

Countertransference in Court Interpreters

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Transference and countertransference are important concepts in the therapist-patient relationship in psychiatry. They are also important elements of the courtroom setting and the court interpreter's verbalizations. Transference and countertransference are defined and illustrated in both the psychotherapeutic setting and the courtroom setting with interpreters. The role of the forensic psychiatrist as consultant in interpreter countertransference is discussed in this article.

Transference is an unconscious process in which people inappropriately place emotional reactions or patterns of behavior that originated with significant people of their past onto others in their current life.¹ "All of us react toward important people in our present not solely out of who they are, but in part out of who they consciously, and especially, unconsciously represent to us. Transference accounts for the instant like or dislike of a person upon first encounter."² Countertransference is a therapist's unconscious reaction to the patient's transference or to the patient as a whole.³ Both are the subject of didactic lectures, supervisory hours, and psychotherapy sessions in the training of mental health professionals.

Transference and countertransference are important elements of the courtroom

setting. The courtroom interpreter is subject to countertransference reactions toward the witness, judge, or other officers of the court, that parallel countertransference in the therapist toward the patient and derive from the emotional life and past of the interpreter. These reactions can unknowingly alter the interpreter's interpretations, resulting in subtle or blatant distortions in accuracy. Although the literature reports transference and countertransference in the psychiatric expert witness,⁴⁻⁶ countertransference in the courtroom interpreter has not been described.

This article will review the literature regarding countertransference in the legal field, describe countertransference in the therapeutic relationship, and provide examples of countertransference in courtroom interpreters. Forensic psychiatrists are in a key position to identify transference and countertransference problems in the interpreter and to advise others accordingly. From their own training in

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psychiatry, forensic psychiatrists are familiar with the concepts of transference and countertransference; from their work with patients and supervisors, they have extensive clinical experience with these issues. Recommendations will be made in this article to expand the role of the forensic psychiatrist to include consulting and educating others regarding countertransference issues in interpreters.

Literature Review

Regarding the expert psychiatrist testifying in court, Shetky and Colbach⁴ state, "In studying the psychiatrist in the courtroom, his or her countertransference distortions of the process are of great concern . . . The challenge for the forensic psychiatrist is to be aware of his or her countertransference. Awareness makes it easier for the expert not to act on the feeling, such action being inappropriate to the reality of the situation." Shetky and Colbach report that the courtroom setting can threaten the psychiatrist's intellectual integrity because of the psychiatrist's desire to please the judge, anger at the defendant, unwillingness to understand a statute, need for the limelight, or need to be called back for financial reasons. Rada⁵ notes that countertransference reactions in the courtroom extend to one's feelings about the legal system and profession, and to specific individuals in the legal system, including clients and colleagues.

Westermeyer⁷ delineates the difficulties clinicians and interpreters encounter in bilingual psychiatric settings. He describes and contrasts the triangle model of

interpretation with the black box model. In the triangle model, relationships between the patient, clinician, and interpreter are acknowledged. The triangle model accommodates the patient's transference to the clinician and to the interpreter, in addition to countertransference from both the clinician and interpreter to the patient. In the black box model, the interpreter is treated as a word unscrambler who merely takes messages from one person and passes them onto the other. Westermeyer notes that many clinicians and interpreters new to the clinical task perceive their roles according to the black box model. He adds that psychiatric residents and staff come to realize that the interpreter "is not and cannot be a black box."

Countertransference in Interpreters

Interpreters, like therapists with their patients, are involved in an emotionally intimate relationship with their clients. In both cases, one party is attempting to understand the communications of the other, and to further relay that understanding. In the courtroom, interpreters relate their understanding to other legal parties such as the judge and jury; in psychiatry, therapists relate their understanding back to the patient, or to a treatment team or third-party payer.

The following examples illustrate countertransference in the therapist-patient relationship. A therapist who recently had a baby is unable to listen to a patient's description of the brutal murder of her only child. The material provokes

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the therapist's own fear of loss, rendering the therapist temporarily unable to process the patient's material objectively. In another example, a therapist mishears a patient referring to "the arrival" of a new co-worker, instead hearing "rival" because feelings of competition were rekindled in the therapist by the patient's verbalizations.

The next vignette is an example of countertransference in an interpreter working in a psychiatric setting. The reactions were noted by a bilingual psychiatrist listening in a psychiatric setting to the interpretation of an untrained interpreter using the consecutive mode of interpretation. Although the interpreter was untrained, the errors noted were countertransference errors that formal training would not address. While blatant errors in translation can be obvious, subtle countertransference errors can go unnoticed.

A Spanish-speaking young woman presented to the psychiatric emergency room with symptoms of depression. Her husband had recently abandoned her and their two children. The interpreter was a middle-aged woman whose own father had abandoned her family. The interpreter, in interpreting material about the patient's husband, chose adjectives that were more negative than the original Spanish. She apparently identified with the patient in feeling abandoned by men, and distorted the patient's verbalizations to make the husband seem more uncaring. The descriptive material is distorted according to the interpreter's secret beliefs about men who abandon their families.

Courtroom interpreters are subject to distortions similar to those made by psy-

chiatric interpreters and psychiatric clinicians. The trained courtroom interpreter may also unconsciously choose subtly less flattering adjectives to describe an abandoning husband if her own father or husband has left her. Subtlety and accuracy differentiate a "horrible" husband from a "terrible" one. The new mother who interprets testimony in a murder trial may have difficulty listening to each word as she imagines that it was her own child that was murdered. She may in turn substitute more or less emotionally charged words, or may even omit words or phrases while trying to neutralize her own feelings. As the representative of the witness, the interpreter's own emotional composition may strongly influence his or her portrayal of the personality of the witness.

Countertransference can take many forms. The following examples are from trained courtroom interpreters who observed the work of colleagues. In one example, an interpreter believed Hispanic clients were being discriminated against and began to take on an advocacy role by giving advice. At times the interpreter quietly suggested to the client to answer or refrain from answering a question asked by the other side. Occasionally the interpreter recommended to the client to pursue legal action of one kind or another.⁸ This interpreter identified with the defendant as inferior and victimized. The interpreter then defended against feeling inferior by recommending ways to take control. Countertransference reactions in other interpreters resulted in subtle deviations from a neutral interpreting role. Some interpreters were observed chang-

ing the register or the level of sophistication of the language. An interpreter who felt the client deserved extra consideration chose more articulate, sycophantic language to make the client sound more educated, apologetic, appreciative, or adulating. For example, "I'm sorry. I know I made a mistake. If you give me a chance I won't do it again" sounds very different from "I'm terribly remorseful. I feel I've learned an important lesson. You may rest assured you will never see me here again." Although this is an example of blatant distortion, the result is the portrait of a more remorseful, chagrined defendant. In one courtroom issuing restraining orders, female interpreters using more emotionally charged adjectives to plead for restraining orders and initial temporary custody had better outcomes than male interpreters using neutral language.⁸

The defendant or witness can serve as a conduit for the expression of the interpreter's emotional issues. While these distortions can be conscious and deliberate, they are sometimes unconscious or preconscious. Awareness of the precipitants of the distortions is usually unconscious, unless the interpreter has explored these carefully in his or her own psychotherapy.

The interpreter, like the forensic psychiatrist, may also have countertransference reactions to the defendant, witness, judge, and other officers of the court; these may also influence the words or register the interpreters choose. For example, if the interpreter has issues with authority figures, and the judge acts bored with the interpretive processes, the interpreter may feel devalued and hurt or an-

gry. These feelings could result in the interpreter trying harder to gain the judge's attention or acting aloof and distant. These reactions could interfere with accurate interpretation by clouding the interpreter's neutrality. In addition, the emotional connection the interpreter makes with the defendant may result in more or less forthcoming responses from the defendant.

Discussion

Human beings inherently experience countertransference and other unconscious reactions to the verbalizations and actions of others. Courtroom interpreters play a powerful role in the courtroom setting as they hold the key to understanding the communications at hand. It is essential that they and other members of the courtroom setting understand the power they have and the potential for power to be misapplied. To understand this power, they must also understand that their own emotional life can surreptitiously influence their thinking, words, and actions.

Forensic psychiatrists are uniquely qualified to observe and understand these reactions, and to serve as consultants regarding them. Their consultative assistance is likely to be most detailed regarding interpreters with whom they have worked in forensic settings. However, as professionals trained in countertransference issues, they can identify problems from observing interpreters in a work setting. Those who seek forensic psychiatric exams would also benefit from the forensic psychiatrist's expertise regarding countertransference in the interpreter.

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Interpreters would also benefit from understanding the concept of transference and countertransference and determining how it impacts on their work. This could be accomplished from consultation with forensic psychiatrists, readings about countertransference, workshops with mental health professionals about countertransference, or from their own psychotherapy. Self-awareness is the key. If interpreters repeatedly find that certain situations and types of people elicit over-reactions or stereotypical responses, they should attempt to understand their own reactions and thereby defuse and demystify them. A rule of thumb therapists use to identify countertransference is to note when they are doing something out of the ordinary for a patient; the same applies to interpreters. Understanding the concept of countertransference in the interpreter is crucial for accurate interpreting. This awareness can then mitigate in the forensic setting against the natural vulnerabilities that everyone has.

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