
| RESEARCH ARTICLE

Mental Health Interpreting in Refugee Contexts in Jordan: A Qualitative Study of Linguistic, Cultural, and Emotional Challenges and Coping Strategies

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| ABSTRACT

Mental health interpreting, especially between refugee patients and psychologists, presents complex linguistic, cultural, and emotional challenges. This study explores the experiences of mental health interpreters in Jordan working with Syrian refugees, focusing on the difficulties they face and the strategies they employ to overcome them. Using qualitative semi-structured interviews with professional interpreters, the study identifies linguistic barriers, cultural differences, emotional strain, and ethical considerations as key challenges. Findings reveal that interpreters employ strategies such as literal interpretation, cultural clarification, and emotional self-care to ensure accurate and ethical communication. This research highlights the critical role of mental health interpreters in facilitating effective psychological support for refugees and provides insights for improving training and professional practices.

| KEYWORDS

Mental health interpreters; Refugee patients; Linguistic challenges; Cultural challenges; Emotional challenges; Coping strategies; Ethical considerations

| ARTICLE INFORMATION

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1. Introduction

Interpreting is a complex professional practice that requires extensive training, experience, and ethical awareness. Setton and Dawrant (2016, p. 3) define interpreting as “an oral form of translation, a service that lets people communicate across language barriers.” In mental health settings, accurate and sensitive communication is crucial, as misinterpretation can directly affect diagnosis and treatment outcomes. Interpreters mediate emotionally charged interactions between patients and psychologists, managing both linguistic and psychological complexity while maintaining professional accuracy and ethical standards.

Mental health interpreting is distinct from other domains, such as conference or political interpreting, where interpreters can emotionally disengage. Working with refugee patients adds additional layers of challenge, including cultural differences, language barriers, emotional strain, and ethical dilemmas. In this study, “challenges” refers to any obstacle—linguistic, cognitive, or emotional—that interferes with an interpreter’s ability to convey meaning accurately. Communication breakdowns may occur when interpreters cannot fully convey the intended message, highlighting the importance of strategies to overcome these difficulties.

Interpreters frequently encounter distressing narratives of trauma, conflict, and displacement, which can affect both their own well-being and that of the patients. Despite the availability of methodologies and ethical guidelines, many interpreters lack adequate training to manage such sensitive encounters effectively. In the Middle Eastern context, particularly in Jordan, there is limited research examining the experiences, strategies, and ethical practices of mental health interpreters working with

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refugee patients. Previous studies, such as Crezee, Julich, and Hayward (2011), focused primarily on Western contexts, leaving a gap in understanding the challenges faced in Jordan.

This study addresses that gap by exploring the experiences of mental health interpreters with Syrian refugees in Jordan, focusing on the challenges they encounter and the strategies and ethical practices they employ to ensure accurate and culturally sensitive interpretation. Specifically, the study aims to answer the following research questions:

What specific challenges do mental health interpreters face when working with refugee patients in Jordan, considering cultural and linguistic barriers?

What strategies do mental health interpreters use to overcome these challenges, and how effective are they?

What ethical guidelines and practices do mental health interpreters follow to ensure professional and culturally sensitive interpreting for refugee patients?

By addressing these questions, the study seeks to improve interpreter training, promote interpreter well-being, and enhance the quality of mental health services for refugee populations. It is hypothesized that interpreters working with refugee patients encounter cultural, linguistic, and emotional difficulties, and that limited awareness of mental health interpreting concepts and ethics may negatively impact patient care.

1.1. Theoretical Framework

Working with interpreters in healthcare settings is demanding and challenging. This study will adopt Tribe's (2009) theory to unravel the challenges, strategies, and techniques that can be used to facilitate the interpreter's work. To elaborate, Tribe (2009) argues that mental health interpreters face challenges in working with refugee patients. These include language barriers, cultural nuances, power dynamics, vicarious trauma, role confusion, and work overload. First, language barriers are attributed to refugees' limited language proficiency, which requires an interpreter to bridge this gap. Second, cultural nuances, including mental health concepts, emotional expressions, and idioms, vary across cultures; thus, the interpreter should have cultural and linguistic knowledge of these nuances. Third, trust and confidentiality: some refugee patients may have a lack of trust towards the interpreter, especially if the interpreter is from the same background and the patient is apprehensive about information disclosure. Fourth, power dynamics occur when refugees feel that interpreters are representatives of that country, which will tend to worsen their feelings of powerlessness. Fifth, vicarious trauma: interpreters reportedly listen to painful stories of persecution and violence; therefore, they are at a high risk for psychological stress and secondary traumatization. Sixth, role confusion: interpreters may experience conflicts where patients demand their support or advice other than the role of an interpreter. Seventh, work overload: interpreters experience stress because they have to convey hard-hitting news, which could include diagnosis or treatment regimens.

To overcome the challenges that interpreters might encounter in interpreting for refugees, Tribe (2009) suggests preparing the interpreters before the meeting to address any cultural nuances. Moreover, interpreters should be trained to collaborate in mental health settings, including emotional self-care and cultural sensitivities. Furthermore, interpreters should have sufficient knowledge regarding mental health concepts.

To address the challenges in mental health interpreting, Tribe (2009) indicates that there are some ethics that the interpreters should comply with. First, confidentiality, interpreters are bound by the legal aspects of privacy and must guard the privacy of patients. Second, respect and trust: interpreters are bound by the legal requirements of confidentiality and must protect patient confidentiality. Third, boundaries, interpreters should not assume other roles beyond interpreting and should keep themselves professional to the utmost. Fourth, cultural sensitivity, the interpreters should respect and recognize cultural differences to guarantee that the translation preserves the intended meaning. Fifth, interpreters should be psychologically supported in terms of supervision and debriefing sessions. Sixth, equity and accessibility, all interpreters should have fair access to interpreting services without discrimination or bias.

Tribe's (2009) theoretical framework will serve as the analytical lens of this study. The framework will be used to classify and analyze the difficulties mental health interpreters encounter when assisting patients who are refugees, as well as the tactics and moral standards they utilize in interpreting sessions. The study intends to systematically investigate interpreters' experiences and connect theoretical ideas with actual findings by using this framework.

2. Literature Review

Mental health interpreters play a crucial role in professional interpreting practice. Although there are a limited number of studies about challenges that mental health interpreters face when working with refugee patients, this topic is very important

and worthy of investigation. This section presents some studies that cover issues related to mental health interpreting and the challenges that mental health interpreters encounter when working with patients.

First, Cornes and Napier (2005) study the challenges of mental health interpreting when working with deaf patients. The study was conducted at Rivendell Hospital in Australia. The researchers set the scene by considering Australian Sign Language (Auslan), the deaf community, and Auslan interpreters. After that, the researchers proceed to explore issues around interpreting in the therapeutic context, particularly in relation to linguistic, interpreting, and role challenges. The results show that a range of issues and obstacles faced by interpreters and therapists when working with deaf people could be easily resolved through improved communication and training. The researchers argue that there is a need for empirical evidence to support this issue. Finally, the researchers recommend that the interpreters and therapists should take the time to prepare for sessions, and they should take the opportunity to debrief after each session. Besides, the researchers recommend that there is a need to develop the specific guidelines for the application of the Code of Ethics to interpreting in mental health settings.

Additionally, Crezee et al. (2011) tackle problems facing interpreters in refugee settings in both the New Zealand and Australian contexts. The study was conducted at Auckland University of Technology in New Zealand. The data were collected by using an online survey instrument for interpreters. Moreover, the researchers used separate focus discussion groups involving both the interpreters and the professionals working with the interpreters. The results show that interpreters and professionals may face challenges when working with refugees. Finally, the researchers suggest some recommendations for addressing these issues, such as making briefing sessions for interpreters before assignments.

These studies demonstrate that interpreters who work in sensitive healthcare and refugee contexts must deal with emotional and ethical concerns in addition to language barriers. However, rather than emphasizing the psychological impact of mental health interpreting on interpreters themselves, both studies mainly concentrate on Western contexts and highlight institutional and communicative concerns. This indicates a need for further research that centers on interpreters' lived experiences, especially when it comes to mental health issues impacting refugee populations.

In addition, Kirmayer et al. (2011) explore common mental health problems in immigrants and refugees. The study was conducted at the Canadian Medical Association. The study aims to identify the risk factors and strategies in the approach to mental health assessment and to prevention and treatment of common mental health problems for immigrants in primary care. The data were selected by compiled literature on prevalence and risk factors for common mental health problems related to migration. The analysis reveals that specific challenges in migrant mental health include communication difficulties because of language and cultural differences. As a result, these issues can be addressed through specific inquiry, the use of trained interpreters, meetings with families, and consultation with community organizations.

Furthermore, Krupic et al. (2016) investigate the difficulties in using interpreters in clinic encounters as experienced by immigrants living in Sweden. The study was conducted at the University of Gothenburg, in Sweden. The data were collected by using focus group interviews with four groups of immigrants from Bosnia and Herzegovina, Croatia, Kosovo, and Somalia. A qualitative method was used to identify the difficulties. The results show that there are obstacles relate to interpreters, such as being late for the session date, lacking professionalism, or lacking knowledge in medical terminology. Finally, the interpreters must be professional and must be obliged to the ethics.

Kotovicz et al. (2018) discuss the challenges of refugee health care from the perspectives of medical interpreters, case managers, and pharmacists. The study was conducted at the University of Wisconsin School of Medicine and Public Health in the USA. The researcher performed two 60-minute focus groups to explore challenges in refugee health care, and the focus groups were transcribed prior to independent analysis by two of the investigators. The results show that there are four overarching themes regarding health care for refugee patients: 1) difficulty balancing the dynamic of autonomy versus support for refugees. 2) Educational needs of refugee families outpacing available resources. 3) Challenges for refugees developing trust. 4) Diversity of cultures, education levels, and experiences among refugee families. Finally, the researchers show that there is a pursuit to follow the strategies that improve health outcomes.

Although there are studies that tackle the difficulties that mental health interpreters face when working with refugee patients, none addresses the difficulties and strategies in the Middle East, specifically in Jordan. This study addresses a gap in the literature as it aims to identify the difficulties that faced Jordanian mental health interpreters when working with refugee patients, the strategies mental health interpreters employ to deal with these difficulties, and the ethical guidelines and practices that Jordanian mental health interpreters adhere to in order to ensure professional and culturally sensitive interpreting for refugee patients. It will also enrich the scarce previous studies.

Mental health interpreting in Middle Eastern contexts has been largely ignored in the rising collection of research on healthcare and refugee interpreting. Specifically, little empirical study has been done on the difficulties faced by mental health interpreters in Jordan who work with refugee patients. Furthermore, the methods and moral principles interpreters use to deal with linguistic, cultural, and emotional difficulties have not received enough attention in earlier research. By concentrating on the experiences of Jordanian mental health interpreters and analyzing the tactics and moral principles they employ in their work, the current study aims to close these gaps.

3. Methodology

This study employed a qualitative multiple-case study design to examine the challenges faced by mental health interpreters assisting Syrian refugee patients in Jordan. A qualitative approach was considered appropriate because it allowed an in-depth understanding of interpreters' experiences, perspectives, and coping strategies in sensitive mental health contexts.

The study focused on interpreters working in two Jordanian organizations providing mental health services to refugees. A brief demographic questionnaire was used to collect participants' age, gender, marital status, and origin. Understanding interpreters' origin and dialect helped analyze cultural and linguistic challenges.

In addition to the demographic survey, semi-structured interviews were conducted to explore participants' professional experiences, the challenges they encountered, and the strategies they employed in mental health interpreting. Participants provided informed consent and were assured of confidentiality and anonymity.

3.1. Sampling and Participants

Purposive sampling was used to select participants with direct experience interpreting mental health services for refugee patients. The sample size was determined by data saturation, with 10 mental health interpreters included. Both male and female interpreters were recruited to investigate potential gender-related variations in interpreting experiences.

3.2. Data Analysis

Data were analyzed using **thematic** content analysis, identifying recurring themes related to linguistic, cultural, emotional, and ethical challenges. Tribe's (2009) theoretical framework guided the analysis and facilitated a cross-case comparison between male and female interpreters.

The analysis process included the following steps:

1. Interviews were transcribed verbatim.
2. Field notes and discussion records were reviewed.
3. Case-by-case analysis was conducted using content analysis techniques.
4. Individual cases were compared to identify challenges and effective strategies.
5. Cross-case analysis was performed to examine gender-related differences.
6. Challenges were categorized into linguistic and non-linguistic problems.

This methodology ensured a rigorous examination of interpreters' experiences while maintaining ethical standards and provided a comprehensive framework for understanding the practical, emotional, and ethical dimensions of mental health interpreting for refugee populations in Jordan.

4. Results and Discussion

The data were collected using an interview tool. The researcher selected two groups of interpreters from different organizations and employed a process model to examine the interpreting procedures. After analyzing and comparing the data, the study revealed both linguistic and non-linguistic challenges faced by mental health interpreters when working with Syrian refugee patients in Jordan.

4.1 Linguistic Challenges

The findings showed that 70% of mental health interpreters faced linguistic problems, including dialect differences. For instance, if a psychologist's English was unclear, interpreters reported needing to politely ask for repetition rather than using deletion or addition strategies, ensuring accurate interpretation.

Cultural differences were reported by 60% of interpreters. Examples included misunderstandings in translating culturally loaded expressions. For instance, a patient responded "Alhamdulillah" ("Thanks God") to the psychologist's greeting "How are you?" without indicating whether they were well or unwell. In another case, the Syrian word "عيلتي" was initially interpreted as "my family," but later clarified to mean "my wife" in Syrian dialect. These findings demonstrate the importance of interpreters' cultural awareness and proactive clarification to prevent miscommunication.

Difficulties with medical terminologies were reported by 50% of interpreters. Interpreters sometimes struggled with terms mentioned by parents during sessions. Recommended strategies included completing a medical terminology course or informing the psychologist that the correct translation would be provided post-session.

A smaller proportion (10%) encountered issues with pronoun usage. Interpreters emphasized the importance of using first-person pronouns consistently, except in specific interactive tasks or during psychologists' self-introductions.

4.2 Non-Linguistic Challenges

Challenges related to session settings affected 30% of interpreters. Noisy or uncomfortable spaces sometimes hindered concentration, potentially compromising interpretation quality. Interpreters highlighted the necessity of communicating with psychologists when environmental conditions impeded accurate interpretation.

Emotional challenges were the most prevalent, reported by 80% of interpreters. Interpreters frequently encountered traumatic narratives, including war experiences, torture, and sexual violence. For example, one interpreter could not complete a session after a patient recounted the loss of a fetus during the war. Another interpreter faced extreme fear and distress when a patient described a violent incident. To cope, interpreters employed strategies such as taking breaks, engaging in physical exercises, recalling positive memories, and using sensory grounding techniques (e.g., drinking juice or deep breathing). The literal interpretation strategy was reported as the most effective method to maintain accuracy while managing emotional strain.

Discussion and Implications

Mental health interpreters are critical members of psychological support sessions, serving as the bridge between psychologists and patients. The findings demonstrate that interpretation in this context requires not only linguistic and technical proficiency but also emotional resilience, cultural competence, and ethical awareness.

Comparing these results with previous research, the challenges identified are consistent with studies in Western contexts. Cornes and Napier (2005) highlighted linguistic, role, and cultural challenges in mental health interpreting for deaf patients, while Crezee et al. (2011) noted difficulties in refugee settings, emphasizing the importance of preparatory briefings. Similarly, the current study shows that Jordanian interpreters face comparable challenges, with emotional difficulties being particularly pronounced due to the trauma experienced by Syrian refugees.

These findings underscore the need for targeted training programs focusing on:

Medical terminology and mental health vocabulary.

Cultural competence and dialect awareness.

Emotional self-care and secondary trauma prevention.

Adherence to ethical standards in sensitive psychological contexts.

Overall, the study highlights the central role of interpreters in ensuring effective, culturally sensitive, and ethically sound communication in mental health settings. Providing interpreters with adequate preparation and ongoing support is essential for maintaining both interpreter well-being and quality of care for refugee patients.

5. Conclusions

The study demonstrated that mental health interpreters face significant challenges when working with refugee patients. These challenges include linguistic difficulties, cultural differences, medical terminology issues, session setting constraints, and emotional strain. Identifying these difficulties is essential to support interpreters in performing their roles effectively.

Interpreters commonly employed the literal interpretation strategy and emphasized understanding both the patient's and the psychologist's cultures to maintain the contextual meaning of the communication. The findings highlight the importance of cultural awareness, ethical practice, and emotional resilience in mental health interpreting.

Overall, this study focused on both the challenges encountered by mental health interpreters and the strategies they used to overcome these challenges. The results underscore the need for targeted training, ongoing support, and practical guidance to enhance the quality of interpreting services for refugee populations.

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