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THERAPISTS' EXPERIENCE OF WORKING WITH INTERPRETERS IN NHS SETTINGS: DRAWING UPON A PSYCHOANALYTIC THEORETICAL FRAMEWORK TO CONTEXTUALIZE THE FINDINGS OF AN IPA STUDY

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NHS therapists are required to work with interpreters. Therapy with an interpreter may take longer and aspects of the work may be challenging. Surveys of NHS mental health staff, particularly those working in Improving Access to Psychological Therapies (IAPT) services, indicate that they are experiencing burn-out, low morale, and increasing stress and depression as a result of ever-increasing targets and workload demands. This study aimed to gain an understanding of the impact of the context of therapy on the experiences of therapists in the NHS of working with interpreters. Semi-structured interviews were conducted with 10 qualified therapists working within an IAPT or secondary care psychology service from one NHS Trust. The verbal data were analysed using interpretative phenomenological analysis (IPA) methodology. The key finding of the study was that participants' experience of their organizational context (whether supportive or pressured and demanding) appeared to drive how they related to the interpreter. Previous literature has applied a psychoanalytic framework to understanding organizational, group and individual responses to stress in healthcare settings, including IAPT. Following the initial analysis, aspects of psychoanalytic theory were used to contextualize the findings. Epistemological and ethical tensions in making links to theoretical frameworks within an IPA study are acknowledged and discussed.

KEYWORDS: COGNITIVE-BEHAVIOURAL THERAPY, INTERSUBJECTIVITY, KLEIN, NHS PSYCHOTHERAPY, QUALITATIVE RESEARCH, IAPT, INTERPRETERS, IPA

INTRODUCTION

The Need for Language Interpreters in Psychological Therapy Services

The need for, and benefits of, the provision of language interpreters for therapy have been established and are supported through guidelines, research and legislation.

Over the last two decades England and Wales have become more ethnically diverse, and the most recent UK National Census (Office for National Statistics, 2012) showed that among the population there were 726,000 individuals who could speak English, but not well, and 138,000 who could not speak English at all. This equates to around 1% of the population, though in areas of London this figure rises to between 8% and 9%. This same census found having limited English proficiency (LEP) to be linked to a worse health status, which the authors suggest may be due to lower proficiency in English, making it difficult to access suitable health care. There are a number of factors including social isolation, experience of discrimination and marginalization, and pre-migration trauma which mean people with LEP may have greater need for mental health services, yet the Department of Health (2005) has highlighted the low uptake of psychological therapy by Black and Asian Minority Ethnic (BAME) communities, identifying not being able to speak the common language as a key barrier to accessing therapy. For clients with LEP, a language interpreter may be required to be able to access psychological therapy.

Therapists' Requirement to Work with Interpreters

In England and Wales, people who access psychological therapy through the NHS may do so through their local Improving Access to Psychological Therapies (IAPT) service or (for more complex or chronic difficulties) secondary care psychology service. IAPT is an NHS programme first introduced in 2008 with the aim of increasing access to psychological therapies for the general population. The programme offers National Institute for Health and Care Excellence (NICE) approved evidenced-based psychological treatments (mostly cognitive behavioural therapy [CBT] based) for depression and anxiety disorders, using a stepped care model, delivered by psychological wellbeing practitioners (PWPs) and high intensity psychological therapists. Ensuring that people's access to psychological therapies is not hindered by their ethnicity, culture or language forms a key aim of the IAPT programme (Department of Health, 2009) and is also protected by the Equality Act 2010. NICE guidance relating to providing psychological treatment for people with depression and anxiety explicitly stipulates that services must provide, and therapists must work proficiently with, an independent interpreter if one is needed (NICE, 2009, 2011). The British Psychological Society (2017) offers good practice guidelines for working with interpreters.

LITERATURE RELATING TO WORKING WITH INTERPRETERS IN THERAPY

Efficacy and Value

The efficacy and value of working with an interpreter in therapy is supported in the literature. This is the case even where a person's English proficiency is of a standard which would mean they could engage in therapy with an English-speaking therapist, as undertaking therapy in a person's first language has been shown to be of benefit.

Studies have shown that recall in the original language increases emotional intensity (Marian & Kaushanskaya, 2004), and that memories are more numerous, detailed and emotionally marked when expressed in the language in which they were experienced (Schrauf, 2000). It has been observed that the process of translation from a first to a subsequent language can serve to distance the client's emotional connection to the material, allowing experiences expressed in a second language to be kept as unreal (Buxbaum, 1949). It is widely acknowledged that some words or expressions have a very culturally specific meaning, which may feel untranslatable to the client, resulting in the meaning of that experience being altered or missed in its communication to the therapist in a second language (Marian & Kaushanskaya, 2004).

Therapy using interpreters has been found in quantitative research to be as effective as psychotherapy with direct communication (D'Ardenne *et al*., 2007), and to be associated with improved clinical outcomes for patients (Brune *et al*., 2011). However, qualitative research has reported mixed findings relating to therapists' experiences of working with interpreters and of how well therapists believe therapy can work through an interpreter. For example, the ability of a client to express transference through an interpreter has been questioned by some therapists (Schweitzer, Rosbrook & Kaiplinger, 2013; Foster, 1998), whereas others support the viability of working psychodynamically in therapy with an interpreter (Darling, 2004).

Therapist Experience and Perceptions

Other themes within qualitative literature relate to differences in the way the role of the interpreter is perceived by the therapist and the impact on the therapeutic alliance and power dynamic between the therapist, interpreter and client when working together. Within the studies reviewed, the majority of therapists viewed interpreters as being more than a simple language translator, highlighting the advantages of working with an interpreter in terms of their role as a cultural broker (Quinn, 2011; Mofrad & Webster, 2012), and in enhancing the therapist's overall understanding of their clients (Engstrom, Roth & Hollis, 2010). However, there are examples where it was clear that the therapist did not value the role of the interpreter, even viewing the presence of the interpreter as an intrusion or an unfortunate necessity (Miller *et al*., 2005). The literature also highlights mixed views relating to the interpreter's role in relation to the therapist, for example in one paper some therapists talked of 'conjoint work' and the interpreter as a 'co-therapist', whereas for others clear boundaries between the roles were seen as important (Kuay *et al*., 2015).

The literature suggests that many practitioners view working with interpreters in a negative light, at least initially. Therapists have reported anxieties about being observed in their practice (Mofrad & Webster, 2012; Schweitzer, Rosbrook & Kaiplinger, 2013) and fears that the interpreter will filter the meaning of what is said by the client (Quinn, 2011), omit information (Engstrom, Roth & Hollis, 2010), or take over the therapy (Raval & Smith, 2003). Concerns about difficulty in

communicating empathy via an interpreter are also cited (Pugh & Vetere, 2009). However, other therapists have reported more positive aspects of working with an interpreter, including the process of the interpreted therapy allowing headspace for the clinician to process and observe countertransference (Quinn, 2011), the value of the interpreter's cultural perspective (Engstrom, Roth & Hollis, 2010), and an appreciation of the presence of the interpreter as a supporter and someone to share the experience with, particularly where traumatic material is discussed (Miller *et al*., 2005).

Alliances and Power Dynamics

In traditional psychotherapy the alliance is dyadic: between the client and therapist. When an interpreter is introduced, then this becomes a triad, with subsequent challenges to traditional notions of the therapeutic alliance (Tribe & Thompson, 2009). Tribe and Thompson suggest that the most helpful approach to therapeutic work with an interpreter is to view this as a three-way relationship, with the interpreter fully involved in the therapeutic relationship. Their view is that in practice the distance between the participants in the triad is in constant motion, with alliances changing throughout therapy. However, it is clear from the literature that some therapists experience an anxiety about a closeness developing between the client and interpreter, with a feeling of disempowerment as a therapist and exclusion from the relationship (Schweitzer, Rosbrook & Kaiplinger, 2013). Darling (2004) warns of the need for therapists to be vigilant for interactions between the interpreter and client outside of the established frame that might contaminate or complicate the holding environment of the therapeutic relationship between therapist and client.

In relation to power dynamics within the triad, Tribe and Thompson (2009) suggest that good three-way therapy work is characterized by egalitarian relationships but acknowledge that issues of power and control may arise within the relational dynamics within the interpreter triad. They highlight the importance of holding an awareness of and exploring how power differentials between the therapist, client and interpreter may play out in the therapy space.

Therapy Context

A small number of UK-based studies comment on the impact of the context of the therapy on the therapists' experience of working with interpreters. Therapists working in an IAPT service (Erbil, 2015) and a Child and Adolescent Mental Health Service (CAMHS) (Raval & Smith, 2003) reported that the demands of the service they worked in (including meeting performance indicators around protocol-driven treatment) created a time pressure in working with interpreters which caused them frustration and anxiety, and affected their ability to develop a co-working relationship with the interpreter. Darling (2004) links her own experiences of working with interpreters in a CAMHS service to work that has drawn upon a psychoanalytic framework in suggesting that organizations institutionalize their defence systems in response to stress. She reflects that the service within which she worked was under pressure, not just through financial constraints, but also because of the disturbed

presentation of clients. She suggests that her organization's institutional defence to this situation may have been to adopt an approach characterized by an emphasis on dealing with anxiety by speedy action, rather than providing a space for thoughtful consideration of emotional realities. She suspects that her anxiety around needing to relate to her clients, many of whom had complex needs, had prompted her to organize matters in a way which actually served to obstruct and attenuate her capacity to work with her interpreter colleagues in a meaningful and thoughtful way.

These reported experiences of pressure and stress as a result of the demands of the service within which they work echo findings of recent surveys undertaken to assess NHS psychological staff's wellbeing. Findings of annual surveys undertaken by The New Savoy Partnership, a body independent of government, have been broadly consistent since 2014 when it was first shown that psychological professionals in the UK were feeling increasingly stressed in their jobs (NHS, 2015). The surveys offer an overall picture of burn-out, low morale and increasing stress and depression for NHS (and particularly IAPT) psychological staff, linked to the staff's perception of increasing demands by the organization. In 2018, this survey found that 43% of the respondents reported feeling depressed in the prior week; 42% reported feeling like a failure in the past week; and 72% thought that the service they worked in was understaffed and not fit for purpose (NHS, 2018). The findings of the study suggest that the target-driven environment, particularly in IAPT, is experienced by therapists as pressured and demanding. IAPT was described by survey respondents as being politically driven and fixated on targets. Pressure to meet these targets, extra administrative demands, an increase in having to work unpaid hours, and staff being prevented from providing adequate therapy due to resource cuts, were frequent themes in contributing to stress and low morale (NHS, 2018).

RATIONALE FOR THE STUDY AND RESEARCH QUESTION

The need for provision of language interpreters to enable people with LEP to access psychological therapy is clearly established, and there is a requirement for therapists to work with interpreters in therapy which is supported through legislation and guidelines. However, research suggests that therapists report mixed experiences of working with interpreters and shows that where therapists are working in NHS services there may be contextual factors which make working with interpreters a stressful experience. Recently, surveys have indicated that psychological professionals in the NHS are feeling stressed and pressured by the demands of the services they work in and work is being undertaken to try to understand how and why the interaction of psychological staff with NHS organizational systems is generating poor wellbeing in staff (The Wellbeing Project Working Group, 2016). The following research question was developed: How are contextual factors relating to the therapy reflected in the way therapists talk about their experiences of working with interpreters? The hope is that the findings could contribute to the body of work supporting an understanding of the generation of poor wellbeing in NHS psychology staff.

Approval for the research was obtained from the Research Ethics Committee of the University of East London.

THE STUDY

Interpretative phenomenological analysis (IPA), a qualitative research approach founded by Smith (1996), was chosen as the methodology for this study, with the data collected via semi-structured interviews with participants. IPA aims to provide detailed examinations of the lived experiences of participants, has a focus on persons-in-context in that experiences reported are reflected on within the wider context they occur, and embraces the intersubjective relationship between researcher and participant (Smith, 2004). IPA combines stances of empathy and questioning in its endeavour to capture as closely as possible the way in which a phenomenon is subjectively understood and experienced by individuals, recognizing that these meanings are only accessible and understood through the interpretation of the researcher of the participant's account of the experience (Smith, Flowers & Larkin, 2009). Consequently, IPA involves a 'double hermeneutic', where the researcher is making sense of the participant, who is making sense of their world (Smith & Osborn, 2003). There are different levels of interpretation that may be made by the researcher within an IPA analysis, but all are informed by a position of 'general psychological interest' rather than a specific pre-existing theoretical position, and interpretations are grounded within the text, rather than being imported from outside.

Data collection methods in IPA studies should be flexible enough to allow topics to emerge and the semi-structured interview method has been identified as the method that best provides this flexibility, and the elicitation of detailed stories, thoughts and feelings from participants (Smith, Flowers & Larkin, 2009). Semi-structured interviews were conducted with 10 qualified psychologists and psychotherapists with experience of working with interpreters, working within an IAPT or secondary care psychology service from one London Mental Health NHS Trust. In order to protect participant anonymity, demographic details reported on each participant are deliberately minimal. The years post qualification of the participants ranged from 3 years to 25 years. Reported psychological models used in practice included CBT, cognitive analytic therapy, eye movement desensitization and reprocessing (EMDR) and psychodynamically informed therapy. The reported length of experience of working with interpreters ranged from 1 year to 20 years. The sample included four male and six female therapists. Smith suggests that in order to enable the IPA researcher to remain true to IPA's commitments to idiography and depth, and analyse each case in great detail, a sample size of 6–10 participants is appropriate (Smith, Flowers & Larkin, 2009).

During the interviews, participants were asked about their initial reactions to learning they would be working with an interpreter and their experiences of working with interpreters, particularly in relation to the therapeutic alliance and power dynamics within the relationship.

The recordings were then transcribed and the data analysed using the six steps of analysis offered by Smith, Flowers and Larkin (2009). The process began by

immersing in the data by reading and re-reading the transcripts, making detailed notes and comments, developing emergent themes, looking for connections across these emergent themes within a particular participant's account before moving to the next, and finally looking for patterns across the cases to identify the key superordinate and supporting subordinate themes.

IPA ANALYSIS

The analysis resulted in the development of three super-ordinate themes: 'The most powerful thing is the system', the knotty question of power, and dyadic and triadic alliances. The second two were supported by several sub-ordinate themes. The first super-ordinate theme was considered an overarching theme because it related to most aspects of participants' experiences and is chosen as the focus of the analysis presented in this paper.

Super-ordinate Theme One: 'The most powerful thing is the system'

'The power of the system' was present throughout participants' accounts. The 'system' could be understood as the participant's organizational context; made up of the specific local service within which they worked, and the national NHS programme within which their service was situated. It seemed that whether the participants experienced being supported by or under pressure from the power and demands of the system was reflected in the way they experienced the interpreter, and themselves in relation to the interpreter.

Almost all the participants talked about feeling under time pressure in their work to meet the demands of the service they worked for. Therapy through an interpreter was viewed by many as taking longer and this seemed to amplify the pressure to fulfil target and activity service demands within a rigid timeframe that they felt.

> First of all, it's gonna be slow … the way that we assess within our service, particularly with CBT, is fairly sort of protocol driven. We're expected to complete a lot of … to get a lot of information and assess risk within that assessment and because of the process of using an interpreter, it's a lot slower. That adds a component of anxiety. (P1)

This anxiety seemed to relate to an experience of threat to the therapist's sense of self as a competent clinician. Organizational structures such as the room booking system were experienced as rigid and challenged participants' ability to work in a way that was congruent with their beliefs and values around good working practices. For example, for this participant the room booking system meant they could not dedicate time to meet with the interpreter before the session.

> That's just good practice for me to make sure that I have got a little bit of time beforehand. Not always easy here 'cause we've got the rooms on the hour. (P4)

The room booking process was experienced as part of a rigid system which was beyond negotiation; with 'time' controlled and allocated by an all-powerful system.

> … the most powerful thing is the system. It's the system saying this is how many appointments you can have and this is how much time you have for your appointments. (P10)

The narratives contained numerous examples of the conflicts therapists experienced in working with interpreters, within the context of the organizational demands and restrictions placed on them. It seems that such conflicts are experienced as a source of great stress, anxiety, and potentially, guilt for therapists.

> We should be trying to make our service accessible, we should be offering these appointments so I guess it's a bit of a balance of, sort of, almost selfish feelings of frustration a bit of stress balanced with trying to think 'Well actually this person's in distress they need some support and they do need an assessment or treatment – just deal with it.' (P4)

A common response by the participants of shifting to a more closed and rigid position in relation to the interpreter where they experienced pressure and demands from the system was present. Although many participants' narratives contained an acknowledgement that an element of three-way working was important, it was not always viewed as realistic within the context of the service they worked in. Where participants talked about an experience of feeling pressured by the system, they seemed to express a preference for an interpreter's role to be one of a pure translator; for the interpreter to become a more integral part of a triadic relationship seemed to be viewed as detrimental or even threatening to the work. These participants preferred to hold onto the dyadic relationship with the client and appeared to experience the interpreter as an intrusion onto, or dilution of, this important dynamic.

> Okay, I see the role of interpreter, hopefully, as I was saying earlier, ideally should be a mere instrument of translation really. Someone who brings into the session as little as possible in order to minimize any interference in terms of the relationship that is meant to be established with the therapist. (P8)

For one participant, an experience of difficulties in the therapy where a close relationship had developed between the interpreter and client outside of the session had triggered a shift from a previous position of welcoming the humanness of the interpreter, to the more rigid 'safe' position of relating to them as a translator.

> The issue is that the complications have meant that this week we had to use quite a bit of the therapy session to deal with that. And we were at an important stage in the EMDR, so it took up a chunk of the time. But I'm learning more as I go along about; I suppose it's about the importance of dealing with those sorts of alliances and boundary issues … if I'm honest probably previously I might have thought 'oh that's fine you know that's kind of nice' if the interpreter is quite friendly and chatty with the client. But with this experience

> I think actually it probably is quite important that the interpreter is just seen as a sort of vehicle for translation. (P7)

Participants' experience of issues of power were also linked to their experience of the organizational system. Those therapists whose accounts contained an experience of pressure seemed to find it harder to acknowledge or tackle issues relating to power when working with interpreters, and talked about a feeling of powerlessness. There appeared an associated need to assert or hold onto their power as therapist and expert within the triad, despite feelings of conflict and discomfort over this, which seemed driven by an anxiety relating to delivering service expectations. Participants viewed interpreters' power particularly in relation to the interpreter's unique position of knowledge of both languages, and the associated potential to manipulate or shape the meaning of the therapist's communication. Some therapists seemed to experience a 'reluctant reliance' on the interpreter as language translator, without whom they could not meet service demands. Subsequent efforts to minimize the interpreter's power were present in many accounts. For example, for this participant this was achieved by bypassing the need for the interpreter whilst meeting service demands and regaining some control over the session.

> So thinking about working with somebody who had panic, and trying to illustrate the panic cycle just using pictures … But I suppose that's more about short-cutting. That's more about not having to use the interpreter rather than finding a way to use the interpreter well, if you like. That's about how to try and not have to use them, and communicate in a more direct way. (P2)

In contrast, where an experience of feeling supported by the system was described, the narrative contained experiences of feeling comfortable to share power and to tackle power disparities in the room, together with a view of the interpreter as a valued co-worker, with important roles outside of pure translation.

> I rely on them and I can ask them for help. I can ask them for their view on cultural things. I sometimes use them to kind of tell me about their resources in the community. So it's become much more kind of co-working and collaborative. (P3)

For this participant, acknowledging power disparities between themselves and the interpreter was experienced as painful and requiring courage, but was made easier by their experience of feeling supported by the culture of their organization.

> Because I would drop [the interpreter] at her house in the car and fetch her, she became subject to envy and resentment from some of the young people we were working with. But at the time I think I was braver. We just went straight in with, 'Let's talk about envy. Let's talk about power. Let's talk about race' … Certainly in the organization I worked for there was a culture of it being more explicit. Nevertheless, painful. (P6)

The organizational culture also seemed to support the participant in being able to connect with feelings of discomfort and even guilt and shame about the perceived position of privilege they felt they had in the triad.

> Obviously, in terms of social power and class and privilege, I would often, if not always, be the person with more cultural and social capital [pause]. Sometimes that would make me feel guilty or ashamed. (P6)

Unlike participants who felt pressured by the system, where there was an experience of feeling supported by their organizational context, participants seemed less likely to view the development of a separate relationship between the client and interpreter as threatening. For this participant, the relationship between the client and interpreter, although separate, was experienced as helpful and as facilitating a positive shift in therapy.

> The next week when they came back they said they'd spoken a lot about it again in the waiting room waiting for me for the second week. They sort of almost both reported that it had been a very deep discussion and they carried on chewing it over after the event, the two mothers, and then they were able to get back on track. Again, it was an odd thing I felt 'cause it's not in the text books at all but nevertheless it felt helpful to let the interpreter not just say I'd like you to translate, but actually to become part of it. Certainly, the mother's therapy shifted … there was something about the interpreter's role in that which I felt like it enhanced rather than interfered. (P6)

Although the description of the interpreter–client dyad as 'the two mothers' might be thought to imply a feeling of exclusion, this separateness does not seem to be experienced as a threat to the therapist. The therapist does not experience their role in therapy to be diminished by the therapeutic role of the interpreter.

SUMMARY OF IPA ANALYSIS

A key finding of this analysis was that there seemed to be distinctive differences between the experiences of participants who talked about feeling pressured by the organizational system within which they were working, and those who felt supported. Where therapists felt supported by the system, they appeared to experience the interpreter in a non-threatening way; welcoming them as a co-worker, talking positively about triadic working, welcoming the development of a separate relationship between client and interpreter, and more comfortable in explicitly attending to power disparities in the room. In contrast, where participants talked about an experience of feeling pressured by the demands of the system, they seemed to experience working with an interpreter as anxiety provoking, were more likely to express a preference for an interpreter's role to be one of a translator, to talk about a feeling of powerlessness in relation to the interpreter and of exclusion from the interpreter and client's relationship. For these participants, the pressure of time seemed to amplify their experiences of organizational pressure and demand, with working with an interpreter experienced as an additional pressure or threat. Participants' narratives contained ways in which they had attempted to manage this threat, and some experiences of conflict that had arisen from these.

DISCUSSION

A number of these themes mirror findings in previous studies, such as therapists holding a mix of views relating to the role of the therapist (Becher & Wieling, 2015), associating working with an interpreter with being slower (Pugh & Vetere, 2009), expressing concerns over the accuracy of translation by the interpreter (Becher & Wieling, 2015), feelings of being excluded from the interaction and relationship between interpreter and client (Mofrad & Webster, 2012), and discomfort over issues relating to power difference (Raval & Smith, 2003). However, the findings seem to offer a novel understanding of context as a driver of many aspects of the therapists' experience of working with interpreters, with whether the participant experienced the context as pressured and demanding or supportive driving how they talked about relating to and experiencing the interpreter, as detailed in the previous section. This understanding may be considered to have particular relevance when considered alongside recent findings relating to the experiences of stress of psychology professionals in the NHS.

Psychoanalytic View of Organizational, Group and Individual Response to Stress

There is a body of work which has used psychoanalytic theory, in particular Kleinian developmental theory, to understand organizational, group and individual responses to stress. Kleinian psychoanalytic theory of anxiety posits that in times of stress people may move from the depressive position, where we are able to relate to others as whole objects, containing both good and bad, and engage with the complexity of our internal and external reality, to the paranoid schizoid position, where splitting occurs as people or conflicts are seen as wholly good or bad, and we project characteristics we don't like into others, and imagine ourselves to be persecuted by others (Klein, 1946). In this position people develop defences (such as denial) in order to protect themselves from difficult emotions, which may result from external threats or internal conflicts, that are too threatening or dangerous to acknowledge (Klein, 1946).

Obholzer and Roberts (1994) suggest that in an organizational environment of pressure, where survival and self-esteem are threatened, both the organization and the individual staff move to the paranoid schizoid position and develop defences against the difficult emotions that result from the external threats and resulting internal conflicts. Employing the defence of denial may mean that certain thoughts, feelings and experiences are pushed out of the organization or individual's conscious awareness, and the defences of splitting and projection, associated with splitting off and projecting out parts of the self perceived to be bad into others, may create figures or groups who are hated or feared. Obholzer and Roberts (1994) acknowledge that a major source of stress for staff working in the helping professions is their constant proximity to people in pain and suggest that there is a tendency amongst these staff to deny feelings of hatred or rejection towards their clients, instead projecting the feelings onto other groups or outside agencies. Within a threatening and competitive environment, the gaps between different groups may be filled with denigration, prejudice and paranoia. Individuals or groups may become stereotyped or characterized,

which may in turn be maintained by lack of contact between groups, and this may unconsciously be facilitated by organizational structures or routines. Where groups are in a competitive struggle, the success of one group may be perceived to be at the expense of another, and so an envious desire to spoil the other's success by withholding necessary cooperation may occur.

Obholzer and Roberts (1994) suggest that to return to the depressive position, space for reflection to discuss and think through these processes, instead of being drawn to act them out, is required. They propose that this then results in a lessening of conflict, better work practices and greater job satisfaction for staff.

This theoretical framework has also been specifically applied to IAPT. Rizq (2011) suggests that unconscious anxieties underlie IAPT's existence and structure, for which a framework and language may be provided by understandings drawn from psychoanalytic psychotherapy. Rizq posits that, unlike traditional health systems' role of containing anxiety, IAPT's aims of promoting wellbeing and recovery act as an unconscious agenda and a defence against the anxiety evoked by working with complex clients. Rizq identifies that IAPT practitioners are closely monitored, tasked with carrying out highly standardized protocols and achieving increasingly high activity and clinical outcome targets, and are subject to strict routines and structures relating to these. Rizq's view is that while these structures are designed to defend practitioners against the unconscious anxiety that working with stressed clients causes, in fact, paradoxically, they create anxiety. She identifies one reason for this being that the possibilities for emotional engagement with clients are reduced by high caseloads, assessment protocols and preference for telephone contact, which cause anxiety to the therapist as they experience guilt, anxiety and dissatisfaction about their lack of meaningful involvement with clients.

Contextualizing the Findings Using a Psychoanalytic Framework

These works may be of value in enhancing an understanding of participants' experiences described in the current study. For example, the way of relating to interpreters by those therapists who experienced pressure and stress from the organization may be understood as akin to a process of 'splitting', as concerns about working in line with their professional standards and values within the pressured environment, and guilt over unconscious feelings of anger towards clients for putting extra pressure on them by requiring them to work with an interpreter, are experienced by the therapists as bad parts of themselves and denied and then projected onto the interpreters, individually or as a group. The good and committed therapist may then be experienced in contrast to the intrusive and demanding interpreter.

The relating of participants to the interpreter as a translating robot rather than a valued co-worker may be understood as an acting out by the therapist of an envious desire, triggered by the competitive IAPT environment, to spoil the other's success by withholding the necessary cooperation required for three-way working. This apparent survival anxiety, related to the competitive environment, may also account for participant experiences relating to difficulties in sharing power and perceptions

of threat to their role. The rigid organizational structures the participants talk about; of protocols, room bookings and activity targets, may be understood to act as organizational defences, which limit opportunities for contact with the interpreters, thereby facilitating an unconscious avoidance of contact by the therapist. This then acts to preserve the self-idealization of the therapist, which then increases scope for further projection onto the interpreter.

The narratives of the participants not working in an IAPT setting generally contained experiences of relating to the interpreter as a co-worker, of embracing three-way working, and of being able to connect to some of the feelings of guilt and shame evoked by the work with clients and interpreters. These experiences fit with an understanding of the ways people may relate to themselves and others when in the depressive position. These experiences could be understood as relating to the context of a less pressured environment, possibly with more flexible organizational routines and structures, and more opportunities for therapist reflection. It could be understood that the secondary care psychology setting, unlike IAPT, holds an anxiety-containing role, and so the unconscious organizational defences against anxiety about working with complex clients are not present. Similarly, lower caseloads and preference for face-to-face, longer-term therapy supports meaningful emotional involvement with clients, and so reduces the likelihood of feelings of guilt and anxiety and dissatisfaction relating to client engagement by therapists.

Kleinian psychoanalytic theory offers a possible framework for understanding the ways participants talked about relating to the interpreters as being driven by unconscious defences, related to their experience of the organizational system within which they work.

Considerations Relating to Making Links to Theoretical Frameworks in IPA

Contextualizing the findings of the IPA analysis of the data within a psychoanalytic theoretical framework has generated some new insights which can support an understanding of how the organizational context the therapists are operating in impacts on their experiences of working with interpreters. However, it is important to acknowledge the epistemological and ethical tensions involved in making links to a theoretical framework within an IPA study.

Interpretations made of data within qualitative research are concerned with generating a deeper or fuller understanding of meanings within the material or phenomenon under study. Broadly, there are two main approaches to interpretation: those driven by 'empathy', and those by 'suspicion' (Ricoeur, 1970). The two approaches may be considered to be underpinned by different epistemological positions, with 'suspicious' interpretation having a realist affinity whereas 'empathic' interpretation resonates with a phenomenological approach to knowledge generation (Willig, 2012a). 'Suspicious' interpretations are usually theory-driven, where the theory (such as psychoanalytic theory) is used as a lens through which to read the account. This type of interpretation is akin to translation; the interpreter has the code to translate the account, disclosing its true meaning and providing an explanation of the phenomenon. This involves ethical

issues around potentially misrepresenting participants' experiences by imposing meaning on them (Willig, 2012b). In contrast, empathic interpretation aims to amplify and illuminate the meaning that is contained within what is presented, without importing any ideas and theories from outside. It is concerned with seeking understanding rather than providing an explanation.

IPA claims to take a centre ground between the two positions of empathy and suspicion, striving to understand rather than explain (Smith, 2004) with interpretations made informed by a position of 'general psychological interest' rather than a specific pre-existing theoretical position, and being grounded within the text, rather than being imported from outside. Consequently, a shift to a theory-driven approach to analysis has been considered to mark a boundary for IPA (Smith, Flowers & Larkin, 2009). However, a recognition of the multi-layered nature of human experience has led to an acknowledgement of the potential for a combination of analytical approaches being applied to a single dataset within a study to support a more multidimensional understanding of a phenomenon (Clarke *et al*., 2015). In the current study the findings of the IPA analysis have been considered within the context of existing psychoanalytic literature, rather than analysing the data using two different analytic methods. This approach fits with the suggestion of Smith, Flowers and Larkin (2009) that researchers may wish to draw upon a more specific theoretical account to assist with the IPA analysis. They recommend that this be done following the close textual analysis, should be guided by the emerging analysis and be more speculative in tone. Aligning with these recommendations, in this study the psychoanalytic framework was drawn upon only after the IPA analysis was complete, having been guided by the emerging themes around therapist responses to organizational pressure and stress. A clear demarcation has been made in the paper between presenting the IPA analysis and the subsequent contextualization of findings within a psychoanalytic framework and tensions involved in this theoretical and epistemological shift have been acknowledged and considered.

Implications for Practice

One way of assessing the value of an interpretative analysis is to evaluate the extent to which the insights generated by it contribute something useful to the field or clinical practice (Willig, 2013). The understanding of what drives participants' experiences offered by the contextualization of the IPA analysis findings within psychoanalytic theory suggest that any implications for practice should occur at a system or organizational level. It would seem to follow that if the demands, pressures and rigid structures of the NHS and IAPT context are maintained as they are, then therapists will continue to experience stress and anxiety, resulting in a rigid and defensive way of relating to interpreters which is driven by this experience. Accordingly, only if pressures and demands are reduced, and therapists experience a less competitive and threatening environment with more opportunities for reflection, could a move towards a more open and less defensive way of working with interpreters follow. A shift at a governmental policy level regarding the nature, scope and practices of IAPT and other NHS

psychology services may be needed to facilitate this change but given the government commitment to the continued expansion of the programme, this seems unlikely. A number of changes could be made at a more local systems level, however, that could help the development of a context which supports therapists in working collaboratively with interpreters. These include service management's commitment to fostering a culture which supports reflective practice, encourages explicitly attending to issues of power, and encourages more flexible routines and structures.

Reflexivity / Limitations

Intersubjectivity is embraced within IPA, with the role of the researcher recognized as central in interpreting the experiences of participants. This is in contrast to theoretical approaches where it is the theory alone that drives the interpretations that are made. As this is an IPA study, reflection on my (first author) role in the meaning making of the analysis is essential. IPA acknowledges that the researcher brings their own prior experiences, values, beliefs and preconceptions to the encounter and that different researchers may make different and equally valid interpretations. In order for the reader to be able to assess how the researcher's experiences and beliefs may have shaped the research, it is important that these are stated and reflected upon. I am clear that my own experiences of working for many years as a high intensity CBT therapist in an IAPT service, and as a counselling psychologist in both an IAPT and secondary care psychology service (with interpreters) will have inevitably influenced the analysis. I particularly acknowledge that my own experiences of pressure and activity targets in IAPT may have, on some level, influenced me to attend to this in participants' accounts.

I (first author) am very conscious of the power and privilege I hold in relation to participants in shaping what is known about their experiences, and am particularly mindful of the potential for theoretical level interpretations which impose meaning from an expert position to pathologize or stereotype participants (Willig, 2012b). I am hopeful that by having explored what may be unhealthy or pathological within the organizational context, rather than the participant, with the insights being used to potentially empower rather than pathologize the participants, that this potential is minimized.

SUMMARY AND CONCLUSIONS

This paper presents the findings of an IPA study which explored how contextual factors relating to the therapy are reflected in the way therapists talk about their experiences of working with interpreters. The key finding of the IPA analysis was that the participants' experience of the organizational context (whether pressured and demanding, or supportive) directly influenced how they related to the interpreter. This finding was then considered in the context of literature which has used Kleinian developmental theory to understand organizational, group and individual responses to stress. Insights generated by this contextualization have offered novel and important insights into the role of the organizational context as a driver of

therapists' experience of working with interpreters, and have generated important implications for clinical practice in the field at organizational, systems, group and individual levels. These findings can become a part of the literature that relates to this topic and contribute to current research investigating the interaction between organizational systems and the experiences of NHS and IAPT psychological therapists. The paper also aimed to provide an example of how drawing upon a psychoanalytic theoretical framework to contextualize the findings of an IPA study may support a more multi-dimensional and, arguably, enhanced understanding of a phenomenon.

The epistemological and ethical tensions involved in making this shift have been explicitly engaged with and reflected upon. It is hoped that this paper has offered a useful and robust example of how to use a psychoanalytic framework to contextualize the findings of an IPA study, which can serve to encourage other qualitative researchers to consider the value of this approach.

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