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# Between Words and Signs: The Critical Role of Ecuadorian Sign Language Interpreters in Access to Mental Health Services

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## ABSTRACT

Full and unrestricted access to mental health is a fundamental human right that presents significant barriers for the Deaf community in Ecuador. This essay is based on the perspectives of psychologists and Ecuadorian Sign Language (LSEC) interpreters, arguing that the role of the interpreter in the clinical-psychological context goes beyond that of a basic linguistic channel to become an indispensable agent in the therapeutic process.

The interpreter's role is analyzed as a facilitator of the therapeutic alliance, a cultural mediator, and a conveyor of affective meaning. At the same time, the study highlights ethical challenges, the emotional impact of their work, and a significant gap in professional training.

The research reveals a complete lack of regulatory frameworks, evidencing an urgent need for specialization, institutional support, and the development of a protocol to ensure the quality of care and the protection of all parties involved.

***Keywords:***

Sign Language Interpreter, Mental Health, Deaf Community, Therapeutic Alliance, Professional Ethics, Ecuador.

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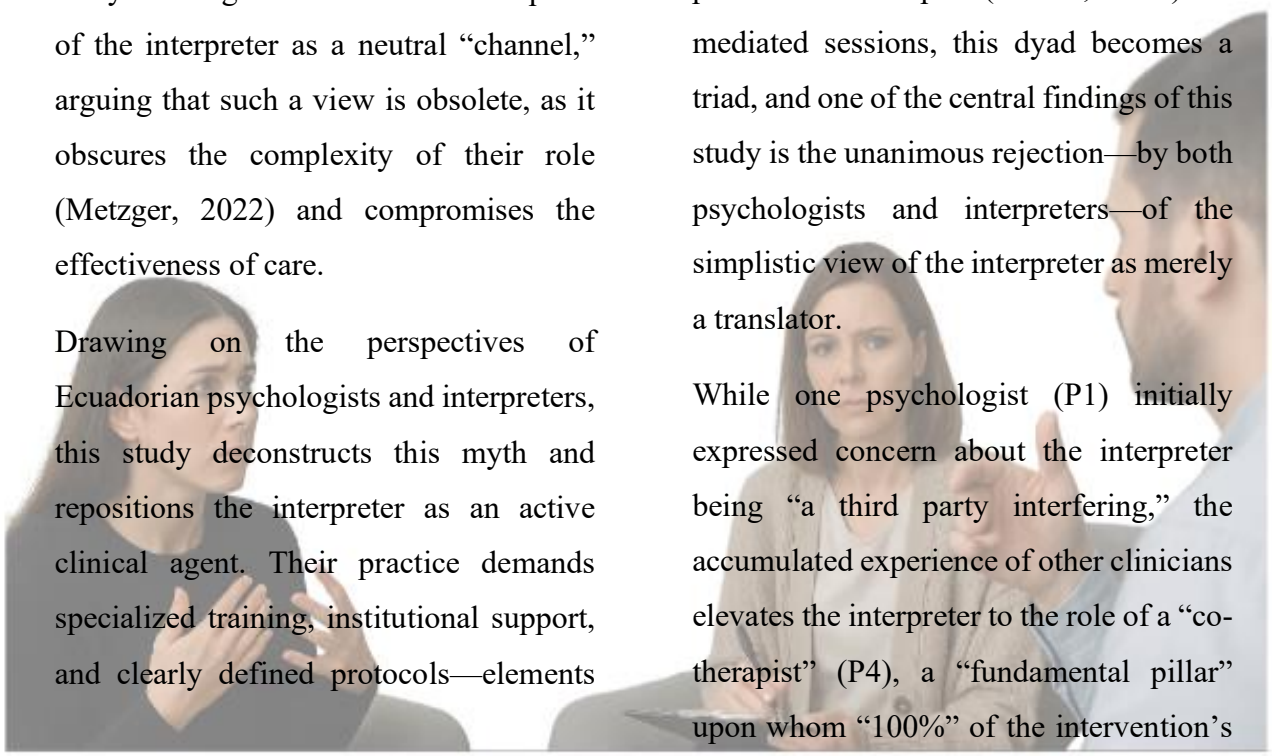
## INTRODUCCIÓN

The Ecuadorian legal framework (Constitution of the Republic of Ecuador), in alignment with the Convention on the Rights of Persons with Disabilities, formally guarantees access to healthcare for the Deaf community. However, this right is often hindered by systemic barriers (Khalid et al., 2025).

In the field of mental health—where dialogue serves as the primary tool for diagnosis and intervention—the role of the Ecuadorian Sign Language (LSEC) interpreter emerges as indispensable. This essay challenges the traditional conception of the interpreter as a neutral "channel," arguing that such a view is obsolete, as it obscures the complexity of their role (Metzger, 2022) and compromises the effectiveness of care.

Drawing on the perspectives of Ecuadorian psychologists and interpreters, this study deconstructs this myth and repositions the interpreter as an active clinical agent. Their practice demands specialized training, institutional support, and clearly defined protocols—elements that are currently lacking within the existing system.



## THEMATIC DEVELOPMENT

### Theoretical Framework and Background

#### *Deconstructing the Linguistic Channel: The Interpreter as a Therapeutic Co-constructor*

The effectiveness of any psychotherapeutic process relies on the "therapeutic alliance," understood as the bond of trust and collaboration between patient and therapist (Bordin, 1994). In mediated sessions, this dyad becomes a triad, and one of the central findings of this study is the unanimous rejection—by both psychologists and interpreters—of the simplistic view of the interpreter as merely a translator.

While one psychologist (P1) initially expressed concern about the interpreter being "a third party interfering," the accumulated experience of other clinicians elevates the interpreter to the role of a "co-therapist" (P4), a "fundamental pillar" upon whom "100%" of the intervention's

success may depend (P3). This reconceptualization aligns with theoretical models that position the interpreter as an active agent within communicative interaction (Metzger, 2022).

The interpreter's work does not consist of literal translation, but rather of co-constructing dialogue. This involves capturing and conveying the prosody of Ecuadorian Sign Language (LSEC): intensity, rhythm, and emotional nuance. As one psychologist (P4) explained, an interpretation lacking affective content would be like "reading a book where you have to imagine the emotions," an act that undermines clinical validity. Therefore, fidelity is not only lexical but also affective—a point emphasized by interpreters, who describe this transmission as "essential" (I1).

### *The Anatomy of Risk: Ethical Challenges and Emotional Burden*

The mental health setting places interpreters under unique professional pressure. Neutrality becomes a form of "emotional management" (P3), characterized by a constant tension between empathy and the need to establish boundaries (I1, I4).

This pressure is intensified by a significant human cost, as continuous exposure to traumatic narratives constitutes a relevant risk factor for burnout and vicarious trauma. In this regard, recent research has proposed theoretical models to better understand how vicarious trauma manifests in these professionals, recognizing it as an inherent occupational risk.

The testimony of one interpreter (I4), who worked in a setting where mandatory therapeutic support was provided, illustrates an ideal scenario that contrasts sharply with the current reality, in which self-care largely depends on individual responsibility.

### *The Systemic Imperative: Training Gaps and Regulatory Void*

These risks are framed within a profound gap in professional training. Psychologists acknowledge that their preparation for working with the Deaf community has largely been "self-taught" (P4), while interpreters almost unanimously confirm the absence of formal specialization in

mental health within their academic training (I2, I3).

Both groups converge on a shared demand: the urgent need to develop specialized training programs. One interpreter (I4) proposes the creation of a "psychology for interpreters," while a psychologist (P4) considers it "essential" for interpreters to have knowledge of psychological first aid.

This training deficit reflects a broader structural issue: a complete lack of regulatory frameworks. The most significant finding of the study is the unanimous agreement among participants that they are unaware of any guidelines or protocols governing interpreter practice in mental health contexts in Ecuador.

This absence underlies role ambiguity, insufficient preparation, and the professional vulnerability that characterize current practice, (see Figure 1).

***Figure 1***

*Illustration representing the clinical interaction in which the interpreter acts as an essential communicative bridge in mental health processes.*

**Note.** Image created by the Mente Abierta editorial team (2025).

## METHODOLOGY

This study was conducted under a qualitative, descriptive-analytical approach aimed at understanding the role of Ecuadorian Sign Language (LSEC) interpreters within the context of mental health. This approach allowed for an in-depth analysis of the experiences, perceptions, and perspectives of the participants, prioritizing the interpretation of meaning over quantitative measurement.

The method employed was an exploratory case study, considering the limited availability of prior research within the Ecuadorian context. The objective was to

examine in detail the communicative and professional dynamics of interpreters within clinical-psychological settings.

Data collection was carried out using qualitative techniques, primarily semi-structured interviews conducted with psychologists and Ecuadorian Sign Language (LSEC) interpreters who have experience in mental health care. To ensure participant confidentiality, individuals were coded using letters and numbers: "P" for psychologists and "I" for interpreters.

These interviews provided relevant insights into professional practices, ethical challenges, emotional burden, and training needs.

Additionally, a documentary analysis of academic literature, existing regulations, and previous studies related to interpreting in healthcare contexts was conducted.

The study population consisted of professionals involved in mental health and sign language interpretation, selected through purposive sampling based on their experience and expertise in the field. The research was situated in the Ecuadorian context, specifically in psychological care settings involving the presence of an interpreter.

Data analysis was performed through a process of thematic categorization, identifying recurring patterns related to the interpreter's role, cultural mediation, therapeutic alliance, and ethical dilemmas. This process enabled a systematic organization and interpretation of the data, facilitating a deeper understanding of the phenomenon under study.

Overall, the applied methodology allowed for a comprehensive exploration of the research subject and generated meaningful contributions regarding the need for professionalization and regulation of interpreters within the mental health field.

Finally, the study was conducted in accordance with fundamental ethical principles, ensuring confidentiality, informed consent, and participant anonymity. The responsible use of the collected information for academic purposes was also guaranteed.

## RESULTS AND DISCUSSION

The findings reveal that the role of Ecuadorian Sign Language (LSEC) interpreters in the field of mental health significantly transcends the traditional function of linguistic mediation. Based on the conducted interviews, both psychologists and interpreters agree that the interpreter's presence directly influences the quality of the therapeutic process, particularly in the construction of the therapeutic alliance between the professional and the Deaf patient.

First, it was identified that the interpreter acts as a key facilitator of communication, not only transferring information from one language to another but also adapting the message at cultural and contextual levels. This finding aligns with theoretical approaches to intercultural mediation, demonstrating that interpreting in clinical contexts requires competencies that go beyond linguistic proficiency.

Similarly, participants highlighted that the interpreter plays a fundamental role in conveying the affective load of discourse, which is essential in therapeutic processes where emotions constitute the core of intervention. However, this function entails a high emotional demand for interpreters, who experience significant levels of stress and fatigue, particularly in cases involving trauma, violence, or complex psychological disorders.

Another relevant finding is the constant presence of ethical dilemmas. Interpreters reported difficulties in maintaining neutrality in situations where the patient's well-being could be at risk, as well as in making decisions regarding message fidelity versus the need for cultural adaptation. This tension highlights the lack of clear guidelines and specific protocols for professional practice in mental health contexts.

Furthermore, a significant gap in specialized training was identified. Both interpreters and psychologists agree that current training programs do not sufficiently address the specific demands of mental health settings, which limits the quality of interventions and generates professional uncertainty. This finding reinforces the need for specialized training programs that integrate linguistic, psychological, and ethical components.

In relation to the Ecuadorian context, the results reveal a substantial regulatory void, characterized by the absence of operational protocols, quality standards, and regulatory mechanisms governing interpreter practice in this field. This situation not only affects service quality but also exposes both professionals and users of the healthcare system to potential risks.

From a discussion perspective, the findings support the notion that LSEC interpreters should be understood as active agents within the therapeutic process, in line with contemporary approaches that recognize interpreting as a situated and complex practice. This implies rethinking their role within interdisciplinary mental health teams, promoting their inclusion as an integral component of the process rather than as an external resource.

Ultimately, these findings provide relevant evidence for the development of public policies and institutional guidelines aimed at ensuring equitable access to mental health services for the Deaf community. The urgency of establishing clear protocols, strengthening professional training, and creating emotional support systems for interpreters is emphasized, in order to ensure ethical, effective, and sustainable practices.

## CONCLUSIONS

Based on the synthesis of the perspectives of psychologists and interpreters, this study reaches clear and compelling conclusions regarding the current state of Ecuadorian Sign Language (LSEC) interpreting in the field of mental health in Ecuador.

1. The role of the interpreter in mental health contexts goes beyond that of a linguistic channel and must be reconceptualized as an active clinical agent and an essential facilitator of the therapeutic alliance. The accurate transmission of affective meaning is crucial for the validity of diagnosis and the success of intervention.
2. A profound systemic training gap is evident. Psychologists do not receive standardized training to work within the therapeutic triad, and interpreters lack formal

specialization in mental health. This deficiency forces professionals to rely on individual initiative, resulting in a precarious practice.

3. The practice of interpreting in mental health entails a significant emotional cost for professionals, which is not being institutionally addressed. The absence of support and supervision systems places interpreters in a position of vulnerability, compromising both their well-being and the sustainability of the service.

4. A complete regulatory void has been identified. The lack of a unified protocol for action is the underlying cause of role ambiguity and professional unprotection. Therefore, the development of such a protocol is not merely a recommendation, but an ethical requirement and an urgent necessity to ensure the quality and safety of care.

Between the therapist's words and the patient's signs lies the real possibility of healing—but only if the bridge between them is built and sustained in a professional, ethical, and humane manner.

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