

Chapter 1

Multilingualism, psychological therapies and the client perspective

'Should you marry him?' The question comes in English

'Yes.'

'Should you marry him?' The question echoes in Polish.

'No...'

'Should you become a pianist?' The question comes in English.

'No, you mustn't. You can't.'

'Should you become a pianist?' The question echoes in Polish.

'Yes, you must. At all costs.' Hoffman (1989: 199)

A multilingual client is different from a monolingual client. But multilingualism is largely ignored in core therapy trainings, which tend to be rooted in a monolingual ideology. That is quite surprising, given that multilingualism is on the increase.¹ I have spent a long time wondering why this might be the case. Why would psychotherapists ignore a linguistic phenomenon when their profession is referred to as the 'talking cure'?

Possible explanations that have occurred to me cluster around the issue of power. They generally include anxieties about inclusion and exclusion – who understands and who doesn't; the poor reputation for and experiences of mother-tongue English speakers when learning other languages, and the often unacknowledged colonial heritage and worldwide status of English as a prestige language and default lingua franca.

Another explanation, more specifically related to psychological therapies, is the recent emphasis placed on the embodied and somatic experiences of human beings. This attention to body language is very welcome in the treatment of, for example, trauma (Rothschild, 2000; van der Kolk, 2014).

This chapter focuses on the experiences of multilingual clients. Chapter 2 focuses on the experiences of multilingual therapists, and interpreter-mediated therapy is considered in Chapter 3.

In this chapter I will introduce the concepts of linguistic agency, privilege and empathy, linguistic attachment and loss. They may help to shed some light on the power issue I mentioned earlier. I will also consider findings from cross-disciplinary research with multilingual clients, with examples of case work to illustrate their practical application. The

chapter concludes that attending to multilingualism can be a therapeutic asset in the treatment of trauma and other presenting issues and in the reduction of health inequalities. I'll begin by looking at the need to pay attention to clients' multilingualism in therapy through a multilingual therapeutic frame.

The multilingual therapeutic frame

Psychological therapy is conducted within a therapeutic frame – the micro and the macro levels of structures that enable anxieties to be contained and worked with productively in mental health settings (Milner, 1952). The multilingual therapeutic frame introduces a linguistic perspective so that anxieties around language can be explored and contained actively, relationally and constructively in the clinical encounter – by clients and by practitioners in training and supervision.

Although multilingual clients are different from monolingual clients, most counselling and psychotherapy training models assume that the psychological presentations and treatment needs of multilingual patients and monolingual patients are the same. However, research has shown that most people *feel* different when they use different languages (Dewaele, 2016). People are also influenced by the topic of the conversation or speech (Panicacci & Dewaele, 2018). The extract that opens this chapter (Hoffman, 1989) demonstrates how you can feel and behave very differently in different languages. Hoffman's dilemma – whether to get married or to become a pianist – has different resolutions in the two languages she speaks.

Why is the multilingual experience important in counselling and psychotherapy? The multilingual population in the UK is increasing. For example, in 2010 in Reading, 150 languages were spoken in its schools (Get Reading, 2010). It is unlikely that this has decreased – according to more recent statistics, 35% of its primary school pupils and 26% of secondary school pupils did not speak English as their first language (Department for Education, 2016). The increase in multilingualism in the population will surely be reflected in the number of multilingual people seeking counselling and psychotherapy. Yet there is very little training for therapists and counsellors to equip them to work with multilingual clients.

Linguistic privilege

Power is a central dynamic in the counselling relationship (Proctor, 2017). We are living in an age of post-monolingualism, where the majority of people in the world are multilingual; how then do we justify behaving as if monolingualism were the norm (Yildiz, 2012)? Van Parijs (2004) describes this as linguistic injustice – the way in which some languages (such as English, which is currently the lingua franca of Europe) are dominant in discourses and have disproportionate power to influence (Komska, Moyd & Gramling, 2019), despite the huge racial and cultural diversity in societies today (Vertovec, 2007). It is very easy to continue this linguistic injustice in the therapy room, where people's other languages may be discounted or ignored because it is easier to work in a lingua franca. When a lingua franca is used, the multilingual client may be judged on how 'near-native' they sound.

This deficit model of multilingualism is challenged by some researchers, who prefer to view multilingualism as an asset (Dewaele, 2018). They use the term 'L1' instead of native language, as it is more neutral in tone. Others use the term 'home languages' to refer to the language spoken in someone's home environment when they are/were growing up.² Monolingual, English-speaking therapists may not even think about the linguistic privilege they have in being able to speak one of the world's most powerful languages. A client who is trying to communicate in a language in which they do not feel confident may find it difficult to express sophisticated and complex thoughts and emotions. They may feel infantilised by the experience and that their sense of personal agency is diminished by their limited linguistic agency. De Maesschalck (2012) found that European migrants felt that healthcare providers underestimated the importance of language issues, which led to increased paranoia and aggression when they used health services. It seems that empathy for language difference, or linguistic empathy, is missing.

Linguistic empathy

Empathy is at the heart of the therapeutic endeavour. Carl Rogers defined empathy as a core condition for therapy. He described it as the 'sensitive ability and willingness to understand the client's thoughts, feelings, and struggles from the client's point of view' (1980: 85). It requires us to step out from our own experience of the world, reach across and take the perspective of another, while not losing our own sense of self. To achieve this, the therapist needs to be able to tune into their and their clients' cognitive processes and

their emotional and embodied experiences (Elliott et al, 2011: Rogers, 1957). A therapist has to develop their capacity to dare to imagine different world views and experiences while assessing whether their imaginative constructions connect with their clients' realities. And, crucially, empathy involves therapists in getting to know themselves so that they do not mistake their own reactions for those of their clients. An empathic relationship with another requires us to have an empathic relationship with ourselves.

If we aim to live our lives in a way that is as egalitarian and non-oppressive as possible, it can be painful to acknowledge that, as first language English speakers, we are privileged. We may not be aware of our linguistic privilege. The lack of status of some languages in comparison with English intersects with racialisation processes (Burck, 2005) and the legacy of colonisation. Therapists may strive to tolerate the guilt of their privilege because of race, class, educational achievement and so forth (Ryde, 2009; Eddo-Lodge, 2017) in order to avoid acting out their guilt/shame in the therapy room. But what about linguistic privilege? Do you perceive language as 'merely a vehicle' or as 'a barrier, never as a means to decolonise, or to experience the process'? (Phipps, 2019: 2). Unless we engage with the discomfort of our linguistic privilege, we will find it hard to be linguistically empathic. Empathy also involves the ability to tolerate ambiguity, misunderstanding and unfamiliarity with the terrain in another's world. These behaviours will be activated when we learn another language too. We have to shift out of a known structure, which includes grammar and vocabulary, into an unknown linguistic territory.

If we really want to understand a person who is speaking an unfamiliar language, we need to use our cognitive, imaginative, emotional and embodied experiences. Understanding that a client may be expressing different parts of themselves in different languages requires the sensitivity and openness to linguistic difference that I call linguistic empathy. Understanding that a client may have a sense of their language as a low-status language requires us, as therapists, to engage with our own relationship with linguistic privilege. A linguistically empathic relationship with a client requires us to be familiar with our own relationships with the multiple aspects of multilingualism.

This will be illustrated in Dev's case, which we will consider in Chapter X. Later in this chapter, we will also see how their linguistic empathy enabled the therapists working with Marc and Sarah to invite and welcome those different languages and emotional and embodied expressions into the therapeutic space. So, if we need to engage linguistic

empathy and an understanding of linguistic privilege to work effectively with multilingual clients, where does an appreciation of multilingual agency fit in?

Linguistic agency and power

Language is at the centre of our ability to influence how we see the world (Sapir, 1958). It is also central to how we structure and give meaning to our experiences and form relationships with others, express our needs and feelings, conceptualise ideas and give shape to our imaginations. Language enables us not only to think but also to communicate our decisions, act and impact on others. This is what I mean by linguistic agency. The way in which language is used to communicate is a reflection of social and cultural norms, which help to regulate the individual and the community. The internal dialogue that starts this chapter illustrates with great clarity how splits in desires and values are carried by different languages.

Language is an essential component for helping us to form constructive relationships with people and also our relationships with ourselves and our sense of external reality. Felicity de Zulueta (2006) explains the evolutionary function of human language as providing the means whereby humans 'make sense of their external and internal world through increasingly complex conceptual representations'. She goes on to say:

This creative interplay between human thought processes and environmental activities is what is referred to as 'culture': it is the product of a human mind in interaction with its environment. (2006: 329)

By naming feelings and experiences, we provide a frame for them. We give them a beginning and an end point. They are witnessed, they are acknowledged, and they can be survived.

A case example

Khin, a client from South East Asia, speaks in English in her counselling session about her sense of perfectionism, which is impeding her ability to finish her PhD in the UK. Khin maintains that there is no word for perfectionism in her home language, but she is aware that the drive does exist in her culture. By moving outside of her home culture and language, Khin is able to name the feeling and to think about the position she wants to adopt with regard to her sense of 'perfectionism'. Her second language and her new environment give

her some mobility and choice. They give her a more dynamic, empowered and creative relationship with the drive she is experiencing (and has been experiencing for a long time). They also offer new ways for her to think about this drive and how she can act. Thus, her move to the UK and a new language give her a new type of linguistic agency. In this case, the use of English as the lingua franca in her counselling session is a liberating rather than a constraining factor. But the legacy of colonial languages is complex: for Khin, English has been a facilitator; for others it might be a constraint.

The way in which we use language to communicate offers us a model for making sense of how we feel and how we interact with and experience the world around us. Our use of language is one of the ways in which we can find a sense of agency in the world. When people have been traumatised by losses or violence, that sense of agency and connectedness to the outside world can be damaged. One's sense of identity is impacted. The language of pain is of interest not only to psychological therapists. The language embodiment (Pavlenko, 2012) of multilingual speakers, tested using electrodermal responses (Caldwell-Harris, 2014; Harris, Berko Gleason & Ayçiçeği, 2006), is of growing interest in applied linguistics too. However, attention to somatic experience and non-verbal communication in therapy and counselling has at times led to an unexamined belief that difficulties in linguistic communication can be overcome almost entirely by the use of and attention to body language. Such a view can ignore the agency that mastery in spoken language affords human beings.

Pain is language-destroying: '... (language) which would express and project the self is robbed of its source and its subject' (Scarry, 1985: 35, quoted in Phipps, 2019: 20).

Our linguistic ability is one of the essential skills that helps human beings to move from a disempowered infancy to a productive and creative adulthood, or from a disempowered to an empowered adulthood where we can make choices and have influence – in other words, where we have agency. It helps us to make sense of our internal worlds and connect with the bigger reality outside of ourselves. It helps clients to make sense of early experiences and to integrate elements of the mind, body and soul.

And it is even more complex for multilinguals. Someone who stopped speaking their home language when they were a child or a young person may feel they have very little agency in that language as an adult. And, as we shall see in the following example, someone who was

traumatised in one of their languages (whether or not it was their first language) may feel they no longer have a sense of agency when they are speaking that language. These are all issues that need to be attended to in therapy. Counsellors' and therapists' decisions to work or not to work therapeutically with clients' multilingualism could therefore be framed as an ethical issue.

A case example

Isabel is a counsellor working with Marc, a bilingual client – French is his first language, English his second. Marc has been living and working in England for a long time. For the past year, he has been bullied at work. The bullying has been so severe that he is now quite traumatised. Isabel and Marc use English as the lingua franca in the sessions, but Marc is so traumatised that he ends up feeling worse every time he tries to tell his story. Isabel, who does not speak French, invites Marc to tell the story in French and then back-translate it little by little into English so that Isabel can understand. Marc is surprised to find that he does not feel so overwhelmed when he tells the story in French and that the cognitive act of translating it into English helps him to find a different, more empowered position in relation to the words.

Although Marc has a high enough level of linguistic agency to be able to get a job and to embark on counselling in English, the trauma of the workplace bullying has left him feeling like a disempowered infant when he uses it to revisit the trauma. Bessel van der Kolk (2000) reminds us that the retelling of a traumatic incident can be overwhelming for a client:

Some patients, on recalling their trauma, may become flooded with both the traumatic memories and memories of previously forgotten traumas. (p19)

So, perhaps it should not be surprising that it is French, Marc's home language, that, as it is his non-traumatised language, enables him to reconnect with a sense of agency and empowerment.

Marc still regularly used French in his everyday life. But not everyone is in this position. If you do not have the opportunity (by choice or by circumstance) to speak your home language and you speak another language only partially, you may experience a sense of loss and inadequacy if you are unable to converse with eloquence. As I noted in the section on linguistic agency, this is often accompanied by a sense of infantilisation and of only being

able to operate in society in a restricted and childlike way. In the words of a multilingual therapist:

I have found that, when we are learning to speak another language, this touches that young part of ourselves – aged two or three. (Quoted in Costa, 2010: 20)

You may lose not only your linguistic agency but also your fluency in your home language over time – an experience known as ‘language attrition’ (Schmid, 2013). Language attrition can be experienced as painful or longed for (a new language can represent a possible escape route), or it may be hardly noticed. Language attrition may bring with it other socio-psychological functions attributable to the new languages. Speaking additional languages may evoke not only feelings of loss at not being able to use one’s native language but also a sense of gain – for example, ability to speak other languages can increase our range of expression. In the following section, we will consider the gains as well as the losses associated with speaking new languages.

Linguistic attachment and loss

For multilingual clients, there is a deeply important psychological attachment that is not explained by any of the traditional models of counselling and psychotherapy. People have an attachment (positive or negative) to their languages and to the contexts in which they are learned and used (Amati-Mehler, 1993; de Zulueta, 1995; Hammer, 2016; Perez Foster, 1998; Tehrani & Vaughan, 2009). Later in the chapter, we will see how early audio attachments impact on children’s sense of safety and belonging when choosing friends. Sometimes, as indicated in the previous section, people may view the opportunity to learn a new language as a means of moving away from their past and creating a new future. But this is not the case for everyone, and it depends on the context. As we saw with Marc, it was his ‘old’ language, French, that helped him move beyond the trauma.

Sometimes people have such a strong attachment to their home language and such a fear of losing it that they are unable to learn another language. Their language may be their last tie to home and adding another may feel like a betrayal. The title of Lily Wong Fillmore’s paper (1991) hints at such an experience: ‘When learning a second language means losing the first.’

This does not come as a surprise when you think that our first language frequently has a heightened emotionality in comparison with an additional language, due to several factors:

the family context of learning; that first-language learning co-evolves with the development of emotional regulation systems, and that first languages have greater connections with subcortical brain structures that mediate arousal (including amygdala-mediated learning) (Caldwell-Harris, 2014). In the early years, acquisition of the first language can be understood in attachment terms as the main way in which the infant begins to separate from the mother (Winnicott, 1971), as well as the means to relate to others (Stern, 1998). The relationship the child has to their acquisition of language and the experience of separation are therefore inextricably linked. In later life, some people may lose their home language, actively or passively (Schmid, 2013). Others find it very difficult to acquire a new language when they migrate. This may be because learning the new language excites anxieties around separation and loss – not only of the mother but also of the mother tongue and the motherland.

Below are the words of a 17-year-old refugee from Afghanistan describing his experience of forced migration and the losses, including that of his first language:

It is very hard for a person who leaves everything, his country, language, food, clothes, people and family. We know that if they haven't got problems, they would never leave them because these things can be loved once ever in their life. But unfortunately, they have to, to save their life and live calmly.

Which language for therapy and counselling?

So, should it be the first languages or other languages for therapy? The traditional view is that therapeutic work is best conducted in the client's mother tongue (Fernando, 2003). Perez Foster wonders if, when she conducts therapy with clients in English as a lingua franca, she is actually conducting therapy at all. She uses the terms 'pseudotherapy' and 'quasitherapy' to draw our attention to the dilemma surrounding language choice in therapy. She questions:

... whether our English work is a 'pseudotherapy' which simply sides with the patient's resistance to the mother tongue and the mother era, or a 'quasitherapy' where the essential material is lost in the complex cognitive traffic of bilingualism and its ensuing impact on translation. (1998: 202)

Sue and Sue (1999), echoing the comments earlier in the chapter about the use of a lingua franca, make the point that the use of English as the standard means of communication

immediately disadvantages those unable to communicate fluently in English. Some clients may find it a comfort to be able to speak in their home language (Gilbert, 2005). And we may only be able to access some emotions experienced in early childhood in the languages we spoke at that time. But working with multilingualism in therapy requires more than technical considerations and skills. Not all multilinguals have the same linguistic profiles and needs. Moving between languages is a complex process that needs to be understood if it is to be used in therapy. For the multilingual person, it can sometimes be a therapeutic choice to speak in a latterly acquired language. Some emotions may be accessible to the multilingual person in one of their languages and not in others. It depends on when and how the languages have been learned (Dewaele, 2018). Languages learned in later life can circumvent the constraining adult voices from our childhoods that we hear in the languages in which those adults spoke to us. A different language can permit the expression of emotions that may have been discouraged when we were growing up. And, as mentioned, some people may lose their first language, by choice or by accident, and this language attrition can have an unexpected psychological impact.

Research into multilingualism in therapy

There is a growing body of research that shows that the choice of language in therapy is far more complex than the 'first language good: other languages bad' formula. A cross-disciplinary and cross-professional approach has been helpful to deepen the understanding of the role of multilingualism in therapy across both applied linguistics and psychotherapy. It has been useful to examine multilingualism through different academic and cultural lenses. The findings from this research (Costa & Dewaele, 2012; Dewaele & Costa, 2013; Rolland, Dewaele & Costa, 2017) are reported fully elsewhere and I will only summarise them here. A three-phase model, using observation, analysis and implementation, framed the formal research that underpins the rest of this chapter. The three phases comprised, first, the initial formal research; second, the application of the findings to the training programme design and delivery, and third, the evaluation of the impact of the training programmes. I will consider the second two phases, which address training and clinical supervision for multilingual therapy, in later chapters.

The results from the first phase of the cross-disciplinary research suggest that speaking an additional language can serve a number of sociopsychological functions: identity formation

and sense of belonging; access to or blocking of early memories; expression of emotions, and recovery from traumatic experiences. These functions can be held in mind within the multilingual therapeutic frame when we work with distress and coping across languages.

Identity-formation and sense of belonging

The ways in which people's identities are formed and their sense of self is developed are linked to the languages they have learned and choose to speak. Language is intrinsically linked with our sense of identity (Pavlenko, 2005, 2014). People who speak more than one language frequently report that they feel that aspects of their identity and personality are expressed or suppressed differently in different languages (Dewaele, 2016). When they speak in only one of their languages, they may feel that they are representing only a part of themselves.

For people who are multilingual, the way in which experiences and emotional reactions are encoded becomes more complex when more than one language is spoken. One of the ways in which multilinguals cope is by creating new selves for each of the languages spoken (Panicacci & Dewaele, 2017). Louise Rolland suggests that these differences in linguistic selves encompass personality traits, roles and responsibilities and the ability to express emotions:

While this multiplicity can be a source of confusion and conflict, particularly when one language and culture have been minoritised, many examples point to multilinguals' creative use of their linguistic repertoire to perform and reinvent themselves in different contexts. (Rolland, 2019: 30)

Priska Imberti (2007), who migrated from Argentina to New York as a young woman, refers to the new self she had to create: one that reflected an inner connectedness with the new culture. People who are multilingual deal with the tensions of plural identities in varying ways. Some find they feel they do not belong anywhere. Others revel in the sense of belonging in more than one context:

... I do not feel impaired, I just adapt, which is what I learned to do while travelling and living in all the countries I know. (Therapist quoted in Costa, 2010: 21)

Memory recall and expression of emotion

The potential to move between languages can enhance memory recall, as autobiographical experiments have confirmed (Schrauf, 2000). Childhood memories are found to be richer

and more emotionally charged in therapy when recounted in the first language (Dewaele & Costa, 2013):

... when I mixed in some words from my [first language], it started to make more sense talking about my childhood... I just needed some key words in my [first language] to bring memories back. (2013: 13)

Speaking in a latterly acquired language can also enable a fresh expression of emotions that a first language inhibits. Maybe as a child, the expression of anger or swearing were discouraged. People report that they are surprised to find they are more disinhibited in another language (Dewaele, 2013), although, according to Harris and colleagues (2006), it is not the earlier acquired language but the language in which they are most proficient that carries and expresses more emotion. The following case example illustrates the way in which moving between languages can elicit different levels of emotional intensity, linguistic agency and recall.

A case example

Eva, a therapist, speaks a range of languages fluently. Spanish is her first language, followed by French, English and Brazilian Portuguese. She works as a therapist in all her languages. Her client Sarah's first language is Czech. She has lived for many years in the UK and has a Brazilian partner – a long-term relationship in which English is the lingua franca. She says that she only functions in English now.

Sarah's mother died three months before Sarah came for counselling/therapy. Sarah feels she was never good enough for her mother and has been left with complex feelings of grief and anger towards her. During therapy, it becomes clear that Sarah wants to be able to address her grief. Eva suggests empty-chair work and asks Sarah to bring a photo of her mother so that they can make the empty chair feel more real. Sarah agrees to try.

Sarah brings the photo to the next session. She is quite dismissive about it. But when it comes to the empty-chair exercise, she freezes. Eva gently 'nudges her' to put the photo on the chair. Sarah does this but is still unable to speak. Eva nudges her again by saying she will say the words for her initially, so that Sarah will not have to start from cold. Sarah is deeply touched by Eva's nudging. She says this has made her feel that Eva truly cares and that this is what inspired her to trust her over the weeks. Eva explains that she will speak in English

and that Sarah can translate her words into Czech, as this was the language in which she spoke with her mother.

At this point Eva is thinking that she will build a scaffold for Sarah to begin to speak Czech again, first through the act of translating – (ie. carrying out a technical, cognitive task and not having to think creatively of what to say to her mother). Sarah says again that she cannot speak Czech anymore; that she has forgotten it completely, she only speaks English and she can say things better in English. Eva replies: ‘But you only spoke to your mother in Czech, didn’t you?’ At this point, Sarah agrees to have a go at the translation.

The attempt is successful. Sarah manages to translate and, with Eva’s encouragement, she is then able to express her own feelings to her mother in her own way and in her own words, with a great deal of emotion. She cries in a way that she was unable to do at her mother’s funeral.

Eva’s linguistic empathy significantly contributes to the successful outcome. Eva introduces the idea of bringing in Sarah’s different languages. She even gives Sarah the role of translator, so that she can approach the intensity of her home language in a more cognitively detached way. By working within a multilingual therapeutic frame, Eva is able to use Sarah’s linguistic history and her relationship to her languages and to Eva, as therapeutic assets.

Recovery from traumatic experiences

We have already seen that language can serve many functions for us. It has the capacity to sooth us and it can offer us protection. Paul Gilbert (2005) suggests that the self-soothing neuropsychological pathway, which needs to be activated in order for healing to progress, is developed in childhood and is often associated with the first language. For example, in therapy a client may find it helpful to try out relaxation techniques in their home language. But it is important to understand some of the client’s linguistic history. The home language may not always be the most soothing language. Traumatised clients will have encoded the traumatic experience in the language in which it has been experienced. Tehrani and Vaughan (2009) propose that the use of bilingual differences and language switching in therapy can increase emotional mastery, as we saw in Marc’s case earlier in the chapter. He was better able to speak in French about being bullied in English without feeling overwhelmed. Tehrani and

Vaughan assert that the language in which the trauma is experienced – whether it is a first, second or subsequent language – is the language that will carry the emotional charge for this incident. If the trauma was experienced in the childhood language, the subsequent languages may be able to provide the soothing. Additional languages may be used for protection and first languages for expression, or vice versa, depending on the context. Bessel van der Kolk (2000) proposes that it may be necessary for a person to gain some emotional distance from the traumatic incident in order to be able even to talk about it:

In order to help traumatized individuals process their traumatic memories, it is critical that they gain enough distance from their sensory imprints and trauma-related emotions so that they can observe and analyze these sensations and emotions without becoming hyperaroused or engaging in avoidance manoeuvres.
(p18)

People are likely to make more utilitarian choices when they use a foreign language instead of their first or home language (Costa, 2020). So, using a different language from the ‘traumatised language’ can provide cognitive distance and emotional detachment (Pavlenko, 2012) until the client is ready to tolerate the intensity of feelings.

And we have also seen how Marc’s act of translation, back into the ‘traumatised (more emotionally charged) language’, can start to de-toxify that language. The cognitive act of translation can decode and decrease the intensity of the traumatic current of the traumatised language. This can be a helpful technique to move the client along their therapeutic journey, as we saw with the example of Sarah. She was only able to access her emotional response to her mother’s death in her first language, even though she claimed to have completely lost her mother tongue.

In our experience at Mothertongue, a refugee client might want to speak only in her newly acquired English in order to establish distance between herself and her torturer, who had shared her home language. Another Mothertongue client taught his counsellor a few words, including the word for ‘stop’, in his home language, because he wanted to hear the counsellor to be able to say it and understand it if he said it when his anxiety levels became raised significantly during a breathing exercise.

Conversely, the second or subsequent language can be the most facilitative language for a client in counselling and therapy. The following case example illustrates how a client found a voice for herself (which she never had in her first language) in her newly acquired language.

A case example

Nina, a counsellor, has been seeing her Farsi-speaking client, Yasmin, for five sessions, with the help of an interpreter. The interpreter does not turn up for the sixth session, so Nina and Yasmin agree to continue the session in English. Nina is surprised at how easily they can communicate. She is even more surprised that Yasmin tentatively starts to speak for herself. From that day on, they work without an interpreter and Yasmin's confidence steadily begins to build. In English, Yasmin is able to find a new sense of agency and to allow herself to express her needs in a way that she never could in her native Farsi.

It can be just by chance that a therapist discovers the power of speaking with a client in a lingua franca. The example of Yasmin is a useful reminder that there is no easy formula about which language will be most therapeutic. A client's linguistic history can provide clues as to which languages can be most useful in different contexts. I will discuss how to take a client's linguistic history at the end of the chapter.

Sarah's last session with Eva illustrates the way in which languages can have the capacity to soothe and heal and also how first languages can give voice to the expression of deep feelings of loss and attachment. Moving between languages can help people to process traumatic and other difficult experiences, such as bereavement, and to provide that sense of emotional mastery to which Tehrani and Vaughan (2009) refer.

At the final session, Sarah again brings the photo of her mother. This time, she has framed it, and she holds it close to her heart. She says that during the week she has been talking to her mother in Czech and that she is feeling much lighter and nearer to being able to let her go and feel at peace with her. She is shocked and amazed that she has been able to reconnect with the Czech language, that she has been able to find another position through the different languages and that it has had such a powerful effect.

Sarah is shocked to find she has not, as she had thought, totally forgotten her first language. However, research suggests that an early language that is spoken until about 12 years of age will be fairly resistant to erosion; even if you migrate, it is unlikely that you will truly forget

your mother tongue (Schmid, 2011). Language switching facilitated the process of Sarah's reconnection and reattachment to her mother tongue. But the technical process of language switching would not have occurred without the relational process, within the multilingual therapeutic frame, of the therapist's linguistic empathy.

A note on language-switching in therapy

Switching between different languages is known as code-switching and is a communicative function of multilingualism (Gardner-Chloros, 2009). It refers to the way multilingual people use elements of more than one language within a conversation. Analysing how and why people choose to switch languages can reveal how it is used to manage emotional expression and the intensity of feelings. Dewaele (2013) suggests that people may find it easier to express anger in a latterly acquired language because they hear their own words with less weight and less impact. Conversely, Sarah was only able to really feel her loss when she spoke in Czech, the language in which she had conducted her relationship with her mother.

The choice of language at any given time can be a useful tool in understanding someone's anxieties and coping strategies. But, in the words of a colleague, Maud Muscat, visiting lecturer in counselling for young people at the University of Malta: 'At times, it is just a word' (Muscat, personal communication).

In my research with Jean-Marc Dewaele (2012, 2013), we explored how code-switching could be used in counselling and therapy as a therapeutic asset in terms of the therapist's perceived attunement and the client's ability to approach (immerse themselves in its expression) or distance (protect) themselves from strong emotion. It did not seem to matter to many multilingual clients if their therapist spoke and understood their other languages. The most crucial factor for clients was the therapist's linguistic empathy. This was demonstrated by the therapist or counsellor's willingness to engage with their client's multilingualism, whether by being comfortable with code-switching or being able to tolerate not immediately understanding and/or waiting for the client to back-translate what they had said. Some clients reported that they felt a therapist stepped into their world when they were invited to bring their other language(s) into the room at an appropriate moment: 'It felt she wanted that part of me not to be neglected or suppressed' (Rolland, Dewaele & Costa, 2017: 12).

Practical suggestions for working therapeutically with multilingualism

It can be useful to think about what language proficiency and linguistic agency mean to your client. Perez Foster (1998) encourages counsellors and psychotherapists to take a linguistic history as part of the assessment process.

These questions may be useful initial prompts in an assessment session with clients:

What have your experiences of learning a new language been like?

How old do you feel in your different languages?

What does proficiency in the language represent for you?

What do you think you might gain from achieving proficiency in the new language?

What might you lose in the process of becoming proficient in a new language?

In which language do you find it easier to get angry/express affection/be professional?

Which language(s) do you dream in?

Do you speak in specific languages with specific people?

What prompts you to code-switch?

Linguistic empathy opens the practitioner to an awareness of how language is used in the room. For example, is more than one language used? If so, why and when? Can you tolerate not understanding what is being said for a short while? Can you think of ways of safely inviting clients' languages into the room even if you don't understand them? What does language switching enact in the therapy? Is a language ignored or prioritised in the therapeutic work and, if so, why? Who is making the most linguistic effort in the room? Do you acknowledge that your client may be making all the effort linguistically to converse in a foreign language while you are speaking in your first language? You might ask your client how they feel talking to you in each of their languages.

You may find that you begin to think more about ways to simplify your language. You might consider issues of power and linguistic privilege in your communication. Perhaps you speak the language used in the therapy better or worse than your client. What is that like? Do you share a language with your client because of a shared colonial history – are you speaking a colonial lingua franca? Research conducted with children aged five and six years old (Paquette-Smith et al, 2019) found that they tended to choose their friends by how they spoke (shared accent and vocabulary etc) rather than by their physical appearance. This is not surprising, given that our earliest attachments are formed in the womb and then with our primary caregivers, whose voices we hear around us as we grow through our early, formative years. What is the way you speak saying about you and your client, and how is that addressed in the counselling room?

In couples therapy, where the couple speak different languages, which of a couple's languages are used in the room and which are excluded?

You might like to learn a language, or recall your experience of trying to learn a language , and reflect on its impact on, for example, your sense of identity, your self-esteem, your understanding of others and your sense of agency.

Conclusion

This chapter has considered the experiences and therapeutic needs of multilingual clients, including the concepts of linguistic agency, privilege and empathy; linguistic attachment and loss, and the practical application of findings from cross-disciplinary research with multilingual clients. A client's multilingualism can be a therapeutic asset. Choosing whether to attend to or ignore a client's multilingualism is therefore an ethical issue. Dewaele (2013) quotes a language teacher's comments on the lack of confidence that we in Britain have about learning languages:

I think that people still view learning other languages with a sense of fear. There seems to be this mystique about learning languages and many people decide early on in their lives that they can't do it. (Dewaele, 2013: 262).

As practising counsellors and psychotherapists, we need to overcome this fear if we are to provide a truly accessible and high-quality service to clients who use other languages. Health inequalities cannot be reduced just by improving access. The quality and the courage of the therapeutic work is essential to the outcomes. Through preparation and exposing ourselves to another language (either by learning a new language and/or by becoming more familiar with the nuances and irregularities of our own language), therapists can become more empathic, less fearful and more effective in working with clients who do not share their first language. Alison Phipps reminds us that taking clients' multilingualism seriously in the therapeutic process is a difficult but necessary task, particularly in the context of colonialism:

Something substantial has to be risked, some threshold has to be crossed into something which is not knowable, until one is over on the other side... for decolonising to happen, however temporary it may be...' (Phipps, 2019: 28)

The multilingual therapeutic frame can help to contain the anxieties that arise when crossing that linguistic threshold. In the next chapter, I will consider the experiences and needs of multilingual therapists.

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Footnote

1. According to a 2018 European Commission survey, only 32% of British people aged 15–30 can read and write in more than one language, compared with an average of 80% across all European Union member states.

https://data.europa.eu/euodp/en/data/dataset/S2186_466_ENG

2. As previously noted in the introduction, in this book I use the terms ‘first language’ to denote the first language or combination of languages a person learned when they were growing up, and ‘home language(s)’ for the language(s) spoken in a person’s home when they were growing up. ‘Lingua franca’ refers to the shared language that the practitioner and client choose to use, which may or not be the first language of either.