An Acceptance-based training for interpreters: Increasing psychological flexibility in the booth

Claudia Corti*, Francesco Dell'Orco*, Francesco Pozzi*, Anna Bianca Prevedini* & Paolo Moderato*
*IULM – Milano, Italy; IESCUM – Parma, Italy

INTRODUCTION

Working as an interpreter is associated to high levels of stress and anxiety often due to the uncertainty that linguistic, environmental, interpersonal and intrapersonal factors contribute to rise, creating a stressful context (Jiménez Ivars & Pinazo Calatayus, 2001; Kurz, 1997; 2002; Riccardi, Marinuzzi & Zecchin, 1998). High cognitive charge and non-predictable interfering factors cannot be eliminated and interpreters have to cope with them if they want to succeed in their performance: abilities to face stress are required to maintain high levels of attention and concentration under very demanding working conditions.

Studies on stress management interventions showed the efficacy of Acceptance and Commitment Therapy-based programs in improving psychological flexibility, mental health and work-related variables in work contexts (Bond & Bunce, 2000; Bond & Flaxman, 2006; Flaxman & Bond, 2010). Basing on these results, the current pilot study was designed to assess the role of an ACT-based intervention in increasing coping with stress and anxiety and consequently the quality of the translation performance during consecutive interpreting in a group of students of the School for Interpreters at IULM University (Milan, Italy).

MATERIALS AND METHOD

Study sample:
15 interpreting students were involved in the study and divided into two groups, one experimental and the control group. 6 of them were in the experimental group and 9 in the control one. Participants' needs didn't permit to randomize the subjects. Characteristics of the two groups are presented in Table 1.

Procedure:
The experimental group attended 2 experiential sessions about psychological flexibility and daily 15-minute mindfulness-based sessions for a period of 3 months. The control group was shifted to the training in a second time.
Translation performance and psychological measures related to anxiety, depression, stress and psychological flexibility were collected before and after the treatment.

Instruments:
• Cognitive and Fusion Questionnaire (CFQ; Gillanders et al., 2012)
• Acceptance and Action Questionnaire II (AAQ II; Bond et al., 2011)
• Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003)
• Depression Anxiety Stress Scale (DASS; Severino & Haynes, 2010)
• Intolerance of Uncertainty Scale (IUS; Khawaja & Yu, 2010)
• Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004)
• State-Trait Anxiety Inventory (STAI; Spielberg et al., 1987)

Table 1: Characteristics of the sample

	EXPERIMENTAL GROUP(n=6)	CONTROL GROUP (n=9)
AGE		
M	22.66	23,44
SD	0,52	1,42
GENDER		
MALE	1	1
FEMALE	5	8

MAIN RESULT
Figure 1: Scores of DASS Depression Subscale before and after treatment

PRELIMINARY RESULTS

Up to now statistical analyses have been performed only to assess psychological measures; analyses on translation performance will be done when performance evaluations -conducted by three different experts in interpreting- will be available.
Preliminary data are presented. Wilcoxon test was performed to analyze treatment's effects on outcome psychological variables.
➢ AAQ, CFQ, DERS, IUS and STAI-S scores decreased in the experimental group after the treatment even if not significantly:
• AAQ (z=-,0734; p=0,463)
• CFQ (z=-1,219; p=0,223)
• DERS (z=-1,572; p=0,116)
• IUS (z=-1,363; p=0,173)
• STAI-S (z=-0,420; p=0,674)
➢ MAAS score increased in the experimental group after the treatment even if not significantly:
• MAAS (z=1,480 p=0,139)
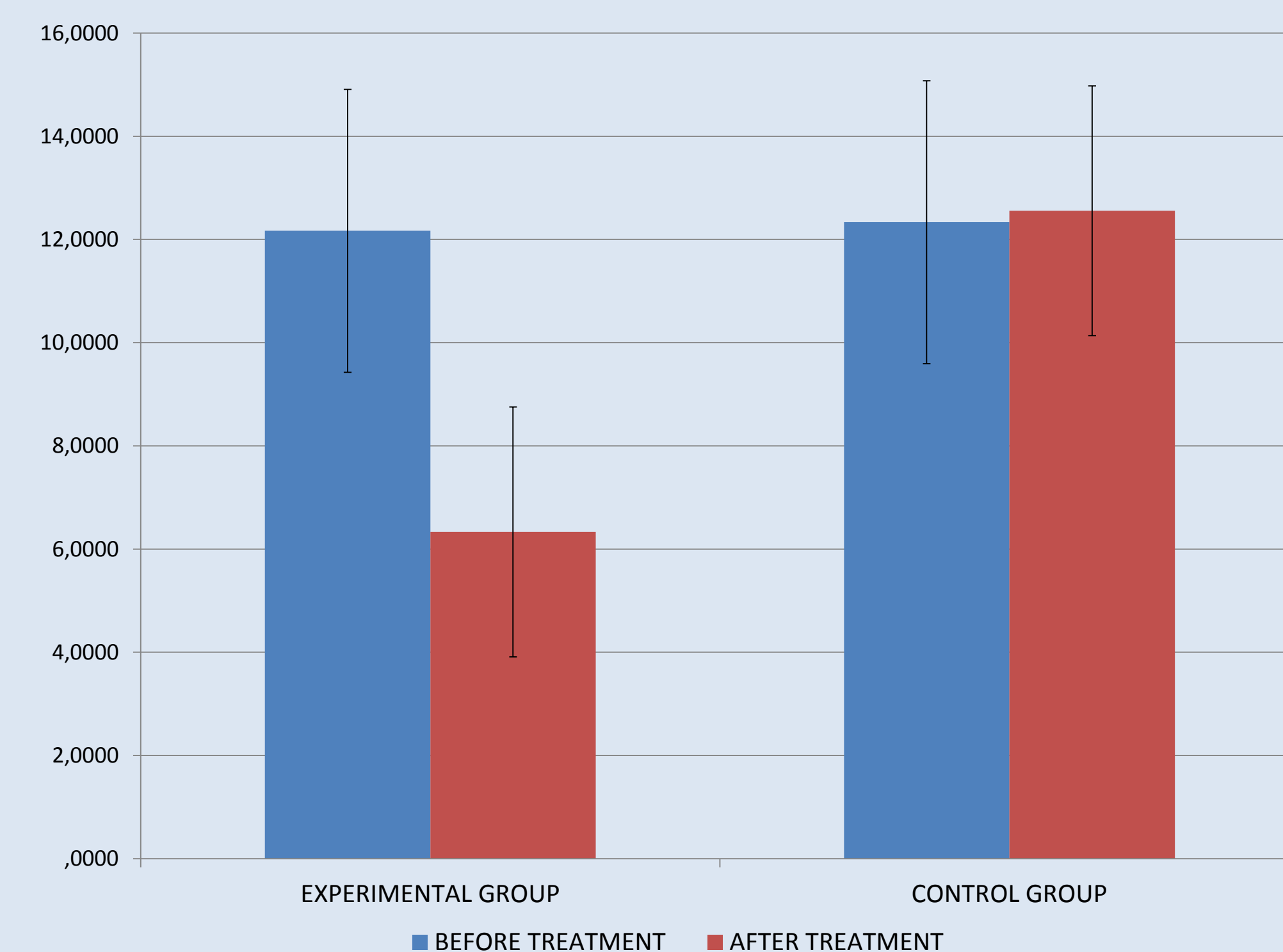➢ DASS Depression Subscale (Figure 1) significantly decreased in the experimental group after the treatment (z= -2,207; p= 0,027), but not in the control group (z= -0,211; p= 0,833).

DISCUSSION

This study provided a preliminary support on the role of an ACT-based training in promoting psychological flexibility and mental health in a population of Italian interpreting students. All outcome measures of the experimental group moved in the direction of a positive change, even if only DASS Depression Subscale showed significant differences. The significance of this subscale seems to reveal the efficacy of the intervention in reducing depression-related cognitions and behaviors, in accordance with data from literature (Forman et al., 2007; Pellowe, 2007; Zettle & Rains, 1989). The little sample of the study could have influenced the non-significance of the other measures, so further research is needed in order to collect more reliable data. Another limitation of the study was the impossibility of practicing randomization, but a comparison between the two groups at baseline didn't show significant differences.

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For information write to:
claudia.corti@iulm.it