were like ahh you use language in a different way and I don't understand what you're trying to ask and it's confusing for me and let's sit down and look at questions together and find out how I can make it easier' (p1, line 334)*

Participant 1 potentially shares her feelings of respect and support with the interpreter as she describes how informative and helpful her experience may have been when she began working with interpreters. She seems to identify differences in how the interpreter and the therapist use language which potentially brings value to how she can communicate with the client in the future. It is possible that she is identifying how helpful it may be to have an interpreter who may understand therapeutic work and therefore may be able to spend time with the therapist possibly helping them understand different language to communicate effectively. P1 seems to highlight how difficult it may be to work with a refugee and how helpful it may be to learn from the interpreter.

Below participant 3 reflects on her experience;

‘*your interpreter is interpreting, you have time to think’* […]*‘it just expands my world, I learn a lot’ (p3, line 440)*

Participant 3 implies holding a slower pace in the therapy room when the interpreter is there to support therapy may feel beneficial. She may feel that everything slows down due to time allowing for translation and possibly for the three way communication to take place. She may be comparing to working one to one where the pace may be faster and where communication possibly passes between two people without planning and may be more free flowing. Whereas p3 seems to feel working with the interpreter possibly gives her permission to slow down and think. ‘*Just expands my world’* may indicate that she feels growth and potentially learns from the interpreter’s approach. It seems that a sense of calmness is experienced by p3.

Below participant 4 shares a similar experience;

it allows a different pace within the sessions because you’re listening while what you said is being interpreted’……’a sort of more thoughtful pace’ (p4, line 146)

P4 conveys a possible sense of mindfulness as she reflects on her work with the interpreter. She potentially feels this experience allows her to slow herself down and work at a more comfortable pace by including the interpreter in the session. She alludes to this three way communication providing a slow and possibly gentle experience which gives her time to possibly think about the session and listen to the language. P4 implies that having time to think is helpful for her. She potentially feels more in control at this slower pace.

Below participant 2 shares a similar experience to participants 4, 3 and 1;

‘so while the interpreter is talking to the client you can be thinking about what else is going on between the two of them or look at how the client is looking at you or the interpreter you may be getting ready for your next question or dwelling on something that’s been said’ (p2, line 154)

Participant 2’s experience implies her curiosity about what else may be occurring in the room between the client and the interpreter. This may be indicated by ‘*going on between the two of them’* and may suggest that she feels on edge and is potentially watching to help her feel included. She may be feeling anxious about being left out thus observing their communication. At the same time p2 also seems to enjoy taking time to think about the client and the session, possibly suggesting that she also enjoys the slower pace to reflect.

Subtheme c; Power changes with a third person in the room

Five of the six participants highlighted their altered relationships in the therapy room due to the interpreter's presence. Participants describe a change in the intimacy between client and therapist due to the differences from dyadic therapy. Participants also mentioned that the presence of the interpreter brought a sense of "wholeness" in the therapy room. Below in the excerpt from participant 3 she compares and contrasts the dyad and the triad;

'you have one to one therapy it's you and your client, there is not another witness in the session'[…]'everything I do I run through a filter of which I have no control'. (p3, line 108)

Participant 3 seems to suggest that in one-to-one therapy there may be more freedom for the participant to be in control of the session with greater flexibility compared to how she possibly feels with the interpreter in the room. She potentially feels that intimacy between herself and her client becomes lost possibly inferring that this leads to her loss of control. It is possible that she enjoys the autonomy of being alone with her client and developing a therapeutic bond which she may feel is not so available when she is part of the triad. It seems that she may feel judged in her work as indicated by '*witness'* and '*no control'.* It may be inferred that the participant finds it hard to relax into the triad feeling the interpreter is observing her actions which potentially causes participant 3 to be distracted in the session possibly leading to her feeling that her work is '*run through a filter'*. This may suggest she feels helpless in this setting.

This is echoed by participant 1's excerpt below;

trying to be able to cross that bridge with a third person in the room, it's no longer just that intimate exchange between the two of you' (p1, line 240)

Participant 1 alludes to feeling a loss in intimacy which seems to develop in a dyad but feels this is not available in the triad. She possibly feels it is a potentially difficult journey to reach the third person, the interpreter, which is inferred by '*cross that bridge'.* It seems that participant 1 may find this journey difficult as she suggests '*trying*' to cross which potentially could feel like she attempts this but may not always feel successful. It may be that participant 1 feels she has to work hard to try and create intimacy whilst also alluding to this being a hopeless task. There seems to be a great sense of loss for participant 1 and she may find it hard to recreate what she may be missing in one to one therapy.

In the quote below participant 4 reflects on what may be her understanding of the triad;

'we each have a role to play so I think I'm aware that from the outside that, because it's a trio it raises, people imagine a lot of kind of oedipal jealousy and things' (p4, line 292)

Participant 4 seems to highlight her sense that each member of the triad has a place and role to fulfil in the triad. It is possible this helps her understand how the triad can work and it may give her a structure and boundaries to help her frame the work. Participant 4 may feel by setting out from the beginning what each person may be responsible for, this possibly feels safe and feels everyone is knows what their role is. She alludes to others experiencing oedipal jealousy and may be suggesting an in-balance in the relationships and possible feelings toward one member of the triad and not the other. Participant 4 seems to feel that discomfort in the triad comes from outside and may be not within. She alludes to feeling in control of her place and the triad itself, and possibly feels that others imagine feelings about the triad but she possibly finds the structure of roles helps her understand and keep everyone safe.

Below participant 6 reflects on the role of therapy;

if someone's approaching it just as a job that needs to get done then that quiet space, respectful space doesn't feel that it's been allowed'. (p6, line 144)

Participant 6 implies some interpreters may come to the role of therapy interpreting without knowledge or understanding of what the work is, possibly suggesting that without this prior understanding the therapeutic setting is broken which may be indicated by feeling it has not '*been allowed'.* This language may suggest that the therapeutic space provided in the therapy room can work well with an interpreter who understands this is different from working for the Home Office and on these occasions the triad can work well. However she also implies that without this prior understanding the setting may not work. Participant 6 suggests this is a role that may require greater understanding than other interpreting work and she possibly feels the quiet space is necessary for her work to take place.

Participant 2 reflects on complications in the triad;

'if there is an impasse between you and the interpreter then nothing works and then it's very uncomfortable'. (p2, line 162)

P2 seems to convey an inclusive feeling for the interpreter in the triad as she alludes to a rupture in the therapeutic relationship. P2 reflects on the therapist and interpreter potentially being unable to address their differences and how the relationship potentially breaks down. She possibly describes a relational breakdown between herself and the interpreter and alludes to this being irreparable. P2 implies a situation where the dynamics

between the therapist and interpreter possibly become the strongest in the triad by indicating 'nothing works' which may suggest there is no way forward. It is possible that P2 feels the discomfort of this rupture yet seems unable to repair with the interpreter which potentially suggests her feelings of loyalty and support for the client.

Subtheme d; the therapist can feel left out

This theme was shared by four of the six participants as they shared the impact of feeling outside of the relationships in the room and observing the relationships between the client and interpreter. Participants described how they felt excluded from the triad. There are times described by the therapists when they have felt they are sitting doing nothing whilst the interpreter is doing the work leaving the therapist feeling outside of the relationships.

Below participant 4 reflects on feeling left out;

I didn't have empathy when an interpreter and the client were in a conversation….and they cut me out' […]'I got a sense of being blocked' (p4, line 317)

Participant 4 seems to convey feeling an outsider in the triad in the therapy room. It is possible her sense of being a significant member of the triad felt threatened as she witnessed the relationship developing between the client and the interpreter. She alludes to possibly feeling invisible and helpless in this experience where she shares a possible sense of being removed from the group. This may feel different for participant 4 as she reflects on her work in a dyad where her role is significant in the relationship and where she possibly felt more in control of the development of their relationship. It is possible that participant 4 lost her feelings of empathy due to her sense of seeming to become invisible and feeling she was '*blocked'* which could imply her becoming invaluable in the triad.

The relationship is further explored in the excerpt below by participant 3;

'eye contact is a fundamental element in therapy to make bonding…..it's happening with the client and interpreter instead of me as the therapist' (p3, 398)

Participant 3 suggests that feeling left out may occur quickly and may feel that her role is not needed in the therapy room. She implies that once eye contact is made between the client and interpreter then their relationship may become stronger than hers with both the client and interpreter. It is possible participant 2 may feel vulnerable in this triad and may feel she has to work hard to keep her position, at the same time as suggesting how fragile the triad can be by relationships developing that may exclude her.

Below participant 6 reflects on her relationship with the interpreter;

'and he was asking for things which were beyond my remit and I felt were beyond the remit of you know statutory services and wouldn't have been offered to anyone and the interpreter sort of kept pushing me to try and get these services set up which basically didn't exist so I ended up sort of feeling quite bullied' (p6, line 62)

Participant 6 alludes to the interpreter leading the session and having a lack of knowledge and understanding of the boundaries of the therapist. Potentially the interpreter has not received training to understand how therapy works or to understand what is and what is not available. This excerpt implies the interpreter working hard to resolve the client's difficulties which is indicated by 'asking for things' and possibly not understanding the boundaries. Participant 6 possibly found this experience intimidating which may be indicated by her '*feeling quite bullied'* suggesting there may be an in-balance of power in the triad in the therapy room highlighting a potential vulnerability of the triad.

Below participant 1 reflects on her conflicting experiences;

'they're sharing that with me but they're giving it directly to the interpreter and so you know when trust happens between a client and interpreter it can be, it's a lovely thing and it's and it makes the work but clients can become really attached to that interpreter' (p1, line 544)

Participant 1 alludes to feeling part of the triad and feels she is included in the dynamic. However this possibly feels unreliable for her as she witnesses the relationship and trust develop between the client and interpreter. It is possible that participant 1 is able to see the helpfulness of this relationship developing as she acknowledges the need for this which is indicated by '*it makes the work'*. She is potentially feeling this connection and relationship is needed to make the work whilst possibly trying to fight her own feelings of being excluded. It seems that participant 1 may distance herself from her own vulnerability in this triad by identifying how difficult this may be for the client working with the interpreter which is conveyed by '*clients can become really attached'.*

Discussion

The aim of this study was to investigate the lived experiences of therapists working with refugees and interpreters so that the way this triad functions and the benefits and pitfalls of this work for the therapist could be better understood. Perhaps least surprisingly, this study found that participants enjoyed this work. A plethora of potential difficulties emerged

which the therapists present whilst continuing to work in this setting demonstrating an acceptance of these factors and willingness to remain in this role.

The study raises questions which were presented by the therapist experiences regarding what the offer of refuge means. The Oxford Dictionary describes this;

'the state of being safe or sheltered from pursuit, danger or difficulty'

With this in mind, the research question considers what is happening for the therapist working with the refugee through an interpreter. Ambivalence was raised throughout this study as well as seeing the interpreter as a bridge between each member of the triad can be a helpful approach (Hunt & Swartz, 2016; Tribe, 1999). The interpreter is largely seen as a main facilitator in this triad as the participants describe feelings of comfort and support from their presence.

The experience of feeling left out of the triad was described frequently and with passion, and is something that is highlighted as significant in the therapy room due to the snowballing impact this can have on other features of the therapeutic triad. It was noticeable how the participants can feel left out, a possible cause being language (Costa, 2014; Miller et al, 2005; Raval & Smith, 2003). However, there may be a possible connection to the role of power in the therapy room which was identified by Tribe & Morrissey (2004). Mirdal et al. (2011) question whether all three members of the triad view the reason for therapy to be the same, asking how this can be considered and thought about, something that comes into play when thinking about power in the room. It has been well discussed that the therapist can feel left out often in this triad through a lack of understanding language. All participants identify the importance of the relationship within the triad and despite having some concerns about the interpreter in the room generally expressed feeling that the interpreter is integral in facilitating this work.

It might feel inevitable that the interpreter often comes with unresolved trauma given they may be from a refugee country of origin, or indeed may themselves have been a refugee themselves at some point. The participants highlight this as an area of concern for them which does raise questions about the level of supervision and support provided to the interpreter. As discussed by Simms et al, (2021) who identify vicarious trauma as and unresolved trauma a potential difficulty for the interpreter. Whilst this study is about the therapist experience the importance of the other members of the triad has been raised and can't be ignored. What is apparent however, is the therapist respect and need for the interpreter in the room which is described as more important than the feelings of exclusion.

Conclusion

The participants were exclusively British Caucasian. This means the findings may have limited applicability to a more ethnically diverse population, something that is significant to the nature of this study and client group which may contribute to the therapist feeling excluded. However, given the difficulties experienced in recruiting for this study this could have made it more difficult. What eased this was the global pandemic which allowed the researcher to find participants nationally and conduct interviews online.

Smith et al. (2009) suggest the level of homogeneity may vary between studies highlighting the importance of finding a sample to whom the research question is meaningful. This research question was meaningful to the participants however it may be seen as lacking homogeneity due to participants working in a range of different settings; some third sector and some statutory. Whilst all the participants were working with refugees through interpreters at the time of interview some were working part-time and some were working for more than one organisation. This may have an impact on the data due to different experiences.

Limitations and suggestions for future research

The role of the therapist in this setting requires further investigation to answer some of the questions raised in this project. Whilst Smith et al (2009) suggest a guide of between three and six participants for a student project to create a reasonable sample size, it may be interesting to either recruit an additional one or two participants or apply a finer criteria to the participants invited to take part in the study. As previously stated, this study recruited participants from statutory and third sector organisations who work a combination of hours per week; further research targeting a more homogeneous group could provide greater understanding of the therapist's experience in this triad.

The current study has helped illuminate the lived experience and sense making of therapists working with refugees supported by interpreters. Although the current literature on the dynamics within this triad are growing, literature on the therapist lived experience is

limited. As it remains there is more to learn and further qualitative research focusing on the therapist in this setting is encouraged.

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