Which words should be used to speak the words of the other? The names of emotions and their translation in mental health interactions

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Like any interaction, mental health consultations (in psychotherapy and psychiatry) depend upon speech and exchange in all their forms, from the most language-based (the choice of words, for example) to the most embodied (gestures or facial expressions). What is particular to these situations, however, is the role played by speech in the clinical aspects of the interview, which can be seen as the very essence of care. In this article, we approach the mental health consultation as linguists, focusing on the question of the choice of words used to articulate one's problem, state of mind, and emotions in cases where speech is being conveyed through an interpreter.

Introduction: Speaking, finding the right word, reformulating, translating

It is not easy to articulate how you feel, even in your own language. In addition, it has often been observed that there is a link between the situation of expressing emotions and various types of destructuring of discourse, including hesitation, incompleteness, searching for words, and repetition (Plantin, Doury, and Traverso 2000). These phenomena can be observed in the short excerpts from interviews given below.[1] In the first, the patient answers the question "*How are you?*" asked by the psychologist.

Excerpt 1

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[1] Transcription notation:
   (0.4) indicates a pause of 0.4 seconds;
   ( ) indicates a very brief pause;
   : denotes lengthening of a vowel;
    [indicates overlapping speech;
   / and \ indicate rising and falling intonations respectively;
   <((slowly)). . . > means that the words inside the chevrons are spoken with the characteristic indicated in brackets;
In all excerpts, participants are referred to as PAT: patient; PSY: psychologist or psychiatrist; NUR: nurse; INT: interpreter.

PAT   well (0.4) I'm I'm not not very very good but I'm okay I'm a little tired there's (0.7)
           there's <((puts her hand on her chest)) something that that>'s stuck inside and I
           can't manage to say: (0.4) I don't understand what it is.

Here we see the patient's attempt at formulating her emotions, as she brings into play a variety of verbal and multimodal communicative resources to express her state of mind.

Reformulation is an essential resource in the therapist's practice, which has been the subject of numerous studies. Denis Apothéloz and Michèle Grossen consider that reformulation allows the therapist to "maintain a balance between interventions that are continuous with the patient's interventions (as otherwise the dialogue risks being interrupted), and interventions that aim to introduce a certain discontinuity (without which any therapeutic process would be impossible)" (Apothéloz and Grossen 1996, 117).[2] Many of the roles played by this practice have been highlighted (Vehviläinen 2003; Antaki 2008; Peräkylä et al. 2008), which Charles Antaki summarizes in terms of turns at talk "formatted as: *challenges; corrections; extensions;* and *reinterpretative statements*" which allow therapists to "understand their clients and to offer them new ways of thinking" (2008, 27).

In Excerpt 2, the patient talks at length about the fact that she is taking Seresta, an anxiolytic drug, and then recounts an occasion when her husband called her crazy. After this she expresses her feelings ("*To me, it's not nice what he said*") and the psychologist reformulates her statements:

Excerpt 2
PAT   but in your face he says to you (0.2) you're crazy/ it's not fair it's not it's not nice
           (0.4) to me it's [not] nice what he (0.3) [said]
PSY   [yes]   [it's] hurtful\ (0.4)
           [it] hurt you\
PAT   [it's true]

However, when the consultation is carried out via an interpreter, neither caregiver nor patient has access to their interlocutor's own lexical choices. The interpreter then has the very delicate task of providing access to meaning through his or her own lexical choices, which have a complex relationship to the original words spoken, something Jean Margaret Davis expresses very clearly:

> [The translator] does not simply reproduce the patient's words and expressions. He or she also tries to analyze and explain the tone, and to say whether this or that expression is usual in the country of origin. He or she tries to work out which expression would be used in France to describe the same kind of pain, for example, and the meaning that this type of suffering might have for the patient. When an Algerian woman says that her head is getting hot, a Chechen woman that her blood has cooled, an Uzbek woman that her dead father is giving her advice through her dreams, linguistic and cultural insight can help in better understanding the meaning of these perceptions in the patient.

> (Davis 2009, 169)

As this passage illustrates, in their translation, interpreters are torn between different requirements bearing upon the lexical choices they make. The ideal might be for them to translate words into perfect equivalents in the target language, but this is more the exception than the rule (because of the use of metaphor and figurative expressions and the cultural dimension of the words used). In practice, interpreters are in fact engaged in a continual process of negotiation. They employ various different ways of rendering words or expressions, and sometimes use them successively within the same sequence. They may try to translate them literally, as in Excerpt 3:[3]

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[2]Translator's note: Our translation. Unless otherwise stated, all translations of cited foreign language material in this article are our own.

[3] In the transcript, turns in the original language are translated in italics on the following line.

Excerpt 3

PAT   nga ta kthesh shume keq eshte\
it's bad every way around (n.b. "*it doesn't matter how you look at it, it's still bad*")
(.)
INT   even if you go around it it's bad ((laughs))

They may use a formulation in the target language that is close to the initial idea, as in Excerpt 4.

Excerpt 4

PAT   uh: sikur nje njeri po me merr frymen avash avash ndjehem
uh: as if someone were slowly taking away my breath I felt
(0.7)
INT   I felt as if <((hand on throat)) someone: he is trying to strangle me (0.9)> little by little

Finally, they may introduce a metalexical sequence to comment on the patient's lexical choice, in terms of the difficulty of translating it, its specificity, or simply to add emphasis.

It is the use of this last procedure in the translation of patients' descriptions of their emotional feelings that we address in this article, through the study of a corpus of health consultations filmed during 2016 and 2017 as part of the project "RÉfugiés, MIgrants et leurs LAngues face aux services de Santé" (REMILAS) (Refugees, Migrants and their Languages in Healthcare Encounters).[4]

Metalexical sequences[5]

Metalexical sequences may concern cases where a speaker makes a comment about his or her own speech, as in the following excerpt where the psychologist asks a question about one of the languages spoken by the patient (Lingala):

Excerpt 5

PSY   *is it a uh: a language like those from from (0.6) rural areas/ let's call them that /*
and that's spoken less in the city/

The psychologist adds a metalinguistic comment ("let's call them that") regarding her choice of the term "rural areas." This is what Jacqueline Authier-Revuz calls the "autonymic modality" (1993).[6]

It is another case that interests us here though, that of dialogical metalexical sequences (co-constructed among the participants) that emerge over several turns at talk between different speakers, and take the following form:

- the patient uses a certain word or expression to talk about his or her emotional feelings;

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[4] See the project website: http://www.icar.cnrs.fr/sites/projet-Remilas/.

[5] We distinguish these from "metadiscursive" sequences, in which the comment focuses not on lexical choices but on other discursive phenomena. For example, when the interpreter translates the patient's words and adds a comment on the organization of his speech: "That's where I last saw my father and my paternal grandfather (.) and he told me again what he said before: I didn't know where I was going to go."

[6] According to Authier-Revuz, "[t]he doubled mode of speech proper to the enunciative configuration of the autonymic modality [. . .] is always a suspension of self-evidence and naturalness, of the obviousness of a nomination: its forms appear as the enunciator's responses to their encounter, within their own speech, with the non-coincidences that constitutively affect that speech—that of the interlocutory relationship, that of the relationship of words to things, that of the discourse traversed by other discourse, that of words that contain the play of other words—when, locally, these non-coincidences present themselves to them" (1993, 88).

- in the next turn, the interpreter makes a meta-comment in which he or she points out the difficulty of translating the word, explains its connotations, or simply underlines its use, thus endowing it with particular importance;
- the sequence may continue with the intervention of the caregiver, who participates in the negotiation of meaning by proposing reformulations.

We looked for such sequences in the fourteen consultations between a mental health professional, an asylum seeker, and a professional interpreter in the REMILAS corpus (six interactions with a psychologist, five with a psychiatrist, three with a nurse as part of psychotherapeutic follow-up), representing approximately eleven hours of consultation in total. Perhaps surprisingly, if we compare this result with the abundance of word searches and the incessant work of reformulation on the part of the speakers, which testify to their dedication to "saying it right, finding the right word," or in any case demonstrate lexical work, such metalexical sequences are extremely rare in the data. We found only five in total and they appear in only two consultations. We therefore see that either the interpreter does not resort to this practice at all (as is usually the case), or that he or she resorts to it several times over the course of the interaction.

Several hypotheses can be put forward to account for this rarity of the use of metalexical sequences.

One of them, interactional in nature, is that these sequences interrupt the flow of discourse, whereas interaction is generally governed by a principle of progressivity (Sacks and Schegloff 1973; Mondada 2012). Another may be linked to the bad reputation of such practices, which could be likened to the "translator's note" for the written word, described by Pascale Sardin as follows:

> The translator's note is probably so decried because, by breaking the unity of the text and decentralizing it, it exerts violence upon it, manifesting a crisis of translation's capacity to be homological, identical to itself, self-contained. The note signals a hiatus, the differential play that affects any translated text. As the place where the translator's own voice emerges, it betrays, as close as can be to the text itself, the dialogical nature of translation and the conflict of authority that is woven into it. The note is scandalous because it reveals in broad daylight that the "illocutionary disappearance of the translator" (Ladmiral 1994, 230) is only a delusion, that the translator never fades behind the author, but rather imprints the text with his or her subjectivity and the presuppositions of his or her own socio-cultural context.
>
> (Sardin 2007, 121)

For the same reasons, using a metalexical sequence may be seen as a practice damaging to the image of the interpreter's competence, making it seem as if he or she is not skilled enough to be able to translate everything—in the background here is also the model of the "translation machine," as denounced by researchers in interpreting studies (Wadensjö 1998; Baraldi and Gavioli 2012).

Reviewing the sequences reveals the recurrence of certain forms of statements that accompany them. They may concern an explicit description of the lexical usage made by the patient, of the type "She/he uses the word/expression"; "These are the terms she uses,"[7] or a distancing of the word chosen in the translation, as in "it's not exactly the word *x*" (Authier-Revuz 1993).

Metalexical sequences vary in length. A comment might be a single turn at talk following the use of a certain word or expression and highlighting its usage:

Excerpt 6
PAT   hm (.) veç njate (.) domethene ky ankthi qe kam per (.) n'ofpra (.) euh (.) per te tjerat

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[7] It is not the use of the terms "he" or "she" that should be noted here, but the whole of the statement that describes what has been said.

	hm (.) just that one (.) that is to say this anguish I have in relation to (.) ofpra[8] (.) uh (.) as for the rest
INT	[just the
PAT	[t'ja leme kohes
	I leave it to time
INT	just the::: how to say (.) for the str- not stress but ANGUISH/ (.) she used the word anguish in relation to Ofpra
NUR	yeah\

In some cases, more complex sequences may also occur, as in the sequence below that we have chosen to analyze in detail.

Case analysis

This sequence (Excerpt 7) is taken from a consultation between the psychologist, Lucie, the Albanian asylum seeker, Annik, and the professional interpreter, Ilyana. It lasts about 2 minutes and 15 seconds and is the longest in the collection. The consultation, which began 45 minutes earlier, is almost over. The interaction was especially rich in metadiscursive comments: around minute 30, in fact, the psychologist made a comment on a French idiomatic expression ("*le courant passe* [things are really going well]"), which the interpreter explained to the patient. Then, within the space of fifteen minutes, the interpreter used three metalexical sequences to explain or highlight the words that the patient had chosen to describe the dramas she had experienced. In this sense, it can be hypothesized that, in paying particular attention to the nuances of language, the psychologist encouraged the interpreter to do the same.

Excerpt 7

PAT	kam përjetu shum rand
	i felt it very painfully
PSY	well
INT	cos I've (1.0) lived I've: (1.5) some very difficult things
	(2.9)
INT	it's not the word lived it's another word that I can't quite find
	(8.2)
INT	we don't use the word lived it's not really the verb to live
PSY	to feel (0.8) to go through

The metalexical sequence is triggered by the patient's use of the Albanian word *përjetoj,* composed of the verb *jetoj* (to live) and the prefix *për*. The interpreter begins to translate, then she pauses and starts to search for the word, which she manifests with various signals (pauses, vocal lengthening, looking up) (Goodwin and Goodwin 1986). During the search, she uses the word "lived," and then—finding no other more appropriate term—completes the sentence. She could therefore have finished her translation there. However, after a fairly long pause (2.9), she initiates a self-repair (Schegloff 2007), i.e., she goes back to the word she used ("lived"), explaining that it is not the one she is looking for. Another long pause follows (8.2), while the psychologist takes notes in her notebook, and then the interpreter reformulates her comment on the inadequacy of the verb "to live," thus pointing out the impasse. At this point, the psychologist looks up from her notebook and suggests two verbs ("to feel" and "to go through"), thus collaborating in the interpreter's search for the right word.

	(0.4)
INT	hm no not even that you could say it's a play on words in Albanian

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PSY	hm hm
INT	it's a (0.5) you add a (1.5) you add (1.4) uh be- before the ver- `basically the verb is to live and with it uh if you add a: a a prefix (0.8) it becomes (1.7)
PSY	to survive or °something°
INT	not only it's not to survive (1.2) it's (3.2) to incarnate it it it it (0.2) something like to in- (0.4) incarnate

The psychologist's suggestion is rejected by the interpreter, who, after a pause (0.4), begins an explanatory sequence on the composition of the Albanian word *përjetoj*. At the end of this explanation, the search for the word remains open (as indicated by the unfinished sentence "It becomes" and the pause that follows), and the psychologist makes a new lexical suggestion ("*survivre*" [survive]) that reproduces in French the same composition process. However, this suggestion is again rejected by the interpreter, who continues her search for the correct word and ends up proposing a new candidate, "incarnate"). However, this word is not indicated as being entirely satisfactory: it is not a perfect equivalent, but rather a term belonging to the same semantic field ("something like").

PSY	something in the flesh
INT	exactly (0.6) but what's the the prefix for it it it's it's the equivalent we have well in French I can't think of it right now (0.5) a: a: word that's like (0.5) but it's in the sense of incarnate (3.2)
PSY	it's uh imprint (0.5) like a like a trace something (1.3)
INT	yes as if it left uh there you go (0.7) uh as i- uh [if you like it's not] just th- live
PSY	[leave an indelible trace]

In reformulating the interpreter's suggestion of the verb "to incarnate," the psychologist highlights the notion of "flesh" as the core of the expression. The interpreter aligns herself with the psychologist's formulation ("exactly"), then expands further on the meaning of the prefix and the difficulty of translating it into French. In the meantime, during the pause (3.2) the psychologist takes notes in her notebook and then intervenes with a new proposition centered on the notion of the "trace," which is accepted by the interpreter, but does not seem sufficient to bring the metalexical sequence to a definitive close. Immediately after this excerpt, the interpreter launches into a new explanation of the meaning of the expression, emphasizing the double status of the subject of this verb: the person in question is both agent and victim of the action in question. The psychologist shows her understanding of the explanation through head movements and verbal feedback, then takes notes in her notebook. She then announces that the consultation has come to an end. This information immediately triggers apologies from the interpreter—addressed first to the psychologist and then to the asylum seeker—for the length of the digression. In response, the psychologist reassures the interpreter of the importance of her explanations, and tells her that she has taken notes on the subject.

Considerations for application

This case analysis shows in detail the functioning of an especially complex metalexical sequence. The search for the "right word" initiated by the interpreter quickly turns into a collaborative activity in which the psychologist participates by making numerous suggestions. During this sequence, the participants dedicate more than two minutes to the translation of a single word used by the applicant to define her psycho-affective state, as they seem to consider that this word has a particular connotation that could be of interest for the interaction and the process of psychotherapeutic care. This interest is further confirmed by the fact that on several occasions during the sequence the psychologist takes notes.

This joint work on a translation problem, then, allows the psychologist access to nuances of meaning

that would be lost in a more straightforward interpreting process. In this sense, the use of metalexical sequences may be considered as a practice to be encouraged in the context of psychotherapeutic consultations involving an interpreter. However, our research shows that the practice remains quite rare, probably for the reasons discussed above. Encouraging the use of metalexical sequences would first and foremost make it necessary to present the advantages of such a practice as part of the professional training of interpreters. In addition, interpreters could be encouraged to use metalexical sequences by the health professionals themselves. Indeed, it is worthwhile for healthcare providers to negotiate directly with interpreters as to the methods of translation they consider most appropriate for their needs—including the possible use of metadiscursive comments. Naturally, excessive use of these sequences would threaten the progressivity of the interaction. For this reason, healthcare professionals could also assist interpreters in the delicate task of determining which words or phrases "merit" special attention, based on the requirements of the care process.

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