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Miriam Levinger
Sapir Academic College, ml013ster@gmail.com

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Miriam Levinger
Sapir Academic College, Israel

ABSTRACT

The Deaf Community is increasingly aware of the possibility of receiving professional help in coping with normative developmental tasks as well as with more complex emotional and mental difficulties. This is partly thanks to the development of services that are accessible to this population and the introduction of sign language interpreters into the therapy room for deaf people who know sign language. Although the introduction of interpreters has greatly enhanced communication between the therapist and the recipient of therapeutic services, all three participants must contend with the unique dynamics of the triad thus formed. Using various models, including Bowen's model of the dynamics in a triad, this theoretical article explores from three perspectives the dynamics that may develop in individual therapy of deaf people: the creation of coalitions as each of the three individuals examines the relations of power and control in the room; coping with the feeling of increased exposure to a third person; and the creation of triangles as a mechanism for coping with the level of emotional stress.

PSYCHOTHERAPY FOR DEAF AND HARD OF HEARING INDIVIDUALS

Like hearing people, deaf or hard of hearing individuals have emotional needs for which they require professional help (Fellinger, Holzinger, & Pollard, 2012). Some of these needs derive from the difficulty of coping with various life situations (Anderson & Leigh, 2011; Bhargava, 2013; Øhre, von Tetzchner, & Falkum, 2011) and some derive from the effects of deafness on various levels of personal or family life (Cabral, Muhr, & Savageau, 2013; Leigh & Andrews, 2016). To receive help in coping with these needs, deaf individuals who communicate mainly through sign language require a therapeutic space suited to their needs (Gill & Fox, 2012; Munro, Knox, & Lowe, 2008; Thomas, Cromwell, & Miller, 2006). Only in the last three decades have unique services for deaf individuals started developing worldwide, requiring service providers not only to master the local sign language but also to have deep familiarity with the biological, developmental, educational, emotional, and cultural aspects of deafness (Fusick, 2008; Leigh & Andrews, 2016; Vernon & Leigh, 2007; Wilson & Schild, 2014).

The decision to enter the therapy room, one of the most personal spaces, is not easy. Even when the need is pressing and there is no choice, many hang back at the door. This is because everyone knows what is expected of the person who crosses that threshold (Vogel, Wester, & Larson, 2007): This is a space in which the personal becomes public, even if only the therapist hears what is said there; but in the case of the deaf person whose preferred means of

communication is sign language, often a third person is in the room—the interpreter (de Bruin & Brugmans, 2006; Porter, 1999). Few therapists have sufficient mastery of sign language to be able to conduct the therapy by means of it. Despite the growing prevalence of interpreter-assisted therapy, few scholars have tried to understand the unique dynamics that unfold among the three participants (Brunson & Lawrence, 2002; Cornes & Napier, 2005; Harvey 1984). Using various models, including Bowen's model of the dynamics in triads (Bowen, 1978), this theoretical article analyzes from several points of view the encounter and the dynamics that may develop, while relating to each of the members of this triad—the deaf individual, the therapist, and the interpreter. In this article, "deaf" refers to a person whose preferred mode of communication is sign language, and "hearing" refers to a person whose preferred mode of communication is speech.

CREATING A COALITION/ALLIANCE: TWO AGAINST ONE

Sociologists have long struggled to understand the formation of a coalition (Caplow, 1956; Coe & Prendergast, 1985), and they have examined it in various social settings, including the health service and psychotherapy (Bowen, 1978; Flaskas, 2012; Greene & Adelman, 2013). These studies have proven the inherent tendency of the triad to create coalitions of two against one. Moreover, it has been demonstrated that small differences in power, in the nature of the activity, and other aspects of the triad may affect the formation and persistence of the coalitions; however, several assumptions underlie the process of their creation and affect their characteristics (Caplow, 1956, 1959):

1. Individuals in a triad are likely to be differentiated in terms of their relative power. The strong individuals will tend to control the weaker ones.

2. Each individual in the triad will be inclined to control the others. Of course, controlling two is preferable to controlling only one of the three.

3. A coalition is formed in an emerging triad, but there may be an already-existing coalition, created before the triad has formed.

The issues of power and control have been found to be significant in the process of creating coalitions within the triad (Tribe & Thompson, 2009), and in the case under discussion here, relations of power and control that the participants have brought "from home" may be replicated in the therapeutic space. According to Britton (2004), each of the members of a triad has relations with each of the other two independently of the third person. This can be seen in the triad under discussion, in which significant relations may develop between the therapist and the client without any connection to the interpreter; between the interpreter and the deaf client without any connection to the therapist; and even between the therapist and the interpreter without taking the deaf client into account.

A COALITION OF HEARING INDIVIDUALS AGAINST THE DEAF PERSON

The relations between hearing and deaf people have been studied extensively. These studies include relations within the family (Quittner et al., 2010; Young & Tattersall, 2007) and in society (Kyle & Pullen, 1988; Lane, 2005; Valentine & Skelton, 2003). According to these studies, the deaf person's being in the minority, both in the family and in society, affects that individual's experience of life. Hearing people and deaf people may bring these experiences to the therapy room, and perhaps without being aware of it, take their usual places: the deaf person on the side of the weak minority and the hearing individuals on the side of the strong majority.

A coalition between the hearing individuals may be connected not only to this life experience; it also derives from the roles that each of them plays in the room: the client on one side and the therapist and the interpreter on the other (Tribe & Thompson, 2009). This coalition may be strengthened by the interpreter, who may unwittingly choose to be on the side of the therapist and not on the side of the client in need. This position may keep the power on the side of the hearing participants and leave the deaf person again in the minority, perhaps also with a feeling of weakness.

A COALITION BETWEEN THE DEAF PERSON AND THE INTERPRETER, AGAINST THE HEARING THERAPIST

Another possible coalition is that between the deaf person and the interpreter, which renders the therapist separate and perhaps in a position of weakness (Costa, 2017; Hamerdinger & Karline, 2003; Tribe & Thompson, 2009). This is made possible by the special relationship that may develop between the interpreter and the client because of the language they share and perhaps also because of the affiliation with, or connection to, the Deaf Community (Cokely, 2005). The deaf person's feeling of being in the majority inside the therapy room (unlike that person's usual place in society) may enable the client to try new behaviors and have a stronger sense of power, or it may lead to attempts to make the hearing world, which the therapist represents, experience the weakness that the deaf person has experienced. This situation is less familiar to therapists, who are used to being in control in the therapeutic space, and it may affect the quality of their professional functioning.

A COALITION BETWEEN THE DEAF PERSON AND THE HEARING THERAPIST, AGAINST THE INTERPRETER

Another possible coalition is, of course, that between the therapist and the deaf person—thanks to the therapeutic relationship and feeling of closeness that may develop between them, even if it is not expressed verbally (Horvath, Del Re, Flückiger, & Symonds, 2011). The therapeutic alliance between the therapist and the client (Horvath et al., 2011) constitutes one of the bases for the success of the therapy, and undoubtedly without it very little would be likely to take place within the therapist's room. It is reasonable to assume that the therapist will invest a great deal to ensure that the therapeutic alliance does develop (Pearson & Bulsara, 2016; Zandberg, Skriner, & Chu,

2015), and the interpreter is likely to remain in an inferior position—not part of what takes place and even outside the experience. This is not easy for interpreters who come to the therapeutic space feeling that without them nothing can happen and that everything depends on them. Finding themselves on the sidelines is not at all pleasant (Cornes & Napier, 2005; Vernon & Miller, 2001).

THE SENSE OF POWER WITHIN THE COALITIONS

In various situations in the therapeutic encounter each of the three may feel that he or she has more power than the others, and, as noted, this may affect the formation of a coalition:

> The deaf client—may generate this sense of power by not disclosing the most important therapeutic content, thus preventing the therapist from understanding what is happening to the client and providing needed intervention (Farber, Berano, & Capobianco, 2004; Hall & Farber, 2001). The feeling of power itself may have substantial therapeutic significance. The client may achieve control by not being sufficiently understood by the interpreter and may undermine the interpreter's ability to transmit the client's words precisely to the therapist. In such a case, the client may experience feelings of power and control over the other two in the room—the therapist and the interpreter—and in that way the client may contribute to the strengthening of the coalition between those two.

> The interpreter—on whom so much depends in the therapeutic situation and who alone can enable effective communication between the therapist and the deaf client—may feel great power in the therapeutic room. Should the interpreter translate correctly, the channel of communication between the therapist and the client will open; should the interpreter fail to interpret accurately or choose not to do so, the channel will close or will be defective (Cornes & Napier, 2005; de Bruin & Brugmans, 2006; Hamerdinger & Karlin, 2003). Because quality communication between the therapist and the client is crucial for effective therapy, the interpreter's accuracy will influence whether an effective coalition and therapeutic alliance is created between the therapist and the deaf client.

> The therapist—is the starting point of the encounter, the one with the knowledge, the expertise, and the possibility of helping (Boswell, Castonguay, & Wasserman, 2010). Much depends on the therapist and his or her ability to understand the client's inner world (Zilcha-Mano & Barber, 2014). The therapist may feel less in control of the situation because of the dependence on another person, in this case the interpreter. This may constitute an obstacle that raises the therapist's stress level and reduces the quality of the intervention. This, in turn, may cause the therapist to undermine communication between the interpreter and the deaf client and their ability to create a coalition, all in order to reduce the therapist's feeling of helplessness.

EXPOSED TO A THIRD PERSON

Over and above the feelings of power or weakness deriving from the formation of the various possible coalitions described above, there may be an additional phenomenon, linked to the fact that each of the participants is very exposed to a third person, beyond the one with whom a dyad is formed. This generates the feeling that there is a guest in the room who doesn't really belong, who is observing from the side. True, the therapeutic relationship between two people involves a great measure of exposure, especially on the part of the client to the therapist, but when three people are involved, each of the participants is subject to the scrutiny of two pairs of eyes, and especially to one pair that is in the position of an observer during the interaction between the other two and therefore is free to observe with greater attention and emotional availability. Consequently, each of them must cope with several challenges deriving from being observed and perhaps even exposed to view more than that individual would want.

THE DEAF CLIENT

The deaf client has several tasks arising from being observed. It is not easy under any circumstances for clients to be exposed in the therapeutic situation, especially when they do not know what the therapist thinks and feels toward them or the content they share (Farber et al., 2004). Such factors as the gender and age of the client (Cottone, Drucker, & Javier, 2002), and even of the therapist and the interpreter, may affect how the client copes with being observed. The deaf client may respond differently to a woman than to a man who is observing him or her, or to a person younger or older than the client. It is possible that all these are influenced by the client's life experiences, which may be replicated unconsciously in the therapy room.

An even more difficult task for the client to contend with may be the therapist's gaze at the client during the client's interaction with the interpreter. This is because at that moment the client has less control over the content being transmitted, and thus the therapist is likely or liable, depending on the perspective from which one observes what is happening, to see farther and deeper into the client. The feeling of being exposed and without control is not easy for anyone, and it may be intensified greatly in the situation under discussion (Fellinger, Holzinger, & Pollard, 2012). There is another hearing person—the interpreter—who may understand matters more deeply because of the access to sign language (Cornes & Napier, 2005; Hamerdinger & Karlin, 2003). The situation may be even more complicated, in those cases in which the client does not know the interpreter well or when the client was not the one who chose the interpreter. The client's feelings toward the interpreter may be similar to those toward the therapist. The feeling of exposure may be hard for the client and may prevent significant personal content from surfacing, thus reducing the quality of the therapy (Porter, 1999). It is also possible that in many cases the interpreter has close relations with the Deaf Community and knows many of its members, making it hard for the deaf client to be exposed to the interpreter. The client may worry that personal content will leak out to deaf friends, which the client does not want (de Bruin & Brugmans, 2006; Napier, 2002).

Therefore, it may be much easier for the client to be exposed to a stranger, someone not known—like the therapist—than to an interpreter he or she knows.

THE THERAPIST

The therapist, too, must cope with many challenges arising from being exposed to two pairs of eyes, which may be examining him or her in depth. First, the therapist will have to cope with the reality that there is another person in the room who is not meant to be treated and who can be free to observe the therapist's skills (de Bruin & Brugmans, 2006). The interpreter may know other therapists and may compare this therapist to the others and convey, consciously or unconsciously, the interpreter's professional evaluation of the therapist. True, the client may also observe the therapist and examine the therapist's professionalism, but the client is far less available to do that because of being deeply submerged in the therapeutic process and also dependent, consciously or unconsciously, on the therapist. This dependence usually does not allow the client to examine the therapist or to evaluate the therapist's therapeutic performance. If the client discovers that the therapist is not sufficiently professional, how will he or she be able to trust the therapist and allow the therapist to enter his or her world?

THE INTERPRETER

Coping with the added exposure is a challenge even for the interpreter, who is exposed to the two others in the room—the deaf client and the hearing therapist. The fact that one pair of eyes belongs to a therapeutic professional may arouse great concern in the interpreter that the therapist can see not only inside the client's world but also inside the interpreter's (Dean & Pollard, 2001). The therapist's observational remarks during the communication between the interpreter and the deaf client may allow a glimpse of the interpreter's internal world and make the interpreter feel exposed and naked, but not by choice. This position is different from the interpreter's usual place in the course of work—on the sideline of events (de Bruin & Brugmans, 2006). Therefore, the interpreter will have to try to cope simultaneously with both positions—close and distant—and at the same time maintain professionalism, so that the dynamics of the therapeutic relation between the therapist and the client are not affected.

Interpreters are familiar with having the client gaze at them while they are communicating with a hearing person, in this case the therapist, on the deaf client's behalf, but the therapeutic situation is unique. The fact that the client is in a more delicate emotional situation in this context enables the client to examine the interpreter more deeply, because it is crucial for the information to be transmitted precisely from one side to another. All this leaves the interpreter in a much more exposed and possibly weak position.

TRIANGLES

It is also possible to analyze the dynamics within such a triad by means of a concept in family therapy: Bowen's triangles (Bowen, 1978; Crossno, 2011). According to Bowen, each partner in

a couple seeks a feeling of closeness, but in most cases that is accompanied by feelings of stress and tension. When the stress level is especially high, and the members of the couple are unable to cope with it themselves, they seek another person nearby who can be added to create a triangle. This process relies on the assumption that expanding the couple's relationship may spread the tension among three people and thus reduce the intensity with which each of them must contend. There are clear expressions of this process in family dynamics in which, for example, when the couple's stress level rises, they unconsciously co-opt one of the children, thus dividing the stress among the three of them (Papero, 2014). Harvey (1984) reports manifestations of the phenomenon during family therapy with hearing parents of a deaf child conducted through sign language.

During family therapy, a therapeutic process itself may generate in both the client and the therapist feelings of stress that derive from touching on charged therapeutic content. To achieve the therapeutic goals, it is important for the two to continue drawing closer and creating intimacy. It is likely that one or both of them will "pull" the interpreter into the relationship, because the interpreter is the only other person available to them in the room. Consequently, the interpreter may lose his or her objectivity and may encounter difficulty in fulfilling the function of interpreter.

Another situation may arise in which tension and even competition are generated between the two professionals in the room—the therapist and the interpreter. After all, they are dependent on each other and need to maintain closeness in order to do their work properly. There may also be competitiveness, conscious or not, for control of the therapeutic work itself. In such a case, when the stress level rises beyond what the two are able to encompass, they may "pull" the client into their relationship and create a triangle. Thus, the client's needs are shunted aside to meet the needs of the others, the client's needs are not met, and the therapeutic efficacy is undermined.

This process may also affect the other pair in the room—the client and the interpreter. As described in detail above, the feelings of closeness between the two, nourished in part by sharing a language and the connection with the Deaf Community (Cokely, 2005), may contribute to the creation of a coalition between the two, but it is also liable to arouse feelings of stress and anxiety. These feelings may be related to concerns that the closeness will expose concealed personal content of each of them and they may also be related to the fear of that content leaking out to other members of the Deaf Community. "Pulling" the therapist into the triangle may diminish the feeling of closeness, reduce the danger of both the interpreter and the client raising personal content in the room, and lower the chance of information leaking out.

CONCLUSION

Although the introduction of the sign language interpreter into the therapeutic room has contributed greatly to the quality of life of many deaf people, it is important to be aware of the many unconscious processes that take place there. It may not be possible to prevent the occurrence of the processes described in this article, but awareness of their existence may help reduce their destructive effect on the therapeutic process and may increase the positive effect. This may create

an isosceles triangle rather than an equilateral triangle. That is, in order for the side between the therapist and the client to be effective, the two other sides—the one connecting the therapist and the interpreter and the one connecting the interpreter and the client— must be very strong. These two sides must reinforce themselves by strengthening the connection between them before the start of therapy and throughout its course, through close and continuous discourse between them. Because of the unconscious nature of the processes described in this article, continuous professional support of the interpreter and the therapist—together or separately—is recommended to help them identify those processes and cope with them effectively, thus contributing to the quality of the interpretation. Clarifying the unique role of each of the three individuals within the therapeutic situation and emphasizing the role of the therapist and the interpreter as providers of a service to the third person in the room—the deaf client—may contribute to therapeutic success.

This article is the basis for continued empirical investigation of the unique and complex dynamics that develop between the therapist, the interpreter, and the deaf client. An examination of the different perspectives of each member of the triad as well as grounding for the hypotheses contained in the current article could contribute to increased understanding of those perspectives.

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