

The Hazards of Empathy: Vicarious Trauma of Interpreters for the Deaf

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"They were ignoring the Deaf consumer!" Donna exclaimed.

"And what was that like for you?" I asked.

"Well, at first I thought that there was something wrong with my interpreting and I felt guilty and inadequate. But the deaf person told me that my signing was really clear." In spite of over ten years experience as a certified interpreter, Donna's first inclination was self-doubt.

"Please tell me what happened, as if it's happening in the present tense."

"Well, the meeting started -"

"The meeting is starting," I reminded her.

"Uh, sorry. The meeting *is* starting in the conference room. There are about 10 hearing people sitting around a long table along with Dick who's deaf. I'm sitting across from him so he would be more included in the meeting. It starts off okay; people are talking one at a time; he's following everything and he even makes a few comments. But then someone cracks a joke and everyone starts to laugh. Since I'm still interpreting what they were saying a few sentences before, I miss the joke. I ask them to repeat it, but the team leader says something like >John's just being a wise ass, let's go ahead.' Dick doesn't seem to mind but I feel bad for him.

"Then the pace of the meeting increases, people use English idioms and they begin talking out of turn. I notice I'm sweating. But Dick's sitting there patiently and looks lost."

"What thoughts do you have about Dick's patience?"

"Well, I don't know if I consciously thought of it right then, but maybe it pissed me off a little bit. He should speak up, too, and get all them to talk in turn. Otherwise, he's stuck out in right field. I'm also thinking that I should say something."

"They put him out in right field and you're angry at him and yourself for letting them do that."

"Yeah. And I'm also royally pissed off at the hearing coworkers for not caring. No one gives a shit!" she yelled. By this time, Donna's face lost its composure and became flushed. With a tight clamped thrust, she slammed her fist down on her knee.

An amazing but not surprise phenomenon: how an *ordinary* act of oppression - one that we observe on a daily basis - can cause such an *extraordinary* reaction for those who bear witness to it. (If I had a nickel for every instance that we hearing people talk out of turn and make accurate interpretation impossible for deaf people, I would be a rich man). It is more self-evident how observing the effects of newsworthy trauma - i.e., disasters, abuse, murder, etc. - would cause marked distress. But while the effects of observing mundane oppression and defamation are more insidious, they are no less profound. This is the focus of the present paper. Interpreters for the Deaf routinely interpret in situations where a Deaf consumer is subtly or overtly oppressed, humiliated or otherwise demeaned.

There is a cost to caring, particularly for those who have the capacity for compassion and empathy. Donna found herself overwrought by an internal combustion of thoughts, feelings and behaviors which included self-condemnation, rage and self-injurious behavior.

"So what do you do with a deaf person's pain?" came my deceptively simple question.

"Come again?" Donna replied.

"It seems to me that consistent and close-range observation of oppression *must* cause certain psychological and behavioral responses in anyone. You *cannot not* do something with pain. The vicarious trauma of Deaf peoples' pain *must somehow affect you*. To quote Carl Jung, >trauma is contagious."

"Well, I know that when I feel badly for someone, I want to help; I want to make their pain go away."

"And?" came my gentle prompt.

"And sometimes I can't."

"Your bubble is burst. No matter how hard you try, you're confronted with your inability to ultimately take away the pain of another or to change the conditions which cause it."

And "I often find myself feeling inadequate," she added, "because I can't change the world. And it's particularly during these times that I have trouble saying >No."

The victim, oppressor and bystander hazards

The Interpreter as a Victim. Donna had begun to discuss an extremely common hazard of interpreting: the self-victimization stance. This refers to the largely unconscious tendency to sacrifice one's health as an attempt to compensate Deaf consumers for when other hearing persons have oppressed them. To take care of oneself is to feel selfish: "What right do I have to take care of myself when Deaf people undergo...?; How can I enjoy life when others are suffering?" Accordingly, interpreters may work under unhealthy conditions, when they are seriously ill

and at jobs that trigger intense trauma and hurt. They put themselves at high risk for a variety of debilitating psychological and physical repercussions.

Many interpreters report varying degrees of depression as well as other debilitating psychological symptoms. Post-trauma reactions are particularly common. It is a well-known phenomenon among therapists, for example, that the mere knowledge of another's trauma can be traumatizing! Indeed, Psychologist Charles Figley defined vicarious trauma as "the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other; it is the stress resulting from helping or wanting to help a traumatized or suffering person."

For example, all too frequently an interpreter routinely interprets under unhealthy conditions - way beyond half-hour stints - in spite of consistent warnings from the medical community. Carpal Tunnel Syndrome, and other forms of repetitive strain injury, is a direct result of such compulsive work behavior. In my work with interpreters, I have come to understand the dynamics of these physical conditions as psychologically driven; as a form of self-victimization largely resulting from witnessing oppression without adequate emotional support. In essence, *repetitive strain injury is a symptom of untreated vicarious trauma.*

Researchers have coined the term "physiological synchrony" in reference to the fact that our minds (emotions) and bodies (physical reactions) are intimately intertwined and interdependent. Empathy has a definite physical component; in fact, one psychological researcher defines empathy as "an autonomic nervous system state which tends to stimulate that of another person." Our nervous systems, in other words, "talk" to each other. When a mother plays with her infant, their hearts begin to beat in time. When you pet your dog, your heartbeat slows down - and so does your dog's. And when you empathize with a deaf consumer who is oppressed, your nervous system becomes tense.

Burnout is another common and related manifestation of self-victimization, also often oversimplified as "stress-related." However, typically burnout is a gradual process of emotional exhaustion, whereas vicarious trauma can emerge suddenly and without warning. But the effects are similar. When we help others without also helping ourselves, we become physically, psychologically and spiritually impaired. I am reminded of the consistent announcement from stewards on airline flights: "If the cabin pressure changes and an oxygen mask appears, make sure you give yourself oxygen before your children." Depleted helpers are incapable of helping anyone.

There is an ambiguous line between compassion/altruism and co-dependent behavior. Many interpreters may unwittingly come to rely on helping others *at their own expense* in order to gain self respect, particularly to assuage their self-loathing for having failed to expiate oppression, past or present. *Co-dependent behavior* is a common coping strategy that we use when our self-esteem is threatened. It feels good to gain the respect of a community, to be valued and even needed. One's own sense of self-competence and skills are enhanced. But what comes is only a

short-term "high" unless we do the necessary psychological work on ourselves, in essence the psychological version of giving ourselves oxygen.

The Interpreter as an Oppressor. In addition to victimizing ourselves, what else might we do with pain that we cannot hold? Answer: we may project it on to others so they can hold it for us. Being accused of oppression typically causes guilt and shame for those of us who pride ourselves on our enlightened and liberated attitudes. Nevertheless, it is something we all do, to a greater or less degree, to assuage our pain. We often "unfairly," albeit unconsciously, project on to our friends and lovers what we cannot handle or "hold" ourselves.

If an interpreter is unable to tolerate his/her own our discomfort and sense of inadequacy - perhaps about one's inability to eliminate oppression or ordinary evil - that individual may project those feelings onto other interpreters by deeming *them* as incompetent. I'm okay; you're *not* okay. Note the frequent observation of backbiting in the interpreting community - i.e. "S/he signs ASL poorly, is lazy, ill-intentioned or has an attitude." Much like many groups who are under stress or oppressed themselves, there is marked competition and tension among its members, largely because of the heretofore uncharted effects of vicarious trauma.

Other "terps" are not the only possible targets of one's projections. Deaf consumers are also natural targets. Here one "gives" one's inadequacy to a deaf consumer(s) to "hold" by deeming that person(s) as cognitively, emotionally and/or behaviorally defective. One interpreter, for example, complained that a deaf consumer was "much too concrete to stand up for his rights"; or that she "had a chip on her shoulder." Consequently, the interpreter made decisions for the deaf consumer by insisting on what level and kind of interpretation she needed, even when that consumer protested.

An important aside: An interpreter's negative assessment of *specific* colleagues and *specific* deaf persons may be accurate - i.e., an interpreter may be incompetent and a deaf person may be immature - and may, in some cases, be one's ethical obligation to point out. However, the gusto, fervor and intensity of the criticism often falls markedly short of being supportive and ethical in nature; it is properly termed as oppressive behavior, possibly even vindictive. But to emphasize again, that behavior does not necessarily reflect the interpreter's incompetence or meanness; it is a common consequence of observing the defamation of others. Specifically, oppressive behavior partially stems from a normal, unconscious human proclivity to project those negative traits on to others what we cannot tolerate in ourselves.²

Human service providers are particularly vulnerable to this dynamic. A common built-in risk to helping is that we may unwittingly get angry at those who do not appreciate our good efforts. It is frequent observation, for example, that those clients who have been traumatized by previous care-givers or significant-others are likely to be critical of subsequent help. Rather than risk repeated emotional abandonment, they will lash out and reject the helper before s/he has a chance to do the rejecting. The best defense is a good offense.

To the extent that a deaf person has been mistreated and/or traumatized by previous hearing helpers, that person's reactions to a *hearing* interpreter will fall somewhere on the continuum between mild caution, blatant mistrust and active hostility. This sets the stage for a complicated and uneasy cross-cultural exchange. If an interpreters primarily depends on a deaf consumer for validation of his/her competence, a deaf person expressing anger or frustration - whether it be reality-based and/or of displaced origin - often sets the stage for intense anxiety and anger.

Hurt and outrage are commonplace. In particular, an interpreter may complain that Deaf people are ungrateful; i.e., "they don't recognize the hard work that we do." Indeed, it is hard work to learn American Sign Language, about the Deaf community, Deaf culture, and so on. As a neophyte interpreter put it, "In my ITP, I worked my ass off with hopes and dreams for a long and fulfilling career. But now deaf people make me feel like I shouldn't even be in the profession! Although I know that they bash hearing people because they've been oppressed so much, I certainly didn't do anything wrong. They can go shove it! They're so immature!" Note that this interpreter ended her outcry of hurt by becoming oppressive by imparting a negative stereotype. But to emphasize again, it's not that the interpreter was a bad or an oppressive person per se. Oppressive behavior is one natural consequence to feeling overwhelming pain.

The Interpreter as a Bystander. Rather than react to pain by self-victimization or oppression of others, another common vicarious trauma response is to erect a shell of protective numbness. It can be argued that one reason that Sigmund Freud positioned his chair in back of the couch was to avert eye contact and emotional involvement with his patients with the rationalization it helped them to free associate. Perhaps Freud was unconsciously overwhelmed by the emotional material which would inevitably come up during psychoanalysis. Similarly, in the early days of the interpreting profession, a "machine model" was in vogue with a similar rationalization of avoiding unnecessary interpreter interference in the situation. Although there is much validity to that view, it also provided a safety barrier; the interpreter could avoid feeling helpless and struggling with how/when/if to take action in the face of oppression and even stark abuse of the Deaf person.

Although professional distance and objectivity are certainly necessary, there is the omnipresent danger of becoming too callous and indifferent to the Deaf consumer. In the trauma literature, we hear of "affective constriction" or "affective numbing"; our psyche unconsciously goes on "tilt" in the face of overwhelming trauma. A more descriptive term is "compassion fatigue," an internal separation of thought from feeling which depletes one of any sympathy/empathy for others: "We have a job to do, a salary to earn; and what's the fuss about advocacy, commitment and compassion anyway?"

Instead of integrating the vicarious trauma, such defenses are aimed at "disposing" it into one's unconscious - in effect, to make-believe the event had never happened. The delete and trash barrel computer icons come to mind. Although the "What I don't think about can't hurt me" attitude gives us the comforting illusion of not being "brought down" by another's pain, our shield - our running away from our own vulnerability - in fact insidiously leads us to a

self imposed exile. Unlike with computers, the traumatic memory - the "file" - never quite gets disposed of or deleted. Instead, we constantly have to hold down the lid as our discomfort threatens to erupt into consciousness. The squelched traumatic memory becomes a continual energy drain, a leach. Failure to acknowledge and to work towards integrating a trauma, while giving us some protection, it is temporary and ultimately saps us of life.

Back to Donna. "So we have listed some effects of vicarious trauma, but not yet some of the reasons. Why do you become so tormented?" came my admittedly direct query.

"I usually don't," Donna countered.

"So why is this situation different from all other situations?"

"Because we eat only unleavened bread?" she jested in a mock Yiddish accent. We exchanged a knowing smile, each of us recalling the similarly-framed four questions from the Jewish Passover Sedar. I flashed back to my uncle who every year - immediately after asking "Why is this night different from all other nights?" - would pontificate how "We recall the horrors of slavery and relive our suffering as a way to inspire future transformation." I had no idea what he meant. But as a child, my entrepreneurial ambition was to invent a way to inspire transformation (whatever that was) without having to suffer. I would be rich and famous.

"Seriously, though. What about being an interpreter contributes to your torment?"

A long pause. This time she gave my question some serious thought.

Empathic injury

"Well," Donna began, "interpreting, by necessity, means to focus on the needs of the deaf person. My job is to break down the language barrier that isolates him or her."

"You'll have to tell me if this is true since I'm not an interpreter. But I've been told that accurate interpretation partially depends on your ability to achieve a certain empathy, or so-called 'empathic attunement,' with a Deaf consumer; to have a strong sense of how he or she feels during the exchange that you're interpreting."

"Yeah," she nodded her head. "For some reason, I'm not as affected by this stuff when I'm interpreting for a group of deaf persons. Witnessing oppression gets under my skin more when I'm interpreting for an individual. Weird, huh?"

"It isn't weird," I replied. "We humans are hard-wired to empathize more with an individual person than with a more abstract group of people. And as you said, your empathy with a given person is essential for proper interpreting. There are emotional hazards to empathy, however; you can be traumatized as a result of caring. You may experience

the pain of oppression more consciously and intensely than does the Deaf consumer who may have become numb to it after so many years."

"Right!" Donna immediately confirmed while shaking her head. "Not only do I care about people, but we interpreters get much of our formal or informal training from the Deaf community. Many of us have deaf friends, deaf partners or deaf parents. So empathy or identification with their pain is sort of built into our psyches. And if our empathy isn't >installed' before school by our families or other relationships, then it's installed during our ITP training from courses on Deaf culture and oppression. So, like my colleagues, I have a built-in over-sensitivity to oppression."

The emotional hazards inherent in Donna's "installed" or "built-in" sensitivity to a deaf person's oppression has to do with balancing the dual nature of empathy. There are two opposite, coexisting components to empathy: the affective and the cognitive. The affective component has to do with feeling emotionally connected without boundaries or constraints; fully taking in the feelings of another person; the experience of merging with another. In contrast, the cognitive component has to do with reminding oneself that "although, on a feeling level, I feel another's pain, on an intellectual level, I know I am me and *not* that person." This cognitive component has to do with disengagement; it depends on one holding onto one's integral sense of self as *distinct from another*.

Donna was struggling to balance these polar opposites inherent in empathy with Dick. She was in danger of affectively drowning - of losing her sense of self - in feeling Dick's pain "even worse than he does." This is where the cognitive component comes in. Donna's task was to hold on to her own identity and individuality while being affectively connected with Dick. Easier said than done. Empathy has rightfully been called a Janusian achievement, named after the mythical figure, Janus, with two heads facing in opposite directions. Our thoughts and feelings, although they often face toward opposite directions, need to constantly be in touch with each other.

Donna provided an exquisite example: "Sometimes when I feel Dick's pain so much that it overwhelms me, I rub my forehead just to remind myself that I'm still here."

"Let's put the hazards of empathy aside and get at some other occupational, emotional hazards of interpreting on the table. We can explore each of them in more detail later. Tell me, how has it been for you to witness ordinary evil."

Grieving the prevalence of ordinary evil

"What do you mean by >ordinary evil'?"

"Everyday kinds of evil - rudeness, disrespect, lying, exploitation, etc. - that aren't severe enough to make CNN. But nevertheless, they leave an impact on you."

"I'm a bit confused by your term *ordinary* to describe evil. To me, evil is anything *but* ordinary. But I do see what you listed all the time. Like deceit, people cutting in line, road rage, sexism, someone deliberately sabotaging your success. Even kids pulling legs off of bugs or frogs just for fun!" She then added a final observation: "And frankly, although I know I should be used to it by now, every once in a while, it still comes as a shock; that evil is so close, so pernicious!"

In fact, ordinary evil happens frequently in our presence and forms the backdrop of our daily existence. Often it is barely noticeable. Indeed, "The evil in our time is the loss of consciousness of evil."

Sometimes, however, that evil suddenly rears its ugly face; it comes as a rude shock and offends us. Like Donna, many people experience that "rude shock" as a kind of developmental crisis of coming to terms with the ordinary evil that they witness *close up*. In contrast, evil done far away "not in my backyard" is easier to ignore. Interpreters for Deaf persons do not have that luxury. Although, on an intellectual level, we all know that the world isn't fair, nevertheless face-to-face unfairness often comes as a visceral betrayal.

"It really bothers me to see a deaf person oppressed," Donna observed while tightening her wrist.

"What about deaf people being oppressed touches you the most?"

"It's wrong! It's mean! It's not right! It's evil!" Again her face became flushed and her hand formed a fist.

"Is that one reason you became an interpreter?"

"Of course! In addition, I was intrigued with ASL, the culture..." She listed several other more academic reasons.

"And yeah, I also wanted to lessen oppression, to make the world a better place."

No innocent bystanders

"And given that you not only witnessed oppression but were also part of it, what do you say to yourself about yourself?"

"Well, I know I couldn't stop it," she slowly responded. "I mean, I could have said at that meeting '>Hey, one at a time' which I do many times. But ultimately, I couldn't force those people to repeat themselves."

"So rationally, you had no reason to doubt yourself or to feel like you were letting Dick down."

"If my life were only rational," she sighed. "I can still see the blank expression on his face when people began talking over one another."

"What do you think he was feeling?" I asked.

"Probably big-time helplessness. Like no matter what he or I could do, nothing would change. The hearing world doesn't give a shit about deaf people!"

"So he's angry, too?"

"Yeah, I'm damn sure he's angry!" Donna shouted. "But he's used to experiencing what you call ordinary evil. He probably has adapted to it, numbed out to it. Ironically, I probably feel worse about it than he does!"

Donna thought for a minute and looked toward the wall. "And I do very much wonder about what part I played in this scenario?"

"What do you mean?" I asked.

"When I told Dick's co-workers that I couldn't interpret their too-fast and out-of-turn chatter, all they said was that it wasn't important or '>Never mind.' And I kept on interpreting while they denigrated and ignored him more. After a while, I felt like I became one of them!"

"First you felt exploited by the hearing power base to maintain their status quo and then kind of felt like you became one of them?"

"Exactly!" Donna proclaimed with an emphatic nod. "There are no innocent bystanders. Even though there wasn't anything I could have done to make them respect Dick, I somehow felt like a perpetrator."

"Say more," came my invitation.

"They were guilty. They could have and should have slowed down. They weren't going too fast inadvertently; they knew damn well what they were doing! And I didn't stop it. That makes me feel as guilty as them."

"Guilt by association?"

"That's part of it," Donna winced. Then she looked down toward the floor.

Reconciling one's privileged majority status

"And sometimes," she continued, "I even feel guilty leaving the situation - joining my family, going to a nice house, nice friends, a comfortable life. Like I should be doing more."

"No matter how much you do, there's always more?" I asked.

"Yeah, particularly because I'm very fortunate. I have a good life. I feel guilty for enjoying life when I see how much the deaf consumer struggles."

"It's complicated," I responded. "What you're describing is a sort-of guilt-by-association that comes with belonging to an oppressor group. It seems to me that part of wrestling with the vicarious trauma of interpreting is how you reconcile belonging to a privileged majority; how you justify going home to your four bedroom, two car garage home with the knowledge that the oppression will happen again and again."

Donna shook her head sadly. "That's the bitter truth. I enjoy my life. The last time that I personally experienced oppression was when the 1:00 matinee was sold out; I had to wait for three hours!" Her sarcasm was evident.

"And that wasn't even directed at you!" I smiled. Donna's words seemed straight out of Albert Memmi's book, The Colonizer and the Colonized in which he reminded us that members of an oppressor group, like it or not, are viewed as having higher status, are afforded greater privileges, and indeed consciously or unconsciously exploit their position." Our economic position shapes our lives. As Malcolm Forbes put it, "Money isn't everything as long as you have enough."

Fearing the big mistake

"And not only do I feel guilty about not doing enough," Donna continued, "but what if I make it worse?"

"What's the >it' I asked?"

"A deaf person's oppression. In addition to sometimes feeling guilty about abandoning deaf people, I can't get the fear of "What if I make an interpreting error" out of my mind and -"

"Excuse me," I interrupted. "What do you mean >if'? You mean somehow you will work for however many years and won't make any errors?"

"No, of course not. But I'm afraid I'll make the *big mistake!* And then the Deaf person will suffer more than ever! The RID lightning bolt will strike me dead."

"Russian roulette?"

Donna nodded her head emphatically and again tensed her arms and wrists. The beginning stages of Carpel Tunnel, I thought. I thought of a vascular surgeon who emphasized to his residents that "you have to connect each and every vessel together perfectly; there is absolutely no room for even a minute error!" While that doctor's unerring, hyper-meticulous approach is certainly appropriate for surgery, it causes debilitating anxiety for human service professionals - i.e. interpreters - whose craft is both scientific/exact and creative.

"What if you could believe that doing the best you can is good enough? Would your wrists and arms be less tense or more tense?"

"It would be a relief," Donna affirmed. "But it's hard of me to do."

"I know it too well, " I sighed.

Family-of-origin "unfinished business"

"So let's switch gears a bit. When you witnessed Dick's co-workers ignoring him, where did it bring you back to?"

"That's easy," Donna quickly replied. "I remember many other times that hearing people ignored deaf people by - "

"I mean you personally. What experiences have you had being ignored?"

"Well, we're all ignored sometimes," she rebutted perhaps with a hint of defensiveness.

"That's certainly true," came my deliberately short response. I invited her to continue.

"Are you talking about my childhood?" she asked.

"If that's where you go when you see deaf people being ignored," I replied.

"Well, my father was an alcoholic. I wished he would have ignored me *more* because he was very abusive when he got drunk. I certainly didn't feel ignored by him. I was the oldest and it seemed that he picked on me the most. I had to deflect his anger from going on my younger brother. My mother needed me..."

"And what did your mother do before, during and after he got drunk?"

"She waited on him hand and foot; she did anything to keep him from drinking!"

"And when she was waiting on him hand and foot, what was she doing for you?"

"Nothing. She was too busy taking care of him. I was too busy taking care of my brother and mother." Donna's eyes gazed upward as she accessed old memories. Then she made eye contact and grimaced.

"And what was that like for you?" I continued.

"It felt lonely for sure. And ironically, in some ways that felt worse than my father's abuse."

"I believe it was Martin Luther King who said, >In the End, we will remember not the words of our enemies, but the silence of our friends.' She nodded her head repeatedly and came close to tears. She had made the connection, both in her head and now in her heart. Donna had identified with Dick and had reacted to the hearing co-workers as she had toward her own mother. Transference happens to everyone, including therapists, interpreters and probably even vascular surgeons.

Many helping professionals have been parentified in some way as children, frequently feeling obliged to assist their parents in ways beyond their means. I have learned from my research on Vicarious Trauma and Interpreters that many interpreters often unwittingly continue old family patterns of sacrificing their needs, but now in their vocational lives. In Donna's case, as well as for others, she relived old, painful family scenes of her emotionally neglectful mother during the routine of doing her job.

It was time to return to the subject of Dick. After again making eye contact with Donna, I asked "What did you imagine Dick was feeling while he was being ignored at the meeting?"

"I dunno, maybe confused. I'm sure he had no idea of what was being talked about. I was interpreting everything the best I could, but it wasn't enough. I remember him nodding his head with a blank look on his face."

"And what do you think he was feeling?"

"Helpless, stuck, stupid, overwhelmed, despairing, worthless, isolated, disconnected...." Donna had no shortage of words. She then affirmed what we both had already discovered: "I know those feelings well."

"Your profession is challenging, both in the technical aspects of interpreting and in the emotions it evokes." Donna nodded her head.

"It all sounds so negative," Donna interjected. "Aren't there any *positive* effects of witnessing oppression?"

"It doesn't have to be all negative," I replied. "Like many things, if vicarious trauma is managed correctly, it becomes an asset, a blessing."

Donna shook her head and wistfully said, "I wanna invent a way to avoid the suffering and get right to the blessing part."

"Me, too," I admitted, remembering my uncle's sermons at Passover - "We recall the horrors of slavery and relive our suffering as a way to inspire future transformation" - and my childhood entrepreneurial wish to inspire that transformation without having to first suffer. "But that's not the way it works," I lamented with Donna. We exchanged a knowing glance.

Endarkenment

"It's probably a good thing," I continued. "If you learn how to manage vicarious trauma correctly, it indeed can benefit you in many profound ways. It becomes a *transformative experience*. On the other hand, if you don't manage it right, it can kill you."

"An obvious choice," she smiled.

"But one that many people don't realize they have." I told Donna about a Jungian analyst, Jean Shinoda Bolen, who once led a group of women into an underground cavern. They were told to sit still for hours without light or discussion. Upon returning to the "light," nobody reported enjoying the experience of darkness; everyone experienced degrees of terror. But they all reported benefiting tremendously from the ordeal. The group coined the term "endarkenment" to describe the archetypal wisdom that comes with going into the darkness and coming back again.

"Well, I heard they're some caves nearby in New Hampshire. We can call the Chamber of Commerce," Donna joked.

"Too much of a tourist trap," I volleyed back. "But your vicarious trauma is a potential cave. As you witness oppression, your world abruptly becomes darker and more ominous. But your cave is potentially transformative. It can enrich you, particularly as you realize that the world, in fact, hasn't changed at all. Instead, you have relinquished a naive but developmentally necessary innocence about the invariable goodness of humanity."

The changer and the changed. There is a Buddhist saying that when the student is ready, the teacher will come. If an interpreter is "ready," bearing witness to a Deaf consumer's oppression contains many invaluable opportunities for "endarkenment." The lessons are several. Having access to a richer, dualistic and more complex view of the world, we have an opportunity to also learn about our own duality as well; to explore that which makes us feel proud and that which causes us shame. As one interpreter put it, "I've come to realize that my bearing witness to respect and disrespect, joy and sorrow, laughter and pain is at the heart of what it means to be human."

There is Goethe's Faustus story, written almost 200 years ago in 1808. Faustus, who was revered by everyone in his kingdom, was celebrating his good fortune with all of his subjects. It was a perfect day with perfect music, libation, ornate decor and so on. But at the height of all the pomp and circumstance, a smelly, wet, dirty dog ran in and promptly jumped on the King, threatening to ruin the event.

However, the King did not attempt to rid himself of this burden, but *embraced it!* He realized that he needed to come to terms with - to *integrate* - his dark, disowned side, symbolized by the dog, before he could attain true wisdom and

happiness. Faust needed to examine and integrate his pain in order to feel whole and fulfilled. It is *an essential duality*.

Our capacity to be fully human ultimately depends on understanding and integrating duality whether we witness it in ourselves, in interpreting situations or in our daily lives. In addition, our vicarious trauma can expand our boundaries of self expand to encompass the outward world. It serves as a catalyst for us to struggle with how and why oppression exists; to question whether one is complicit in perpetuating it; and to grapple with ways of minimizing it. An interpreter's ethical mandates are challenged: i.e., "What I am able, willing and obliged to change about the world; how I can counteract the oppression of Deaf persons in ways that do not contradict the intent of the RID Code of Ethics."

Integrating vicarious trauma can provide meaning to one's life, a *raison d'etre*. To quote Hillel's famous passage, "If I'm not for myself, who will be for me? If I'm *only* for myself, what am I? If not now, when?" For example, Eli Wiesel incurred the vicarious trauma of witnessing his father being murdered by Nazis. Partially, as a result, he has dedicated the rest of his life to help ensure that no other Jews can similarly be murdered. Interpreters, too, practice what is called *Tikkun Olum*, a Hebrew phrase which means "to fix or repair the world." Via an ally model, interpreters advocate for Deaf persons for whom and with whom they're working.

Through the understanding of oppression - and our potential responses to it - we experience a freedom which is both redeeming and which holds us responsible to live in dignity amidst those whose actions are undignified. We learn that it is the small gestures we make, often subtle, perhaps gentle but direct and honest, that will weaken the actions of those who would unfairly and wrongly treat another. Perhaps it is this benefit that keeps many interpreters in the field.

Donna looked puzzled. "So exactly *how* do you manage your vicarious trauma so it becomes transformative experience without it killing you?"

"The first step - one that's the most important and perhaps the most difficult - is to recognize it. Don't pretend that you aren't traumatized."

"Is that all? Just know that I've been traumatized?"

"Know it; don't deny it. Understand the complexities of it. And talk about it *a lot* with supportive others; give it words."

Donna sat still, perhaps taking it in.

I continued: "We need to honor vicarious trauma as both a potential hazard and a teacher. That's the first easy-to-say-hard-to-do step. You and I have only begun to outline some reasons for interpreter vicarious trauma. We need to do that more. And then there are many other detailed recommendations which we'll go over in detail."

"Why don't you write a book about all of this?" Donna asked.

"Maybe I will. And our talk could be the first chapter."

We nodded our heads and bid each other a good day.

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