**Title: "Therapists' Experience of the Therapeutic Encounter".**

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**THE FOLLOWING PARTS OF THIS THESIS HAVE BEEN REDACTED FOR DATA PROTECTION REASONS:**

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# Abstract

**Part A - Therapists' Experience of Working in Their Second Language: An Interpretative Phenomenological Analysis**

The current project employed semi-structured interviews with 9 coordinate and 2 compound bilingual therapists working in their second language with monolingual adult clients. The study focused on three interrelated areas of the therapists' experience: language, experience of self, and emotional context. A coordinate bilingual is a person who learned his/her languages in separate environments and associates them with different contexts; he/she is believed to have different conceptual systems for the two languages. A compound bilingual is an individual who learned both languages in the same context and developed a single, fused conceptual system. A single concept in the mind of a compound bilingual has one mental representation, but two different verbal labels attached to it (Ervin & Osgood, 1954; Salluzzo, 1994).

The interpretative phenomenological analysis highlighted, firstly, that therapists may experience some language-related challenges at the beginning of their career, but become more competent and confident with practice. Secondly, that these issues are successfully addressed by means of therapeutic techniques such as clarification, further exploration and self-disclosure. Furthermore, the findings suggest that therapists' experiences of both self and the emotional context of the session are to a certain degree influenced by the use of their second language. Finally, research suggests factors within cross-lingual communication that can facilitate as well as hinder the development of the therapeutic alliance. The former type includes the following: collaboration, trust, empathy, attentiveness, a sense of equality, acceptance of differences, and accentuation of similarities. The latter include limited shared experience and language-related difficulties. The opportunities of bilingualism for the therapeutic experience are also outlined, along with the implications of the study for training and practice, and recommendations for future research.

**Part B - The Experience of Burnout in Psychologists.**

The critical literature review explored factors associated with burnout in psychologists, the frequency and nature of the phenomenon. The high rate of

burnout in health professionals, its implications, and the paucity of studies available all suggest that further research is needed to gain a better understanding of the phenomenon and its correlates as experienced by UK psychologists, whether native or non-native speakers. The final section examines implications for training and practice.

**Part C - Cognitive Behavioural Therapy for Anxiety Disorders: Reflecting on the Client's and Therapist's Growth.**

The case study explores the experience of a counselling psychologist working in her second language with a monolingual client experiencing symptoms of anxiety and panic. It indicates that language-related challenges, along with a psychologist's thoughts, assumptions and beliefs, may influence the effectiveness of his/her interventions and the therapeutic alliance itself, as well as affecting the psychologist's evaluation of his/her performance. The case study thus stresses the need to engage in continuous self-reflection in order to develop one's self-awareness and build self-knowledge.

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# Overview of Portfolio Work

The significance of therapist variables for therapeutic outcome has been well documented (Horvath & Greenberg, 1989; Leon, Martinovich, Lutz, & Lyons, 2005; Lutz, Leon, Martinovich, Lyons, & Stiles, 2007). A series of factors are known to be associated with the effectiveness of therapeutic practice and clients' experience of therapy. These include the clinician's experiences (Leon *et al*., 2005), expectations (Ellis, 1984), beliefs (Deutsch, 1984), demographics, personality type (Huebner & Mills, 1994), coping style, locus of control (Beutler, 1997), and language employed (mother tongue or second language). Accordingly, the current portfolio focuses on the health practitioner's experience of conducting therapy, as well as how professionals manage challenges and utilise available resources. More specifically, part A – the empirical research study – investigates therapists' experience of working in their second language with monolingual clients. Part B – the case study – examines the ways in which therapists' thoughts, assumptions, beliefs and language-related challenges may influence their practice and the therapeutic process itself. The final part (C) explores the experience and frequency of burnout in psychologists, and highlights its impact on the therapist's and the client's well-being, as well as that of the institution. All three pieces of work are discussed in greater detail below.

First, the current portfolio seeks to broaden our understanding of how therapists' experiences influence the effectiveness of therapy, as well as the dyad's experience of the therapeutic encounter. Second, it is hoped that the study will increase clinicians' and supervisors' awareness of issues which may arise in the process of therapy, thus putting them in a better position to manage challenges and utilise available resources. The third aim of the research is to emphasise the importance of developing effective programmes for training and education.

The research findings suggest that therapists may face language-related challenges when working outside their mother tongue. In addition, some clinicians' experiences of self and perception of the emotional content of sessions seem to be influenced by the language used in therapy. Professionals also reported that language use affected the way they related to their clients. The research suggests that challenges related to language use, shifts in self-state and different emotional experiences may influence professionals' therapeutic style and their interventions, as well as affecting their thoughts/beliefs, feelings and behaviour more generally. The findings highlight that

self-awareness, self-reflection and supervision were continuously employed by practitioners to ensure the provision of high-quality service.

The case study describes therapy conducted by a counselling psychologist (in her second year of training) with a client experiencing anxiety and panic. Rather like the research project, it emphasises the important role that professionals' experiences, thoughts, assumptions and beliefs play within therapy. Working with this client (John) gave me an invaluable opportunity to reflect on the experience of conducting therapy in my second language. It allowed me to identify and address the language-related (and other) challenges and concerns I encountered in my work. Some of these resembled the issues reported by my research respondents (documented in Part A of this study), including the difficulty of understanding figurative speech, translation challenges and feeling distracted by one's own language use. This case study highlights the significance of self-reflection and supervision in developing self-awareness and self-knowledge, which in turn enable the therapist to offer a good service to his/her clients. The study therefore emphasises the importance of continuous professional and personal growth.

As in the previous two sections, the critical literature review focuses on the therapeutic encounter from the perspective of the therapist. It explores the phenomenon of burnout in psychologists, with particular attention to its frequency, its consequences and its correlates. The review indicates that individual attributes (Huebner & Mills, 1994), irrational beliefs (Deutsch, 1984), idealistic expectations (Ellis, 1984) and poor coping strategies (Hellman & Morris, 1987) can increase a professional's susceptibility to burnout. Certain demographic (Maslach & Jackson, 1985) and organisational factors (Ackerley, Burnell, Holder, & Kurdek, 1988) are also known to exacerbate burnout. The literature review suggests that burnout has important implications for the therapist's physical and psychological well-being, the service he/she is able to offer, and the organisation itself. Maslach and Jackson (1981) observe that as clinicians become emotionally depleted, they are less and less able to "give of themselves at the psychological level" (p. 99). Researchers suggest that this in turn triggers depersonalisation – the psychologist begins to distance him/herself emotionally and cognitively from work, clients and colleagues, and becomes indifferent, pessimistic and cynical. This leads to feelings of inefficacy and

reduced productivity. It is crucial, therefore, that preventative/training programmes are developed to raise professionals' awareness of the risk of burnout, and educate them about possible coping techniques. The research also highlights the important role of supervision in reducing psychologists' vulnerability to burnout.

In conclusion, all three pieces of work emphasise that therapist variables have important implications for both members of the dyad, and that it is therefore necessary to identify and address any challenges which may arise in the course of therapists' work, utilising all relevant resources to do so. This in turn highlights the significance of ongoing self-examination in order to promote professional and personal growth.

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# Part A – Research

# Therapists' experience of working in their second language: an Interpretative Phenomenological Analysis.

## Research Abstract

Research on therapists' experience of working in their second language remains scarce, despite the fact that bilingualism is a growing phenomenon in contemporary society (Grosjean, 1982). The findings of certain studies suggest that cross-lingual interaction may influence the therapeutic couple, and thus the therapy itself (Kitron, 1992; Clauss, 1998; Lijtmaer, 1999).

The current research project employed semi-structured interviews with 9 coordinate and 2 compound bilingual therapists working in their second language with monolingual adult clients. The study focused on three interrelated areas of therapist's experience: language, experience of self and emotional context. A coordinate bilingual is a person who has learned his/her languages in separate environments, and associates them with different contexts; he/she is believed to have a different conceptual system for each language. A compound bilingual is an individual who learned both languages in the same context and developed a single, fused conceptual system as a result. A single concept in the mind of a compound bilingual has one mental representation, but two different verbal labels attached to it (Ervin & Osgood, 1954; Salluzzo, 1994).

The interpretative phenomenological analysis highlighted, firstly, that therapists may experience some language-related challenges at the beginning of their career, but become more competent and confident with practice. Secondly, the analysis indicates that therapeutic techniques such as clarification, further exploration and self-disclosure may prove successful in addressing these challenges. Both the therapist's experience of self, and his/her understanding of the emotional context of the session, are shown to be influenced, to a certain degree, by the use of a second language. Finally, the research suggests that factors within cross-lingual

communication can facilitate as well as hinder the development of the therapeutic alliance. The former type includes collaboration, trust, empathy, attentiveness, a sense of equality, acceptance of differences and accentuation of similarities. The latter includes limited shared experience and language-related difficulties. This part of the study also outlines the opportunities offered by bilingualism for therapeutic practice.

Finally, the implications of these findings for training and practice are discussed, and recommendations are made for directions in future research.

# Literature Review

**Introduction**

The literature review will begin with an outline of working definitions, followed by a section on language. The researcher hopes to demonstrate that language is a semiotic system which shapes social interaction and influences our experiences and vision of the world – and vice versa. The subsequent section will examine the role of language within psychoanalytic, humanistic and behavioural approaches. This will be followed by an examination of the reflections of bilingual writers, clinical vignettes, therapists' first-hand accounts, autobiographical research, and qualitative studies. The recourse to various disciplines is an attempt to gain an exhaustive understanding of how cross-lingual communication is experienced by the therapeutic couple, and the issues associated with bilingualism. The concluding sections will offer a rational synthesis of the issues explored, and provide a concise description of the aims of the current study.

**Definitions**

Within the field of psychology, the term *bilingualism* traditionally refers to both double and multiple lingualism (Pavlenko, 2006). Individuals who use two languages in their daily lives, either consecutively or simultaneously, are known as bilinguals (Pavlenko, 2006). The terms *coordinate bilinguals* and *compound bilinguals* were developed by Ervin and Osgood in 1954. The former refers to people who have learnt their languages in separate environments and associate them with different contexts; they are believed to have a different conceptual system for each of the two languages. The latter refers to an individual who learnt both languages in the same context and, as a result, has developed a single, fused conceptual system. A single concept in the mind of a compound bilingual has one mental representation, but two different verbal labels attached to it (Ervin & Osgood, 1954; Salluzzo, 1994). *Cross-lingual communication*, a concept introduced by Ruzzene (1998), refers to a phenomenon that occurs when the speaker and the receiver do not have a language in common. In this study, the term 'cross-lingual communication' will be used interchangeably with that of 'cross-lingual interaction'.

Academics rarely agree on a single definition of language, possibly because it is such a complex system, with many layers and facets (Sapir, 1921; Bloch & Trager,

1942; MacDonald, 1977; Corsini, 2002). As shown below, language has been defined in a variety of ways.

A) Language is "a system of symbols and rules that enable us to communicate" (Harley, 2008, p. 5)

B) As defined in *The Dictionary of Psychology* (Corsini, 2002, p. 533), language is "any means, vocal and other, of expressing or communicating with thoughts or feelings".

X) "Language is a purely human and non-instinctive method of communicating ideas, emotions, and desires by means of voluntary produced symbols" (Sapir, 1921, p. 8).

Δ) "The institution whereby humans communicate and interact with each other by means of habitually used oral-auditory symbols" (Hall, 1968, p. 158)

Table 1. provides a comparative account of the definitions presented above.

**Table 1. A Comparative Account of Definitions of Language**

| | |
|---|---|
| **Definitions A & C** | Communication is treated as the sole function of language, and other possible functions are ignored. |
| **Definition B** | Takes into consideration that language has expressive and communicative functions, but fails to consider its use in guiding and evaluating one's own behaviour (Vygotsky, 1978), as well as affecting the actions and beliefs of others (Jakobson, 1960; Austin, 1962/1976). |
| **Definition D** | Fails to account for the expressive function of language (Jakobson, 1960) and its role in providing guidance (Vygotsky, 1978). |
| **All of the definitions, A-D** | Ignore the changing nature of language (Harley, 2008). |
| **All of the definitions, A-D** | Do not take into consideration that a private language can be created by a subgroup within a society (Bakhtin, 1979). |

| Definitions A and C | Make no explicit allusion to paralinguistic cues, which occupy an important role in communication (Cambell, 2000; Gulina, 2001). |
|---|---|
| Definition D | Unlike the other definitions, it refers to the listener as well as the speaker, thus assigning an active role to both members of the conversation. |
| Definition C | Explicitly restricts communication to voluntarily produced symbols. It fails to recognise that language is not used solely to to communicate desires, emotions and ideas; for example, facts and attitudes may also be communicated through language (Crystal, 1997). |

Definition D seems most appropriate to the current thesis, as it does more to capture the complex nature of language than the other definitions reviewed above. Firstly, language is seen as a system created by a group of people, hence social in nature. Secondly, both the communicative and interactive functions of language are accounted for. Thirdly, the author indicates that the speaker and the listener take a proactive role in communication. Fourthly, the definition does not narrow language to a mere method of communication using voluntarily produced symbols. Finally, it acknowledges – albeit implicitly – that communication is based on linguistic, paralinguistic and symbolic information.


**Language**

*"Language [is an] essential part of what it means to be human"* (Harley, 2008, p. 3)


### Language in the realm of linguistics

During the twentieth century, philosophy was dominated by language (Baggini & Fosl, 2010). Saussure (1915/1966) proposed that language, as a system of signs, should be studied through the science of semiology, which, he believed, "would show what constitutes signs, what laws govern them" (p. 16). Saussure (1906/1911) also contended that the signifier creates the signified, rather than simply reflecting it. Thus, theories of language shifted from "the realm of naming to the realm of relationships" (Emerson, 1983, p. 246). Language was no longer seen as a reflection of reality, but as a tool for constructing one's world (Owen, 1991).  When employed

as a means of social interaction, language is bound by culture in multiple and complex ways (Kramsch, 1998). Bakhtin (1979) proposed that language is always a social phenomenon, created by a group of people. Signs are thus social in nature, rather than neutral. An individual is not free to choose the meanings of words; they are dictated to him by his cultural group (Barthes, 1915; Vygotsky, 1962; Baudrillard, 1972; Bakhtin, 1979). Barthes (1915) stressed that signs have multiple layers of meaning. This meaning must be extracted from linguistic and paralinguistic information (Campbell, 2002; Harley, 2008), and is continuously re-negotiated and reshaped through social interaction (Vygotsky, 1962) and as a result of personal experiences (Clark, 1997).

Voloshinov (1976; 1973) and Bakhtin (1979) highlighted the need to study speech over language,[1] arguing that language is always a dialogue created by two people and directed towards a response. The authors observed that any utterance is intended to have specific meanings for, and effects on, its listeners. Academics recognise that the listener actively contributes to what is being said; at the same time, the speaker adjusts his utterance to the needs of the listener (Voloshinov, 1976). This process of adjustment is determined by the relationship of speaker and listener (Bakhtin, 1979), the context of the conversation (Jakobson, 1960; Hanks, 1997), and commonalities of thought (Clark; 1997). As a result, a private language is created by the dyad (Gulina, 2001; Connolly, 2002). Apart from using language to communicate and to influence the actions and beliefs of others (Jakobson, 1960; Austin, 1962/1976), individuals employ the symbolic system of language to construct and represent their reality and experiences (Bakhtin, 1979; Owen, 1991), as well as to guide and evaluate their own behaviour (Vygotsky, 1978).

Thinkers like Whorf (1956) and Vygotsky (1978) proposed that one's world-view and experiences are affected by language. Language, they argued, can influence the individual's thought processes, and how he remembers, perceives and acts (Whorf, 1956; Vygotsky, 1978).[2] It offers predetermined categories for conveying and constructing meaning (Owen, 1991). Bakhtin (1979) proposed that both our outlook on the world and our experience of self are shaped by language and the language of the 'other'. He described an individual's experiences as encoded in language, more

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[1]      Language is a social institution made up of rules and conventions, whereas speech refers to language as spoken by individuals (Saussure, 1906/1911).
[2]      The inverse relationship also exists (Chandler, 2005).

specifically in his 'inner' speech. Inner speech evolves in the process of social interaction, as the words of the other are appropriated and perceived as one's own. These words, according to Bakhtin (1979), then become the vehicle for constructing one's own experiences.

Several insights can be drawn from the above. Firstly, that communication between a speaker and a listener cannot be seen as a simple linguistic exchange based on grammar and rules; rather, it is a multifaceted semiotic interaction. It may be argued that language mismatch makes the interaction even more complex. Secondly, language has many functions apart from communication; it is used actively to affect the listener, guide one's own actions and create reality. Thirdly, language has the power to influence an individual's experiences and world view.

### Language within major counselling psychology approaches

The aim of this section is to explore how language is perceived within psychodynamic, behaviourist and humanistic theoretical orientations. This will facilitate our understanding of the interaction between therapist and client, illuminate possible issues within cross-lingual interactions and emphasise the importance of exploring cross-lingual dyads within the clinical setting.

Freud believed that our ability to produce speech distinguishes us from other living creatures. His work is filled with observations about language (Amati-Mehler *et al*., 1993; Hernandez, 1999). In his 'Outline of Psychoanalysis', for instance, Freud proposed a comprehensive model of language (Loewenstein, 1956). In animals, he argued, conscious processes surface on the periphery of the ego, while the remainder of the ego is unconscious; through speech, however, internal processes in the human ego may acquire the quality of consciousness. Freud thus saw language as an intermediate between the conscious and the unconscious, connecting the material in the ego with the memory traces of visual and auditory perceptions, and allowing ideas and intellectual processes to become conscious (Loewenstein, 1956).

As Connolly (2002) observes, however, the above is not the only model of language put forward by Freud. His first model dates back to the articles 'On aphasia' and 'Project for a scientific psychology', in 1891 and 1950 respectively. Freud hypothesised that human beings require two separate levels of representation in

order to speak. The 'word concept' is an acoustic image, involving visual and coenesthesic elements connected with the bodily sensations felt when pronouncing or listening to a particular word (Connolly, 2002). The second level of representation is the 'object concept', made up of heterogeneous representations of the visual, acoustic, tactile and coenesthesic (Loewenstein, 1956). Freud concluded that the word presentation and the object presentation are linked by a symbolic bond (Connolly, 2002). Language is thus theorised as a subsystem situated at the crossroads between the physical and the psychic. Thought processes are placed on the same level as perceptual processes, giving the thought process the quality of reality (Loewenstein, 1956).

Freud's interest in words also shines through in his work on the forgetting of words; his remarks on antithetical sense in primal words; his attention to puns, jokes and double meaning; his references to the omnipotence of words and the significance of language in human evolution; and his theories of the construction of 'verbal bridges' (Loewenstein, 1956; Amati-Mehler *et al.*, 1993; Hernandez, 1999). Unfortunately, discussion of these particular areas of Freudian theory is beyond the scope of the current thesis.

Lacan (1977) famously proposed that the unconscious is structured like a language, and that it is formed from nothing but the discourse of the Other: the views and desires of other people. According to this reading, the unconscious is closer to an intersubjective space between people, which is socially and culturally dependent rather than something intrinsic to an individual. "An I is only ever an I-in-the-world, an I orientated towards or reconciling from others, forever negotiating – at times with violence, at times with compassion – its particular space amongst them," as quoted by Borossa (2004, p. 32). The unconsciousness is no longer the source of Freudian drives, their representations and effects, but instead hosts the interplay of signifiers in their continuous associative language chains (Connolly, 2002). Gulina (2001) insists that, as a result, language cannot be perceived as simply a system of signs, for there is no direct relationship between the signifier, the signified and the reality. She maintains that Lacan's theory of language forever altered our understanding of the symbolic and subjective functions of language: one's speech is no longer communication with the Other, but communication with oneself via the response of the Other. In addition, Lacan (1955/1956) argued that meaning can only be created through the opposition of signifiers, and that the function

of the speech is to signify that which is absent: "The signifier is a sign that doesn't refer to any object, not even to one in the form of a trace […] But insofar as it forms part of language, the signifier is a sign which refers to another sign, which is as such structured to signify the absence of another sign…" (Lacan, 1955/1956, p. 167).

In Lacanian readings (1953), language has a special role within a psychoanalytic setting, as it enables man to create reality, which in turn creates man. This process takes place through symbolisation. Language is not simply a bearer of thoughts and information. Lacan (1953) argued that language is the means through which the unconsciousness reveals itself. This occurs, in particular, through misunderstandings, confusions, slips of the tongue and absent-mindedness.

Gulina (2001) makes an intriguing proposition: in the process of interaction, the clinician and the client adjust their utterances to each other's needs, thus creating a new language. As a result, a novel, shared reality comes into existence. A similar observation is made by Connolly (2002), who observes that in order for a therapeutic encounter to be effective, the dyad must develop a shared language.

As regards the function of speech, the most exhaustive and concise account of how language expresses mental content was given by Sterba, as presented in Buxbaum's 1949 paper 'The role of second language in the formation of ego and superego'. Sterba states that language first expresses conscious content, then unconscious content (with conscious expression as a mediator), especially through peculiarities of pronunciation and mannerisms of speech. According to Sterba, the analyst should seek to interpret the latter form of verbal expression.

Behaviourists have a very different approach to language; they propose that speech, like any other aspect of human behaviour, is determined by learning and reinforcement (Skinner, 1957; Bloomfield, 1968). Language is no longer seen as the vehicle of thought, but as a chain of stimuli and reactions (Alkon, 1959; Gulina, 2001). Sentences are conceptualised as "a behaviour chain, each element of which provides a conditional stimulus for the production of the succeeding element" (Fodor *et al.*, 1975, p. 25). The probability of a verbal response depends on reinforcement, stimuli control, deprivation and aversive stimuli (Skinner, 1957).

In her article 'Therapeutic and counselling psychology', Gulina (2001) reviews Bloomfield's theory as part of her exploration of the behaviourist's perspective on language. She states that Bloomfield (1968) fails to account for humans' inner experiences within the act of communication; instead, he sees language as a distinct form of behaviour. For Bloomfield (1933), communication is a chain of stimuli and actions, while social interaction is explained as an interaction of biological processes. He diminishes the role of language in our day-to-day life and sees language as a by-product of survival.

The role of language, however, is at the heart of humanistic psychological theory. More specifically, language is brought into focus through the lens of existentialism, with its prevailing emphasis on the issues of existence and co-existence (Gulina, 2001). In support of her argument, Gulina (2001) presents the work of Buhler (1970), who devised a tripartite classification of the various functions of speech. According to Buhler, the addressor and the addressee have three possibilities for interaction: they may speak of objects and their relations; the addressor may express what is in himself; or he may appeal to the addressee (Buhler, 1970, as cited in Gulina, 2001).

Gulina (2001) also touches upon the work of Bugental (1993), who proposed that the effectiveness of an interaction can be assessed according to the following characteristics: presence of interaction; level of communication; level of interpersonal control; locus of attention; and meaning shared. Bugental (1980) maintained that through communication human beings achieve a sense of worth, "the power of being" (Bugental, 1980, p. 56), as well as grasping "life and meaning" and naming "experiences, emotions, and subjective states" (Bugental, 1999, p. 170)

### Conclusion

As evidenced above, language occupies different roles and has varying functions within psychoanalytic, behaviourist and humanistic approaches. For psychoanalysts, language is an intermediary between the conscious and the unconscious. It is no longer an individual's possession, but instead a joint venture created between the self and the Other under the influence of historical and cultural factors. For behaviourists, the acts of communication and interaction are reduced almost to the level of a mechanical procedure, understood to occur strictly within the algorithm of

stimuli and reaction. In the behaviourist reading, therefore, words are no longer the vehicles of thoughts; indeed, the act of thinking is taken out of the equation altogether. For humanistic psychologists, language is a means of social interaction which enables humans to address the issues of existentialism and self-actualisation.

**Bilingualism within a Clinical Context**

Bilingualism is a well known contemporary phenomenon (Grosjean, 1982) triggered by the rise of voluntary and involuntary immigration, as well as an increase in international work patterns (Bowker & Richards, 2004). Once a rarity, bilingualism is now more common than monolingualism (Santiage-Rivera & Altarriba, 2002). The implications of bilingualism for the clinical setting have been acknowledged since the birth of psychoanalysis. Freud himself spoke several languages, and during the First World War was frequently forced to conduct treatment in English (Tesone, 1996; Flegenheimer, 1989). Among many other bilingual classical clinicians, Abraham, Mahler, Adler and Klein analysed or underwent analysis in a language other than their mother tongue (Amati-Mehler *et al.*, 1993). However, the theme of bilingualism received little sustained attention until the late 1940s.

### Bilingualism within the clinical setting: as experienced by the client

With the rise in bilingualism, it became evident that one's second language may be used as a defence mechanism against infantile conflicts and intense emotions (Buxbaum, 1949; Greenson, 1950; Javier, 1989, 1995; Marcos & Alpert, 1976). Academics also discovered that the therapeutic alliance (Clauss, 1998; Hill, 2008) and therapists' and clients' experience of self (Marcos *et al.*, 1977; Hill, 2008) were influenced by the choice of language within the therapeutic setting. These findings will be discussed in greater detail in the following subsections.

#### *Language as a key to conflictual affect-laden material*

Psychoanalysts discovered that the mother tongue plays an important role within the clinical setting, as it enables access to conflictual childhood experiences. Buxbaum (1949) insisted that repressed fantasies and memories may be unavailable when treatment is conducted in the client's second language. In addition, she proposed, childhood memories come emotionally alive when expressed in the language spoken at that time. She offered the example of a bilingual client whose treatment progressed only after the point at which the analysand was able to translate the word

'sausage' into her native German ('blutwurst'). The German word's associative/derivative connection with a penis released the recollection of "her [childhood] sexual wishes towards her father and mutual masturbation with her own sister" (Buxbaum, 1949, p. 283).

The relationship between language – especially bilingualism – and repressed memories is well documented in the work of Greenson (1950). He explained that since important emotional conflicts during the first year of life are processed in one's mother tongue, it becomes the bearer of fundamental unresolved conflicts, whereas the new language serves as a defence mechanism against infantile conflicts. Like Buxbaum (1949), Greenson (1950) argued that childhood memories can only be experienced in later life when the verbal expressions of that period are used. To demonstrate his point, he offered a specific example of a patient's resistance to speaking German (her mother tongue) during treatment:

"I have the feeling that talking in German I shall have to remember something I wanted to forget." (Greenson, 1950, p. 19)

The link between language and memory received little further exploration until the last decades of the twentieth century. In their 1983 article 'Language switching in psychotherapy with bilinguals: Two problems, two models, and case examples', Rozensky and Gomez argue for the non-availability of developmental issues when therapy is conducted in the client's second language. The authors suggest that such issues are inaccessible precisely because they originate from a time at which the client spoke his/her native language.

Several years later, the topic of bilingualism resurfaced in the work of Clauss (1998), who described her client Ricardo's use of Spanish to rebuild his relationship with his father. Clauss (1998) concluded that using the language of his childhood enabled Ricardo to connect and work through the issues originating at that time. Foster (1992) agrees that language-switching is of fundamental importance in psychotherapy, as it allows affect-laden early material to be accessed in all its richness and vividness. In her work with Anna, a 20-year-old Chilean dance student, Foster (1992) aptly demonstrates this process. Treatment in the client's second language brought about little change in her presentation, whereas switching to her

primary tongue triggered a dramatic response. Anna's mother tongue was a key to her conflictual childhood memories, and closely identified with her parents, which facilitated a strong transference reaction. The psychoanalyst became "a powerful and threatening object" (p. 67) as Anna reverted from a strong, brave and independent woman into her mother's frightened, dependent child.

Javier (1995) explored the nature of repression in bilingual clients, presenting a clinical illustration of his work with an English-Spanish bilingual. The psychoanalyst found that the shift between languages was used by the client either to facilitate communication or to withdraw from intense feelings. For example, the memory of abuse was only available in Spanish, the language in which the traumatic experience had occurred. Javier also discovered that events experienced in the context of the client's second language were not available when using Spanish. Accordingly, she proposed that bilinguals may code different aspects of their experience in different linguistic modes.

A case illustration offered by Canestri and Reppen (2000) demonstrates how their client's use of her primary language enabled her to regress to her child self, and establish a positive transference to her lost sister and her country of origin. The Yiddish language was the key to feelings of tenderness experienced towards her caregiver.

Szekacs-Weisz (2004) describes the challenges and surprising opportunities that revealed themselves when she started practising in her second language. When Alice, her bilingual client, spoke about the things which were most important to her, she would stop and repeat the words in Swedish, her mother tongue. Szekacs-Weisz found that mirroring the analysand had a transformative effect. It allowed the therapist to access in her client's childhood the origin of trauma and pain.

A similar observation is made by Antinucci (2004) in 'Another language, and other place: To hide or to be found?'. She demonstrates that having two languages at one's disposal can facilitate therapy by allowing access to rich, emotion-laden early material, as well as providing a means to greater understanding. She describes her work with Mrs A., a French woman in her twenties experiencing symptoms consistent with depression. The client tended to use only English when talking about

her academic life. Antinucci (2004) noticed that these words were used hesitantly, as if newly acquired; yet Mrs A.'s command of the English language was faultless. It transpired that the client had failed an assignment which she believed any girl at secondary school in her home country would have managed with ease. Her intense shame and sense of failure led her to regress to an earlier form of functioning.

Even though many authors (including Marcos & Urcuyo, 1979; Tesone, 1996; Hill, 2004; Amati-Mehler, 2004; Santiago-Rivera *et al.*, 2009) have touched only briefly on the issue of non-availability, its importance in psychotherapy is widely acknowledged.

The research surveyed above highlights the pivotal role of language within a clinical setting. Language has the power to facilitate as well as inhibit access to important traumatic experiences, and thus has profound consequences for the effectiveness of therapy.

### *Language as a sculptor of past events*

As shown in the previous section, research findings suggest that bilinguals have a qualitatively different recollection of past events depending on the language used to recall memories (Javier *et al.*, 1993; Koven, 1998; Pavlenko, 2007). This illustrates the fundamental role of language within therapeutic encounters, as therapists are frequently involved in exploring meaningful personal memories (Javier *et al.*, 1993).

Javier *et al.* (1993) asked a group of bilinguals with equal language proficiency to recount a traumatic experience in the same language in which the event had occurred. At a later point, these individuals were asked for their recollection of the same story in their other language. The researcher found that important memories were only fully available in one of the languages. Moreover, the nature and quality of these memories differed dramatically between languages.

Koven's (1998) study supports Javier's (1995) findings. The former asked proficient French-Portuguese bilinguals to recount an experience in both languages. These stories were analysed by Koven (1998) and his team. Isabel, one of the respondents, described her conflict with a postal clerk on finding out that her postal account identification had been lost. The researcher observed that the same story varied

significantly depending on the language employed. As a result, Isabel and her situation were perceived differently by the team. When English was the language of recall, she was characterised as angry, aggressive, vulgar, critical and self-assertive; an explosive, nervy adolescent looking for trouble. In Portuguese, however, she came across as a well-meaning, polite, calm, respectful and reasonable individual confronted with inflexible bureaucrats. The situation itself was also perceived differently depending on the language employed.

Pavlenko's (2006, 2007) research supports these findings. She observes that the same story told in different languages may vary in its degree of detail and emotional intensity, and its framing of particular episodes.

It is evident, therefore, that language has the power to shape and alter the recollection of past events. As such, it may affect both what is said by the client and how it is said, as well as the therapist's perception of the event described. In short, the precision of the events recalled may also be at the mercy of language.

### *The mother tongue as an emotionally charged vehicle*

The current subsection explores the relationship between the mother tongue and emotional experience. Krapf (1955) was the first clinician to suggest that clients may shift between languages to reduce anxiety. He gave an example of a 20-year-old woman who came to therapy as she was unable to find a suitable partner. An Oedipal fixation lay at the heart of her neurosis. Krapf (1955) observed that the client spoke German (her second language) to defend herself against the Oedipal conflict and hence the activation of intense emotions. Likewise, Marcos and Urcuyo (1979) proposed that clients may purposefully use their second language to split off the emotional components of an idea; as they intellectualise their experiences by focusing on grammar and phonetics rather than the content of their words, emotional intensity is reduced.

A decade later, Rozensky and Gomez (1983) introduced the theory of emotional detachment. They maintained that a traumatic experience recounted in one's second language is less emotionally charged, as the language is intellectualised and detached from emotional content. This phenomenon was explained in terms of language acquisition. According to the researchers, the second language is learned

for survival and basic communication purposes, whereas the first language incorporates emotional expressions, experiences and memories (Rozensky & Gomez, 1983).

In support of the existing evidence, Tesone (1996) contends that the second language may enable the patient to gain distance from the maternal voice, thus avoiding emotional and instinctual surplus. He presents a clinical vignette of his work with an Italian-French bilingual. The therapy was conducted in French even though the client's first language was Italian. The analyst discovered that intense feelings triggered by the Oedipal issue became available when the client used the Italian word 'invincibile' (invisible).

Clauss' (1998) work provides additional support for the theory that, within a clinical setting, bilingualism may serve as a defence mechanism against strong emotions. She describes the psychoanalytic treatment of a bilingual Spanish student, Ricardo. In using his second language, the client intellectualised his traumatic experience. Clauss (1998) observes that once Ricardo was able to use his native tongue he became connected to the sounds he heard when he learned about his mother's illness. Ricardo reported his sense that "It's safer for me to speak in English […] when I spoke in Spanish I felt more" (p. 192).

In her article 'Language and intersubjectivity: multiplicity in a bilingual treatment', Hill (2008) argues that a second language is less emotionally charged than the mother tongue, enabling its use by the client as a vehicle to defend against early psychological injury and conflictual pre-Oedipal relationships. In support of her argument, she offers a case illustration of her work with Claudine, a young French woman, whose presentation changed dramatically once she was able to communicate in her mother tongue. From an apathetic, lifeless figure, she turned into an energetic and sexually charged individual.

Szekacs-Weisz's (2004) view fits comfortably with the existing evidence. She maintains that the intrusion of the second language into the therapeutic setting can be explained by the client's attempt to distance himself from painful associations. The author recalls her work with Tamas, who described a dream in Hungarian, translating only one word – 'cockroach' – into English. When Szekacs-Weisz

explored the meaning of the word – whose Hungarian translation is 'svabbogar' (from 'svab', a name for ethnic Germans in Hungary, and 'boggar', bug or insect), the latent meaning of the dream was revealed: the client sought to separate himself from painful associations with Germany and anti-Semitism. Again, this indicates that clients' first language can bind them to their traumatic experience.

Antinucci (2004), a bilingual analyst, offers an intriguing example of clients' use of two languages within therapy. Antinucci's client Miss A. spoke predominantly in her mother tongue throughout the analysis. However, when she needed to convey important or painful information, she used a foreign language. Thus, she spoke about her pregnancy in her mother tongue but switched to English when she shared her fear of having a miscarriage. Antinucci (2004) clarifies that in the client's primary language, the word 'miscarriage' suggests spontaneous abortion, whereas in English the prefix 'mis' is associated with things going wrong, or indicates fear and hatred, as in the word 'misanthropist'. This association suggested to the analyst that the client may have been harbouring some destructive feelings towards her baby.

In the same article, Antinucci (2004) explores the reasons why it is easier to use expletives in a foreign language than in one's own. She explains that foreign swear words bypass the superego, but evoke very concrete images when spoken in the mother tongue. The researcher concludes that both clients and analysts may use their second language to reveal or disguise the content of their consciousness, suggesting that access to both languages is a valuable tool in the hands of an analyst.

The relationship between language and emotions is further elaborated by Foster (1998) who proposes that bilingual clients use their second language "to ward off painful language-related segments of previous and current experience" (p. 16). It did not escape Foster's attention that her client Yulie switched to using English (her second language) when recounting the recent experience of losing her father. The analyst interpreted this shift as a defence against the feelings of grief.

Due to the word limit imposed on the present study, the author has prioritised in her discussion the work of the most influential writers in the field, and the most intriguing clinical cases. However, it is important to note that other theorists, including Canestri and Reppen (2000), Kleimberg (2004), de Zulueta (1995) and

Amati-Mehler (2004), have made similar observations about the relationship between language and emotions.

Two insights can be gained from the research surveyed above. Firstly, that one's primary language seems to hold more emotional charge than the second language. Secondly, that clients may employ their second language as a defence against intense emotions.

### *Clients' experience of self in the realm of different languages*

The current section will explore the relationship between language use and self-states. Greenson (1950) was one of the first psychoanalysts to explore directly the relationship between language and the experience of the self. He observed that bilingual patients may experience a different self-state depending on the language employed, such that a new language allows the client to develop a new self-portrait. This process can foster as well as hinder treatment (Greenson, 1950). The analyst cited a patient's report that shifting language brought about a shift in her identity: "In German, I am a scared, dirty child; in English I am a nervous, refined woman" (Greenson, 1950, p. 19).

Greenson's (1950) work was picked up by Marcos *et al*. (1977) and Marcos and Urcuyo (1979). According to the authors, clients complained about 'hearing' themselves differently depending on the language they spoke; as a result, Marcos and Urcuyo (1979) concluded that bilinguals may perceive themselves as different people according to the language used. Interestingly, clients also reported "not being the same person" they used to be following the acquisition of the second language (Marcos & Urcuyo, 1979).

Foster (1992) discovered a similar effect in her work with 20-year-old Chilean dance student Anna. She observed that treatment in the client's second language brought about little change in her presentation, whereas switching to her primary tongue had a dramatic effect: she regressed from a strong, brave and independent woman into her mother's frightened, dependent child. Foster (1992) concluded that the experiential inner worlds of bilingual patients are language-specific.

Hill (2008) gives a compelling account of how internalised languages evoke different self-states during therapy within a bilingual dyad. In the current section, I will review her work in relation to the client's experience. While working with Claudine, Hill (2008) observed her client's internal dialogues between various self-states as she moved between languages. The analyst observed a tremendous shift in the client's presentation – her body-based and affect-filled self-states – when she introduced the client's mother tongue into the therapy room. When using the English language, Claudine tended to be lying down, curled up and facing out towards the therapist; when recalling her experiences, she imagined what was happening to various family members and how she felt in their presence. When using French, however, Claudine became sexually excited, energetic, less shy and more inclined to recount her own experiences rather than those of others around her.

Santiago-Rivera *et al.* (2009) give an example of a client who used her second language very skilfully to create an image of herself *"as a less well spoken woman"* (Santiago-Rivera *et al.*, 2009, p. 440). The authors receive support for their observation. Lijtmaer (1999), for example, suggests that a monolingual analyst may become a transitional object for a bilingual client, allowing him/her to cut ties with the past and develop a new identity. She grounds her argument in the work of Kitron (1992), a French-speaking Israeli analyst. Kitron describes his work with a Belgian client who requested to have therapy in the French language. A few years later, following her marriage to an Israeli, the patient recalled her therapy as having been conducted in Hebrew, except for the first session in French. Kitron (1992) concludes that the patient had used him as a means of transition from a Belgian to an Israeli identity.

### *Conclusion*

The literature in the field of bilingualism suggests that the shift between languages can facilitate a shift in self-experience. Research also indicates that the newly acquired language can be used purposefully to develop a novel identity.

### **Bilingualism within the Clinical Setting: Psychoanalysts' Reflections on Their Work**

This section will focus on therapists' experience of working within bilingual dyads. Particular attention will be paid to the relationships between language and recall, language and self-experiences, as well as language and emotions.

### *Mother tongue as the key to one's past*

In the current section, the author will attempt to demonstrate how one's mother tongue can facilitate access to childhood memories. In her paper 'The psychic change in the analyst', for example, Zac de Filc (1992) describes her reservations about conducting therapy in her first language, Yiddish. For the analyst, her mother tongue resonated with memories of the suffering caused by the Nazi regime and the loss of her loved ones. Zac de Filc was concerned that speaking her family language would stir up emotions which would hinder rather than assist therapy. This concern came to life in the therapy room: "[…] as soon as I began to use Yiddish, I lost sight of a person in front of me. This place had been taken by my own past – by my past as it rolled off that language [...] I no longer knew if I would be able to continue with my task" (Zac de Filc, 1992, p. 327).

Szekacs-Weisz (2004) also explores the relationship between language and recall of past experiences. She hypothesises that therapists' fears about working in their primary language are related to concerns about facing and becoming re-immersed within their lost childhood, rather than the mastery of language and translation. This transition into childhood memories is also evinced by Hill's (2008) case study. Hill describes the experience of being transported back to the comfort of her childhood memories – of being nurtured and soothed by her caregiver Mati – when the client shifted to speaking her mother tongue, French. This is discussed in more detail in the next section.

Studies such as the above clearly indicate that language allows analysts to re-immerse themselves in their childhood memories, which in turn affects therapy.

### *The therapist's experience of self when shifting between languages*

The current section will explore how shifting from one language to another impacts upon the therapist's experience of self. In "The bilingual and self: duet in two voices" Foster (1996) suggests that bilingual speakers who possess two language codes may experience themselves and the world differently. Each 'self-schemata'

has its own well articulated psychic identifications, defensive structures, and functional ego operations. She explains the above phenomenon as follows: "We possess dual templates through which we shape and organise our world, as well as two sets of verbal symbols that can codify our experiences and give voice to their expression" (Foster, 2004, p. 99). In support of her hypotheses, Foster (1996) describes her work with a 40-year-old woman (Yulie). The client's shift to using her mother tongue to describe her conflictual relationship with her mother triggered a point of transference: Yulie began to address the psychoanalyst more informally, as well as being late for sessions and cancelling several meetings. This in turn initiated a process of counter-transference. Foster (1996) states that the client "successfully transform[ed] me into a hacking Caribbean bird who wants nothing more than to squawk at her, keep her in line, and make her behave" (Foster, 1996, p. 110).

Szekacs-Weisz (2004) offers an example of her journey as a bilingual analyst. On beginning to conduct therapy in her second language, it felt as though she were working "from a different part of [her] body and [her] mind". In short, she reported, 'I am: a psychologist with one brain and two minds" (Szekacs-Weisz, 2004, p. 28).

As for many analysts, Hill's (2008) interest in bilingualism grew out of her personal experience of conducting therapy. In her work with Claudine, a French-English bilingual, she discovered the multiplicity of her own self-states. "[I was] able to use language as a distinct lens through which to observe Claudine's and my own multiple language-specific self-state coming into focus" (Hill, 2008, p. 440). Hill (2008) describes her shifts between English and French-speaking self-states in terms of transformation from an adult psychoanalyst into a 3-year-old toddler: "one spontaneous and conscious association to Mati [Hill's African caregiver] that surfaced in this treatment was a feeling I had of being soothed at times when Claudine spoke to me in French" (p. 452). She reports feeling that ""Claudine and I also had a great capacity to play together in French, calling up a joyful time of girlhood in Paris…" (Hill, 2008, p. 453).

It is unlikely to have escaped the reader's attention that the shift in therapists' sense of self and emotional experiences is shown to arise through transferential/counter-transferential reactions. In his paper 'A note on empathy and the analyst transference', Grossman (1996) describes an internal linguistic shift in his work with

an English speaking Jewish patient. He interpreted his patient's decision to speak Yiddish as an unconscious wish to alienate the analyst. This made Grossman feel like an outsider, and triggered the following response within him: "when I started to speak, I was about to use the Hebrew word 'mespochech' instead of 'family', without knowing why, I changed it at the last moment. In retrospect it was clear to me that I wanted to use the Hebrew word to prove I knew it, compete with him in Yiddish knowledge […] I was going to prove I was family…" (Grossman, 1996, p. 372). The word 'mespochech' triggered in Grossman an unconscious return to childhood memories of his parents' trying to prevent his showing off his knowledge of science at his brother's celebration. In fact, his brother had facilitated the discussion, showing a genuine interest in what Grossman was going to share. The memory of his brother's empathetic response enabled Grossman, as analyst, to take the role of understanding brother to his patient.

The case studies above suggest that therapists experience themselves differently depending on the language employed within the therapeutic setting.

### *Emotions as experienced by therapists as they shift between languages*

Let us now explore how emotional material is perceived and processed differently by the therapist when working in his/her first or second language. As previously noted, Freud did not address the issue of bilingualism explicitly; when working with Dora, however, he reported switching intuitively to French when exploring emotionally laden sexual material (Sella, 2006; Lijtmaer, 1999). This topic is more directly addressed by Hill (2008), who reflects on her own experiences of shifting between languages in her therapy with Claudine, a French-English client (discussed in more detail elsewhere). She observes that working in her second language was less emotionally fraught for her: 'I was able to take more psychic refuge while working in French' (Hill, 2008, p. 451). A similar theme runs through the work of Szekacs-Weisz (2004) who recalls that the use of her second language created a sense of detachment from the content of what was being said during the session, making her work with borderline patients more natural and balanced.

The above evidence indicates that therapists experience their primary tongue as more emotionally charged compared to their second language, as do clients.

**The Nuances of Translation and Challenges in Language Use**

**The limitations of working in a second language**

This section explores the technical challenges faced by therapists when using their second language. In his biography of Freud, Gay (1988) reports that Freud was candid in revealing some of the frustrations involved in conducting therapy in his second language. In a letter to his nephew, Freud wrote "I am anxious about my English […] I listen and talk to Englishers 4-5 hours a day, but I will never learn their d****d language correctly" (Gay, 1988, p. 388). However, the challenges of using one's second language in therapy received little further attention until the work of Flegenheimer (1989). The latter maintained that the most conspicuous problems faced by the analyst are understanding the patient and making oneself understood. He argues that a lack of sophistication and profound competence in one's language can hinder this process.

Lijtmaer (1999) suggests that feelings of anger may be triggered by having to invest additional effort in communication, as well as feelings of humiliation when the patient asks for an intervention to be repeated. Accent, slower pace and general lack of language skills are also highlighted as challenging. As a result, therapists may become cautious when making certain interventions, and focus instead on their own language difficulties. This may distract them from what is being said by the client and the therapeutic process.

The literature suggests that as the therapist becomes proficient, these problems dissipate (Sprowls, 2002; Sella, 2006; Skulic, 2007). In contrast to the above findings, for example, Szekacs-Weisz (2004) provides an eloquent first-hand account of a more complex relationship between level of expertise and language employed; she argues that once the therapist becomes fluent in his/her second language, he/she begins to feel comfortable, safe and capable of navigating its labyrinth. However, she warns that these feelings are inevitably shattered on the arrival of a client who speaks the therapist's first language. It is worth quoting Szekacs-Weisz (2004) at length:

"I tasted words and phrases like long forgotten delicacies, enjoyed the poetics, syntax, the plasticity and creative potential of Hungarian grammar; in one word, I

was really in my element! At the same time, with my next patient in English I was less than pleased to realise that my English was gone. The grammar went upside down, I was searching for the appropriate phrases, became hesitant and insecure and was translating in my head yet again, something I had given up long ago, at the time when I began not only to speak but to think and dream in English" (p. 26).

In circular fashion, therefore, the analyst finds him/herself repeatedly investing time and effort in developing confidence and communication skills in the second language, eventually reaching a point at which he/she feels comfortable with his/her command of the language; however, this lasts only until encountering the next client who speaks the analyst's mother tongue.

In addition, Amati-Mehler (2004) points out that knowing the translation of a word does not imply a full understanding of its meaning, which may vary depending on context. She states that the word 'white' may hold very different meaning for a Frenchman and an Eskimo; the latter having in his vocabulary many different kinds and shades of white. A similar observation was made by Altarriba (2002), citing the Spanish word 'carino', which has no single word-equivalent in English to reflect all of its nuances; 'affection' and 'liking' are just two of many possible translations. Other researchers have gone further to suggest that some concepts may be near to impossible to translate (Heelas, 1986; Levy, 1984; Pavlenko, 2002).

The nuances of translation are well observed by Szekacs-Weisz (2004), who highlights that two seemingly identical words in two different languages may not necessarily convey the same meaning. She provides an exhaustive example in her exploration of the meaning and use of the words 'love' and 'hate' – so integral to the language of psychoanalysis – in Hungarian and English. She discusses the ease with which the word 'love' is used on a day-to-day basis in Hungary; a word considered close to unspeakable in England. The phrase 'I hate you', on the other hand, feels quite at home in the land of Shakespeare, but alien in Molnar's motherland.

The above suggests that second-language therapists may encounter certain technical difficulties when conducting therapy. These difficulties may disappear with time, or else continue to recur as the therapist moves between working in his/her mother tongue and second language.

### *Opportunities of working in a second language*

The above paints a fairly pessimistic picture of bilingualism; as a corrective, the advantages to the therapist of having two or several languages will be explored below. Researchers have found that having two languages at one's disposal can facilitate understanding of the client's experiences, and foster communication. Connolly (2002) gives a fascinating account of her experience of working with a bilingual client. The psychoanalyst discovered that having a command of two languages assisted her task of listening and translating: "bilingualism facilitates the rapidity and liquidity of the analyst's associations, and at the same time sharpens his or her awareness of how the sound of the word can subtly change its meaning" (Connolly, 2002, p. 359). She found that bilingualism enabled her to make multiple links and associations in her work with François, which facilitated a deeper understanding of transference/counter-transference and conflictual material. Fostering a sense of words as a source of sounds and rhythms rather than meaning, bilingualism thus encouraged her to withhold interpretation, allowing her client to regress to a pre-verbal state. Connolly (2002) observes that 'Normally when we hear a word, we hear it both affectively through the sounds and the rhythms of the word and mentally by recognising the content of the word, and these two different levels reverberate together to increase the significance' (Connolly, 2002, p. 376).

Similarly, Amati-Mehler (2004) draws our attention to the fact that multilingual organisation fosters multiple associations, as mental objects are processed in many different languages simultaneously to produce one comprehensible response. She gives an example from her clinical work to demonstrate how multilingualism and its habit of multi-association engenders alternative meanings and narratives within the analytic context. She reports that her command of multiple languages makes it "much easier for me to understand the raving nonsense language of a psychotic" (Amati-Mehler, 2004, p. 178).

In short, having two or more languages at one's disposal is a unique tool: it enables the therapist to make more connections and associations, which in turn facilitates listening and understanding.

***Therapeutic alliance as experienced by the client and the therapist***

The impact of language on the therapeutic alliance is discussed in detail in the section on 'Bilingualism within the clinical setting'; transferential and counter-transferential reactions are shown to reflect the interplay between language and rapport (Foster, 1992, 1996; Hill, 2008; Antinucci, 2004). This link is explained in more detail below.

In his work with Ricardo (discussed in a previous section), Clauss (1998) noticed that switching to the client's mother tongue facilitated positive transference. As a result, the therapist's communication style also shifted, and therapy became 'more chatty' (p. 194) and casual. According to the analyst, this chain reaction fostered the development of rapport.

Lijtmaer (1999) reviews existing literature to explore the impact of language-switching on transference and counter-transference. According to the author, language choice can trigger a range of transference and counter-transference reactions ranging from idealisation to suspicion and hostility. Lijtmaer (1999) describes her work with a bilingual Spanish-English speaking client. Her patient switched to using her mother tongue when recalling her childhood experience of being ignored by her mother. A transferential reaction made her doubt whether the analyst would understand her; this triggered distancing.

Lijtmaer (1999) offers a different scenario of how language may affect rapport, this time through the process of over-identification. She explores the context in which the analyst and the client share the same language in a foreign land. In support of her argument, she cites the work of Comas-Diaz and Jacobsen (1991), who present a case study of an analyst's attempt to distance himself from a client in order to preserve a ''neutral stance''.

Kitron (1992) explores a different angle, proposing that clients may have a negative attitude towards a therapist who is an immigrant. He explains that the client may feel "too close to home" (p. 238), or else that immigration may imply a sense of weakness which is then projected onto the therapist. Either reaction may have a damaging effect on the therapeutic alliance.

The findings of clinical vignettes and first-hand accounts suggest a complex interplay between language and therapeutic alliance; a more direct link between these variables will be demonstrated in the next section, which reviews qualitative studies of the topic.

**Therapists' Experience of Working Within a Cross-lingual Dyad: Qualitative Studies**

### Cross-Lingual Dyad: the Monolingual Therapist's Experience

As previously discussed, there is scant literature available on the therapist's experience of cross-lingual dyads. For a glimpse of the dynamics within cross-lingual clinical transactions, therefore, the author reviews the work of Bowker and Richards (2004) and Stevens and Holland (2008).

Bowker and Richards (2004) explore the nuances of interaction between English-speaking psychodynamic counsellors/psychoanalytic psychotherapists and proficient bilingual clients. Two major themes emerged: separation and distance; and connection, an extra effort. Prior to commencing therapy, the respondents predicted a greater degree of difficulty in communication (Bowker & Richards, 2004). To quote one respondent, "Will I make myself understood, will I understand them? Will there be a block to understanding on a subtler level?" (Bowker & Richards, 2004, p.470). The researchers discovered that, throughout the treatment, the therapists remained aware of the possibility that some sort of language barrier could arise. Having some level of familiarity with the client's first language had a favourable effect on the therapist's sense of connectedness and degree of empathy. Bowker and Richards (2004) also found that some therapists experienced a degree of envy towards their clients due to their ability to speak a second language proficiently; this indicates that sensitivity is necessary in dealing with matters of transference and counter-transference. In addition, therapists described a need to place greater emphasis on developing a good therapeutic alliance with their clients. They reported feeling as though they had to make additional effort to listen to their clients at the same time as monitoring their level of understanding. One therapist recalled the sensation of being "hyperaware" and "hypersensitive".

Stevens and Holland (2008) explored the question of what it is like for a monolingual therapist to work with a bilingual client. The researchers focused specifically on the impact of cross-lingual transactions on the therapeutic alliance. Their findings suggest that cross-lingual dyads may either threaten or strengthen the therapeutic relationship, as explored below. The authors identify five factors which may hinder rapport. The first category involves language barriers such as accent and slower pacing, and the client's emotional detachment and concern about political correctness, as well as his/her responses to challenges to personal stereotypes. The second category relates to the therapist's feelings of powerlessness in terms of bridging the language gap, feelings of shame triggered by his/her national heritage, and doubt about the effectiveness of therapeutic interventions. The authors identify the third category as 'unknowns', which refer to elements within the interaction which cannot be observed directly, so remain unknown. For example, the different meanings attributed by therapist and client to the same word. Generalised uncertainties relating to cross-lingual transactions – such as the impact of the therapist's interventions, or doubt as to whether language differences are important – were identified as the fourth threat to rapport. Culture, class, religion and age are also considered to be important. Factors which facilitate the development of the therapeutic alliance include the therapist's increased effort to develop rapport; additional time invested in understanding the client's experiences; and the therapist's experience of similar situations, such as feelings of isolation or the struggle to be understood in a foreign country. The authors identify the fourth factor aiding the development of rapport as the therapist's extra effort to communicate with his/her client. Finally, working with bilingual clients is argued to promote a sense of achievement as therapists reflect on their personal growth, development, and ability to manage challenges.

In summary, cross-lingual transactions may hinder as well as assist the development of the therapeutic alliance, as evinced in research carried out by Bowker and Richards (2004) and Stevens and Holland (2008).

### *Cross-lingual dyads: the bilingual therapist's experience*

Four studies focusing on the therapist's experience of cross-lingual dyads will be reviewed in the current section. The aim of Sprowls' (2002) study was twofold. She sought to explore, first, therapists' self-experiences as they switched between

languages; and second, how cultural context affects the therapeutic alliance. Sprowls' focus group comprised nine English-Spanish bilinguals, with almost 50% of her respondents identifying Spanish as their main language. Sprowls' (2002) findings suggest that some of the participants felt less competent and confident when delivering psychological services in Spanish. For the most part, this struggle seemed to be related to the need to translate various concepts and psychological theories into Spanish, which in the participants' opinion slowed down the pace of the sessions. Difficulties associated with finding the right words and double-checking the accuracy of their verbal expression were also reported by the respondents. In addition, they described experiencing different self-states depending on the language used. Language, they observed, seemed to affect how they thought about the world and what they said during the sessions; it influenced their perception of time as well as ways of relating to their clients. Finally, they reported that knowledge of their client's culture greatly facilitated therapy.

Noting that the experience of second-language therapists has received little attention from researchers, Sella (2006) conducted a study investigating the experiences of 11 polyglot immigrant clinicians working with immigrant bilingual or monolingual children. She was specifically interested in counter-transference and empathy as experienced by therapists. Sella (2006) found that the polyglots' level of comfort with working in a second language depended on how recently they had immigrated. Language-related difficulties such as misunderstanding accent, idiomatic expressions or slang, failing to recognise vocabulary, and translation challenges were reported by the clinicians. In their opinion, these reduced the pace of the sessions. Shared immigrant identity, however, seemed to have a positive effect on empathy and therapeutic alliance. The research also suggests that, with time, therapists become more emotionally and empathetically attuned to their second language. However, the mother tongue did not lose its importance. In Sella's words, "Clinicians' mother tongues filtered through the polyglot languages. When speaking the polyglot language clinician empathetically and countertransferentially revisited the mother tongue, consulted with the mother tongue about the definition of emotions in the polyglot language…" (Sella, 2006, p.267). Moreover, the researcher found that language triggered shifts in self-states as well as counter-transferential reactions. For example, one of the respondents reported that "descending to her child self" (p. 263) facilitated empathy and understanding of the child's (her client)

experience. Techniques like self-disclosure, clarification and exploration were observed to facilitate empathetic attunement.

Our understanding of bilingualism has received further development from Verdinelli and Biever (2009). The researchers examined the means used by bilingual therapists to develop their skills and knowledge as they provide therapy in two languages. Among the research participants, Spanish was identified as the first language, while English was the language of training. The therapists reported facing various challenges when working in a second language. For example, the need to pay attention to one's own language use was a distraction in itself, affecting both the therapeutic process and the pace of the session. Translation-related challenges were also experienced by some therapists. Others were concerned that they sounded too direct or blatant when using their second language, which might affect a client's willingness to accept their interpretations. Some therapists feared that their accent would affect their clients' perception of their professional expertise. In addition, participants reported using more humour and feeling more relaxed when working in their mother tongue, which enabled them to connect with their clients easily and rapidly. They identified themselves as being more serious and detached when working in their second language. However, Verdinelli and Biever (2009) also found evidence to suggest that language-switching facilitated therapeutic progress.

In the same year, another study explored therapists' experience of language-switching when working with bilingual Spanish-English speaking clients (Santiago-Rivera *et al*., 2009). The researchers discovered that language-switching helped therapists to develop a therapeutic alliance and to gain their clients' trust (Santiago-Rivera *et al*., 2009). Researchers also found that a shift from one language to another was used as a tool to manage clients' resistance and increase their engagement, as well as to facilitate disclosure and expression of emotional material. Furthermore, Santiago-Rivera *et al*. (2009) report that idiomatic expressions were used by their therapist participants to facilitate clients' understanding and self-awareness.

As evidenced above, therefore, language can influence both the therapeutic process and therapists' clinical practice.

**Rationale for the Current Study**

The literature review suggests that certain issues arising within cross-lingual interactions may affect how these interactions are experienced by both members of the dyad. It also highlights that these issues may have an impact on the therapeutic process and therapists' clinical practice. The majority of the existing research has a psychodynamic orientation, and attends in particular to the experience of bilingual clients. When the therapist is the focus of the study, researchers tend to concentrate on their experience of conducting therapy in a non-dominant language, which for some of the respondents mentioned in the previous section is their mother tongue. In addition, therapists' experience is most commonly investigated within bilingual dyads. What it is like for therapists to work with monolingual clients remains largely unexplored.

Furthermore, the findings of existing research are not wholly conclusive, as several limitations have been identified in the studies reviewed above. In Sprowls' (2002) study, for example, the therapists invited to take part were either acquaintances or colleagues of the researcher, which may have resulted in moderator bias (Morgan, 1997). Secondly, her decision to include respondents with different levels of experience within the same focus group could have caused dominant respondent bias (Wolff *et al*., 1993), as a less experienced respondent may follow the lead of a more experienced colleague. Furthermore, some of the therapists in the study were dominant in Spanish, and others in English; at times, therefore, it is unclear whether therapists' experience of working in their first or second language is being investigated.

Sella's (2006) research offers some useful evidence of what it is like for therapists to work in their second language with bilingual and monolingual clients. However, she focuses on therapists' experience of working with children. As a result, it remains unclear what it is like for therapists to work in their second language with monolingual adult clients. The dynamics of the former dyad may be significantly different due to factors like power, age, knowledge and the therapeutic techniques employed during therapy. In addition, verbal expressions may be less significant in child-client versus therapist-adult dyads, as play-therapy occupies an important role in such therapeutic encounters (Axline, 1989; Landreth, 2002).

The research carried out by Santiago-Rivera *et al*. (2009) took a specific focus on the use of language-switching by the therapist and the client. Verdinelli and Biever (2009) concentrated on therapists' development and growth, whereas the chief emphases of Sella's (2006) research were empathy and counter-transference.

Furthermore, the studies which explored the therapists' experience of working in their second language and their first, non-dominant language employed methods other than face-to-face interviews: Sprowls (2002) conducted focus groups, while Verdinelli and Biever (2009) used in-depth telephone interviews. It is widely acknowledged that the method of data collection can shape findings (Parker, 2005).

**Conclusion**

Therapists' experience of working in a second language remains under-researched, and research findings in this area are largely inconclusive, although it does seem clear that cross-lingual transactions may affect both therapeutic process and the therapist's clinical practice. In addition, no study to date examines bilingual therapists' experience of working with monolingual clients, despite strong indications that the dynamics within clinical settings change depending on whether both members of the dyad are bilingual, or just one (Flegenheimer, 1989; Kitron, 1992). Furthermore, all of the above-mentioned studies were conducted outside the UK, and thus cannot be assumed to represent British therapeutic encounters accurately .
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**Aim of the Current Study**

The aim of the current study is to explore therapists' experiences of working in their second language with monolingual clients. More specifically, the study asks the following research questions:

1. Are language-related challenges experienced by therapists when working in their second language? If so, how do these impact on therapy?

2. How is emotional context experienced when working in a second language?

3. How is the self experienced by the therapist when working in his/her second language with monolingual clients?

**Significance of the Current Study**

Bilingualism within a clinical setting is an important subject of research in contemporary society. Firstly, as previously mentioned, increasing numbers of bilingual therapists and client are entering the field following a rise in voluntary and involuntary immigration (Bowkers & Richards, 2004). Secondly, bilingual therapists' experience of working in their second language with monolingual clients remains unexplored, even though research suggests that cross-lingual transactions may impact on therapy as well as therapists' practice.

The results from the current study may further broaden our understanding of cross-lingual transactions, as well as illuminate their effect on therapy. In turn, therefore, these findings may facilitate therapists' awareness and exploration of personal issues when working in their second language. In addition, the findings may prove to be useful for therapists entering the field, increasing clinicians' knowledge of the factors which hinder and assist therapy, as well as how these may be managed. Moreover, it may prove beneficial for supervisors working with bilingual supervisees, in illuminating areas for exploration and expanding their knowledge on the current topic. In addition, in highlighting therapists' training needs it may prove to be of use when developing training programs.

# Methodology

**Research Aim**

The main aim of the current study is to explore what it is like for bilingual therapists to conduct therapy in their second language with monolingual clients. This requires awareness firstly, to language-related challenges and how these may impact on the therapy; secondly, to the emotional context of sessions and the experience of self.

**Rationale for Adopting a Qualitative Paradigm**

A shift away from the positivist viewpoint dominant in the social sciences was initiated by Husserl, who proposed that human experience is not a product of, or a lawful response to, some variables but a system of interrelated meanings which make up the 'lifeworld' (Parker, 2005). He insisted upon the need to explore the meaning that an individual attributes to a given experience, rather than its causal variables. Qualitative approaches emphasise "human experience in its richness" (Ashworth, 2003, p. 4) and delve "in depth into the complexities and process" (Marshall & Rossman, 1989, p.46). Qualitative psychology rejects the positivist view of the world as unitary, single and real. It proposes that each person has her/his own world and can interpret any given event, feeling, perception and behaviour in an infinite number of ways (Pidgeon & Henwood, 1993). It thus accentuates the need to attend to the individual's account of their reality in order to understand it (Bryman, 1984; Parker, 2005).

The current study is idiographic in its approach, and is concerned with a detailed examination of the subjective experiences of bilingual therapists rather than outcome and causality. Hence, it sits comfortably within the qualitative paradigm. Another justification for this approach is that no previous research has been undertaken on therapists' experience of working in their second language with monolingual clients; hence no literature is available for developing/testing hypotheses.

**Methodological Considerations**

Several options were considered when choosing a qualitative research method for the current study. Below, the author summarises the differences and similarities between interpretative phenomenological analysis (IPA) and grounded theory (GT),

and between IPA and descriptive phenomenology (DP), in an attempt to demonstrate the reasons for choosing IPA as a method of data collection and analysis.

**Interpretative phenomenological analysis versus grounded theory**

Brocki and Wearden (2006) and Willig (2008) have highlighted that many researchers struggle to make a meaningful distinction between GT and IPA. Not only do these methods take a similar approach to data analysis and data collection, but they also share many common techniques in producing data (Brocki & Wearden, 2006). Willig (2001) argues that IPA differs from GT on the basis, firstly, of its theoretical grounding; and secondly, its particular suitability for understanding personal experiences rather than social processes. Even though the abbreviated version of GT has been used to develop a systematic representation of participants' experience, Willig (2001) argues that GT is better fitted to address sociological research questions, whereas IPA has been specifically developed for the purpose of psychological enquiry (Langdridge, 2007). In addition, the researcher's preference lies with IPA because it allows more freedom and creativity when gathering and analysing the data (Willig, 2008). Freedom and creativity seem to be essential when the research question is concerned with novelty, facilitating a richer and more descriptive process of data collection and analysis. Furthermore, the aim of the current research is to explore the experiences of bilingual therapists rather than to generate theory.

**Interpretative phenomenological analysis versus descriptive phenomenology**

The main difference between descriptive and interpretative phenomenologists is that the latter denies the possibility of separating description from interpretation (Todres & Wheeler, 2001; Willig, 2008), recognising that the findings produced by the researcher are an interpretation of the participant's experience rather than offering direct access to his/her subjectivity (Willig, 2008). Furthermore, Rapport (2005) identifies the researcher as the main judge of validity in descriptive phenomenology, whereas interpretative phenomenologists seek validation through an appeal to external judges.

In this case, the researcher's preference for IPA is determined by a shared identity with the research participants; this raises the need to acknowledge and explore the

central role that the researcher plays in the research process. In addition, the researcher recognises the importance of external validation as a means of evaluating the validity of research.

As an approach specifically designed to address human experience, IPA seems to be more suitable for the aims of the current research. Furthermore, it offers methods enabling the researcher to continuously monitor and improve the quality of the research.

**Introduction to Interpretative Phenomenological Analysis**

Interpretative phenomenological analysis (IPA) is concerned with '[w]hat the experience of being human is like' (Smith *et al.*, 2009, p.11). IPA is an idiographic approach which aims to gain a detailed understanding of an individual's experiences, perceptions and views (Reid, Flowers, and Larkin 2005), emphasising the quality and the texture of individual experience (Willig, 2008). IPA is rooted within critical realism (Bhaskar, 1978). It acknowledges that there is a single, stable reality and that the differences in individuals' experiences are possible because they experience different parts of reality (Fade, 2004), such that any phenomenon or event will be experienced differently by any given individual at any given time (Smith & Osborn, 2003). "What is real is not dependent on us, but the exact meaning and nature of reality is" (Larkin *et al.*, 2006, p.107). IPA accepts the claims of social constructionism, recognising that socio-cultural and historical processes as well as intersubjective communication influence the individual's perception of his/her experiences and sense of self (Eatough & Smith, 2008). And even though human beings' reality is affected by 'material and biological conditions and social and linguistic processes' (Eatough & Smith, 2008, p. 184), individuals are not passive perceivers of an objective reality; instead, they actively interpret and come to understand given events (Brocki & Wearden, 2006). Accordingly, IPA places great importance on cognition.

IPA is strongly influenced by hermeneutics (Smith, 1996, 2004).[3] It recognises that the findings produced from phenomenological analysis do not grant direct access to the participant's experiences, as these are partially a product of intellectual construction (Larkin *et al.*, 2006), influenced by the researcher's own view of the

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[3]   Hermeneutic is a theory of interpretation (Smith, 1996, 2004)

world and the interaction between the researcher and the participant (Willig, 2008). The relationship between interpretation and prior experience is not linear but cyclical. How we interpret a phenomenon may depend on our past experiences, yet the phenomenon can in itself influence the interpretation, which may in turn influence how we perceive our past experiences, and so on (Eatough & Smith, 2008). Reflexivity thus occupies an important role within the realm of IPA.

**Personal Reflexivity**

The importance of reflexivity has been noted by many researchers (Yardley, 2000; Fossey *et al.*, 2002; Morrow; 2005, Willig, 2008; Stiles, 1999). It encourages researchers "to explore the ways in which a researcher's involvement with a particular study influences, acts upon and informs such research" (Nightingale & Cromby, 1999, p. 228). In so doing, it enables the researcher to bracket off his preconceptions and presuppositions about the phenomenon (Willig, 2008).

Morrow (2005) points out that reflexivity is especially important when the researcher is an 'insider'. Below, therefore, the current study explores the benefits and drawbacks of shared identity. The researcher found that being from the same population as the research participants facilitated the development of rapport. In addition, familiarity with the relevant terminology fostered conversation, as the researcher did not have to frequently seek clarification. Furthermore, it promoted a balanced power relation, as both members of the dyad had some awareness of the topic under investigation, had been frequently exposed to face-to-face work, and possessed active listening and therapeutic alliance-building skills. The above factors not only facilitated an open and honest discussion but also encouraged the participants to take a proactive role in the research process, which is strongly advocated by an IPA approach (Smith *et al.*, 2009).

On the other hand, a shared identity made it more challenging for the researcher to bracket off preconceived notions and presuppositions. In addition, there is the possibility that being over-familiar with the phenomenon under study creates a broader range of predetermined ideas in advance of the study. Furthermore, there seems to be a higher risk that the researcher will fall into the trap of omnipotence, assuming him/herself to have a complete understanding of the participant's experiences and meanings without the need to explore further or gain additional

clarification.[4] In order to manage these issues, the researcher employed various techniques recommended by academics as means of bracketing off one's own biases. Firstly, as shown below, the author presents a reflexive account of her preconceptions and predefined beliefs. Secondly, a reflexive diary (Appendix A, p. 135) was kept throughout the research process, which enabled the researcher to explore how her personal assumptions and attitudes may have affected the research project. The diary also offered the researcher an opportunity to monitor how her assumptions and attitude were in turn influenced by the research process. The researcher also solicited peer debriefing and consulted her research supervisor, as advised by Morrow (2005), Smith (2009), and Rossman and Rallis (2003). Another reflexive strategy employed was for the researcher herself to answer the interview questions designed for the study.

Below, the researcher offers an account of possible areas of bias and factors which may have impacted on data collection, analysis, and reporting.

*As a bilingual therapist myself, I am aware that I am bringing to the research study my own assumptions about what it is like to work in one's second language. My own experience, and discussions with my colleagues, have undoubtedly influenced my journey as a researcher, from the choice of research question all the way through to data analysis. This realisation is something that has been with me throughout this project, and which I have monitored closely, with precision and care.*

*Not only my past experiences have influenced my standpoint, but also my role as a counselling psychologist in training, as we are continuously encouraged to engage in the process of self-reflection. We are the mirror that reflects the process of therapy; the tool through which the therapy unfolds.*

*As a bilingual therapist I have often wondered what it would be like to work in my first language. These thoughts were triggered by various experiences which occurred prior to my decision to research this topic. Firstly, I felt as if three different worlds existed within one dimension: one world came into being when I was thinking in English; another world appeared when I switched to thinking in*

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[4]     In addition to using reflective strategies the researcher employed the naïve stance (Morrow, 2005) to manage this issue.

*Russian. The third world is a transition between the two and revealed itself in the process of translation. This experience triggered a variety of different feelings, including confusion, excitement, disappointment and suspense.*

*Secondly, discussions with my colleagues indicated that they often felt the therapist/client dyad to operate differently when the client was monolingual. This is something I have experienced myself: a difference which may either facilitate or inhibit the therapeutic process. Does bilingualism add or take something away from the process of counselling?*

*Thirdly, I experienced a difference in how I felt as a person within the session depending on the language I used. It seemed as if I were being more mechanical and robot-like when using English, and more creative and liberated when thinking in Russian; more like myself.*

*In addition, my tendency for perfectionism often got in the way of my work. Regrets beginning "If only I had said that differently..." frequently came to mind.*

*Finally, before I commenced the study, I felt uneasy and ambivalent. What would I find? Would I be able to accept my findings? Would I be thrilled, pleased or disappointed?*

*It is also essential to acknowledge that my theoretical knowledge, and the issues discussed during training regarding the impact of language and culture within the counselling setting, may have influenced data generation and data analysis to a certain degree.*

*Having experienced some language-related difficulties (see Appendix B, p.136) during the process of conducting therapy and reading existing literature on therapists' and clients' experiences of 'talking therapy', I developed the assumption that respondents too might encounter these challenges. My experience of language-related difficulties also promoted the belief that working in one's second language is more challenging compared to working in one's mother tongue.*

*I also assumed that emotions are likely to be experienced differently when working in one's second language, and that the experience of self may shift depending on the language used. Further preconceptions identified were that language may hinder as well as facilitate the therapeutic alliance, and that it may affect the development of rapport, with consequences for the effectiveness of therapy .*

**Pilot Study**

The initial research design proposed to conduct 8-11 interviews with therapists aged between 25 and 65, all of whom work in their second language with monolingual clients. The participants were recruited by word of mouth. To test the interview schedule, 3 interviews were conducted with a female counsellor aged 29, and two counselling psychologists in their third year of training, aged 26 and 25. Following the interview the participants were asked to reflect upon their experience. They reported that some of their responses felt repetitive, due to the nature of the questions. To solve this problem, some of the questions were omitted while others were reworded. In addition, following advice from the researcher's supervisor, the order of the questions was reviewed. Subsequently, the interviews yielded rich descriptions of the therapists' experiences, which seemed to be in line with the demands of the IPA approach (Smith *et al.*, 2009).

**Sampling and Participants**

The current study employed purposive sampling (Silverman, 2001). As advised by Smith *et al.* (2009) participants were recruited who met the selection criteria, in order to ensure that they would offer insight into the phenomenon under study. In accordance with the principles of IPA, the study featured a small sample size of 11 participants. According to Smith (2009), this enables the researcher to engage in idiographic analysis as well as identifying shared experiences across cases. As the analysis progressed, it became evident that the experiences of coordinate and compound bilinguals are qualitatively different, so the decision was made to analyse these groups separately. The initial sample now comprised 9 compound bilinguals and 2 coordinate bilinguals, this size being consistent with the spirit of phenomenological research (Creswell, 1998).

According to Smith *et al.* (2009) the sample should be 'fairly homogeneous'*,* although the 'extent of this homogeneity varies from study to study' (p. 49). Smith *et*

*al.* (2009) cite a study conducted by Kam and Midgley (2006) as an example of balance within a multi-perspectival design. The researchers interviewed a counsellor, a psychiatrist, a psychologist, a family therapist, and a social worker, in order to examine a range of professional perspectives on referral-making. A similar approach to homogeneity was employed by Sella (2006) and Verdinelli and Biever (2009). It was decided, therefore, that the homogeneity of the sample would be determined by the phenomenon under study – that is, 'talking therapy' – rather than type of training.

The minimum selection criteria are outlined below in Figure 1.

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**Figure 1. Purposive Sample Criteria**

- Aged 25-65
- Bilingual Therapists: Counsellors/Clinical/Counselling Psychologists/Psychotherapists
- Private/Public/University Settings
- Accredited/In Training
- Some experience of working in mother tongue as well as second language.

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1) Age group 25-65. This specific age group was chosen for several reasons: firstly, 25 years of age is an entry requirement at most universities offering a DPsych in counselling psychology. Secondly, the author was interested in exploring the experience of adult therapists, whereas individuals over the age of 65 years are often classified as older adults (Office for National Statistics, 2010).

2) High level of proficiency in second language.[5] The author was interested in learning about the experiences of therapists who have developed expertise in providing therapy in their second language.

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[5] In the spirit of IPA, participants were seen as experts (Smith *et al.*, 2009) and thus asked to evaluate their own level of language competency; if they reported feeling comfortable and competent in their second language, they were invited to participate in the current study.

3) Number of years of professional practice. More than 2 years of experience in providing therapy is necessary, firstly, to ensure that the data is not confounded by other variables such as limited knowledge of therapeutic theory and techniques; and secondly, as mentioned above, the author is interested in therapists who have developed expertise in their work. In their study, Santiago-Rivera *et al.* (2009) deem two years to be sufficient for developing expertise (2009).

4) Use of both languages. Therapists are required to have some experience of working in their mother tongue as well as their second language, as some researchers argue that our experience of a given phenomenon can only be truly understood through comparison (Gulina, 2001).

### Coordinate bilinguals (Appendix C, p. 137)

Eight of the respondents were female and one male. The average age of the participants was 38 years. Four of the participants were Iranian; one was British, one Russian, one French, one Dutch and one Austrian. In terms of professional identity, one clinical psychologist, one counselling psychologist, one psychotherapist, two trainee counselling psychologists and four counsellors were recruited for the study. Two of the respondents offered psychological support within the public sector; one of these was also working part-time within the private sector, and one in an educational setting. The rest of the respondents held positions in charitable organisations. Two of the respondents reported that the majority of their clinical practice is carried out in their first language, whereas 8 participants said that they mostly work in their second language. The number of years of professional experience ranged from 2.5 to 12 (mean = 5.5).

At the time of the interviews, all respondents were based in the UK. Participants had been resident in the UK for between 8 and 27 years (mean = 7). They learned their second language either at educational institutions in their home or immigration countries, or through work.

### Compound bilinguals

Both compound bilinguals were female; both belonged to the 40-49 age group. One was a counselling psychologist, and the other was a trainee counselling psychologist in her third year of training. Both therapists were working within the public sector;

one also held a position at a charitable organisation. A high proportion of their clinical practice was completed in their first language. Their total professional experience ranged from 2.7 to 8 years. The respondents identified themselves as Indian. They were born in the UK, and learned both languages simultaneously.

**Procedure**

**Recruitment**

Participants were recruited by several means: firstly, using an advertisement poster (Appendix D, p. 139) and a flyer (Appendix E, p. 140), and secondly by word of mouth. The advertisement posters and flyers were distributed to several charities that specialise in providing psychological support to clients with various needs. Copies of posters and flyers were also sent by e-mail (Appendix F, p. 141) to chairs of charities and other private institutions, asking if they would be kind enough to distribute the documents among their members of staff. A brief speech was given at a workshop on cognitive behavioural therapy, after gaining permission from the facilitators. The therapists who voiced an interest in the study were sent further information by e-mail. Additional participants were recruited by word of mouth.

An e-mail was also sent to current and former colleagues asking them to forward details of the study to anyone they thought might be interested in participating. E-mails with information about the study were sent out randomly to members of the British Psychological Society (BPS) and the British Association of Counselling and Psychotherapy (BACP).

Of the 11 participants recruited, one made contact by e-mail, reporting that she had seen the advertisement on her institution's notice board. One participant replied to the e-mail sent out randomly by the researcher to BPS members. Three additional members contacted the researcher following the CBT workshop. The rest of the participants were introduced to the study by the author's colleagues or by other participants.

Once the potential participants had made contact, they were thanked for their interest in the research and further information was provided via post, telephone or email. Eligibility criteria were checked at the point of initial contact. If participants showed

further interest in the study, then a time and date for a possible meeting were arranged. Potential participants were encouraged to ask questions at every stage of the research. Participants who agreed to take part in the project were contacted 48 hours prior to the meeting to confirm their attendance.

At the beginning of the interview, participants were asked to complete a written consent form (Appendix G, p. 142) and a social-demographic questionnaire (Appendix H, p. 143). In addition, confidentiality issues were reviewed and participants were informed of their right to withdraw from the research at any time. Participants were also asked about their reasons for taking part in the study; firstly, in order to understand the interviewee's contribution more fully, as advised by Willig (2008), and, secondly, to facilitate the establishment of rapport.

The face-to-face interviews each lasted between 50 minutes and an hour and 20 minutes. Interviews were followed by verbal and written debriefing (Appendix I, p.145). Participants were also provided with a list of useful contacts (Appendix J, p.147) which they could consult if they found the interview to be emotionally challenging.

Five of the eleven interviews were conducted at the participants' places of residence. When an interview took place at the respondent's home, safety was ensured by contacting either my research supervisor or a significant other before and after the interview. Three interviews were conducted on the City University premises. A further three interviews took place at the participants' workplaces. These settings were chosen intentionally; first, to adhere to the canons of qualitative research, which recommend that phenomena are studied in their naturalistic settings (Willig, 2008); and second, because according to Smith *et al.* (2009), these types of settings increase participants' level of comfort and willingness to engage in open and honest discussion.

**Interviews**

The decision was made to employ semi-structured life-world interviews in accordance with the exploratory nature of the research and the spirit of IPA. A semi-structured life-world interview can be defined as an interview with the purpose of obtaining descriptions of the life-world of the interviewee, especially with respect to

interpreting the meaning of the phenomena described (Kvale, 1996). This type of interviewing enables the researcher to gather detailed, extensive and "rich" data (Howitt & Cramer, 2005), and ensures that the interviewer and interviewee both take an active role in the research process (Smith *et al*., 2009). This is especially important since the research participants are seen as "experiential experts on the topic in hand" (Smith *et al*., 2009, p. 58). An interview agenda (Appendix K, p. 149) was developed (and tested during piloting) to make sure that all the topics of the interview were covered (Smith *et al*., 2009). However, more "conversational than formal, structured interviews" were carried out (Marshall & Rossman, 1989), allowing participants to guide the interview to "the thing itself" (Smith *et al*., 2009, p. 58). The sequence and wording of the questions were modified in accordance with the interviewees' responses.

In adherence with the canons of IPA, questions were designed to focus upon people's lived experience. Open, exploratory questions focusing on meaning and process were employed, as recommended by Willig (2008). Smith *et al*. (2009) also highlight the benefits of having as few theory-driven questions as possible, as researchers cannot be certain that the respondents will be able to answer such questions, due to the open nature of qualitative data collection. Active listening skills were employed to encourage interviewees to elaborate on their experiences (Nelson-Jones 2003, Sutton & Stewart, 2007) and to invite responses (Smith *et al*., 2009). The questions were designed to elicit data regarding the emotional context of therapeutic sessions, language-related challenges and experiences of the self.

**Analytic Strategy**

Perhaps more than any other qualitative method, IPA advocates an idiographic approach. Smith *et al*. (2009) highlight the importance of beginning the analytical process with an examination of each case, then looking for patterns across cases. According to Smith *et al*. (2009), IPA is characterised by moving from the particular to the shared. Reid *et al*. (2005) add that the researcher can be flexible as long as he/she shows commitment to gaining understanding of the participant's experience and construction of meaning.

IPA aims to go beyond surface expressions and explicit meaning in order to access implicit dimensions and intuitions (Finlay, 2009). Smith (2004) proposes that

carrying out IPA involves moving backwards and forwards between different levels of interpretation. Eatough and Smith (2008) explain that interpretation can be descriptive and empathetic, or else more critical and speculative, unravelling meanings which may differ from the participants' own readings. The former style constructs "thick descriptions", whereas the latter facilitates a deeper interpretative reading (Eatough & Smith, 2008). For this reason, the decision was made to adopt a more speculative approach. Great care was taken to ensure that the deeper hermeneutic reading reflected the participants' experience; firstly, by grounding interpretations in the data (Smith *et al*., 2009), secondly, by looking elsewhere in the interview to substantiate interpretations, as advised by Eatough and Smith (2008); and thirdly, by engaging in reflexivity and acknowledging the impact of context and culture.

**Stage 1**

The researcher transcribed the interview verbatim, including laughter, sighs, pauses, and other notable non-verbal utterances (Smith *et al*., 2009). Prior to reading and rereading the transcript, the researcher listened to the audio-recording to gain a better understanding of the intended meaning and experiences, attending closely to aspects of non-verbal communication such as silences, tone of voice, difficulty in articulation, etc. Subsequently, the researcher recorded/read over her recollections of/reactions to the interview experience, and her observations about the transcript, in order to enable the identification and bracketing of personal biases. As advised by Willig (2008), the researcher's notes included associations, questions, summary statements and comments on language use (Appendix L, p. 150).

**Stage 2**

According to Smith *et al*. (2009), the second stage of data analysis is the most detailed and time-consuming. The researcher is required to identify and label themes characterising each section of the text (Willig, 2008). As advised by the founders of IPA (Smith *et al*., 2009) the researcher engaged in a line-by-line analysis in order to gain a better understanding of the meaning held in each line both for her and the respondent, shifting between 'the part' (any given line) and 'the whole' (the full text) in the spirit of the hermeneutic circle (Smith *et al*., 2009). In order to gain a better understanding of the participants' experience, the researcher focused on how they talk, understand and think about certain issues; their similarities and

differences; and their amplifications and contradictions, as recommended by Smith *et al*. (2009). As the analysis progressed, themes were revisited and re-labelled in light of the emerging evidence, in order to reflect the respondents' experience more accurately.

**Stage 3-4**

During the third stage of the analysis, the researcher attempted to establish the relationship between the identified themes in order to develop clusters which share meaning or references. The themes were re-clustered and renamed several times during the analysis until the researcher felt that they reflected and represented the salient dimensions of the participant's experience. Some of the emergent themes were discarded as they did not correspond with the aims of the research. For example, one of the participants shared her experience of the challenges which she faced when learning English at the University, which in itself is an interesting piece of evidence but does not directly relate to her clinical practice. Even though this type of information can facilitate our understanding of the respondent's current experiences, it was excluded due to the word limit imposed by the current project. Following the analysis, the researchers developed a diagram to demonstrate how the themes fit together.

## Improving Quality in Qualitative Research

Qualitative researchers agree that one of the biggest challenges facing them is how to ensure the quality and trustworthiness of their research (Knafl & Howard, 1984; Morrow, 2005; Finlay, 2006). They agree that validity and reliability may be inappropriate criteria against which to measure qualitative research, whose purpose is to offer just one of many possible interpretations (Yardley, 2000; Morrow, 2005). Merrick (1999) observes that the results of any given study cannot be replicated, even by the same investigator, due to the unique, highly changeable and personal nature of the research endeavour. Banister *et al*. (1994) conclude that in qualitative research, validity "has to do with the adequacy of the researcher to understand and represent people's meanings" (Banister *et al*., 1994, p. 143) rather than the "truths of facts". Below, the author will attempt to demonstrate this study's adherence to Yardley's (2000) criteria for good qualitative research (outlined in Figure 2. p. 61).

According to Yardley (2000), "sensitivity to context", "commitment and rigour", "transparency and coherence" and "impact and importance" are all key to the evaluation of quality. Although many criteria have been proposed to assist the researcher and reader in evaluating the quality of the research (Knafl & Howard, 1984; Lincoln & Guba, 1985; Yardley, 2000; Morrow, 2005; Finlay, 2006a), there were several reasons for the decision to employ Yardley's (2000) criteria in this study. Firstly, she offers a detailed account of a range of principles for assessing a good piece of work. Secondly, IPA addresses these principles directly, as illustrated by Smith *et al.* (2009); and thirdly, Yardley's approach seems to be popular among academics (Amrein & Berliner, 2003; Preston *et al.*, 2005; Smith, 2003; Smith *et al.*, 2009). It was thus deemed a valuable means of helping the researcher to complete a detailed evaluation of the quality of her study against a widely accepted set of criteria, along with evidence from Smith *et al.* (2009) in support of the researcher's claims and conclusions.

| **Figure 2. Characteristics of Good Qualitative Research** (adapted from Yardley, 2000. p. 219) |
| --- |
| **Sensitivity to context**: theoretical; relevant literature; empirical data; socio-cultural setting; participant's perspective; ethical issues. |
| **Commitment and rigour:** in-depth engagement with the topic; methodological competence/skill; following data collection; depth/breadth of analysis. |
| **Transparency and coherence:** clarity and power of description/argument, methods and data presentation; fit between theory and methods; reflexivity. |
| **Impact and importance:** theoretical (in reaching understanding); socio-cultural; practical (for community, policymakers and health workers). |

### Sensitivity to context

Yardley (2000) proposed several principles which enable the researcher to develop a "more profound and far-reaching analysis" (p. 220). Firstly, the researcher must have an awareness of the theoretical and interpretative context as constructed by previous investigators; secondly, he/she must engage in an active search for negative cases; thirdly, sensitivity must be shown to social and cultural context; and finally, he/she must explore the relationship between the researcher and the participants (which has been done elsewhere).

Prior to commencing the study, therefore, the author researched existing literature, completed a research proposal and discussed the project with her supervisor and colleagues in order to become acquainted with existing views, theories and arguments. In addition, as advised by Yardley (2000) and advocated by IPA (Smith *et al.*, 2009), the researcher continually sought contradictory evidence, which facilitates the re-conceptualisation of themes and enables the monitoring of one's natural tendency to search for confirmation of emerging findings (Yardley, 2000). In adherence to the canons of IPA (Smith *et al.*, 2004, 2008, 2009), the unique experiences reported were grouped into separate themes in order to represent both individual and shared experiences. Meanwhile, the effect of social and cultural context was taken into account when collecting and analysing the data. The final factor necessary to meet Yardley's criterion of "sensitivity to context" – the relationship between the researcher and the participant – was subjected to thorough examination in the 'Personal Reflexivity Section' (p. 45) of the current chapter.

### Commitment, rigour, transparency and coherence

The researcher's rigour and commitment to the collection, analysis and reporting of the data were demonstrated in various ways throughout the project. The former is evidenced, first, by fidelity to the technique of purposive sampling, whose choice was meticulously justified. Secondly, the pilot study enabled the researcher to establish whether the sample and the interview questions shed light on the phenomenon under study and offered "rich" and "thick" descriptions. Thirdly, in-depth interviewing and thorough analysis enabled the researcher to go beyond simple descriptions, thus meeting Yardley's (2002) first criterion.

Commitment is evident in the researcher's prolonged engagement at every stage of the data collection and analysis,[6] not only in the role of researcher but also as an 'insider'. Being a counselling psychologist in training allowed the researcher to immerse herself in the topic under study from 2007 onwards, gaining practical and academic experience. According to Smith *et al.* (2009), both attending to the participants during data collection and prolonged engagement with the data itself demonstrate commitment on the part of the researcher.

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[6]     Please see previous sections for a detailed account of the process of data collection and analysis.

Competence in the method used was obtained over a three-year period by attending lectures at City University and IPA group meetings, consulting with the research supervisor/colleagues, and piloting. This facilitated theoretical/practical learning and enabled the researcher to monitor the work-in-progress. As regards interviewing skills, these were taught at City University and further developed through self-education and practical experience.

The researcher strived for coherence in several ways. Firstly, by ensuring that the thesis is well written and structured in a way that makes sense to the reader; secondly, by aiming to provide supported and unambiguous interpretations/arguments; thirdly, by demonstrating cohesiveness between the theoretical underpinnings of IPA and the methodological decisions made in this study.

As regards transparency, the researcher aimed to achieve this through several means. Firstly, by keeping a reflexive diary during the whole course of the research, which provides an account of what has been done and why; secondly, providing an account of personal bias in the reflexive section of the current chapter. Finally, by giving detailed descriptions of the participants and settings of the research, as well as selecting high-quality and appropriate illustrations of each theme.

**Impact and importance**

"A test of its [qualitative research's] real validity lies in whether it tells the reader something interesting, important and useful" (Yardley, 2000, p. 223). The researcher believes that the current findings have important implications for clinical training and practice. For a detailed account of these implications, please see the discussion section.

In addition, as previously noted, the researcher relied upon the support of her supervisor and colleagues to increase the trustworthiness and quality of the current research.

**Representativeness**

IPA is idiographic in nature; it aims to produce in-depth analyses of a single case/small sample rather than establishing generalisations. However, researchers

argue that if "a given experience is possible, it is also subject to universalisation" (Haug, 1987, p. 44), and that an insightful case study may bring us closer to the universal, as it touches on the essence of being human (Warnock, 1987, cited in Smith *et al*., 2009).

Smith (1999) observes that IPA offers many possible interpretations of any given phenomenon rather than producing 'truth' or facts; despite this, Smith *et al.* (2009) maintain that IPA adheres to Yardley's (2000) principles of good qualitative research. By demonstrating rigour, commitment, cohesion and transparency throughout the research process, therefore, the researcher is able to produce trustworthy and high-quality findings (Smith *et al*., 2009).

**Ethical Considerations**

The current study was conducted in accordance with the ethical considerations outlined by Willig (2008) and Cieurzo and Keitel (1999). Please see below (Figure. 3. p. 60).

| |
|---|
| **Figure 3.** **Ethical Considerations** |
| •        Informed Consent<br>•        No Deception<br>•        Right to Withdraw<br>•        Debriefing<br>•        Confidentiality |

The research was conducted in line with the BPS Code of Ethics and Conduct (2006). At the recruitment stage, and prior to the commencement of the interview, participants were informed of the aims of the study and their right to withdraw at any stage of the research. Since qualitative research cannot always offer specifics, it has been argued that participants are never truly informed in advance (Cieurzo & Keitel, 1999; Price, 1996); for this reason, informed consent was also sought verbally at the end of the interview. Participants were informed that the data gathered would only be used for research purposes. Information obtained from the participants was treated as confidential. Should the study be published, participants

will be given the opportunity to review the material, as encouraged by Cieurzo and Keitel (1999). In addition, each participant was debriefed at the end of the interview.

The researcher also engaged in constant appraisal of the well-being of the participants, as recommended by May (1991). At the end of the interview, the participants were provided with a list of useful contacts and the option of having a referral made on their behalf to the City University Counselling Clinic if necessary. On several occasions during the interviews the researcher experienced conflict between the role of researcher and that of counselling psychologist; however, as advised by Cieurzo and Keitel (1999), the boundaries were maintained. Basic counselling skills such as active listening, being non-judgemental, bracketing personal reactions, and knowing when to back down were employed during the interviews. The last interviewee reported uncertainty as to whether she would still be interested in participating in the research, following her disclosure of certain information. It was thus agreed that she would contact the researcher within 2 weeks to confirm her decision, and that the researcher would contact the participant after 2 weeks if she had failed to do so. Within approximately a week, the interviewee contacted the researcher and stated that she would be happy for her interview to be included in the study. She declined the offer to be referred to the City University Counselling Clinic.

The project also adhered to the ethical considerations outlined by Kvale (1996): the researcher produced a faithful and accurate written transcription of the interviewees' oral statements, and the data collected was anonymised.

Ethical approval (Appendix M, p.152) for conducting the research was sought and approved by the City University Research Ethics Committee in 2009. Copies of this ethical approval were made available to the organisations contacted for the purpose of recruiting participants; however, the organisations kind enough to circulate my flyers and posters did not seek additional approval.

# Results

## Overview

The aim of the current chapter is twofold. Firstly, to provide a brief summary of the development of themes. Secondly, to summarise, describe and illuminate the most prominent features of these themes to emerge from the interviews.

## Personal Features of Participants

According to Willig (2001), participant demographics are an important source of information, as they allow the researcher to contextualise the sample as well as to determine the relevance and applicability of the findings (please consult Table 2 below).  For a more detailed account of participant demographics and background information, see Appendix C, p. 137.

**Table 2.  Socio-Demographic Information**

| Pseudonym | Gender | Age | Place of Birth | Nationality | Bilingual |
|---|---|---|---|---|---|
| Matthew | M | 30-39 | Israel | British | Coordinate |
| Christine | F | 30-39 | Iran | Iranian | Coordinate |
| Sara | F | 25-29 | Iran | Iranian | Coordinate |
| Lena | F | 25-29 | Russia | Russian | Coordinate |
| Kate | F | 25-29 | France | French | Coordinate |
| Helen | F | 30-39 | Iran | Iranian | Coordinate |
| Susan | F | 40-49 | Netherlands | Dutch | Coordinate |
| Nina | F | 40-49 | Iran | Iranian | Coordinate |
| Anna | F | 50-59 | Austria | Austrian | Coordinate |
| Gemma | F | 40-49 | England | Indian | Compound |
| Linda | F | 40-49 | England | Indian | Compound |

Each of the quotations will be followed by the name of the participant (pseudonym), the paragraph number as it appears in the complete transcript, and his/her group categorisation; for example, "Anna, 53, Compound". Quotations by the author will be followed with the label "Interviewer" and the number of the paragraph; for example "Interviewer, 24". If more than one number is attached to the quotation, it means that paragraphs were merged to ensure that the full discussion of a given topic is presented within the quotation; for example, "Anna, 53-56, Compound". Only the parts of the quotes which represented the salient features of the theme are presented. Non-verbal communication or gestures are in parentheses.

**Developing Themes**

In the spirit of IPA, the researcher analysed each interview in its own right, and then searched for patterns across cases (Smith *et al*., 2009). The analysis yielded 8 clusters. Following a more detailed reading of the text, some themes were further condensed, leaving 2 super-ordinate themes and 4 themes. The diagram below illustrates these themes.

# THERAPIST'S EXPERIENCE

- *Language Related Challenges*
  - Therapist's Use of Language
    - Challenge of Expressing Oneself
    - Accent and Pronunciation
  - Impact on the Therapeutic Encounter
  - Managing Challenges & Perception of Challenges Over Time
  - Client's Use of Language
    - Metaphors, Proverbs, Idioms, Humour and Slang
    - Accent
- *Bilingualism as a Gift*
- *Experience of Self*
- *Emotions*
- *Other Challenges*
- *Therapeutic Alliance*
  - Facilitative Factors
  - Hindering Factors

**Themes Identified**

### 'Language-related challenges'

One of the super-ordinate themes identified was 'Language-related challenges'. This refers to challenges faced by bilingual therapists when working in their second language. It illustrates both how these difficulties affect therapy, and how they are managed by therapists.

The super-ordinate theme 'Language-related Challenges' is further divided as follows:

- 'Clients' use of language'
    a. 'Metaphors, proverbs, idioms, humour and slang'
    b. 'Accent'

- 'Therapists' use of language'
    a. 'Challenges of expressing oneself'
    b. 'Accent and pronunciation'

- 'Impact on therapy'

- 'Managing challenges and perception of challenges over time'

### *'Clients' use of language'*

This theme describes the obstacles with which therapists are confronted when conducting therapy in their second language, including unique turns of phrase or individuality of speech. This theme contains two sub-themes:

- 'Metaphors, Proverbs, Idioms, Humour and Slang'
- 'Accent'[7]

### *'Metaphors, proverbs, idioms, humour and slang'*

During interview, the therapists identified the challenges they face to their understanding of specific turns of speech used by their clients. Respondents felt

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[7] Separate themes were developed to describe how the therapist's and the client's use of language affect the therapeutic encounter, and how therapists manage language-related challenges, as well as the effects these have on therapy.

concerned either about failing to understand their clients, or not being able to use these tools in their own practice. For example, Anna describes the difficulty of trying to understand the meaning of English proverbs which remained vague even when she was able to "get her head around them". This ambivalence is also evident in Anna's choice of language, as she uses a certain phraseological unit to describe the difficulty of understanding specific turns of phrase in English.

*And I think for most of us, who've immigrated: we get our head around some of the English sayings, maybe after a while. I don't know about you but there are a few sayings where I use them and think "What does that actually mean?" (Anna, 53, Coordinate)*

Kate too reports having encountered certain unfamiliar English sayings in the course of her work. Kate's concern relates to not having at her disposal a good tool for conveying meaning.

*Well, I think, obviously, in English there are a lot of, like, for example, sayings that I don't know. So, obviously, I don't know how to use them. So that's something that, you know, I think you could be quite helpful (Kate, 258-260, Coordinate).*

Sara describes the similar challenge of not being able to understand a proverb employed by her client.

*And there has been lots of times, for instance, when the client would mention a saying and I would not understand it. Me, asking them, okay, saying "I am not familiar with that saying, would you please explain it to me?" (Sara, 52, Coordinate)*

Christine too believes that she may not fully understand the nuances of the English language, as ingrained, for example, in metaphors. This, she believes, may affect her ability to understand her clients, and accordingly her performance as a therapist.

*I was thinking that I might not be able to do that [have an in-depth understanding] with a client, when I am speaking English with them. You know, maybe they're using some metaphors in English that I'm not familiar with. (Christine, 36, Coordinate)*

In addition to metaphors, slang also seems to be of concern. Christine describes feelings of nerves prior to commencing therapy with an English-speaking client.

*At the beginning I was a bit, you know, nervous…my concerns mainly were around the area of language barrier, of thinking what if my client doesn't understand what I say or vice versa: what's going to happen if I don't understand the client, especially*

*because that particular client was speaking in slang language. (Christine, 13, Coordinate)*

Later in the interview, Christine returned to her experience of working with this English-speaking client:.

*… Em, he was using some words that I didn't know at the time. For example, the word "stoned". "I was stoned". I didn't know that. (Christine, 47, Coordinate)*

Matthew also reports that slang comes "less naturally" to him in his second language.

*… I find humour is much more natural for me in my first language and…em… I suppose slang as well. (Matthew, 31, Coordinate)*

A similar challenge is recounted by Kate, who found herself unable to understand a joke made by her client; this made her feel "naïve". Interestingly, Kate first described herself as feeling "stupid" then changed her adjective to "naïve". Could she have been experiencing a mixture of both?

*Em, yeah, I don't it's ah…like I think, em, you know, sometimes there is a saying, where people say "Oh, excuse my French," or something like that and then they laugh and then... Obviously, I know now what it means but at first I just…em... looked a bit… em, not look stupid but a bit like, kind of naïve like…(Kate, 43, Coordinate)*

Helen also describes the difficulties she faces in understanding her clients as a result of their language use; her main areas of concern seem to be colloquial terms and idiomatic expressions, which she feels may affect rapport.

*There were moments when there is this… there are these words which would have really made a bond between us more easy somehow…I thought like… em… maybe it's a colloquial terms, term, I don't know the example now up but I just know with one particular client who is English and who had these lovely idiomatic expressions, as well, like. (Helen, 22, Coordinate)*

Unlike the other respondents, Gemma reports finding it easier to employ metaphors in her second language.

*Actually I find it quite find easier, easy to use metaphors in my second language. Em I do because em because em with this client I have found it quite easy…(Gemma, 22, Compound).*

### 'Accent'

This theme refers to the therapists' reflections on their experience of understanding clients with prominent regional accents. It describes the therapists' feelings and concerns related to this issue. For example, Christine recounts feeling nervous and concerned about the possible language barrier, particularly in relation to understanding and being understood.

*... My concerns mainly were around the area of language barrier, of thinking what if my client doesn't understand what I say or vice versa: what's going to happen if I don't understand the client...Em, he was originally from Australia but, I think he was 18 or 20 years old when he was immigrated to UK. And he had a mixture of accent... (Christine, 13, Coordinate)*

Susan describes similar difficulties in understanding those of her clients with a strong accent; however, she feels that native speakers would share this concern, and that her experience is no different from theirs. This seems to suggest that she has little or no anxiety about the challenges involved in deciphering accent.

*...I find most of them have a strong accent and I did have trouble understanding them but then I wasn't alone. Some of the native speakers also had trouble but less than me. Yeah, oh yeah, I mean if they have a strong accent I would have trouble but I would tell them. (Susan, 15-17, Coordinate)*

### 'Therapists' use of language'

The theme 'Therapists' use of language' describes obstacles faced by the therapist when working in their second language in relation to their language skills and fluency. The theme contains two sub-themes:

- 'The Challenges of Expressing Oneself'
- 'Accent and Pronunciation'

### 'The challenges of expressing oneself'

This sub-theme describes language-related challenges encountered by therapists in their interaction with clients. These include the mechanical challenges of translation, including translating specific turns of speech, technical terms, concepts in psychology, as well as nuances of translation such as the partial loss of meaning (since the same word may hold a different meaning in another language). For

example, even though Anna has lived in English-speaking countries for most of her life, she still finds herself struggling on occasion when translating neuropsychological terms, suggesting that a concept is more easily accessible in the language in which it was learned. As Anna puts it, the "word pops into my head", implying that no effort is required to receive it.

*Well, that's not only neurophysiology, em... I sometimes can't think of a word, I think that probably happens with aging, where I am searching, searching for a word. And every now and again, suddenly a German word pops into my head and I really have to make sure that I translate it into English. (Anna, 114, Coordinate)*

Helen recounts the struggle involved in translating words from German into English while conducting therapy; she occasionally finds herself unable to recall specific words in a specific context. Helen's nervous chuckle seems to suggest that this is a sensitive topic for her.

*Em… It's really because I had this issue coming up in my counselling, with em, not being able to express myself to the extent that I wanted to because it is not my mother tongue and I was lacking the right words at the right time. Em…So just lacking that one word that I just had on my tongue in German but not in English (chuckles). (Helen, 8-10, Coordinate)*

Anna seems to worry at times about her language skills. She describes finding herself double-checking for correctness when using her second language – even though she intuitively 'feels' she may be making a mistake, which suggests a high level of language proficiency.

*And I have to internally translate and there is... there is one or two things that I seem to have used erroneously which nobody's ever pointed out to me but since I've been with Steve he does. And I am really wary about when to use what... em... you bring something in and you take something out, it's simple, but I quite often say "Oh, I took that with me" and they say "No you brought it with me". All right... So I am wary of certain words that I feel I might be getting wrong. (Anna, 116, Coordinate)*

Christine highlights that as a result of having to think in her own language and translate into her second language, the therapeutic process loses its naturalness and becomes partly technical as she attempts to structure her interventions to the best of her ability; this process is accompanied by a feeling of frustration, as Christine tries "so hard".

*Em, it brings frustration, somehow, because you are trying so hard. Because when you are speaking in your own language, all the reflection you're making to your clients, it just... it comes naturally, it is based on the experience. But because of language barrier, I was feeling "Okay, this is what I want to say but what are the best words to put it?"...Maybe that was because I was thinking in another language and speaking another one... (Christine, 77, Coordinate)*

For Christine, the processes of translation and communication are characterised by vagueness and uncertainty, and she finds herself internally debating the meaning of certain words. Importantly, however, Christine feels able to accept her shortcomings.

*...I'm being a multitasking counsellor, because I'm thinking about "Shall I use this word, does it really apply here?", I'm trying to be more careful. You know, maybe I'm using something but I might, I might not know if this particular word might imply something else, as well. That's the difference between my language or other languages. Sometimes I am aware that I'm trying, so, okay, maybe some word is coming out wrongly, but it's not the end of the world. (Christine, 151-153, Coordinate)*

Sara too describes the challenge of expressing herself. She points out that word-by-word translation is not always possible, which requires her to invest additional effort when working in her second language. The extent of this challenge is evident in her language use in interview: "I have to think about that very hard". In addition, Sara describes moments of confusion between two languages, suggesting an interference between her second language and her mother tongue.

*...Because different cultures express different things in different ways; and sometimes when you want to summarise what the client has said or make an interpretation, I find myself, that sometimes I have to think very hard before actually putting it, saying it to the client. Because, em, with the language it's difficult sometimes, it does not come as natural to you, so feeling, you know, sometimes during the session a bit confused between two languages, because I know how I could have – because I speak like three languages... (Sara, 67, Coordinate)*

Gemma identifies one of the challenges she faced as a second-language therapist to be translating concepts learned in English into Hindi. The extent of the difficulty is evident, firstly, from her decision to discuss it during supervision, and secondly, from her choice of wording: "very challenging".

*Translating those concepts can be very challenging. (Gemma, 29, Compound)*

*...And I did take that to supervision. I thought perhaps I'm struggling to apply CBT*[8] *with her, within the language; the Hindi language with her; it's like a lot of the concepts. (Gemma, 314, Compound)*

Gemma states that translating concepts like depression into Hindi is a near-impossible task, as they are non-existent in the Hindi language.

*Are these kind of words available in Hindi? (Interviewer, 88)*

*In Hindi... em... not really, not really... em... she would kind of say ...em... yes I was crying and then I would have to obviously understand the context in which she is saying it in, you know. Those are just normal crying or...[symptoms of depression]... (Gemma, 89, Compound)*

Unlike Gemma, Sara perceives the impossibility of literal translation as a positive phenomenon. She explains that word-by-word translation can alter meaning, so those who have several languages at their disposal are able to search among alternative meanings, which facilitates understanding of the client's experience as well as fostering self-awareness.

*...When you translate something to the other language word by word, for instance something like a poem, it changes, it may have another meaning. So I find it quite positive; it helps me have a better understanding sometimes to think in a different language and what it would mean if someone had said it in their language. You know, just to have some comparisons... you know and self-awareness... A broader understanding. (Sara, 83-87, Coordinate)*

Christine describes the challenge of translating a proverb from her mother tongue into her second language. Her introduction of the saying was accompanied by feelings of nervousness and uncertainty as Christine wondered whether she would be able, first, to convey the meaning correctly, and second, to present it in an 'easy'-to-understand manner.

*...I'm trying to remember now, whether I translated word by word or I just gave him the whole meaning. I think, I tried word by word at the beginning. And I was a bit (pause) it was very interesting. I was a bit nervous to... it was like I was risking something, I wasn't sure whether "Is it the right time to do that?" Or "Is it... you know, where would the session go after I, you know, use this?", But it went positively, somehow. There is a saying, we say, "Someone who is digging a way for somebody else to drop in, they always end up in the hole themselves because they're the ones digging it". (Christine, 125, Coordinate)*

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[8] How this impacts on Gemma's ability to conduct therapy within the CBT model will be discussed within the 'Impact on Therapy' theme.

*That [not being able to use German proverbs] is sometimes painful. When I... I want to say that and I can't. Yeah, not bereavement, you know I grief (laughs)... No it's just regret, you know it feels there is something gone missing, which could have been there*. (Helen, 96-100, Coordinate)

Helen mentions feelings of pain, grief and regret triggered by the inability to use proverbs from the German language; these associations highlight the extent of her loss.

### *'Accent and pronunciation'*

In order to describe salient aspects of working in one's second language, respondents turned to the individuality of speech. The current theme contains therapists' reflections on what it is like to have an accent and/or pronunciation differences within a clinical setting. For example, Christine describes a heightened awareness of her accent, which seems to influence the manner in which she speaks during the meetings, as she perceives her language use as a possible source of misunderstandings.

*[In terms of the language barrier]: Em, with that particular client, I was more aware of my accent or the way I was speaking, I was trying to speak more slowly, in a way... Not to have any kind of mistakes or not trying to make any misunderstanding... (Christine, 57- 59, Coordinate)*

Sara shared a similar experience. She found that there were times when the client was not able to understand her because of her accent/mispronunciation, which created misunderstandings.

*Sometimes, there's misunderstandings, for instance, I feel a client may not actually understand what I am saying because of my accent. ... Em...well...once, we were talking about an experiment with the client, I don't remember the exact word but we've said the name and the client looked at me puzzled, and em, I think when I finished saying what I said and afterwards she just repeated what I said and afterwards she asked "Well, what is this?"... I could not pronounce it correctly. (Sara, 61, Coordinate)*

### *'Impact on therapy'*

This sub-theme describes the influence of language-related challenges on therapy, or more specifically the therapeutic process: the client's experience of the therapy as

well as the therapist's perception of the treatment. The theme indicates how such difficulties can hinder as well as foster successful therapy. According to Sara, for example, thinking quietly about the next intervention can have a negative as well as a positive impact on the client. Some service users may "feel uneasy" as they attempt to work out the reasons for the therapist's silence, whereas others may view this situation favourably, as thinking is perceived as a sign of professionalism. Sara suggests that both the client's and the therapist's discomfort about conspicuous moments of silence fades away as the therapeutic alliance develops.

*…When you ask a question, sometimes I am quiet when I think about the question I am going to ask and that can affect… it can have a positive impact and contribute to a therapeutic relationship because the client will possibly think "Oh, my therapist is actually thinking". Whereas others might think, like I said earlier, "What is the therapist thinking now?" So it affects in that manner as they may feel uneasy or something... But, I think it could only get affected for the first few sessions and then after the client gets used to it, the therapist becomes more comfortable with the client. (Sara, 140, Coordinate)*

Rather like Sara, Gemma feels that working in her second language may be characterised by longer pauses. At such times she finds herself wondering what her client may be thinking about her performance; is she perceived as "inexperienced" or "confused", for example? Outside these particular concerns, Gemma does not feel that slower pacing has a negative impact on the therapeutic alliance or its core conditions, as she is able to accept challenges as well as "mistake[s]". She highlights that her honesty and acceptance of these difficulties can facilitate a client's acceptance of their own shortcomings.

*… I'm trying to understand it in my first language now and of course that means that I will pause and reflect and in that process am kind of thinking, wondering what the client is thinking. Does she think okay I am inexperienced or does she think that em I am confused or is she thinking perhaps… the client is thinking "Oh my God what is the therapist thinking about me?" …also em… it slows down therapy as well… I do not think that it particularly affects how you relate with the client or any other core conditions to the point where I'm worried it has not so far from my… (Gemma, 201, Compound)*

Even though Gemma does not answer my question directly here, her response seems to suggest that her decision to pause and reflect is not seen by the client as a sign of inexperience.

*So you mentioned quite a few things when you stop and you have to think about and you're wondering what the client is thinking (Interviewer, 208)*

*Whether she sees you as an experienced therapist… (Interviewer, 209 )*

*Mmm whether she thinks that I am whether she's thinking I am confused with what she's saying (laughs) (Gemma, 210, Compound)*

*What is that like for you? (Interviewer, 211 )*

*Well I think that would only be a problem if I don't question that… will be a time when we struggle when we feel challenged, when we get it wrong. I am open enough and comfortable enough in saying to my clients "Okay can you give me a moment there I am just going to, have to stop and try to gather my thoughts"…and often when they do, without you knowing the client thinks "Okay she's all right" you know (smiles) therapists can make mistakes and we are human after all… (Gemma, 212, Compound)*

Kate seems to have noticed a similar effect. She reports that being a second-language therapist enables her to demonstrate acceptance, which in turn may help clients to understand that it is normal for individuals "not to know" and "to make a mistake".

*I think, it's quite a nice way for them to see that it's OK not to know or to make a mistake and… and I can handle it…em, there's something about they can see that it's okay, it's not… You won't… you won't take it badly (Kate, 106, Coordinate)*

Asking for clarification had a positive impact on the therapeutic process as it fostered a sense of equality in terms of knowledge and power. Christine emphasises the positive nature of this experience through repetition, "<u>very</u> good" and "good <u>actually</u>".

*Hmm... it was very good, in a way, actually. Because, usually, I think this is unfortunate: but usually in the process of counselling, although you're trying to say and practice, say to your client that this relationship that you're having is equal. But in a way, the clients usually see you as, you know, authority or somebody who is in power. Eh, but this language barrier or not knowing all the words and so on, was kind of, in my view, helped us, helped the client feel that "Okay, he is teaching something to me, as well". That was good actually… (Christine, 90, Coordinate)*

Christine finds herself concerned about "misunderstandings" as well as "wrong impressions". As a result, her interventions can become cautious in her effort to ensure that they are grammatically correct and truly reflect the client's experience. In a chain reaction, Christine does not always feel "100%" able to attend to what the

client is saying. However, on one occasion in particular she recalls becoming more relaxed and centred as treatment progressed.

*[In terms of the language barrier]: Em, with that particular client, I was more aware of my accent or the way I was speaking, I was trying to speak more slowly, in a way... Not to have any kind of mistakes or not trying to make any misunderstanding... When I wanted, for example, to reflect something. Or try to say something to her... Em... which was kind of paraphrasing her words or talking about, you know, what I was thinking about or what was happening to her or something like this, in terms of her feelings – I was trying to kind of be more careful of the words I was using... Because I didn't want to use the wrong word and give the wrong impression... I believe that it affected me not feeling quite centred,[9] somehow... especially at the beginning of my, eh... sessions with her. But gradually, I found myself, I felt more relaxed... (Christine, 58-65, Coordinate).*

Christine also describes the effect of asking for clarification, which in her experience can distract both members of the dyad. She thus finds herself multi-tasking: thinking simultaneously about the intervention to follow and aspects of their conversation which require further clarification, as well as trying to decide on the best time to ask the client to clarify his/her response.

*...Maybe they're using some metaphors in English that I'm not familiar with. Or, okay, when I don't understand... I have to say "What do you mean by that"... Em... although I was aware that sometimes, although I had an agreement...because I didn't want to miss something or anything while he was talking. At the same time, I was aware... it would affect his focus somehow... I was trying to manage that negative point by not straight away to stop him. But coming back to it when I wanted to make my own reflection... (Christine, 36-39, Coordinate)*

Sara has also found her accent and mispronunciation to trigger misunderstandings. In the following example, the client felt "puzzled" but was able to seek clarification. According to Sara, the danger arises when a client does not feel confident enough to ask. Sara recalls that these issues were present "in the early days" of her practice.

*Sometimes, there's misunderstandings, for instance, I feel a client may not actually understand what I am saying because of my accent. I don't remember the exact word but we've said the name and the client looked at me puzzled, and em, I think when I finished saying what I said and afterwards she just repeated what I said and afterwards she asked "Well, what is this?" That was in the early days though, and em, but I guess for the client to be able to ask me that means there was a collaborative relationship already. But sometimes clients may not feel as confident*

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[9]     Christine describes feeling centred as follows: "... For example, when I am with the client, in my own language I am just focusing on the feeling of the client. I am on the client 100% I am just trying to be 100% with the client."

*as in asking that "What do you mean when you say that?" and the collaboration is not really there. (Sara, 61-64, Coordinate)*

Like Christine, Sara feels that mispronunciation can either trigger misunderstandings – which may have a negative impact on the therapeutic alliance – or demonstrate that "we are all human" and "cannot be perfect at everything", which may in turn help the client to accept the notion of human fallibility.

*...The client interprets it [a misunderstanding] in a different way, as negative for them and will have a negative impact on the relationship. Whereas other clients, may think, you know, you are human, you cannot be perfect at everything, so that can also give them a bit of a boost to... you know, for their therapy, for their journey, so that in itself, has a positive impact. The other clients may view it as, you know, we are all humans, and you know, may contribute to their therapeutic journey. (Sara, 65, Coordinate)*

According to Sara, asking for an explanation may have a similar effect, as it allows the client to see a therapist "in a different light": as a human being open to learning, not an infallible creature with exhaustive knowledge. In addition, Sara has discovered that asking for clarification may make the therapeutic encounter more collaborative, involving the client and the therapist in a mutual process of educating and learning. Sara refers to this as "a give-and-take relationship". She also feels that collaboration has a positive impact on how the client feels within the session, as well as his/her willingness to engage.

*... The client may think "OK, she is probably a foreigner, she does not know, I will explain it". Which I have found allows the client to see that us therapists differently, we do not know everything, so we can learn. And this makes the therapy more collaborative: because, for instance, I am teaching the client about certain CBT techniques and the client is telling me about a... some of the sayings. So... almost like a give-and-take relationship. (Sara, 54, Coordinate)*

*.... [Collaboration] puts the client more at ease, more relaxed and more able to try and help themselves...(Sara, 57, Coordinate)*

Linda highlights the need to be more imaginative when working in her second language. Like the other respondents, she reports investing more effort and time in making herself understood. She feels that a slower pace does not have any adverse effects.

*Emmm, I'd say difficult em, I'd say you have to think on your feet, you have to be imaginative, you have to em, you can't always… What's difficult about it is translating what you've learnt in say in English to that language and doesn't always fit… It can mean that the therapeutic process is a little bit slower but I don't think it has any other negative or adverse effects so it is just maybe slowing it down… (Linda, 21-24, Compound)*

Sara's experience resembles that of other respondents, as she finds the process of expressing herself in a non-dominant language less natural compared to the use of her mother tongue. On occasion, this leads her to feel "confused between two languages". According to Sara, this difficulty may trigger slight feelings of frustration in the client as they may perceive "therapy [as] not going anywhere". She experiences this situation as "<u>very </u>challenging".

*…Sometimes I have to think very hard before actually putting it, saying it to the client. Because, em, with the , this [second] language it's difficult sometime, it does not come as natural to you, so feeling, you know, sometimes during the session a bit confused between two languages…Hmm... Very challenging at times… It can make the client feel a bit frustrated, feel that therapy is not going anywhere. (Sara, 16-17, Coordinate)*

The slower pace of sessions in the therapist's second language is also noted by Matthew, who points out that additional time may be required to develop the therapeutic alliance as well as to "enter the person's world" given the challenges of having to work in Hebrew (Matthew's second language).

*Em, communication, I suppose, paraphrasing and just being able to enter that person's world quite quickly I think that… yeah… I may enter their world more quickly, in my opinion… em… Well, I think that it [the therapeutic alliance] would happen probably more quickly and more strongly. (Matthew, 45, Coordinate)*

Gemma reports that working in her second language encourages her to engage in exploration rather than settling for certain assumptions or hypotheses; again, this demonstrates an interest in the client's experience. The disadvantage of further exploration, according to Gemma, is the slower pace of the session. This is especially difficult when the client would like to address several issues. Gemma's language use here – "sorry we don't have time for this" – implies that she feels partially responsible for the lack of time available.

*...Being able to say "Sorry can you explain that to me" I guess you know that demonstrated em curiosity on my part understanding his experience instead of moving on to the next part or perhaps going mmm because sometimes when you working in your first language you have a lot of hypotheses and assumptions you know okay this is what is going on for them and saying this is perhaps what I have understood; have I understood correctly.... even though it slows therapy little bit particularly when the client... when he client wants to discuss the ABCD I have to say to them in the session "Sorry we don't have time for this". (Gemma, 276, Compound)*

According to Kate, working in her second language provides her with an opportunity to be more inquisitive. She feels free to ask for clarification. Notice the wording: "a bit more" illuminates an added advantage. Kate describes "curiosity" as a useful tool in the hands of the therapist, as it demonstrates to the client that he/she is being listened and attended to. This resembles Gemma's experience (see above quotation). For Kate, curiosity and the ability to ask for clarification are essential within the therapeutic encounter, as evidenced in her choice of the word "powerful".

*Em…it gives me a bit more of, em… curiosity, because, for example, if I don't really understand a word or what they mean, I can kind of, em, ask them, what does that mean and sometimes it might be quite helpful for them to actually expand on it. And I think it also shows that I am interested in what they are saying, I am not just kind of listening and agreeing with whatever they say. So I think it can be quite powerful for them [clients] because they can… because it can be an indication for them that I really check with them what they are meaning. (Kate, 16, Coordinate)*

Unlike these participants, however, Helen believes that asking for clarification can have a negative as well as a positive impact. It can either accentuate the therapist's interest in the client or reveal a therapist's weakness.

*... Em… giving myself a bit of (pause), what's an English word?… Em…a weakness or something… [and] see how the client can deal with that – with me being not only potent; how does that make them feel?… Em… do they feel they rather want somebody that can protect them through everything or is it more… Em… that they can deal with that and they feel that that's good, that's good because she is not, you know, up there or… she is interested in what I am saying, you know, she heard what I said and wants to know what I actually said another thing. So it could be, you know, it could be both, I mean. (Helen, 53, Coordinate)*

Helen continues to demonstrate her ambivalence about being "the expert" within the therapeutic encounter. On the one hand, she feels that by asking for clarification she is putting herself at "a lower level" than the client; on the other hand, her act demonstrates that both members of the dyad are "human beings" with their own

problems. This, according to Helen, can normalise the client experience and foster equality, as also noted by Christine, Kate and Sara. Helen feels that she may be a source of frustration for her client, which resembles Sara's experience (quotation 71, p. 83 and quotation 61, p.87). Note the use of language – 'surely' – which accentuates her discomfort at finding herself in this position.

*What is… you know, just explain a thing that you think, oh, everyone knows… "Oh hang on, I am a counsellor and even I don't understand everything". I have a question so I am on a level of a client… I have my own life and I have also problems and it's not the client who is just there and it's more… em… it makes it more human…Yeah, and it always, ah, she wants to know this; it can be annoying. If somebody is asking this too many times, I mean, surely, I don't want to do that. (Helen, 40-58, Coordinate)*

Sara also notes the negative impact of asking for clarification on the client's experience of therapy. She states that the client may lack patience and feel frustrated and/or anxious if the therapist does not have a perfect command of English. Alternatively, however, Sara reports that it may have a positive effect in soliciting clients' attention.

*What the client expects to hear in the way pure English, fluent…I think sometimes it can make it more interesting for them and make them pay more attention, em, like, because they have to, sometimes, concentrate to understand you… a negative impact on the session: because if you have somebody who is very depressed. You are finding it difficult to phrase something, I don't think all the clients will be able to have the patience to wait for you to finish, you know, they might feel frustrated or even if you have an anxious client – same thing. (Sara, 71-74, Coordinate)*

Lena proposes that if a therapist's accent attracts the client's attention, it demonstrates the client's interest in therapy.

*You know, if a client is not interested in therapist, it means they are not really interested in therapy as well. (Lena, 34, Coordinate)*

Another advantage was noted by Linda. She feels that her clients appreciate her effort to translate from her dominant language into a non-dominant language.

*I think they certainly appreciate that to see that you are trying to… trying your best they certainly appreciate the fact that they can speak in their first language so you kind of not that necessarily it has been said but you feel the appreciation… (Linda, 30, Compound)*

Christine reports that being congruent with her client in their shared concern about understanding and being understood had a positive impact on the client's level of trust.

*Because I think, one of the main things that I can see was the trust. Because I think, em, my congruency, in a way, helped him to trust me more. Because I was congruent about me not being able to understand him, somehow. (Christine, 19, Coordinate)*

### *'Managing challenges and perception of challenges over time'*

The current sub-theme describes how therapists manage language-related challenges. It demonstrates that some respondents choose to resolve these issues independently, whereas others seek external support. For example, the former type utilise skills, abilities and therapeutic techniques, whereas the latter rely upon supervision and consultation with colleagues. This theme also records the therapists' experience of managing these issues, and illustrates how the perception and experience of such challenges changes over time. For example, Christine managed her concern about understanding and being understood by consulting her supervisor, who offered the reassurance that she has the necessary skills and abilities to conduct therapy successfully. Christine explored and addressed clients' perception of the given situation at the beginning of the therapeutic encounter, as discussed during supervision.

*At the beginning I was a bit, you know, nervous and I talked about it with my supervisor. My concerns mainly were around the area of language barrier, of thinking what if my client doesn't understand what I say or vice versa… And I talked about this with my supervisor, and at the beginning I was so nervous I wanted to refuse the case, because I'm not ready to see any clients in other language other than my own. But my supervisor kind of encouraged me by saying "Look, you've done your training in English, and anyway, it means that you're good enough, so you have to go through with this. And, yes, it might be challenging but yeah, you have to face the challenge and see how it goes." And I'm really happy that I did that because the relationship that I had with that particular client was one of the best that I experienced in my entire career. I tried to kind of address the issue that I was experiencing with the client at the beginning, even, when I was assessing him I was saying, you know, "How does that affect our relationship – the fact that I am not British or not speaking English the way he does." (Christine, 13, Coordinate)*

Christine goes on to describe how she managed the challenge using techniques such as exploration, clarification and self-disclosure, as well as encouraging her client to

ask for further explanation. Addressing these issues was difficult, and caused anxiety. The extent of the challenge is suggested by her turn to self-encouragement – "okay, I promised myself to kind of deal with the situation" – as well as her decision to address these issues during supervision.

*When you say that you had to address it during the therapy, how did it feel to have to address that? (Interviewer, 14)*

*At the beginning, I found it quite difficult. But I said "Okay, I promised myself to kind of deal with the situation," and the best thing is to talk about it with the client and I didn't mention that I was nervous to him, honestly. But I said that because this relationship is mainly based on the verbal communication between two of us, I might not be able to understand some of the words that you might say or because of my accent, you might not understand some of the words that I am saying, so let's have an agreement: If I don't understand you, I would stop you and I would ask "What do you mean by this or that?"... And if you didn't understand me... please ask me. (Christine, 15, Coordinate)*

Christine described her concern that, even though she had made this agreement with her client, asking for clarification might still prove an interruption to the therapy. She thus tried to estimate the most appropriate times for her interventions, which she felt to be "a bit difficult".

*...Although I had an agreement... because I didn't want to miss something or anything while he was talking. At the same time, I was aware that although I agreed to do that, in a way, it would affect his focus somehow... But not straight away to stop him... But come back to it when I wanted to make my own reflection... But, it was a bit difficult as well. To say, okay, when should I say, say it... I was trying to put it... to paraphrase it somehow...(Christine, 37-39, Coordinate)*

Like Sara, at the beginning of her practice Anna explained to her clients the difficulties which may arise as a result of the therapist's being a non-native speaker. Following this, she made an agreement with her clients that they would seek clarification if necessary. Like several other of the respondents, Anna reports that, with time, the discomfort related to her language skills disappeared.

*...When I first started working here, I remember always saying to people: "You are obviously aware that I am not a native English speaker and I might phrase things slightly differently and, you know, if there is any misunderstanding and, you know, at any point if you feel that I've used a phrase that, you know, might be ambiguous or something," – that reminds me of something else – "please do say". And I've*

*stopped doing that, I just really find it curious, it's almost like I've become too comfortable... (Anna, 124, Coordinate)*

Susan also discusses language nuances with her clients in order to minimise any issues which may arise from language difference. She encourages her clients to speak more "slow[ly]" and/or "louder".

*... I mean if they have a strong accent I would have trouble [understanding them] ... I'd have to say to them you know I'm really sorry I'm having a bit of trouble – could you slow down or... could you speak louder... (Susan, 19, Coordinate)*

Sara recounts her experience of asking her clients to explain proverbs she does not understand, for the benefit of her current and future clients.

*...There has been lots of times, for instance, when the client would mention a saying and I would not understand it. Me, asking them, okay, saying "I am not familiar with that saying, would you please explain it to me?" And that allows me to open up, and also next time when another client says that, I already know, so instead of asking the client, you know, we can move on to the next thing, so to be able to know these sayings or certainly use it makes the therapeutic relationship a lot stronger. (Sara, 53, Coordinate)*

As well as asking for clarification and repetition, Kate manages the challenge of not being able to understand the client through acceptance.

*Hm, well, again respect that I can make a mistake, I may not understand what they mean in the first instance and... if I ask them to repeat or explain to me, the way they say it back to me. Yeah, to respect that the misunderstanding, the lack of understanding and... And if you can't use that one you might have another one [proverb], and to accept that maybe, you know, that the missed intervention could have brought you to another place, which might have been more specific but you just can't use it. (Kate, 264-266, Coordinate)*

Similarly to other respondents, Helen chooses to ask her clients for explanation. She has also found it helpful to search for unfamiliar terms in the dictionary, after writing them down during the meeting. Later on in the interview she explained that asking too many questions may trigger annoyance on the client's part.

*...I asked her often "What does that mean?" and then she explained it to me... she had loads of them [idiomatic expressions]... I wrote some down, because I wanted to look them up in the dictionary. (Helen, 23, Coordinate)*

Like Christine, Gemma highlights the need for multitasking as she finds herself stopping to reflect on what the client said, making notes (like Helen) as well as monitoring the client's non-verbal communication. She also insists that using the client's own words has proved to be helpful in facilitating understanding between the members of the dyad.

*... I would say you know you know I'm going to stop and try to think about this one. And I will take some notes here to help me understand what you are telling me... I'm trying to... reflect back on something that she has told me; I tend to use her words... (Gemma, 217, Compound)*

Sara too finds herself turning to pen and paper, but in a slightly different situation: when the client is not able to understand her because of her accent or pronunciation.

*I think, well...once, we were talking about an experiment with the client, I don't remember the exact word but we've said the name and the client looked at me puzzled, and em, I think when I finished saying what I said and afterwards she just repeated what I said and afterwards she asked "Well, what is this?" And I said it again and the client still did not understand so I had to actually write it down because I could not pronounce it correctly. (Sara, 61, Coordinate)*

Rather like Gemma, Sara suggests that an alternative way to manage the situation is to take additional time to think about the next intervention; a coping technique she employs when considering how best to structure/translate a sentence.

*Mmm, different languages, different cultures express different things differently. So it affects the way I would ask a question... [Hence] ... you having to think about... sometimes I am quiet when I think about the question I am going to ask... (Sara, 140, Coordinate)*

Linda also highlights the need for flexibility when translating from her second language to her mother tongue.

*... Sometimes I have to think of another way of saying it if I can't think of a word. (Linda, 26, Compound)*

Helen manages the challenge of translation by finding more simple words to express herself. I wonder whether Helen prefers a more sophisticated interaction, as she later refers to different social classes as characterised by a specific way of speaking.[10]

*So just lacking that one word that I just had on my tongue in German but not in English (chuckles)… Em… And then this other thing… Em, yeah, surely, maybe, then the other thing about it is then explaining it in more simple words and then finding actually an easier way in. (Helen, 22-25, Coordinate)*

Apart from Christine, these respondents reported resolving any issues without seeking support outside the clinical dyad. Anna, on the other hand, has broadened her knowledge by reading newspapers or observing other people's use of idiomatic expressions.

*I've forgotten them but, you know, you continuously use idioms that you sort of read in the paper or hear people saying, you sort of know in which context, like a child, you know, you learn it. Like when somebody says "Boo" when they see somebody who is of a different colour then there is obviously something that's not good. So you pick things up in context. (Anna, 62, Coordinate)*

Unlike the other respondents, Anna chooses to ask her partner rather than her clients for clarification, which suggests that she feels less comfortable about self-disclosure.

*And I've asked it a few times of my English partner, I thought, I could actually ask it, where I've been using this for a long time and then I think "Does this actually mean what I think it means?" Usually, it does but there's a little bit of a twist to it. But you just pick it up, like, "Somebody has a chip on their shoulder"… (Anna, 58, Coordinate)*

Kate describes her anxiety about using the English language competently. She explains that, as a result of counter-transference, her concerns become more prominent when working with perfectionists. She managed her anxiety by consulting her supervisor and evaluating the situation more rationally.

*[Sometimes] I am a bit worried: "Oh, no, did I say it right?" or "How did I say it?" or "Did they understand it?"… there is this anxiety but at the same time there is something about… Actually, they get it. You know, they go on with it. So it feels quite*

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[10]     Helen: "…In Germany we have this "kokh deutsch" you know, what everybody speaks "kokh deutsch", em, you know, the common ground of language. German, the accepted way of speaking German but then there is the one, the working class or other…"

*okay, actually, if I make a mistake. And I think it's something that… I think in supervision we talked quite a lot about em... because sometimes you've got clients who want to be perfectionist and you know, who want to look perfect… (Kate, 59, Coordinate)*

Like other of the respondents, Gemma sought supervision to address her concerns related to the difficulty of translating various psychological concepts when working within the cognitive behavioural model of therapy.

*…And I did take that to supervision. I thought perhaps I'm struggling to apply CBT with her, within the language, the Hindi language with her it's like a lot of the concepts…Translating those concepts can be very challenging. (Gemma, 23-29, Compound)*

In addition to consulting her supervisor, Gemma turned to self-education. Her choice of words indicates the extent of this challenge: "so difficult".

*It's funny (laughs) because I ordered a few books in Urdu from Pakistan, psychology books and believe me they were just so difficult. (Gemma, 109, Coordinate)*

### 'Emotions'

This theme comprises therapists' accounts of the experience of working in their second language with clients' emotional material, as compared to their mother tongue. More specifically, it includes therapists' reflections on how they experience emotions within the sessions, as well as factors which facilitate and hinder their work. For example, Christine proposes that seeking clarification may create emotional distancing by distracting the client from his/her feelings. Even though Christine does not directly discuss how emotional distancing may impact on the effectiveness of therapy, her commentary on her performance suggests that it may be affected as part of a chain reaction.

*…When I don't understand I have to say "What do you mean by that?" And it can affect my performance because it might disconnect or distract the client from the real feeling…(Christine, 77, Coordinate)*

Similarly to Christine, Kate suggests that the need to explain or expand may inhibit emotional processing.

*... Maybe for some English it might be quite a relief to be with another English-speaking [person]. And to be able to just say, you know, whatever is their experience... Em, and it might also, it might be kind of a way to facilitate, as well, their emotions... (Kate, 240, Coordinate)*

Christine has also noticed that on some occasions she too may become distracted from her client's feelings as she focuses on her use of grammar. Christine's repetition accentuates the importance of attending to her clients: "I'm just focusing on the client 100%. I'm just trying to be 100% with the client".

*... For example, when I am with the client. In my own language I am just focusing on the feeling of the client. I am focusing on the client 100%. I am just trying to be 100% with the client. But with this particular client... I was aware of my own wordings, my grammar or how I'm going to, you know, say something. Maybe I was, somehow distracted from her feeling... (Christine, 63-66, Coordinate)*

She has also discovered that when she works in her mother tongue, she is more aware of the feelings associated with particular words, so she intuitively knows how and when to use certain words. This suggests that it may be more challenging for Christine to work with the client's emotional material in her second language, as she may be less able to 'feel' her client's words and may need to invest additional effort when using emotive words.

*… Every word has got a feeling behind it, and when you are speaking in your own language, you know what kind of words you are using and when you're using them, I think it's easier. (Christine, 144, Coordinate)*

Christine explains that she is more aware of the sensations that emotional words carry with them when spoken in her mother tongue, suggesting that words in her second language may be experienced less vividly and/or vaguely.

*That's something that I think it's coming from my point of view. And the client's point of view. Talking in your own language, using the words that you... you know, used to, you know, what kind of meanings they have. What kind of feelings these words carry with them. It's just different. (Christine, 147, Coordinate)*

Christine highlights that, on some occasions, when working with emotions in her second language she resorts to non-verbal cues to gain a better understanding of the

client's experience, as these may provide a more truthful representation of their feelings.

*I think sometimes you don't need sometimes to know all the words, as well. This is the other thing because when you [pick up on] something you can say "Okay, there is something behind this word", you just pick it up, and easily can reflect, because there is lots of non-verbal communication within the room, as well. Everything is not based on verbal communication… (Christine, 155, Coordinate)*

The emotional quality of the second language was also addressed by Anna, who recalls teaching herself phrases to convey empathy in English. These were learned by means of mechanical and logical processes, rather than acquired in a natural context through experience. For Anna the same phrases spoken in different languages trigger a varying emotional response; they "'resonate" in a different way.

*…I think I've taught myself a few phrases that convey empathy…That will not resonate with me in the same way, as they would if I said them in German. So if I say something as hackneyed as, you know, "That must be really difficult for you" or "God, I feel really worried about you, just call me" – yes, I do want to say that's really had an effect on me but if I said that same sentence in German, I think I'd feel something different. (Anna, 53, Coordinate)*

Anna describes experiencing a situation differently depending on the language used. However, she chooses not to provide an example from her clinical practice but switches to speaking about her personal life. Might this be explained by the fact that she feels less able to accept the phenomenon of emotional detachment in her professional life, as emotional connection is a core condition within therapy, and one upon which the therapist is often evaluated?

*Yeah. That's a horrible thing to admit because basically that would mean for a lot of clients they could actually not be empathised with. I don't think people would have that... Let me just rephrase that: if I take it back into my personal realm – if I say something really emotionally important to my husband… still touches my heart, in a way that it would; but I still have battles with my ex-husband, in Moscow. But he pushes buttons that my English husband doesn't push. (Anna, 57, Coordinate)*

Anna suggests that the context of language acquisition is linked to emotional intensity. She states that the language of one's childhood is likely to be more emotionally charged compared to a second language learnt during later years.

*... And of course you experience your formative years in your first language... my second [daughter] was born in New Zealand and they grew up in Holland and in New Zealand in their formative years...She came out with 3 languages... She went to an English kindergarten group, had a Norwegian baby-sitter, and, obviously, at home we speak German. I would think that... her innermost emotions would be expressed in English... (Anna, 98, Coordinate)*

Anna seems to intellectualise her experience as well as to avoid discussing her experience of emotions within the context of her clinical practice. I thus attempt to direct our discussion towards Anna's own experience.

*Uh huh. But for you, do you think that it would be a language other than English language? (Interviewer, 99)*

*...I am a transactional analyst so I think in terms of ego states, the very earliest ego states in terms of psychic time, yes they will be accessed more readily in... It's hard to say I never had any therapy in German. My first therapist was Dutch or half-English, half-Dutch and spoke Dutch or English, the second one, well, an English-speaker, and we didn't touch it. (Anna, 100, Coordinate)*

The link between empathy and language also shines through Kate's narrative. It is not clear whether this is something that has been experienced by Kate or whether she is making a speculation. She seems to suggest that speaking French may take her back to her own experiences, thus triggering an emotional response within her. Awareness of the interaction between language and culture is evident in Kate's response.

*Hmm... em... let me think... I don't think, em, I don't think I would be less empathetic or feeling less than, em, between the English and the French client, but, I have to say, maybe with a French client there might be things, I mean, related to culture or things that I might, that I might have experience of as well. So maybe, it might trigger something within me. (Kate, 242, Coordinate)*

According to Sara, having a command of several languages enables her to make multiple associations and view things in different ways, which facilitates a deeper understanding of the client's experience. Sara feels that these skills increase her sense of empathy.

*That it [being able to view things in different ways]... helps because I can get a deeper understanding of a client and I reflect back in the sessions when the client... like I said about being really empathic, so being able to view things from different*

*ways, you gain a better understanding and maybe your empathy is becoming more genuine. (Sara, 90, Coordinate)*

Matthew also maintains that a second language is less emotionally laden than one's mother tongue. He feels that he is able to experience his emotions more powerfully in his first language, and states that the same is true for his clients. However, he does not bring "strong feeling[s] of his own" into his practice, and reflects on how this affects both his client and the therapeutic process more generally.

*I suppose, it's… Em… the emotions can be conveyed more powerfully in my first language. I wouldn't say it's a quantitative difference – it's more qualitative… …Em… if the client feels that they can convey their feelings to me strongly then that would improve the alliance…Em… when I am active in practice I am not so challenging so I don't tend to bring such strong feeling of my own into the session room, so it would be more reflecting their feelings. (Matthew, 127-132, Coordinate)*

Sara also comments on the importance of having a broad vocabulary of emotive words; this, she reports, helps her to understand her clients' experiences, fostering empathy as part of a chain reaction.

*…Personally find that there are certain emotion words that they have in my language that do not exist in English language so when the client is expressing how they are feeling and naming specifically the emotion, at the back of my head the word's coming up that they don't have in English. So I try to maybe compromise and find two or three different emotions that are expressing the one emotion. Having this, I feel sometimes allows the client to see that you really understand them… you can see there's genuine empathy… (Sara, 106, Coordinate)*

Contrary to Sara, Susan feels that the English language carries a broader array of emotive words than Dutch; however, she is able to work comfortably with emotive words in the former, even though the "English language may have more nuances in a certain emotion".

*…The Dutch and English are very closely related, I'd say that most words for the Dutch may only have one and the English might have six. Because the English language is very rich, it's a big language... Dutch is a little bit more limited so I think I've never actually had that... I'm just trying to say that if I didn't feel at any time that I was impaired at any time in any way because I'm Dutch. I'm just saying that ... em... the English language may have more nuances in a certain emotion but I would understand if somebody would use it [to say] what they meant and it wasn't difficult to understand or anything... (Susan, 47, Coordinate)*

Similarly, Matthew suggests that there is a broader range of emotions available in English than in the Hebrew language. He feels that when working in his second language he is "less accurate and less powerful in describing the emotional stuff".

*It's like I said before, instead of having a range of ten… a scale of ten different strengths of feeling, I've got only one or two or three… So I can be less accurate and less powerful in… describing the emotional stuff. (Matthew, 146-148, Coordinate)*

Likewise, Nina feels that her second language offers her a less extensive and less powerful vocabulary than her first language, in which her use of vocabulary is a particular strength and source of pride. Nina feels that this can impact on her ability to make an "exact reflection" of the client's experience. Her choice of wording indicates the extent of her awareness of this weakness: 'very conscious'. Note that Nina describes *feeling* rather than *being* more limited in her second language. This is an important distinction: someone can feel weak but in reality be physically strong.

*… Even though I left my country a long time ago... and I was very good at poetry I used very powerful words, that was one of my strengths... I don't feel that in English …so that makes me em very conscious em that the vocabulary which I would have used in Persian would have been more extended, and more powerful… and I feel more limited in my second language… Because you are aware of how important it is to get the exact reflection. (Nina, 21- 27, Coordinate)*

Helen too reports that an appropriate word for an emotion is not always available. She compensates for this lack of precision by using a combination of words. Helen's uncertain laugh suggests that this may be a sensitive topic for her.

*So just lacking that one word that I just had on my tongue in German but not in English (chuckles) Em… And then this other thing… Em, yeah, surely, maybe, then the other thing about it is then explaining it in more simple words and then finding actually an easier way in. I mean like words, like describing words, like adjective, feeling words, yeah? (Helen, 10-12, Coordinate)*

### 'Experience of self'

This theme describes therapists' perception of self within the therapeutic encounter, particularly in reference to the experience of being a non-native speaker. In addition, the theme includes respondents' comparative accounts of their self-experiences in relation to the language used. For example, Matthew suggests that his experience of

self shifts depending on his choice of language. He reports feeling "more myself" when speaking his mother tongue, the language of his childhood. He explains that different aspects of personality, thinking patterns and behavioural style become prominent depending on the language used, thus affecting self-experiences. Notice the passivity of the process: Matthew does not deliberately change these aspects of himself; instead, language automatically brings about the transformation.

*Em, I feel more myself when speaking in my first language… why am I defining me as the me that speaks English, why am I saying that me who speaks Hebrew is somebody else, but that's all the same me. I am just more familiar with the me who speaks English. Different languages emphasise different aspects and we think through language maps, so simply by using a different language I am thinking in a different way, I am behaving differently… it's more that me that's speaking English is more me just because I am more used to that me. (Matthew, 20, Coordinate)*

Later in the interview, Matthew comments again on the link between language, thoughts and experiences. He proposes that the thoughts processed in one language may be non-existent in another, limiting our experiences and perceptions to the language used. We can take this a step further and speculate that the difference in language-related experiences trigger a difference in self-state, as Matthew highlights that switching languages produces a "change in our whole outlook".

*Uh huh, right… thoughts are made up of words and certain thoughts are possible in one language but not possible in another language, so em… our thoughts are made of language and, em, so by definition speaking a different language means that we are able to express certain thoughts and less able to express other thoughts. That would change our whole outlook. (Matthew, 111, Coordinate)*

Kate narrates a similar experience, reporting that switching between languages produces a shift in her "state of mind"; suggesting a shift in self-experience. Unfortunately, she was unable to expand further on her answer.

*… I don't, you are able to switch language, it's almost like to switch your state of mind to… em… (Kate, 112, Coordinate)*

Sara's response suggests that when working in the English language she feels more mature, more knowledgeable and more experienced. She explains that you address someone less formally in English than in Greek; when using Greek, therefore, Sara

perceives the situation as more formal, and "feels younger", less knowledgeable and less experienced.

*Whereas in my language and in Greek, as well, there are two different ways of addressing. So when I am talking with somebody older, I feel I am being more respectful, I feel younger… you talk to them in plural. And it makes you feel different when you do that. Whereas here, sometimes, when I have to work with older clients, I feel different, because I talk to them as an equal person…[In Greek] It's like I am addressing this person, this way, because you do that, because you regard them as having better knowledge than you do, higher knowledge and better experience, so what am I really going to teach this client? (Sara, 120-124, Coordinate)*

In a slightly different way, Helen lacks a sense of equality between herself and the client. She perceives herself to lose the status of 'expert' when she is not able to understand what the client is saying, becoming instead the 'learner'; at such times, she feels as though her client is performing the therapist's job.

*…"Oh hang on, I am a counsellor and I even don't understand everything." I have a question so I am on a level of a client… I don't feel like the expert, I don't see it's my role to be the expert, anyway… I am basically in a way putting myself at a level lower, in a way, voluntarily, not a level lower, yeah. (Helen, 23, Coordinate)*

Kate reports that working in her second language gives her a sense of innocence: she feels more able to ask questions ingenuously, and perceives her interventions to be more easily accepted by her clients.

*… I feel like when I do it in English, there is something about being innocent… 299. You know, if an English therapist would say "I don't understand what you say", or "Can you repeat it?" They might think "Well, I don't understand why you don't understand me" or something. But with a foreign therapist, they might feel more understandable in terms of, yeah, I understand why they are asking me again. Or, so I think that... yeah, you can ask, you may look more innocent. I think as a person I use it again… you know, my innocence… (Kate, 293, Coordinate)*

Christine feels less authoritative when she works in her second language, as shared levels of education foster equality.

*…Usually in the process of counselling, although you're trying to say and practise, say to your client that this relationship that you're having is equal. But in a way, the clients usually see you as, you know, authority or somebody who is in power. Eh, but this language barrier or not knowing all the words and so on, was kind of, in my view, helped us, helped the client feel that "Okay, he is teaching something to me, as well"… (Christine, 75, Coordinate)*

It seems that the challenges Nina faces in her work serve as a reminder that within the dyad she is the foreigner. Metaphorically speaking, the client is a foreigner within the clinical environment, as the therapist is the host in a familiar setting; in this case, however, Nina herself feels alienated. Nina appears to feel the need to compensate for being a "foreigner"; her choice of words is important in this regard: "lost to them" and "struggle".

*… I am aware that this is my second language…[hence] … I think I'm more aware… that I am a foreigner… they should not struggle because I am a foreigner. So I should take more effort and accept the responsibility for taking care of them…because I'm a foreigner and… the language which I am speaking is my second language… I don't want it to become something that is lost to them. (Nina, 8, Coordinate)*

The sense of being a foreigner seems to permeate Lena's experience. Even though Lena explicitly states that she is not a foreigner, she unconsciously identifies herself as non-native. Lena seems to feel that she is perceived by her clients as a foreigner because of her accent. I wonder whether her discomfort with her identity may have affected her use of words during the interview: "judged" rather than, for example, "perceived"; and "sheltered" in the sense of "protected" from the experience of non-native individuals.

*So I think it is very normal for the client to, to judge. So of course they are starting to assess you in, in, in some way and they assess you by, by, by their own standards. And their own standards, you know, depends on the environment, depends on their past experiences, how they dealt with foreign people before. I am not saying that I am a foreigner but different accent or, you know, if somebody lived a very sheltered life and never really befriended a person from a different country, then of course you would come to the session and be a bit wary of em, I, I've got an accent. (Lena, 115, Coordinate)*

According to Nina, one's national identity shifts depending on the language used. When she speaks English she refers to herself as British; when working in Iranian she becomes an Iranian.

*And when I have my British hat - one people, one planet - that is how it feels…
(Nina, 240, Coordinate)*

*... but when I do it in my language somehow it is Iranian to an Iranian. (Nina, 260, Coordinate)*

A very different type of self-experience is described by compound bilinguals. Gemma describes how, in one instance, as a result of counter-transference, she became an empathetic parent to her client. Might this be explained by the fact that the Urdu language reminds Gemma of her childhood relationship with her parents? For Gemma, the Urdu language is strongly associated with her family and friends, whereas the English language is associated with her professional and academic life.[11] Gemma describes Urdu as her "old" mother tongue, suggesting that English is a 'new' mother tongue acquired over time.

*... My therapist hat was taken off and I felt becoming her Mum… an empathetic parent…I think that has got something to do with language because I think there is… em… how do I use language em in everyday life. I use language with my family and my friends… em… apart, aside I don't really use Urdu that much in my clinical work which I have done… with [Urdu] clients you start reverting back to your old mother language em… em Sometimes I think Urdu is my first language but then I realise it's my second language (laughs)… I'm very fluent in it… (Gemma, 288, Compound)*

The difference in the way that Linda relates to her Punjabi and English-speaking clients may be explained in part by the fact that her second-language clients remind her of her family; more specifically her aunt. Linda accentuates the importance of being aware of these feelings in order to manage them.

*I think this is something that I'm more aware of. You kind of see yourself with the client and they remind you of your Mom, for example, because they are speaking in that language, especially if it is an older Asian woman, for example. These are the factors that you become aware of rather than they have appeared in the session…That is something about... I think you are being a bit more reflective so you are aware of these kind of factors… (Linda, 111, Compound)*

*Interviewer: What was that like for you when your client reminded you of your mum? How did that affect therapy? (Interviewer, 112)*

*... the client reminded me not my mother and my aunt and that is something that I was aware of straight away... and it allowed me not to bring it into therapy... yes she reminds me but she's not so, you know, that's the end of that it is important, you know, I think from my point of view, the awareness that you have got it... if you are*

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[11]     Different explanations for these findings will be discussed in the next chapter.

*aware of these things you can deal with them if you're not aware of these things you are entering into dangerous grounds. (Linda, 113, Compound)*

### **'Therapeutic alliance'**[12]

This theme contains therapists' accounts of how they relate to their clients when speaking in their second language compared to their mother tongue. It also describes factors which facilitate as well as hinder the connection between the therapist and the client. Two sub-themes were identified:

- 'Facilitative factors'
- 'Inhibiting factors'

#### *'Facilitative factors'*

The sub-theme 'Facilitative factors' describes interventions and experiences which, according to the therapists interviewed, assist the development of the therapeutic alliance when working in their second language. For instance, possible interventions include self-disclosure, exploration, collaboration and development of trust as well as particularities of language use,[13] whereas 'experiences' refers to shared experiences such as the acceptance of differences or discovery of similarities. Anna emphasises that "a connection across the divide is more precious than a connection which you assume is there anyway". Such a connection creates an intimate experience accessible for just two people in a given moment, thereby facilitating therapeutic alliance.

*I suppose a connection across the divide is more precious than a connection which you assume is there anyway. I mean, this is me being theoretical rather than having a concrete idea. It certainly would be followed with laughter or the sense of lightening in the atmosphere. When there is a sort of, I mean, we both know what we mean with this. It's like for a moment, having created a shared knowledge, a shared language. (Anna, 176, Coordinate)*

Kate believes that rapport may be aided if both members of the dyad are willing to acknowledge and accept each other's differences. She describes a process by which

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[12]      Even though there is no single definition of a therapeutic alliance, researchers generally agree that it is a collaborative, interactive process in which the therapist and the client work towards mutually approved goals and counselling outcomes, in the context of an affective bond or positive attachment (Bordin, 1979; Constantino *et al.*, 2005; Castonguay and Beutler, 2006; Hatcher & Barends, 2006).
[13]      The author is referring to the use of pronouns in different languages, as well as the use of the term 'doctor' within the clinical setting.

the client and the therapist rise above their differences and relate to one another on a different level. This experience resembles Anna's to some degree, as in both situations the client and the therapist accentuate the similarity and paint over diversity.

*Em, I think… if you are… if people are quite curious, again if the therapist is curious but also if the client is curious in, you know in, sharing his experience and his difference with the therapist but also in taking in the therapist's differences, and I think that it might contribute to the relationship if the client sees these differences as a way, as an opportunity for them to reveal themselves, to kind of express themselves. (Kate, 179, Coordinate)*

At a later stage in  the interview, Anna illuminates a very different connection between German and English native speakers, based on the common historical roots of the two languages; a connection which is not possible between individuals who have no shared heritage.

*So there is a shared heritage between German speakers and English in that…When I'm here [in England], I suppose I use more of my language, which is the shared language with the English rather than using more the Romanic derived words. I might occasionally. There is a lot of Old English, which sounds like German, if you read Chaucer, for example, it reads like the old type of High German. There is a lot of shared material, whereas, you know, if somebody were for example from a Chinese background there is absolutely no shared heritage. (Anna, 114, Coordinate)*

Christine reports that her congruency in not being able to understand her client facilitated the development of a trusting relationship. It is intriguing that something so often perceived as a limitation can turn into a useful tool in the hands of an experienced therapist.

*Because I think, one of the main things that I can see was the trust. Because I think, em, my congruency, in a way, helped him to trust me more. Because I was congruent about me not being able to understand him, somehow. Because, for example, when the client comes to the counselling room, they come to be understood, that is the main reason they come and because I was able to say, I might not be able to understand you, to do that for you, and me being congruent with him, helped him to trust me more. (Christine, 14, Coordinate)*

According to Sara, collaboration implies a good therapeutic alliance, as the client and the therapist work towards shared goals. Both members of the dyad are involved in a mutual process of educating and learning; Sara refers to this as 'a give-and-take

relationship'. Here, 'foreignness' is seen as facilitating collaboration, rather than accentuating differences.

*… The client may think "Okay, she is probably a foreigner, she does not know, I will explain it". And this makes the therapy more collaborative: because, for instance, I am teaching the client about certain CBT techniques and the client is telling me about a… some of the sayings. So… almost like a give-and-take relationship… by being collaborative it means you have a good therapeutic relationship, as well. (Sara, 54, Coordinate)*

Gemma describes a different way of relating to her Urdu-speaking clients: she recalls feeling less formal when working in her second language, even though she is sometimes addressed more formally, as 'Doctor' (which eliminates the sense of equality to which Sara refers). Gemma feels that language fosters a change in her behaviour, feelings and attitude, and describes herself as being more protective of her clients and adopting a more open body language when working in Urdu.

*However the interactive process in terms of our language I think sometimes em (laugh) although I am in a very professional setting sometimes I can notice myself becoming a little bit informal (laugh) em, em I find that when I smile a lot and and you know and she em em I… I must admit protective of my Urdu clients as well and I feel that even the way I am my body posture of my body language it's it's a bit like this normally with clients is different you know and with her I kind of feel that it is much more open em more casual… This meant that she very much saw me as an expert because it was her first experience of therapy so she is not really coming in, she's coming in with expectations and she often, in the beginning she told me Doctor. (Gemma, 158-164, Compound)*

Linda too reports feeling more "easy-going" and "friendly" when working in her second language. She describes herself as more understanding if clients do not complete their homework, and less likely to discharge; this difference, she feels, needs to be monitored.

*… It is probable that you find yourself more easy-going, more kind of relating to the client, you find yourself more kind of not friendly (pause) but letting your client get away with more (pause) like not doing their home tasks and you become more (pause)… You feel a bit more easy-going towards the client; you feel a bit more… sort of okay you didn't do your homework more em understanding em You are not that quick to discharge because you're being that bit more understanding em. (Linda, 107-109, Compound)*

Gemma also highlights that not having an interpreter present strengthened her relationship with a particular client, who felt less comfortable in the presence of a third person.

*But I think that brought us closer… Because if there wasn't an interpreter or translator present because, actually, initial assessment was done by my supervisor, who is Japanese [in the presence of an interpreter], hence the client was very anxious… (Gemma, 176, Compound)*

Gemma illuminates that sharing the same language enabled her to develop a strong rapport with her client, as they were able to work one-to-one rather than through an interpreter.

*…As regards to the interpreter she [Gemma's supervisor] felt that the relationship between the client and interpreter was closer. So I think the language has had an important impact on how we work together… (Gemma, 198, Compound)*

### 'Hindering factors'

In contrast to 'Facilitative factors', the current theme describes interventions and experiences which, according to the therapist participants, hinder the development of the therapeutic alliance; for example, excessive clarification or lack of understanding. Like the previous sub-theme, it provides a comparative description of how therapists relate to clients when speaking in their second language, as compared to their mother tongue.

Anna suggests that in comparison to working in a second language, therapy in her mother tongue is more like a conversation, less formal and "more chatty […] more chummy", suggesting an alternative way of relating to her German-speaking clients.[14]

She describes the need to consciously "pull [herself] back" into her more familiar professional role, as she experiences a clash between her 'more' and 'less' professional selves.

*I slip into colloquial to be more chatty, much more easily, with people who speak German, especially with Austrians. Hmm, it's more like we can sort of sit there having a coffee and cake, like being in a coffee-house, so I have to pull myself back*

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[14] This is the opposite of a compound's experience, as mentioned previously. The experiences reported by polyglot and bilingual respondents are qualitatively different.

*to actually become more professional. It becomes more chummy, it becomes more sort of, you know? (Anna, 18-24, Coordinate)*

Anna highlights that even though she sometimes feels that she is "more chatty" when using her mother tongue, this is also true when working with English-speaking clients. She attributes this phenomenon to the fact that she is accustomed to using English at home with her husband. For Anna, therefore, English is no longer associated exclusively with her professional life, making the boundaries between formality and informality less prominent.

*But having said that, of course, I sometimes become chatty with English clients as well, because it's... my second husband is English and we speak English at home, even though he has got a very good command of German. (Anna, 22, Coordinate)*

Anna chooses to address her German clients more informally than is the norm, creating "less of a professional distance" between herself and her client. Even though German forms of address call for a more formal style of communication, whereas the English language encourages informality, as everyone is addressed equally, Anna feels more distant with her English clients.

*And there is less of a professional distance. ...You are probably aware that in German we have a formal and informal way of addressing people. ...So if you see a doctor you wouldn't call him in an informal way and why should it be different if you see a psychologist or a counsellor. So I think my colleague now pretty much addresses everyone in the formal way. Whereas if I see my Austrian clients I wouldn't dream of calling them "Sie" instead of "du" it would seem very distant. (Anna, 34, Coordinate)*

Anna believes that if she is not able to verbally express something, it remains outside her experience. She thus feels that she is unable to access the same experiences as an English-speaking individual; this creates a distance between Anna and her English-speaking clients.

*Em, are you familiar with a philosopher Wittgenstein? A German philosopher from the beginning of the last century. He was very interested in language and he had this phrase "I cannot experience, what I cannot speak about". So everything is encoded in language. So what I can't say to you in Russian and what you can't say to me in German, will never be part of our shared experience. So I wouldn't say that that's necessarily a negative but there are pockets of shared experience that have to be excluded in working in a foreign language... (Anna, 52, Coordinate)*

At a later stage, Anna describes how "growing from a different language pool" creates difference between herself and an English-speaking person. This difference becomes more prominent when struggling with translation.

*It's a very good point. It [having to translate a term] doesn't happen all that much. It... it... I think it puts a very clear distance between me and the other person, that, actually I am growing from a different language pool, just to call this very correctly. And I have to internally translate and there is... there is one or two things that I seem to have used erroneously. (Anna, 116, Coordinate)*

Rather like Anna, Helen feels that it is easier to bond with clients who speak her first language. She explains that hearing her mother tongue takes her back to her childhood memories; she becomes a "girl" who bonds easily with "German girls". As Helen chose to give an example from her personal life at this point, I made an attempt to return our attention to the clinical setting. Helen suggests that a similar experience characterises the psychotherapeutic encounter.

*Actually, also the difference that it makes in communicating with somebody when you can share the same level of background of speaking the same language, when there are certain expressions that I know... I meet some German girls and we use certain expressions that remind me of my childhood that we just bond immediately... I don't have with the English yet. But still, there will be other things we have in common. And... but... this is just more childhood experience that has another level but this.... there is also can be overlaps that join the English and the Germans and other nationalities, on other grounds, maybe more global, what connects us as humans. (Helen, 176, Coordinate)*

*What about how you relate to somebody you work with? (Interviewer, 177)*

Helen starts to describe what it is like for her to work in her second language. She states that she feels less of a connection with her English-speaking clients, as a mutual language can "ease" the development of the therapeutic alliance.

She provides an extensive account of how the connection is experienced in her personal life and her own therapy, but a very concise example from her work as therapist. Might this be explained by Helen's feeling more comfortable focusing on language as a vehicle of connection rather than divide?

*... Just hearing an expression that has been... you've heard it twenty years ago, it just brings back all these memories and it's just so different to, em... it awakens an inner part of me that is otherwise dormant and not there. I mean, there is still... if you are skilled in work in your field, I believe there is no limit to what depth you can go, it's just [using the same] language could ease it a bit... My German-speaking counsellor, she is... we have some of these funny expressions, you know, some slang words and that bonds us, yeah, again in a different way: just makes me feel more. That's not the same like talking to friends; it's a different way of bonding. (Helen, 178-180, Coordinate)*

Nina describes a somewhat similar experience. When she works in Persian, she relates to her clients on the basis of specific characteristics; when counselling English-speaking clients, however, she feels as though she relates to them on a different, more abstract level. This may indicate a more intimate relationship when working in her mother tongue compared to her second language.

*And when I have my British hat - one people, one planet - that is how it feels (laughs). I belong to something bigger. When I counsel in English I feel like I counsel human to human; but when they do it in my language, somehow it is Iranian to an Iranian. (Nina, 238, Coordinate)*

Kate's response suggests that her manner of relating to a French client is different from how she relates to an English client. This seems evident, firstly, in her increased desire to "support them", and, secondly, in her heightened sense of responsibility; notice her language use: "I really need to make them feel happy". Can a therapist *make* someone happy? Is that truly our responsibility, or are we there to assist individuals in working towards their happiness?

*There is something about being supportive towards each other. I'm French, I am in a foreign country, it's almost like, "We're not that many, so we need to, I don't know, kind of, take care of each other or"... there is something about, em, you know, I really need to make them feel happy or good. There is something about like a ... not a connection, but a duty, maybe. (Kate, 248, Coordinate)*

Likewise, Christine finds the development of the therapeutic alliance a greater challenge when working in her second language. She explains that, firstly, words in her mother tongue are more emotionally charged; secondly, she intuitively knows how and when to use certain words in her first language. She reports that these differences leak through in the nuances of the therapeutic encounter, such as greetings.

*Hmm, I think working in my own language... helped me to, hmm, made me more able to build up the relationship, it would be easier for me, because the kinds of words that you are using, even to greet your clients, in my view, it would definitely affect your relationship with your clients. And I'm not saying I am using different words, but every word has got a feeling behind it, and when you are speaking in your own language, you know what kind of words you are using and when you're using them, I think it's easier. (Christine, 144, Coordinate)*

Sara feels that sharing the same language and cultural background with her Greek clients fosters the therapeutic alliance. This indicates the need to invest additional effort when working in her second language, in order to facilitate rapport.

*... You know, if your first language is Greek you'll be able to tell if they are Greeks or not and if they are Greek, you know, you are able to open up more. One of my clients, for example, the first one I worked with, was Greek and I am not Greek but I grew up there, I... em... my Greek is fluent, my pronunciation and so when the client was telling me about moving from Greece here and not being able to settle down... It almost felt like the client started to trust me straight away because he was able to find somebody to express all his feelings the way that he is thinking about them... which is in his mother tongue, so I was able to form a good therapeutic relationship quite... faster. (Sara, 98, Coordinate)*

Helen proposes a link between words and rapport. She suggests that having a less extensive vocabulary may hinder the development of the therapeutic alliance.

*There were moments when there is this... there are these words which would have really made a bond between us more easy somehow... I thought like, em, maybe it's a colloquial terms... (Helen, 22, Coordinate)*

Matthew feels that it is "less easy" for him "to understand the nature of the joke" when working in his second language. When working in Hebrew, therefore, humour is less likely to be used as a tool to foster rapport. I wonder, too, whether Matthew's sense of under-achievement may hinder the development of the therapeutic alliance on his part.

*Well, em, I think humour can be very useful in therapy... It's difficult to describe, it's just... it really does... when you are having a joke with somebody, you are forming an alliance... Now, if it's my second language, it's less easy for me to understand the nature of their joke. Well, my aim is to understand and interpret as deeply and as accurately as possible, so if I am doing that less... (Matthew, 71-73, Coordinate)*

Matthew goes on to explain that humour may also engender a more casual atmosphere, which may facilitate a client's willingness to engage in therapy. He feels that formality "divides" him from his client, making the relationship "less close".

*Well, it depends on the client but I think that most clients, em…, are more comfortable and willing to talk about something once I get them out of this mindset, that this is a very rigid, formal context we are meeting under… So if I can't dispel that, then we are still stuck in the I am the counsellor, you are the client, you know, that kind of, em, structure, which I find limiting… Because the client feels like they are on the spot and they feel like they are being interviewed instead of just feeling that they are communicating with somebody who is doing their best to understand…Being more formal divides me from my client, so it would make the relationship less close. (Matthew, 81, Coordinate)*

A very different experience is recalled by Lena, who found that her accent triggered a displacement reaction from her client, who feared the abandonment and rejection she had experienced with her previous non-English-speaking counsellor. Lena warns that such defence mechanisms, if not addressed, can have a negative effect on rapport.

*… The woman had experienced that she had a therapist who was from Poland and she came here only to study, and then she saw her for a couple of months and then, you know, and then she went home. So her experience was of people with accents was that they are going to go home… she basically, she displaced her feelings from the previous counsellor onto me…And the reason for displacement was that she had an accent and so do I. If, if you don't handle it I think it is a disastrous situation really. Because if you are working with someone and you think that he is going to reject you and abandon you and do not think that any kind of attachment can be built at all. (Lena, 152-156, Compound)*

### 'Bilingualism as a gift'

This theme summarises how therapists use their knowledge, abilities and skills acquired or developed as a result of their bilingual experiences to benefit the therapeutic process. It also describes the opportunities available to second-language therapists, and how they are used for personal development as well as to facilitate the effectiveness of therapeutic work. As there is often an interplay between knowledge, skills, abilities and opportunities, the decision was made not to divide them according to sub-theme.

The author would now like to turn to Christine's experience. Christine incorporates proverbs from her mother tongue into therapy conducted in her second language, making her interventions more subtle and consequently more acceptable to her client. Proverbs may thus prove an additional tool at the therapist's disposal.

*Em… I think I've used that [sayings from her mother tongue]… it was something to do with not being able to acknowledge the fact that you have achieved something… And it was very interesting, because he was smiling at the time. And when I asked him, you know, what is the smile about… he said no, I am smiling, because you kind of... point out something that and I didn't know but you are making it very pretty and giving it back to me. You're presenting it somehow that... I like to hear it, somehow. You're not putting it in a negative way. (Christine, 121-123, Coordinate)*

Like Christine, Anna uses proverbs from German (her mother tongue) as a tool when working in English (her second language). Anna thereby introduces her clients to her way of speaking, her way of conveying meaning. This seems an intimate exchange, as the therapist invites the client to experience what it is like to be in her shoes, and the client returns the favour.

*… "In German we have a saying: "la-la-la"…"There is something I can't express in your language but I'll tell you what we'd say back home and I'll translate it for you." And most people say "Oh, that's really interesting" or "We have a similar saying in English", which I didn't know. (Anna, 64, Coordinate)*

Christine also alludes to the opportunity to develop her language skills when working in her second language.

*…The agreement [to ask for clarification if necessary]… it helped us a lot. I have learnt some English that I didn't know before... That was good actually. (Christine, 91, Coordinate)*

Helen sees cross-lingual interactions as enriching exchanges for both members of the dyad, as they share their experiences with each other; this suggests an opportunity for development. Helen's acknowledgement that she "[would not] want to miss having had the clients that [she has] had" reflects the degree to which she has gained from the cross-lingual experience.

*… I mean I think every counselling is an exchange, after all – I mean, exchange of experiences… So, yeah, it's enriching – talking to someone… It's enriching for both*

*parties – the exchange… I as a counsellor I don't want to miss having had the clients that I have had. (Helen, 106, Coordinate)*

Kate was similarly able to build on her existing knowledge, as evident in the phrase beginning "Obviously, I know now what it means but at first...".

*Em, yeah, I don't it's ah… like I think, em, you know, sometimes there is a saying, where people say "Oh, excuse my French", or something like that and then they laugh and then... Obviously, I know now what it means but at first I just… (Kate, 106, Coordinate)*

Linda also describes her development as a therapist through cross-lingual interactions. As she gained experience of working in her second language, the process became easier.

*It has been hard, it is not easy but it is (pause) although I have got used to it, I've got used to it, I'm trying to remember (laughs) when I first had a client who spoke my second language... I found it very hard to find my feet but(ta) (pause) but you learn as you go along. (Linda, 46, Compound)*

Similarly, Sara points out that the client and the therapist are involved in a mutual process of educating and learning; the next time she comes across a similar expression, she will know its meaning.

*… I am teaching the client about certain CBT techniques and the client is telling me about a… some of the sayings. So... almost like a give-and-take relationship. 54. … So next time when another client says that, I already know, so instead of asking the client, you know, we can move on to the next thing, so to be able to know these sayings or certainly use… (Sara, 52, Coordinate)*

Kate seems to feel that conducting therapy in her second language gives her *carte blanche* to ask more questions and be inquisitive. According to Kate, an intervention may feel more intrusive than what she describes as "an innocent question". The therapist is not trying to employ tricks of the trade, or to adhere too rigorously to the therapy manual, but instead truly desires to understand her client. Hence Kate uses her "curiosity" and "innocent" questions as a tool to facilitate exploration and understanding.

*Hmm, hmm, eh... well, I have to say, I feel like when I do it in English, there is something about being innocent, there is something about, oh, you can ask questions innocently and I guess it goes with curiosity… Eh, that I might not understand, so I can just ask. And I think, again, I come back to the freedom: it gives you the freedom to use it as a tool to explore things with your client… And because you're not English, you might be taken by the client less as a... as an intervention, but more as something, em… I guess, more as something acceptable. (Kate, 292-296, Coordinate)*

According to Sara, having a command of several languages encourages her to consider alternative meanings and thereby make multiple associations, which facilitates her understanding of the client's experience as well as fostering self-awareness.

*Em... to have the experience of speaking in another language, to be able to, em ... because like I said earlier, as well, to be able to view things differently, for instance, ...when you translate something to the other language word by word, for instance something like a poem... it changes, it may have another meaning. So I find it quite positive, it helps me… have a better understanding… sometimes to think in a different language and what it would mean if someone had said it in their language. You know, just to have some comparisons… you know and self-awareness. (Sara, 83, Coordinate)*

Sara's multilingualism seems to be a source of pride; here, she describes being complimented by her clients on having a good command of the English language.

*Em... I find that sometimes having the ability to speak two different languages also contributes because I had a few clients that asked me how many languages do you speak, you know, and I say three, and they say: "Oh, wow, it's very good and, you know, your English is so good and..." but in fact English is my third language, so it does contribute. (Sara, 58, Coordinate)*

A different type of opportunity was described by polyglot respondents. According to Linda, conducting therapy in her second language enabled her to provide a unique service: therapy in the client's first language, which contrasted greatly with their previous experience of NHS services.

*Because they feel more like, they are relating to you as you are one of them, you cannot just relate that to… people of the same language or people of the same age…or people who have, people who have grown up in London relate to me, or how they might relate to some someone else; but (pause) certainly I think the alliance becomes stronger in the second language because those people feel more comfortable; which maybe… it makes them feel more understood because obviously they, when they are trying to say something to their doctors who they are trying to speak in English with it becomes very difficult… (Linda, 1, Compound)*

**'Other challenges'**

This theme describes challenges that cannot be attributed to language proficiency, or fluency as well as summarises language-related challenges that were unique to one respondent. For example, Gemma reports that Hindi-speaking clients need to be educated about mental health concepts; this process is further complicated by the fact that self-help leaflets and handouts are not available in the client's first language. In order to provide her clients with the necessary information, therefore, she needs to search the Internet; this again requires additional investment of time and effort.

*So we did actually have, have an open discussion about what depression is em… and unfortunately for me I couldn't really get any information on site [in the office] in Hindi in the service I worked for. They didn't have that, so there was a service limitation… So… em… that's something I… There are certain words like anxiety and phobia which are not available in non-Western languages, there are many constructs, concepts which are not available in mental health. (Gemma, 99-107, Compound)*

Linda highlights a similar challenge: the non-availability of resources such as ABC forms when working with Punjabi-speaking clients.

*Not work in the sense that the therapy itself would not work, it is just trying to do the translation in my own head and trying to explain it, that is where difficulty arises that I can't do ABC forms, but I can show the breathing for example. (Linda, 3, Compound)*

Gemma highlights another challenge resulting from the non-availability of certain terms or concepts in a particular language: the difficulty of producing a case conceptualisation. The Hindi language, for example, does not recognise such concepts as depression, so a more in-depth assessment than usual is required for Gemma's Hindi-speaking clients.

*Interviewer: Are these kinds of words available in Hindi? (Interviewer, 89)*

*In Hindi em not really, not really em she would kind of say em yes I was crying and then I would have to obviously understand the context in which she is saying it, you know. [Is that] just normal crying or…[symptoms of depression]… (Gemma, 90, Compound)*

Lena initially reports having experienced some "judgement" from her clients in response to her accent. However, she corrects her wording to suggest, instead, that her clients may feel "curiosity" towards her; this, she feels, is normal. It seems as though Lena's perception of the normality of the situation is facilitated by a change in the term used to name the process: from "judgement" to "curiosity".

*My experience shows, it was a little bit of judgement coming from the clients, which I had to deal with… So I would say, there is a little bit of judgement I used to feel before from my clients. In some ways, not judgement, I would say, maybe more like curiosity, which I think, I find it very healthy. (Lena, 21, Coordinate)*

In her practice, Lena also faces the challenge of displacement. Her example demonstrates how clients may project their previous experiences onto the therapist. According to Lena, this displacement may trigger within the client the fear of being rejected and abandoned, which would affect the rapport negatively.

*… So her experience was of people with accents was that they are going to go home. So it was one of those things where you are having to, you have to, you know… So that woman, that client who had this not really nice experience…she displaced her feelings from the previous counsellor. (Lena, 152, Coordinate)*

**The Significance of Language**

The researcher was also interested to learn whether or not the respondents perceived language to be an important factor within therapy. Hence the following question was included in the interview agenda: "Which factors do you feel are important within therapy?" Interestingly enough, only one of the respondents mentioned language in their list of important factors. The therapists focused mainly on cultural issues outside language, therapeutic alliance, empathy, congruence and unconditional positive regard. This may suggest that any language-related issues which arose within therapy were successfully addressed by the therapists, or were not perceived to have a prominent effect on therapy.

**Final Reflections**

*Conducting the interviews proved to be more challenging than anticipated, for several reasons. Firstly, participants enquired about my personal experience of working in a second language; an enquiry which I felt needed to be handled with care. Secondly, as previously mentioned, I experienced conflict between the role of*

*researcher and counselling psychologist; for this reason, close attention was paid to the issue of boundaries. Thirdly, it was sometimes difficult to ensure that all areas of interest were covered, as the participants frequently recalled experiences which had little relevance to the phenomenon under study.*

*Certain challenges were also faced when analysing the data. I was astonished to discover, for example, that themes could be grouped in such a variety of ways, creating a range of very different potential clusters. Debriefing and supervision proved invaluable at this stage.*

*The experience of analysing a single interview was very different from searching for patterns across cases. I felt uncomfortable and frustrated by the process of looking for patterns, as it seemed to take the focus away from unique experiences. I kept returning to the same question: 'How can something so unique also be part of something that is shared?' As we have seen from the 'Language' section, context is an important factor in determining meaning; quotations taken out of their original context and placed alongside extracts from other interviews can be perceived very differently. I also felt disappointed that it was not possible to include all of the observations made, due to the imposed word limit.*

*In the process of conducting the literature review, understanding theories and concepts also proved to be challenging; mainly due to the fact that such concepts were defined and employed by academics in different, sometimes contradictory ways. The interpretations of theories/findings also varied, such that, at times, the same theories/findings were used to support conflicting arguments.*

*Thanks to my genuine interest in my research topic, and my sense that it would have important implications for practice and training, I enjoyed every stage of the research process. I especially enjoyed the analysis stage, during which I formed hypotheses, posed questions and made associations, paying attention to every detail. I was excited to observe the emergence of certain themes as I learned about my participants' experiences.*

*I was pleased to hear that the participants found it useful to discuss their experiences, as they rarely had the chance to sit down and reflect on what was going on for them during the sessions.*

*I have also learnt a lot about myself as a second-language counselling psychologist (in training). This research gave me the opportunity to reflect on the experience of working in my second language, as well as to gain pre-emptive knowledge of certain issues which may arise when there is a language mismatch. I eagerly anticipate employing some of the techniques discussed by the participants, such as using a proverb or a metaphor from my mother tongue when working in my second language.*

## Discussion

### Overview

The current study explored therapists' experience of conducting therapy in their second language with monolingual adults. It placed particular emphasis on therapists' emotional experiences, language-related challenges, self-experiences and the development of the therapeutic alliance. In addition, light was shed on the impact of cross-lingual communication on therapy, as well as its management. Findings will be discussed from the author's personal perspective as well as being integrated within a broader context of existing theories and research. The discussion will be followed by an explanation of the limitations of the study, and will conclude with recommendations for future research and the study's implications for training and clinical practice.

### Language-related challenges

Some coordinate and compound therapists reported feeling comfortable working in their second language, whereas for others it was a challenge. Participants' sense of comfort and competency increased with practice. Most respondents reported experiencing one or more of the following feelings at the beginning of their career: anxiety, nervousness, frustration or dread. The single respondent who continues to feel uncomfortable conducting therapy in her second language has had fewer years of professional experience than her fellow therapists, and has been in the country of her second language for a shorter period of time. One of the therapists reported that she has always felt confident and competent in her work, having received training in her second language, as well as spending her entire career conducting therapy in this language. These results are consistent with Sella's (2006) findings and Szekacs-Weisz's (2004) personal account. The researchers discovered a relationship between clinicians' stay in the country of their second language and their level of confidence and competency. The advantageous impact of time on clinicians' satisfaction with their language proficiency was noted by Szekacs-Weisz's (2004). The current study extends these findings to bilingual therapists working with monolingual adult clients in the UK.

### Metaphors, proverbs, idioms, humour and slang

The respondents expressed occasional concerns in relation to understanding their clients and being understood by them. Figurative speech and individuality of speech, as well as challenges associated with translation and expressing oneself, were identified as the main issues. The therapists reported that the meanings of some metaphors, idioms, proverbs and slang continue to remain vague. Even those who have practised in their second language for many years still come across unfamiliar turns of phrase. Many of the respondents reported regret about the limited use of figurative speech in their work, which they perceived as a useful tool for conveying meaning. These findings add an additional layer to Sella's (2006) results. Sella (2006) discovered that the challenge of figurative speech is close to the hearts of both novice and veteran polyglots working with children in their second language. Flegenheimer (1989) and Tesone (1996) also emphasised that bilingual therapists may be faced with difficulties in their work due to specific turns of phrase. Two of the participants in the present study perceived humour to be less accessible when working in their second language. One of the respondents considered humour an important tool for conveying one's understanding to the client, developing rapport and/or 'lightening' the atmosphere; another respondent, however, felt that humour had no impact on therapy. Like the former participant, the therapists involved in Verdinelli and Biever's (2009) study reported employing more humour when working in their mother tongue, which enabled them to connect with their clients easily and rapidly.

### Accent and pronunciation

Personal accent/pronunciation as well as clients' individuality of speech were considered challenging by some respondents, as these issues occasionally triggered difficulties such as misunderstandings. However, the therapists did not report any significant impact of accent/pronunciation on the therapeutic process or intensity of feeling. In contrast with the current findings, Lijtmaer (1999) proposed that therapists may feel 'mortified' when their accents impinge on therapy. One possible reason for this difference is that therapists at the start of their career, and those who are less fluent in their second language, are likely to respond more intensely to perceived language failings. Similarly, Verdinelli and Biever's (2009) study of Spanish-English-speaking therapists suggests that accent may be of particular concern. In this case, however, the therapists' worry was mainly related to how their performance would be perceived by clients and colleagues, rather than to a lack of

understanding between members of the dyad. No concerns relating to individuality of speech were reported by compound bilinguals in the present study.

### The challenges of expressing oneself

Challenges were also reported in relation to the translation of interventions and technical psychological terms, along with the resulting loss of meaning. For some, these particular issues were a rarity in the clinical setting; for others, they intruded more frequently. Some of the compound and coordinate bilingual therapists alluded to the impossibility of translating certain concepts or phrases into different languages. The lack of available translations was highlighted as an issue by Flegenheimer (1989) in his examination of Freud's work; in Amati-Mehler's (2004) personal reflection; and in Altarriba's (2002) research into the experiences of bilingual clients. One of the respondents in the present study perceived the non-availability of literal translation as an opportunity to play with possible meanings when translating between languages, which enabled her to gain a more multi-faceted understanding of her clients' experience. This supports Jimenez's (2004) findings. Jimenez proposed that when exact translation is not available, variations of translations can be used creatively to foster interpretation. Similarly, Amati-Mehler (2004) discovered that multiple associations and meanings increase her understanding of the client's experience. The participants in the current study also shared their experience of having an internal dialogue due to language-related challenges, as they wondered about word choice and grammatical and semantic accuracy. This is consistent with Sprowls' (2002) findings, and extends the scope of Sprowls' research to non-Spanish bilingual therapists working with monolingual clients in the UK.

### Impact on therapy

According to the participants, language-related challenges affected the pace of the sessions as well as the therapeutic process, which according to both coordinate and compound bilinguals lost its naturalness and fluidity in translation. Some therapists participating in Verdinelli and Biever's (2009) study reported a similar experience when conducting therapy in their non-dominant language (mother tongue). A slower pace was also noticed by Sella's (2006) sample of coordinate bilingual clinicians working with children. Only one of the participants in the present study who commented on the reduced pace of sessions believed that it would have any

pronounced negative impact on the therapeutic encounter. One respondent proposed that a slower pace is a source of frustration for some clients. Focusing on her grammar distracted one of the respondents from what was being said by her client, thus creating a sense of under-achievement which was especially prominent at the beginning of her career. The therapists surveyed in Verdinelli and Biever's (2009) study also reported that, when practising in their second language, they were often distracted from the therapeutic process by the need to ensure accuracy in their use of language. Kitron (1992) also noted that the language barrier may distract the therapist from the dynamics of the session.

In addition, respondents also considered the impact of seeking clarification and pursuing further exploration on the success of therapy. Although one respondent worried that constant clarification would annoy the client, she also felt that it might foster a sense of equality between client and therapist. Other respondents reported a similar effect, along with clients' increased engagement and willingness to accept personal shortcomings. These findings are consonant with Sella's (2006) research. She found that clarification and further exploration normalised mistake-making and encouraged children to ask questions. The current study provides evidence that the same is true for adult clients. Sella (2006) and Kitron (1992) also suggested that equality may be fostered by a client's language dominance. Several compound and coordinate therapists in this study agreed that further exploration may demonstrate to their clients a genuine interest on the therapist's part, as well as his/her unwillingness to settle for blind assumptions and uncertainties. This, according to some respondents, may increase the client's sense of being attended to. This adds to the findings of Sella's (2006) study, which indicated the positive impact of curiosity and exploration on empathetic attunement.

### Managing challenges and perception of challenges over time

These and other issues were successfully resolved by the therapists by means of their ingenuity and dedication to the profession, even though for some respondents this proved to be more challenging than for others. Findings suggest that the majority of therapists paid particular attention to the issues arising from cross-lingual communication, and that ways of managing these issues were thoroughly thought through. Concerns related to understanding, and being understood by, the client were addressed by seeking clarification, engaging in self-disclosure and pursuing further

exploration. Inquiring into alternative ways of conveying meaning, as well as encouraging their clients to speak openly about their lack of understanding, were also among the techniques employed by the respondents. The need for creativity and multitasking in overcoming the language barrier is clearly evident. Sella (2006) found similar coping strategies to be employed by child clinicians, as recommended by Akhtar (2006), based on his personal experiences. If the therapists were unable to resolve certain issues, most of them turned without hesitation to their supervisors and colleagues for support. One of the respondents chose to seek clarification from her partner, and another searched for meaning independently in dictionaries, suggesting that these particular respondents may be less comfortable consulting their supervisors or seeking explanation from their clients. Some therapists also reported engaging in continuous learning through reading, television programmes and direct observation.

**Therapeutic alliance**

As evidenced in this study, participants related differently to their clients depending on the language spoken. Coordinate bilinguals reported that they connected with their clients more easily and quickly when working in their mother tongue, as compared to their second language. Respondents generally felt themselves to be less formal and friendlier when working in their primary language, whereas using the second language had little or no impact on boundaries or perceived professionalism. This is consistent with Sprowls' (2002) and Virdinelli and Biever's (2009) findings; however, the researchers attributed this difference solely to cultural factors. Clauss (1998), on the other hand, noted an increase in rapport after switching to her mother tongue.

Some therapists identified concrete factors which they felt to impinge on the therapeutic alliance. One therapist said that hearing an idiomatic expression from her childhood enabled her to transcend the present moment and engage mentally with her past experiences, which fostered bonding. This is in line with Zac de Filc's (1992), Szekacs-Weisz's (2004) and Hill's (2008) personal reflections. Another therapist in the present study insisted that it is impossible to experience what cannot be verbalised, such that different languages foster different, and often incompatible, experiences. This created distance between the therapist and her English-speaking clients. The view that experiences only exist if verbalised was proposed by Bakhtin

in 1979. One of the present study's participants experienced the formality imposed by the clinical setting to be particularly difficult to dispel, which he felt divided him from his clients. Displacement on the part of the client was also identified as a cause of rupture to the therapeutic dyad.

However, although coordinate and compound bilinguals believed that a language barrier may theoretically impinge on the development of the therapeutic alliance, this was not something they experienced in practice, which contrasts with the experience of monolingual therapists working with bilingual clients (Bowker & Richards, 2004; Stevens & Holland, 2008). Existing research emphasises the need for monolingual therapists to invest additional time and effort when working cross-linguistically (Bowker & Richards, 2004; Stevens & Holland, 2008); and the present study extends these findings to bilingual therapists' experience of working with monolingual clients. On the other hand, respondents reported that certain factors may facilitate the development of the therapeutic alliance; more specifically, collaboration, trust, empathy, attentiveness, a sense of equality, acceptance of differences and accentuation of similarities. Interestingly enough, one of the respondents also saw the connective potential of German and English in their shared historical roots.

Compound bilinguals reported a stronger connection when working in their second language. They described themselves as being more casual and easy-going/relaxed; one respondent also felt more protective of her clients when using her second language. There are several possible explanations for these contradictory findings. Firstly, during adolescence and adulthood, the second language may have become associated to a high degree with family and friends, whereas the primary language may have gained a stronger connection with respondents' professional and academic life. Alternatively, even though participants described learning both languages simultaneously, it is possible that their parents employed one language (now the therapists' 'second language') during the formative early years of their childhood, of which participants may have no recollection. Another possible explanation may be that a given language may possess qualities associated with the first or second language depending on the situation. This proposition is indirectly supported by Harris *et al*. (2006), who found that in certain situations, the second language is

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more emotionally intense than the mother tongue. In short, the second language had co-opted a quality usually assumed to belong to the primary language.

**Experience of Self**

Three of the coordinate bilinguals suggested that their experience of self shifted depending on the language used. One of the participants offered the explanation that different languages activate different aspects of personality, patterns of thinking and behavioural styles. Similarly, another respondent proposed that our sense of self changes in accordance with the way we think, which in turn is dependent on the language we use. The third bilingual therapist agreed that her state of mind changed as she shifted between languages. These findings are consistent with previous research on clients' experiences (Buxbaum, 1949; Greenson, 1950; Marcos *et al.*, 1977; Foster, 1992, 1998; Hill, 2008) and clinicians (Foster, 1996, Grossman, 1996; Szekacs-Weisz, 2004). They are also consonant with Whorf's (1956) and Vygotsky's (1978) proposition that language shapes our experiences and vision of the world. Five coordinate therapists reported a sense of 'foreignness' when working in their second language; this seemed to be most prominent when the therapist encountered a language-related issue such as the challenge of expressing oneself accurately. One of the respondents attempted to compensate for being a 'foreigner' by taking on additional responsibility for ensuring that her language use did not hinder therapy. Another attempted to 'hide' her foreignness by reducing the frequency with which she sought clarification, and quickly diverting her client's attention to another topic when asked about her nationality. The response of another therapist suggested that, for her, foreignness is negatively weighted. As reported by Sella (2006) several child-clinicians experienced an equivalent sense of 'otherness' when working in their second language. Similarly, Kitron (1992) proposed that working in a second language may accentuate a therapist's discomfort with his/her identity. Burck (2004) argued that with time, most therapists are able to integrate their personal and professional identities successfully; this is certainly the case for two of the respondents in the present study. While referring to themselves as foreigners, they emphasised the advantages of otherness. One participant also reported an increased sense of "innocence" when working in her second language, whereas another described feeling more mature, knowledgeable and professional. Throughout the therapeutic encounter, the therapists found themselves switching

between the roles of 'expert' and 'learner'; on the whole, both coordinate and compound bilinguals reported feeling comfortable in the 'skin of the learner'.

The compound therapists reported another type of self-experience fostered by the use of their second language: one of the two compound respondents reported that she took on the identity of empathetic parent for her client, and the other shared her sense of 'becoming' her client's niece. This supports the findings of personal reflections carried out by psychoanalytic clinicians (Foster, 1992, 1996; Grossman, 1996, Szekacs-Weisz, 2004; Hill, 2008).

**Emotions**

Regarding the emotional context, some bilingual respondents reported experiencing the second language as less emotionally laden. This is consistent with therapists' personal reflections (Szekacs-Weisz, 2004; Hill, 2008) as well as research into clients' experiences of emotions (Krapf, 1955; Rozensky and Gomez, 1983; Tesone, 1996; Clauss, 1998). The current research extends these findings to the experience of bilingual therapists. Sella's (2006) study also suggests that some therapists experience words spoken in their mother tongue as more emotionally intense and powerful. In the current study, one respondent reported that sensations triggered by certain 'emotion' words in their second language were experienced as vague. Others related the perceived emotionality of language to their experience of empathy when working outside their mother tongue; at times, they found this empathy to be less pronounced in the second language. This contradicts Sella's (2006) findings regarding the experiences of child therapists. The difference may be explained, firstly, by the fact that empathy was facilitated by shared experiences and shared identity, as in some cases both members of the dyad were immigrants and spoke the therapist's second language. Secondly, clinicians in Sella's (2006) study conducted therapy with children, whereas the therapists in the current study work with an adult population. Even though there is no direct evidence that adults empathise differently with adults than with children, Olden's (1953) findings suggest, at least, that an adult's empathetic attunement varies when working with younger children and adolescents. In contrast to the other respondents, one of the participants in the present study felt an increased sense of empathy in her second language, as she was able to combine emotive words from both languages to gain a better understanding of the client's experience. However, three of the coordinate bilinguals considered

their vocabulary to be more sparse in their second language, which they found to limit their understanding of client's emotional experiences. Two of the respondents also reflected on factors which may hinder emotional processing, such as frequent clarification and exploration. One therapist reported that focusing on her use of grammar also worked to distract and thus disconnect her from her emotions, which is consistent with Virdinelli and Biever's (2009) research. The researchers found that therapists were distracted by their own language use when working in a non-dominant language. Existing studies show that monolingual therapists may also be distracted by a bilingual client's language proficiency (Stevens & Holland, 2008), as well as bilingual clients' by their own language use (Marcos & Urcuyo, 1979). The compound bilinguals participating in the present study reported no difference in levels of distraction.

**Other Challenges**

One coordinate and one compound respondent said that they felt judged by their clients on the basis of their language competency. This was seen by one of the therapists as a possible indication of underlying issues experienced by her client; she was then able to address these issues successfully. Kitron (1992) highlighted that clients' discomfort with a therapist's use of language may be used as a means of detecting underlying/unconscious conflict. Some of the clinicians in Sella's (2006) study reported a similar observation in their work with children. One of the respondents in the present study experienced a very different challenge as the recipient of negative experiences associated with the client's previous counsellor. The therapist felt that this displacement needed to be monitored and addressed immediately.

A unique experience was expressed by compound bilinguals. They reported not having relevant resources at their disposal; instead, one of the therapists searched for mental health information on the Internet with which to supply her client. This particular therapist also reported the need to educate certain clients about concepts such as depression, for which there are no equivalent in the Hindi language.

**Bilingualism as a Gift**

Most of the compound and coordinate bilinguals recognised cross-lingual interactions as an opportunity to improve their language skills as well as to develop

professionally; this is consistent with existing literature on the experiences of both bilinguals (Sella, 2006; Verdinelli & Biever, 2009) and monolinguals (Stevens & Holland, 2008). Even though translation was perceived as a challenge by many of the respondents, two of the respondents skilfully employed knowledge from both languages to translate proverbs and idiomatic expressions from their mother tongue into their second language. The translation of figurative speech was employed as an additional tool to convey meaning and increase clients' acceptance of therapists' interventions. One respondent was able to use her position as a second-language therapist to her advantage, finding that her "innocence" gave her *carte blanche* to ask questions, which in her opinion made her interventions more acceptable from the client's point of view. The advantageous impact of naïve questioning has been noted by Cheng *et al.* (1991). According to the researchers, it reduces clients' resistance to in-depth exploration.

**Limitations**

Firstly, as previously discussed (see chapter on Methodology, p. 43) the researcher is herself a bilingual counselling psychologist in training. On the one hand, this may have encouraged the therapists to discuss and explore their experiences; on the other hand, it may have hindered the process. This observation runs in parallel with the theory proposed by Leudar and Antaki (1996) and Yardley (2000), who argue that the listener is partly responsible for determining the content of communication, through appeals to shared identity and mutual understanding. In order to encourage open discussion, the researcher conducting this study employed active listening skills. In addition, participants were informed of their right to withdraw from the study at any time, and reminded of the confidentiality and anonymity of the data generated.

The second limitation concerns the process of data analysis. It became quickly evident that any given interview fragment can be interpreted in many different ways, and even though this phenomenon is accepted by IPA (Smith *et al.*, 2009), it accentuates the challenge of producing valid data. The researcher thus consulted her colleagues for advice on increasing the quality of the findings, as advised by Willig (2008) and Smith *et al.*, (2009). One example of the variety of possible interpretations of an interview fragment is as follows:

*...My therapist-hat was taken off and I felt becoming her mum... an empathetic parent... (Gemma, 288, Compound).*

The researcher felt that the above quotation may sit comfortably within either the 'Therapeutic alliance' or the 'Experience of self' theme, since Gemma describes both a change in the way she relates to her client and a shift in her self-state, as she switches from the role of therapist to that of empathetic parent.

Thirdly, some researchers propose that participant checks are necessary to increase the validity of a study (Henwood & Pidgeon, 1993; Willig, 2008). However, Riessman (1993) and Stiles (2010) argue convincingly that participants' interpretations do not substitute for researchers' interpretations. Accordingly, no participant checks were carried out.

Finally, while some of the participants had received training in their mother tongue only, others were trained to offer therapy in their second language, and so had learned independently how to conduct therapy outside their primary language. In short, therapists' experiences of working in their second language may be influenced by the language of training. Further research is necessary to gain a better understanding of the influence – if any – of this particular variable.

**Recommendations for Future Research**

A larger sample size is recommended as a means of gaining a broader understanding of the experience of compound bilingual therapists. This may shed light on other dimensions of their experience. In addition, several respondents mentioned that cultural diversity in terms of norms, values and beliefs plays a pivotal role within cross-lingual transactions. Thus the next step would be to conduct an investigation into what it is like for therapists to work with clients who do not share their cultural background. This would not only broaden our understanding of therapists' experience, but also illuminate the possible challenges and opportunities presented by cultural mismatch.

A positive relationship between the language of training and the level of confidence/competency was highlighted by some respondents. Accordingly, future

research should further explore the significance of the language used for training, which may serve as a springboard for developing training programs for bilingual therapists. This is a particularly important concern given the rise of multilingualism (Bowker and Richards, 2004) and the limitations that interpretation services impose on therapy (Dekker *et al*., 2009).

Finally, the current study illuminated factors which both hinder and facilitate the development of the therapeutic alliance and experience of empathy. Since these concepts are cornerstones of effective therapy, they should be further investigated in their own right to gain a better understanding of how to manage possible limitations and implement potential opportunities. This knowledge may prove beneficial for therapists, supervisors and directors of training programs.

**Implications for training in clinical practice**

The findings from the current study have important implications for training in clinical practice. In particular, the researcher believes that these results may prove useful for novice therapists entering the field of 'talking' therapy. In increasing their awareness of the challenges inherent within cross-lingual interactions, the study will assist them in making any necessary preparations prior to commencing therapy, rather than diving into the unknown. In addition, clinicians may wish to consider employing techniques and coping strategies considered useful by therapists in the current study in managing issues of bilingualism. For example, clarification, further exploration and self-disclosure were successfully utilised by all of the respondents. Newly qualified therapists, as well as those with more professional experience, may wish to exploit the opportunities provided by bilingualism, as revealed in the current research. For therapists with greater experience, these findings may also facilitate self-awareness and assist in the exploration of personal issues when working in their second language; for example, it may encourage professionals to explore their level of comfort with their own identity or investigate their willingness to self-disclose. Kahn (1997) highlights that self-awareness is an essential tool within the clinical setting as it allows therapists to monitor their practice, thereby assisting therapy. Furthermore, these findings may have a normalising function for therapists experiencing challenges akin to those identified in the current research; shared experience, as well as the notion that the level of confidence and competence

increases with practice, may serve as a source of encouragement. Moreover, the study emphasises the need for therapists to be attentive to how they develop and maintain empathy and the therapeutic alliance when working outside their mother tongue, in order to maintain a good service.

The research findings may increase monolingual therapists' awareness of cross-lingual issues in their work with bilingual clients, as well as suggesting possible ways of managing difficulties, such as encouraging the client to seek clarification or pursue further exploration when misunderstandings occur. In addition, these findings may have important implications for supervisors working with bilingual supervisees: the study may illuminate areas for exploration, as well as encourage discussion about the advantages of bilingualism and possible ways of managing the difficulties triggered by language mismatch. The findings suggest that this may be especially important for therapists at the beginning of their careers. Finally, although current training programs delve thoroughly into the challenges and implications of working cross-culturally, cross-lingual transactions receive comparatively little attention. The researcher's attempt to find relevant language-related information in counselling psychology books and journals was largely unsuccessful. Clearly, therefore, the topic of bilingualism should be addressed in greater depth by training courses. This study should give course directors some idea of which areas of bilingualism should be included and/or prioritised.

**Conclusion**

The therapist and the client are engaged in multifaceted semiotic interactions based on verbal, paralinguistic and symbolic cues. The process of interaction is influenced by cultural and historical factors, as well as personal and shared experiences, accumulated knowledge, attitudes and assumptions, all of which are intrinsically linked with language (Clark, 1997; Hanks, 1997, Owen, 1991).

The current study explored therapists' experience of working in their second language with monolingual clients. As the previous sections indicate, both coordinate and compound therapists became more competent and confident over time in conducting therapy outside their mother tongue. Although some of the respondents reported having experienced language-related challenges, these were successfully resolved by means of various therapeutic techniques. In terms of

emotional experiences, several of the coordinate therapists disclosed that language did to some degree influence their treatment of clients' emotional material and the intensity of their own emotional experiences. In relation to the therapeutic alliance, coordinate bilinguals found it easier than compound bilinguals to connect with the client when working outside their second language. Both groups reported some differences in their experiences of self depending on the language used. Furthermore, most of the therapists recognised the advantages of developing their language skills over the course of their careers . In addition, knowledge from both languages was effectively combined and deployed by some of the respondents. Finally, the therapists were for the most part successful in overcoming other challenges, such as the client's displacement of negative feelings from previous therapists, and the non-availability of relevant resources..

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**Appendix A. Reflexive Diary**

Participant's pseudonym: Helen
Place of interview: City University
Length of interview: 45 min (second interview arranged)

① 🌼

Participant name (pseudonym): Helen   Date: 25.11.09

Place of Interview: Uni          Length of interview: 45 min

The current interview felt quite awkward for myself. The process seemed different from other interviews, less relaxed. Could it possibly be due to the fact that Helen spoke about many of her challenges. In addition, compared to other interviewees who with time have overcome some of the difficulties, it seems as though Helen is still experiencing them. Helen spoke hesitantly and quickly. It also appeared as though she herself was surprised with some of her discoveries (and found the interview helpful and useful).

❤ ** I felt quite pleased with the data from the current interview, it seemed rich and descriptive. Hence I felt great disappointment when Helen told me, at the end of the interview, that she was not sure whether she would still be willing to take part in my research project. This has not happened before. and even though I told Helen that we would get in contact in a fortnight for her to confirm her decision, I desperately hoped that she would agree to take part. Although I felt proud that I was being ethical, and felt more relaxed that I provided Helen (and all of the previous participants) with a list of useful contact.

(Am I worried that second language therapists would be shown in a less positive light !!! ) ❗

On the other hand, I felt dissapointed that Helen has ~~mentioned~~ mentioned little positive aspects of her work. What also seemed really interesting is that Helen felt that some of her insecurities may be related to her character rather than her competency. *important*

What was challenging for myself was encouraging Helen to talk about her experiences, as she consciously asked me whether I felt the same as herself. We also

*(right margin, vertical)* Helen also ~~~~ seemed a little bit insecure and uncertain

**Appendix B. Examples of Language-Related Challenges Faced by the Researcher**

1. Translating certain words or phrases.
2. Searching for the right word.
3. Challenge of understanding figurative speech.
4. Wondering about the accuracy of meaning.
5. Need to rephrase or seek clarification due to lack of meaning.

## Appendix C. Participants' Background Information

| Pseudonym | Gender | Age | Nationality | Disability | Place of Birth | Length of Stay | Coordinate/Compound | First Language | Second Language | Other Languages | Setting |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Matthew | M | 30-39 | British | None | Israel | 27years | Coordinate | English | Hebrew | None | Charity |
| Christine | F | 30-39 | Iranian | None | Iran | 12years | Coordinate | Persian | English | None | NHS |
| Sara | F | 25-29 | Iranian | None | Iran | 14years | Coordinate | Kurdish | English | Greek | Private |
| Lena | F | 25-29 | Russian | None | Russia | 12years | Coordinate | Russian | English | French | Charity |
| Kate | F | 25-29 | French | None | France | 8 years | Coordinate | French | English | None | Private |
| Helen | F | 30-39 | Iranian | None | Iran | 16years | Coordinate | Persian | English |  | NHS |
| Susan | F | 40-49 | Dutch | None | Netherlands | 15years | Coordinate | Dutch | English | Norwegian | Charity |
| Nina | F | 40-49 | Iranian | None | Iran | 13years | Coordinate | Persian | English |  | Private |
| Anna | F | 50-59 | Austrian | None | Austria | 18years | Coordinate | German | English | None | Charity |
| Gemma | F | 40-49 | Indian | None | England | Born | Compound | Dominant English | Urdu | French, Hindi, Punjabi | NHS/Charity |
| Linda | F | 40-49 | Indian | None | England | Born | Compound | Dominant English | Punjabi | Urdu | NHS |

| Number of years of | Areas of Interest |
| --- | --- |
| 5 | Jewish Community |
| 4 | Generic |
| 8 | PTSD, Sexuality |
| 2.5 | Anxiety Disorders |
| 6 | Iranian Community |
| 5 | Adult Mental Health |
| 7 | Schizophrenia |
| 12 | Trauma/Gender/Sexual Identity/Life Transitions/Anxiety Disorders |
| 2.7 | Anxiety |
| 8 | Generic |

**Appendix D. Poster**

# BILINGUAL THERAPISTS

Have you ever thought about what it is like for **YOU** to conduct therapy in your second language?

Would you like to broaden our understanding of what it is like for professionals to work outside their mother tongue?

**WOULD YOU LIKE TO INFORM YOUR OWN PRACTICE AND THE PRACTICE OF OTHER PROFESSIONALS?**

If you think you may be interested in taking part and/or would like to find out more about the study, please contact me as follows:

If you choose to participate, you will be asked to take part in an interview; this will take no longer than an hour.

Please note that **travelling expenses will be reimbursed,** and in gratitude for your participation a donation of £20 will be made in your name to a charity of your choice.

Please note that I am looking for therapists with at least two years of experience, who have experience of working in both their second language and their mother tongue.. Age group: 25-65

**Appendix E. Flyer**

*Participants' Information Sheet.*

*Aim of the study and brief overview*
My name is Vera Dobrlioubova. I am currently completing a Professional Doctorate in Counselling Psychology at City University. I am looking to gain a better understanding of bi/multilingual therapists' experience of conducting therapy in their second language, and the meanings they attach to their experiences. It is hoped that the results of this study will inform the practice of professionals working within a counselling setting and contribute to the development of training programmes.

*What are the benefits of taking part in this study?*
This would be an opportunity for you to inform your own practice by exploring what it is like for you to work in your second language.

Following the completion of the research, you would be provided with the findings before these are made available to the wider public. You can also choose whether you would like the researcher to make a note of your details to be passed on to individuals seeking psychological support in your first language.

Furthermore, in gratitude for your participation, £20 will be transferred in your name to a charity of your choice.

*What will I have to do if I take part?*
If you choose to take part in the study you will be asked to complete a Consent Form to confirm that your participation is voluntary. You will then be asked to complete a short questionnaire asking about your background information, followed by an interview which should take no longer than an hour. The interview will be recorded.

*Confidentiality*
All the information will be treated as confidential and will be anonymised. The information will only be used for the purpose of this study and will be disposed of in a secure manner following the completion of research. In addition, the information will be used in a way that will not allow you to be identified individually. Please note that you may withdraw from the study at any time.

*My Contact Details*
If you are interested in taking part and/or would like to discuss further details regarding the study, please contact me as follows: ████████████████
Please consider me your first point of contact; however for your convenience my supervisor's details are available upon request.

*THANK YOU VERY MUCH FOR YOUR TIME.*

**Appendix F. E-mail to the administrators/directors of counselling organisations**


Dear **XXXX**,

My name is Vera Dobrlioubova. I am currently completing a Professional Doctorate in Counselling Psychology at City University. I am researching the experience of bilingual therapists working in their second language with monolingual clients.

If you think that any of your colleagues may be interested in taking part in my research, please find attached two additional documents for further information. Alternatively, you may wish to contact me as follows: █████████████████

Ethical approval for this study was granted by the City University Research Ethics Committee in 2009. In addition, please note that all of the information gathered will be treated as confidential, and will be anonymised. Participants will be free to withdraw from the study at any time.


***Would you please be kind enough to forward this e-mail to any of your bilingual colleagues who you think may be interested in the current research.***


***Thank you for your time and interest.***

***I look forward to hearing from you.***


Yours sincerely,


Vera Dobrolioubva






P.S. Please use me as your first point of contact; however, for your convenience, my research supervisor's contact details are available on request.

**Appendix G. Consent Form**


**Agreement to Participate in the Research Study**
**(Exploring the experience of bilingual therapists)**


I confirm that I have read and understood the information sheet provided by the researcher.

☐


The researcher provided me with the opportunity to consider the information and ask questions.

☐



I was informed by the researcher that my participation is voluntary and that I may

withdraw from the study at any time.

☐


I agree to take part in the current research study.

☐


………………….                     …………………………..
        ………………

Participant's Name              Participant's Signature          Date


…………………….                    …………………………..
        ………………

Researcher's Name              Researcher's Signature          Date

**Appendix H. Socio-Demographic Questionnaire & Background Information.**

It would be helpful if you could provide some basic information about your background. This information will not be used to identify you in any way, but will be useful in the analysis stage of my research. In addition, this information may prove helpful to future readers.

1.      **What is your age?**

   25-29               30-39               40-49               50-59               60-65

2.      **What is your gender?**

   Male               Female

3.      **Please choose one of the following.**

   Indian      Pakistani      Bangladeshi      Chinese      Other Asian Background

   White/British               White/Other (Please specify)

   Black Caribbean               Black African               Other Black Background

   White and Black               White and Asian               Other Mixed Background
   Other Ethnic Group (Please specify)

4.      **Where were you born?**

5.      **How long have you lived in the UK for?**

6.      **What is your primary language?**

7.      **What other language(s) do you speak?**

**8.** **Where (which country) did you do your training in?**

**9.** **How long have you worked within the counselling setting? Or which year of training are you in?**

**10.** **Which setting are you currently working in?**

**11.** **Which areas do you specialise in?**

**THANK YOU FOR COMPLETING THE QUESTIONNAIRE**.

**Appendix I. Debriefing 1**

**I WOULD LIKE TO THANK YOU FOR TAKING AN INTEREST IN MY RESEARCH.**

Is there anything that you would like to add to your comments during the interview?

Do you have any further questions regarding the research or the interview?

What did you find helpful about the interview?

What did you find unhelpful about the interview?

**Debriefing 2**

**I WOULD LIKE TO THANK YOU AGAIN FOR YOUR TIME.** **If you have**
**any** **questions** **about** **the** **research,** **please** **contact** **me** **as** **follows:**
████████████████

If you are interested in learning more about this topic you may find the following
references useful:

- Stevens S. and Holland P. (2008). Counseling across a language gap: the
therapist's experience, *Counselling Psychology Review*, 23 (3), 15-25

- Marcos, L. R., & Urcuyo, L. (1979). Dynamic psychotherapy with the
bilingual patient, *American Journal of Psychotherapy*, 33, 331–338.

- Santiago-Rivera, A. L. (1995). Developing a culturally sensitive treatment
modality for bilingual Spanish-speaking clients: Incorporating language and culture
in counselling, *Journal of Counseling and Development*, 74, 12–17.

**Appendix J. List of Useful Contacts**

List of useful contacts

**The British Psychological Society**

1.http://www.bps.org.uk/

2. Choose "Find a psychologist".

3. Choose Directory of Chartered Psychologists

The British Association for Counselling and Psychotherapy

1.http://www.bacp.co.uk/

2. Choose "Find a therapist".

3. Enter your search criteria (e.g. area or name of therapist)

**United Kingdom Council for Psychotherapy**

1.www.psychotherapy.org.uk/find_a_therapist.html

2. Enter your search criteria (e.g. area or name of therapist)

Please contact me on **0786 167 3776** if you wish to be referred to the **City University Clinic**. If there is no answer, please leave me a message and I will contact you as soon as I can.

**Mind Info Line: 0845 766 0163**

Monday to Friday

9.00am to 5.00pm

Go to the link below to find Mind in your area

http://www.mind.org.uk/Mind+in+your+area/

1. To **search by place name,** enter name into the Search box in the top left-hand corner of the screen.

2. To **search by region,** click on the map below or choose a region from the list.

Please note that self-help leaflets are available online.


**Other support in your local area.**

1. If you wish to seek psychological support in <u>your local area</u>, please refer to the link below:

http://www.counselling-directory.org.uk/

2. Enter your postcode.

3. Enter your City/Town.

4. Enter the nature of the help you would like (for example support for stress).


## Online Support and Telephone Counselling

**Anxiety Care.**

http://www.anxietycare.org.uk/docs/home.asp


Online support group: Monday evenings, 8 pm – 10 pm UK time

Helpline **(020) 8478 3400**

Mondays & Wednesdays

9.45 am – 3.45 pm UK time.

Email enquiry service: Trained counsellors will answer e-mail queries and offer advice and support.

Please note that anxietycare.org.uk also offers one-to-one support and group counselling.


## Self-help leaflets.


Self-help leaflets and related information are available from Anxiety Care and Mind; please see above for contact details.

Additional self-help leaflets are available from the following websites:

http://www.ntw.nhs.uk/pic/?p=selfhelp

http://www.counselling.cam.ac.uk/leaflets.html

**Appendix K. Interview Agenda**

Introduction to the Interview

I would first like to thank you for your interest in my research. The aim of our meeting today is to explore what it is like for you to work in your second language.

How do you feel about taking part in this research?

What does it mean for you to take part in this research?

Interview Agenda

1.If a friend or colleague who works in her/his mother tongue asked you to describe what it is like for you to work in your second language, what would you tell him/her?

Follow-up: You said that *(insert client's answer to the above)*; what is that like for you?

Follow-up: You have mentioned *(insert client's answer to the above)*; can you please give me an example.

*Ask a follow-up question for every characteristic/factor that the participant uses to describe what it is like for him/her to work in a second language.*

2. How is working in your second language different from working in your first language?

*If the client talks about their experience of working in their first language, ask them how they can relate this experience to working in their second language.*

3. Which factors do you feel are important within therapy?

Prompt: You said that *(put in client's answer to the above)*; how is that experienced when working in your second language?

Prompt: What is that like for you when working in your second language?

4. From your personal experience, how – if at all – does working in a second language affect the emotional context of the session?

Prompt: What is it like to respond to clients' emotional material?
Prompt: How are emotions experienced when working in your second language?

5. How, if at all, does speaking a different language impact on the way you are as a person within the session?

6. How, if at all, does speaking a different language impact on what you say and how you say it?

**Appendix L.  Example of an IPA Analysis Stage 1; excerpt taken from Nina's interview**

*Sometimes when em I want to say a more powerful word I pause or take longer then if I were to say it in my mother tongue em because I want to get it exactly right….*

***Pace of session; ease of expressing oneself; making interventions***

According to Nina, the pace of sessions conducted in her second language may be affected when striving for precision and when using a more powerful word. This seems to suggest that the process of working in a second language may be less natural, or 'flow' less, compared to working in one's first language; as on some occasions the therapist may need additional time to find a word which represents the client's experience with precision. Using powerful words to convey the client's experience is an essential part of therapy; at this point, therefore, I am wondering what it is like for the therapist to experience challenges in the area of emotive vocabulary.

*You want to say something or clarify something and you want to respond with just one word… that is exactly what you are experiencing em I'm very aware that my pause is a few seconds longer I want to get it exactly right…. because I am aware that this is my second language…I got them! … when I want to say I got you! I am aware that my pause is longer… because you are aware of how important it is to get the exact reflection.*

***Pace of session; ease of expressing oneself; making interventions; awareness of using second language***

Nina is implying that there are other occasions during her work when she needs to invest additional time to make certain interventions; for example, when clarifying information or communicating with the client. According to Nina, this is especially true when she wants to convey her understanding of the client's experience. In addition, Nina explains that she is more aware of her pauses for reflection when working in her second language; this awareness seems to be present within the context of the session. The above excerpt also indicates Nina's high level of consciousness that that she is offering therapy in her second language. My sense that there might be negative connotations attached to this is confirmed in Nina's next statement (11; 15).

Also of interest is the fact that, according to Nina, the challenges she describes only come to the forefront when she wants to respond with a single word.

Her desire to convey her understanding seems considerable, as reflected in her intonation, which rises when she says "I got them!... When I want to say I got you!" and comes back down when Nina speaks about her awareness of the pauses in her work, and the importance of reflection.

# Ethics Release Form for Psychology Research Projects

All trainees planning to undertake any research activity in the Department of Psychology are required to complete this Ethics Release Form and to submit it to their Research Supervisor, **together with their research proposal**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department of Psychology does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2004) <u>Guidelines for minimum standards of ethical approval in psychological research</u> (BPS: Leicester) should be referred to when planning your research.
- **Trainees are not permitted to begin their research work until approval has been received and this form has been signed by 2 members of Department of Psychology staff.**

**Section A: To be completed by the student**

Please indicate the degree that the proposed research project pertains to:

BSc ☐    MPhil ☐    MSc ☐    PhD ☐    **DPsych ☐**  N/a  ☐

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

*Working in a second language: the impact of cross-cultural transactions on the therapeutic alliance.*

2. Name of student researcher (please include contact address and telephone number)

Vera Dobrolioubova ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮

3. Name of research supervisor

Lyndsey Moon

4. Is a research proposal appended to this ethics release form?     <u>Yes</u>          No

5. Does the research involve the use of human subjects/participants? <u>Yes</u>     No

If yes,

a. Approximately how many are planned to be involved? 12-15

b. How will you recruit them?

Firstly, to recruit potential participates advertisements will be placed onto the BPS website. Secondly, potential participants will be e-mailed directly, their e-mail addresses will be obtained from the bps website and other websites which offer a talkative from of therapy. Thirdly, I will contact head of university training programmes to acquire their permission to contact their students. In addition, I will get in touch with organisations that offer psychological support to their clients. Furthermore, word of mouth will also be employed to recruit participants.

As a gratitude for their time participants will be entered into the prize draw with an opportunity of winning an amount equivalent to a therapist's average hourly rate. Due to the fact that therapists earn above the minimum annual income this should not be seen as an attempt to pressurize potential participants to take part in the study nor should it be seen as the main incentive for participation but as an expression of my gratitude for their interest in my research.

c. What are your recruitment criteria? My flyer will be my advertisement (two-in-one) (*Please append your recruitment material/**advertisement/flyer**) Appendix A; B; C*

Twelve to 15 participants (therapists with different level of experience) aged between 25-65 will be invited to participate in the current research.

d. Will the research involve the participation of minors (under 16 years of age) or those unable to give informed consent?                      Yes            **No**

e. If   yes, will signed parental/carer consent be obtained? **Yes**            **No**

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? *(If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification).*

Participants will be asked to take part in a one hour semi-structured interview. In addition, participants will be contacted to obtain participant's validation.

7. Is there any risk of physical or psychological harm to the subjects/participants?
                                                                    Yes            **No**

If yes,
a. Please detail the possible harm? ------------------------------------------------------------

b. How can this be justified?

It does not seem like the research would cause any psychological distress to my participants, **however** if any unpleasant feelings should arise as a result of my research, research participants will be provided with a list of local counselling services and access to self-help leaflets. In addition, if at the end of our interview interviewees report having unpleasant feelings, we will collaboratively discuss coping strategies which the interviewee can employ to manage her/his mood.

If you have circled an item in bold print, please provide further explanation here:

------------------------------------------------------------------------

------------------------------------------------------------------------

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------------------------------------------------------------------------

------------------------------------------------------------------------

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Signature of student researcher █████████ ------------------- Date 10.02.09

## Section B: To be completed by the research supervisor

Please mark the appropriate box below:

☑ Ethical approval granted
☐ Refer to the Department of Psychology Research Committee

☐ Refer to the University Senate Research Committee

Signature ------- █████████ ------------------- Date 9. 7. 09

## Section C: To be completed by the 2<sup>nd</sup> Department of Psychology staff member

Section C: To be completed by the 2nd Department of Psychology staff member
(Please read this ethics release form fully and pay particular attention to any answers on the
form where bold items have been circled and any relevant appendices.)

☑ I agree with the decision of the research supervisor as indicated above

Signature ---------- █████████ ------------------- Date 14.07.09

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**The Professional Practice Component of this thesis has been**

**removed for confidentiality purposes.**

**It can be consulted by Psychology researchers on application at**

**the Library of City, University of London.**

# Part C – Critical Literature Review

## The Experience of Burnout in Psychologists

**Introduction**

In recent years, there has been growing interest in the phenomenon of burnout. Maslach Schaufeli and Leiter (2001) report that individuals working in helping professions may be especially prone to burnout. She explains that frequent intense involvement with individuals experiencing complex issues, which cannot always be addressed successfully, may be draining for professionals (Maslach & Jackson, 1986; Maslach *et al*., 2001). Over time, as a result, they may become emotionally exhausted, depersonalised and experience a sense of reduced personal accomplishment. Burnout not only affects the well-being of the psychologist but has negative implications for his/her clients and organisations – these widespread consequences make it especially important to examine the experience and correlates of burnout (Mehta, 2002; Hellman & Morris, 1987; Vredenburgh, Carlozzi, & Stein, 1999). The concept has been extensively studied in the United States, but scant research has been conducted amongst UK professionals, even though studies report an alarming rate of burnout in the UK. Ackerley *et al*. (1988) found that 39.9% of psychologists in the US were burned-out; a similar rate was noted by Heubner and Mills (1994). A higher percentage of burnout was noted by UK researchers. Boakes (1998) found that 46.2% of UK professionals fell into the 'high' category of emotional exhaustion. Mehta's (2002) study confirmed an elevated level of burnout in UK clinical psychologists. In addition, it remains to be seen whether recent reforms within the mental health services have increased professionals' vulnerability to burnout; up-to-date research is necessary to reflect these changes. Furthermore, there are no studies which focus on the experience of burnout amongst therapists working in their second language, regardless of the fact that burnout is known to be influenced by socio-cultural factors. In addition, certain challenges faced by therapists working outside their mother tongue suggest that they may be at a high risk of burnout.

This literature review will begin by introducing some of the available definitions of burnout, with the intention of highlighting that academics do not seem to agree on

what the concept entails. Following this, the author will explore the prominence of the phenomenon among psychologists, identifying factors which increase their vulnerability to burnout. This will be preceded by an examination of the nature, consequences and correlates of burnout and a critical review of existing studies, in the hope that this preliminary work will illuminate the significance of studying burnout in UK psychologists, native and non-native speakers. This will be examined and discussed in more detail in the concluding sections of the literature review. Finally, implications for practice and training will be explored.

**Defining and Operationalising Burnout**

The phenomenon of burnout has received significant attention since the 1980s. However, no single definition has been accepted by academics. The term was coined by Freudenberger (1974), a psychiatrist who observed and noted a process of emotional depletion and loss of motivation and commitment among his colleagues. Quoting Freudenberger (1974), to burn out is "to fail, wear out or become exhausted through excessive demands on energy, strengths or resources" (p. 73). Since the concept was first introduced, a myriad of definitions have been put forward. Ackerley *et al.* (1988) state that available definitions differ in range and precision, inclusion or exclusion of certain behaviours and identification of cause and/or effects. Some academics describe burnout as a state; others see it as a process or a syndrome (Ackerley *et al.*, 1988). In their review of existing research into burnout, Perlman and Hartman (1982) discovered over 48 definitions; based on these, they proposed the following conclusive definition: "burnout is a response to chronic emotional stress with three components: (A) emotional and/or physical exhaustion, (B) lowered job productivity, and (C) overdepersonalisation" (p. 293). However, the definition most widely accepted today was put forward by Maslach in 1982: "burnout is a syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment that can occur among individuals who do people-work of some kind"(p.3).[17] Shaufeli and Ezmann (1998) and Maslach and Goldberg (1988) illuminate the importance of distinguishing between acute stress and chronic (persistent) experience of stress. According to Maslach and Goldberg (1988), burnout is a response to job demand or stressors on a continuous basis, whereas acute stress is a one-off response to a problem situation. Burnout should also be

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[17]     This is taken as the working definition for the current literature review.

distinguished from empathy fatigue, a concept introduced by Figley (1995). Like burnout, it is specific to professionals in human services working with individuals experiencing complex and long-term difficulties; however, unlike burnout, it is a counter-transferential reaction to the traumatic experiences of the client. "A state of tension and preoccupation with the traumatised patient by re-experiencing the dramatic events, avoidance/numbing of reminders, persistent arousal (e.g. anxiety) associated with the patient. It is a function of bearing witness to the suffering of others" (p. 1435). Like burnout, it is associated with emotional exhaustion and distress, but does not take into consideration depersonalisation and the depreciation of personal accomplishment.

Many instruments have been put forward to measure burnout. For example, Forney *et al.* (1982) developed a structured interview to assess burnout, while Haack and Jones (1983) introduced projective drawing. Self-report measures have also been designed (Bramhall & Ezell, 1981). Pines and Aronson's (1988) 'Burnout Measure' has also been popular amongst researchers. However, the most widely accepted tool was developed by Maslach and Jackson (1981a, 1981b): the Maslach Burnout Inventory (MBI). There are several reasons for its popularity; firstly, it was specifically designed for use with human service professionals. Secondly, it has the strongest psychometric properties available (Maslach *et al.*, 2001; Schaufeli *et al.*, 1993). Thirdly, it offers a multidimensional measure of burnout, allowing researchers to capture the complexity of the phenomenon (Schaufeli *et al.*, 1993). Since most of the studies reviewed have employed MBI, a further description of its components is provided below.

Maslach and Jackson (1981) proposed that burnout has three components: emotional exhaustion, depersonalisation and reduced personal accomplishment. According to academics, emotional exhaustion is the main aspect of burnout. Individuals feel emotionally depleted and no longer able to "give of themselves at the psychological level" (p. 99). Emotional exhaustion prompts depersonalisation: individuals begin to distance themselves emotionally and cognitively from their work, clients, and colleagues (as well as people in general); service users become impersonal objects of one's work, devoid of unique qualities. Individuals experiencing depersonalisation demonstrate indifference, negativity and cynicism (Maslach & Jackson, 1981). Researchers see these responses as a defence mechanism necessary to protect the

professional from work overload. The third component is inefficacy, which according to researchers is a tendency to evaluate oneself negatively in terms of personal accomplishment, as related to personal competency and productivity at work. Leiter and Maslach (1988) accentuate that burnout is a developmental process in which exhaustion, depersonalisation and reduced personal accomplishment are interrelated in complex ways. Below is a quotation which amply illustrates the experience of burnout; these are the words of a young psychologist in her third year of employment:

*"I have seen myself change from an avid, eager, open-minded, caring person to an extremely cynical, not-giving-a-damn individual in just two and a half years. I'm only 26, and I've already developed an ulcer from doing continuous work in crisis intervention. I've gone through drinking to relax enough to go to sleep, tranquilisers, stretching my sick leave to its ultimate limit, and so on… I am slowly, painfully beginning to realise that I need time away from constantly dealing with other people's sorrows, and that in order to head off the deadness that is beginning to happen inside of me, I must get away, apply for a month or so leave of absence, or maybe more – when I start shaking just upon entering the office, then I know that it, it hurts to feel like a failure as a therapist in terms of not being able to handle the pressure, but it's better that I do something about it now, rather than commit suicide later after letting it build up much longer"* (Maslach, 1982, p. 5-6).

## Implications of Burnout

Burnout is associated with physical and psychological well-being in addition to behavioural and attitudinal changes (Maslach *et al*., 2001). Physical symptoms include fatigue, feeling drained, insomnia, lingering colds, headaches, gastrointestinal disturbances, weight changes, hypertension, muscular pain as well as other symptoms associated with stress (Maslach *et al*., 2001). As regards psychological well-being, therapists suffering from burnout report feelings of frustration, anger, anxiety and fear (Freudenberg, 1974; 1975). Other symptoms include emotional depletion, low self-esteem, suicidal ideation, depression and a sense of being overwhelmed (Hellman & Morris, 1987; Boice & Myers, 1987; Killian, 2008). Professionals experiencing burnout may develop negative attitudes towards themselves, their clients, colleagues and people in general (Maslach & Schaufel, 1993); they may become cynical, disillusioned, defensive, and pessimistic

(Farber *et al.*, 1982). Therapists may also depersonalise their clients (Maslach *et al.*, 2001). In addition, a loss of interest in one's job (Raquepaw & Miller, 1989), as well as perceiving work as less enjoyable and rewarding, have been observed among burned-out professionals. These effects can lead to professional doubt, increased absenteeism, reduced productivity and excessive sick leave, as well as impaired relationships with colleagues (Maslach & Schaufel, 1993; Hellman & Morris, 1987). Mills and Heubner (1988) found that 35% of school psychologists reported thinking of leaving the profession in the near future, with 21% admitting that they regretted their career choice (Ackerley *et al.*, 1988). To manage their symptoms, some therapists turn to illicit drugs (Freudenberger, 1975). Marital and family conflicts have also been associated with burnout (Maslach & Jackson, 1981). In short, therefore, burnout has important implications for clinicians, their significant others, service users, and organisations.

**Prevalence of Burnout in Psychologists**

The first study to utilise a homogeneous sample in the US was conducted by Ackerley *et al.* (1988), who found that 39.9% of licensed psychologists experienced a high level of burnout, and 34% reported depersonalisation. School psychologists were also found to be at risk, with 40% suffering from emotional exhaustion, 19% experiencing reduced personal accomplishment and 10% depersonalisation (Huebner & Mills, 1994). Several studies have reported an average burnout among psychologists (Vredenburgh *et al.*, 1999; Wertz, 1999; Kaden, 1999).

Limited research is available on the experience of burnout in UK psychologists. Mehta's (2002) study revealed that clinical psychologists fall within a high range of emotional exhaustion and a moderate range on reduced personal accomplishment. Onyett *et al.* (1997) examined burnout among mental health professionals (CPNs, occupational therapists, clinical psychologists, nurses, etc.) and found that 42% were experiencing a high level of emotional exhaustion. However, the higher rate of 46.2% was reported by Boakes (1998), who investigated burnout in clinical psychologists.

Wertz (2000) compared burnout in intern psychologists and mental health workers and discovered that the former are more vulnerable than the latter to burnout .

Onyett *et al*. (1997) also found that psychologists are more at risk of burnout compared to other mental health workers.

**Psychotherapeutic Work and Burnout**

Maslach *et al*. (2001) observed that professionals who are involved in 'people work' may be more prone to burnout as they spend a considerable period of time in intense involvement with other individuals. The interaction between the therapeutic couple often focuses on addressing clients' psychological, social and/or physical concerns, and may be accompanied by feelings of anger, embarrassment, fear and despair. As Deutsch (1984) puts it, 'therapists are confronted daily with intense emotions and the troublesome conflicts of other people' (p.833). Farber and Heifetz (1982) attributed burnout to the non-reciprocation of attentiveness, giving, and responsibility demanded by the therapeutic relationship. The increased pressure to meet clinical governance guidelines, irrespective of available resources (Mehta, 2002), difficulties in maintaining therapeutic relationships, and professional doubt (Hellman & Morris, 1987) can all exacerbate burnout. Working with clients experiencing long-standing/chronic difficulties may also increase the likelihood of burnout (Ackerley *et al*., 1988; Farber, 1983; Hellman & Morris, 1987). Mehta (2002) reports that UK psychologists may be at a particularly high risk as their work often entails more complex cases than that of other mental health practitioners. Premature termination (Deutsch, 1984), continuous emotional control and the need to maintain confidentiality (Dryden, 1995) can also heighten a professional's stress levels.

Furthermore, irrational beliefs and expectations may affect psychologists' susceptibility to burnout. Ellis (1984) established that individuals with unrealistic expectations of their work are more likely to experience high levels of stress. Likewise, Deutsch (1984) found that stressful beliefs prompted therapists to invest maximum levels of time, energy and attention in their work, increasing the risk of burnout. The most influential beliefs were those related to 'doing impeccable therapeutic work with all clients, in all situations' (p.839). This is consistent with Farber and Heifetz's (1982) view; they found lack of therapeutic success to be a primary source of stress and burnout.

The above sections highlight that burnout among psychologists is high, and that clinicians may be more vulnerable to burnout due to the nature of their work.


**Demographic Factors and Burnout**

The following section explores the relationship between demographics and burnout to gain a better understanding of whether these variables exacerbate burnout. The author would like to note that the findings obtained from studies examined in the current literature review are often difficult to interpret, for several reasons. Firstly, different versions of MBI have been employed. The instrument was introduced in 1981 and revised in 1986 to produce the MBI-HSS, especially for use with professionals in human services (Maslach & Jackson, 1986). To give an example, Raquepaw and Miller (1989) and Farber (1985) employed the original version of the MBI, whereas Ackerley *et al*. (1988), Vrendenburgh *et al*. (1999) and Mehta (2002) employed the MBI-HSS. Secondly, researchers have utilised instruments other than MBI (Hellman & Morrison, 1978; Deutsch, 1984; Farber & Heifetz, 1981). Thirdly, instruments such as Farber and Heifetz's (1981) Therapeutic Stress Rating Scale (TSRS), often employed in conjunction with MBI (Maslach & Jackson, 1986), have also been modified by researchers (Hellman & Morrison, 1978; Deutsch, 1984; Kaden, 1999; Mehta, 2002) in order to account for the changing nature of therapeutic practice. This further complicates the possibility of comparison.


**Gender and burnout**

The relationship between gender and burnout appears to be inconsistent. Maslach and Jackson (1981) stated that male therapists are at a higher risk of depersonalisation, less prone to emotional exhaustion and report a higher sense of personal accomplishment compared to females. Accordingly, academics put forward the following explanation: female roles place an emphasis on nurturing, concern for others and people's well-being, so women are less likely to respond to others in an impersonal way. Relationships between gender and other components of burnout and gender were confirmed. Similarly, Vredenburgh *et al*. (1999) and Mehta (2002) found a significant link between gender and depersonalisation. However, no other differences were evident. Meanwhile, Ackerley *et al.* (1988) found no association between gender and emotional exhaustion, depersonalisation or personal accomplishment. This reflects the need for further studies to determine whether or not there is a significant relationship between these variables. In addition,

researchers may need to control for therapists' workload in order to gain a better understanding of the relationship between gender and burnout, as Farber and Heifetz (1982) suggest that male professionals are able to work with a larger number of clients before becoming depleted.

**Age and burnout**

Researchers in the U.S. seem to agree that there is a negative correlation between age and burnout (Maslach, 1982; Ackerley *et al.*, 1988; Huebner, 1994). Huberty and Huebner (1988) propose that age and experience enable professionals to develop a set of coping strategies which reduces their vulnerability to burnout. On the other hand, Maslach *et al*. (2001) argue that individuals who experience symptoms of burnout tend to resign from their jobs, leaving behind older professionals who feel more able to cope with the demands of their work. Only one study in the UK has examined the relationship between age and burnout (Mehta, 2002); no correlation was found. The researcher made no attempt to account for this difference. The author of the present study proposes the following explanation: due to very recent training, younger professionals are equipped to deal with the changing nature of therapeutic work, so are able to cope just as well as their veteran colleagues. In addition, findings from Mehta's (2002) study are inconclusive due to design limitations (discussed in the section 'Limitations of Reviewed Studies', p. 241).

**Marital status/children and burnout**

There seems to be no clear relationship between an individual's marital status and burnout. Maslach and Jackson (1981) found that professionals who were married or in a relationship, were less likely to experience burnout than single or divorced colleagues. Several years later, the authors replicated these findings. A similar relationship was established by Huebner and Mills (1994), suggesting that support from others may serve as a buffer to burnout (Mehta, 2002). In contrast, however, Ackerley *et al*. (1988) and Mehta (2002) found that being loved or supported at home had no significant impact on an individual's vulnerability to exhaustion and depersonalisation. The discrepancy between the above results may be explained by Aragones' (1999) findings; she discovered that it is the quality rather than quantity of support that serves as a buffer to burnout. Ackerley *et al*. (1988) and Mehta (2002) did not account for this distinction. In addition, Aragones (1999) found a negative correlation between degree of social support and personal accomplishment.

She explains that having a large social support network may have an adverse impact on productivity. Maslach and Jackson (1985) also found a lower burnout in individuals who have children, compared to their childless colleagues. Although other academics studying burnout in psychologists have said nothing about the relationship between children and the likelihood of burnout, researchers exploring burnout in mental health workers seem to confirm the relationship (Yildirim *et al*., 2009).

### Ethnicity and burnout

Little is known about the experience of ethnic minorities within the helping professions, especially psychologists. Although the association between occupational stress and ethnicity has previously been noted (Smith *et al*., 2005), only two studies to date have compared the experience of burnout amongst white and minority psychologists. 175 US doctoral-level psychologists took part in Aragones' (2001) study. The researcher found that minority psychologists were more vulnerable to depersonalisation. However, no difference was found in the level of emotional exhaustion and personal accomplishment. Boakes (1998) compared the experiences of burnout in white and minority clinical psychologists in the UK, and found that white professionals were more vulnerable to burnout. He concluded that minority professionals may have developed better coping strategies to manage stress. The differences between these findings may be explained by, firstly, socio-cultural and organisational factors: Aragones explored the experience of US professionals, while Boakes examined burnout in UK psychologists. Secondly, when Maslach and Jackson (1981) tested their inventory, over 93% of their participants were white, with other groups drastically under-represented. Accordingly, the inventory may better capture the experience of white than minority professionals. Maslach's (1986) results indicate that Asian-American, white and African-American health professionals (non-psychologists) exhibit different levels of burnout as a result of stressful work experiences. However, inconsistent findings and a relatively small sample size in studies exploring the experience of psychologists warrants further research in this area.

### Level of experience and burnout

Maslach *et al*. (2001) and Maslach (1982) suggests that there is a positive correlation between inexperience and burnout; suggesting that newly qualified psychologists are

at a higher risk. These findings were confirmed by Ackerley *et al*. (1988) and Mehta (2002). The former argues that professionals with more years of practice will learn to conserve their emotional energy so that they do not experience depletion as a result of their work. Farber and Heifetz (1987) proposed that veteran therapists may have a different set of expectations which make them less at risk of burnout; as well as an ability to view clients more favourably. In contrast to the others, Kaden (1999) found no relationship between inexperience and burnout. She argues that this may be due to the rapid changes which occurred in the delivery of psychological care, which obliged veteran therapists to change many aspects of their practice.

### Organisational factors and burnout

Research seems to suggest that certain organisational characteristics may be associated with burnout. These factors will be examined in the current section.

### Work setting characteristics and burnout

Farber *et al*. (1985) found that therapists working within the public setting experienced a higher level of burnout compared to professionals working privately. They found that individuals working in public institutions reported disillusionment and the need to adjust their expectations (Farber *et al*., 1985). These findings are consistent with the results of Ackerley's *et al*. (1988) and Mehta's (2002) studies, which examined the experience of licensed psychologists and clinical psychologists respectively. Similar results were obtained by Boice and Myers (1987) when comparing the experiences of psychologists in academic and private settings. Less emotional exhaustion and higher personal achievement were reported by psychologists in the private setting in Raquepaw and Miller's (1989) study. This is also in line with Vredenburgh *et al*.'s (1999) findings; the authors attributed their results to higher income and autonomy in private settings. Paperwork, frequent team meetings and organisational politics were also seen as factors contributing to burnout in public institutions (Boice & Myers, 1987; Raquepaw & Miller, 1989; Maslach *et al*., 2001). Unlike the others, however, Hellman and Morris (1987) discovered that professionals working privately experienced more stress, which was related to psychopathological symptoms. The researchers explained that in working outside the public setting, professionals "forget how to treat seriously disturbed patients" (p. 431). The inconsistency in these findings can be explained by the fact that Hellman and Morris (1987) employed a different assessment tool (stress

questionnaire) to that used by the other researchers, who employed MBI. In short, the relationship between work setting and burnout remains unclear; hence further research is needed.

### Caseload and burnout

A negative correlation between professionals' caseload and emotional exhaustion and depletion has been confirmed by several studies looking at the experience of mental health practitioners in general (Maslach & Jackson, 1981; Maslach & Pines, 1978). However, many academics studying the experience of psychologists in particular established no relationship between caseload and burnout (Ackerley *et al*., 1988; Vredenburgh *et al*., 1999). Ackerley *et al*. (1988) and Vredenburgh *et al*. (1999) explain that a high level of personal accomplishment, as experienced by psychologists, may act as a buffer to burnout. This seems to be consistent with research carried out by Linley and Joseph (2007) who found that therapists experience a high sense of compassion, personal growth and satisfaction as a result of their work. On the contrary, however, Hellman and Morris (1987) discovered that not only a high caseload but also a low one can be associated with stress. Raquepaw and Miller (1989) explain that burnout is not related directly to the therapist's caseload but rather to their perception of it. If the professional feels that his caseload is too large, he may be more vulnerable to burnout. This argument seems especially attractive as it takes into consideration the subjective experience, which is in the spirit of counselling psychology.

### Job satisfaction and burnout

Researchers seem to suggest that there is a significant relationship between burnout and job satisfaction (Masclach *et al*., 2001). However, this relationship has received little attention in studies of burnout in psychologists. Three UK studies found a negative correlation between job satisfaction and burnout (Onyett *et al*., 1997; Mehta, 2002; Boakes, 1998). Job satisfaction has also been linked to team climate, team identification and clarity of role (Boakes, 1998).

### Therapeutic role stress and burnout

Farber and Heitfez (1981) argued that the specific nature of therapeutic work is associated with burnout. Researchers identified the following factors: maintaining and developing the therapeutic relationship, scheduling constraints and professional

doubt, over-involvement, and personal depletion. Deutsch (1984) and Kaden (1999) examined the experiences of 264 psychotherapists and 109 licensed psychologists respectively and confirmed that the factors listed above were linked with burnout; however. they were rated differently in terms of significance. This could possibly be attributed to the fact that the researchers added items to the scale to reflect the changing nature of the therapeutic work, and included extra factors identified within the literature. Hence difficult client behaviour and bureaucratic challenges were rated as most stressful by the study's participants. Kaden (1999) also discovered the therapeutic role to be the strongest predictor of burnout. Even though it remains undecided which stressors are most prominent, research confirms that factors associated with the therapeutic role are linked to burnout.

### Client group and burnout

Examining therapists' experience of burnout, academics discovered that professionals working with particular client groups may be more vulnerable to burnout. Hellman and Morris (1987) suggest that psychologists conducting therapy with psychotic patients exhibit a higher level of burnout and report difficulty establishing and maintaining therapeutic relationships, self-doubt and personal depletion. Chronically or terminally ill clients as well as confrontation with suicide and homicide were also seen as increasing the risk of burnout (Ackerley *et al*., 1988). A similar relationship was established between burnout and violent, traumatised (Jenkins & Baird, 2002; Devilly *et al*., 2009) and resistant clients (Farber, 1985). Older adults (Spear *et al*., 2004), sex offenders (Thorpe *et al*., 2004), autistic (Gibson *et al*., 2009) and character-disordered clients (Medeiros & Prochaska, 1988) can also exacerbate burnout. Furthermore, Deutsch (1984) and Farber (1983) found that apathy, lack of motivation and premature termination can heighten professionals' stress levels.

### Supervision and burnout

The importance of social support systems was noted by Farber and Heifetz (1982). The researchers found that supervision significantly reduced the likelihood of burnout. This was not only true for official supervision but also consultation with colleagues (51%), suggesting that both are as important as each another. The above findings are in agreement with those of Gibson *et al*. (2009), who also found that supervision aids personal accomplishment and increases perceived efficacy in school

therapists (Gibson *et al.*, 2009). At present there is only one study looking at the experience of psychologists in the UK (Mehta, 2002). Unlike other researchers, Mehta (2002) found no correlation between supervision and burnout. She provides no explanation to account for these differences in her findings. However, Aragones (2001) suggests that quality of support is an important variable in predicting burnout whereas quantity is not. In order to gain a better understanding of the relation between supervision and burnout, therefore, these variables need to be controlled.

### Theoretical orientation and burnout

Ackerley *et al.* (1988), Farber (1983) and Mehta (2002) found no significant relationship between theoretical orientation and burnout. Nevertheless, Aragones (2001) discovered that cognitive-behavioural psychologists experienced a lower level of burnout compared to professionals practising in the humanistic-existential model. This inconsistency may be explained, firstly, by the fact that Farber (1983) employed a different method to examine the relationship between the variables. Secondly, it may be due to the fact that Farber (1983) used a heterogeneous sample whereas Aragones (2001) studied a homogeneous group. Thirdly, some theoretical approaches were under-represented in Ackerley *et al.*'s study (1988); the majority of participants in Mehta's (2002) study employed CBT. In sum, this suggests that further research is needed to gain a better understanding of the association between theoretical orientation and burnout.

### Individual factors and burnout

The current section reviews the relationship between personal attributes and burnout, as research appears to suggest that organisational factors alone cannot account for the phenomenon.

### Personality and burnout

Academics have established a link between personality type and vulnerability to burnout (Huebner & Mills, 1994; Swider & Zimmermann, 2001; Schaufeli & Enzman, 1998). Nevertheless, scant research on this subject has been conducted within the field of psychology. Huebner and Mills (1994) carried out a seven-month study investigating the experiences of school psychologists. The researchers found a significant relationship between emotional exhaustion and extroversion. They explain that introverted behavioural responses are more likely to be associated with

burnout, as individuals demonstrate withdrawal, passive and reserved reactions. Depersonalisation, on the other hand, is more likely to be reported by individuals who score low on agreeableness and seem to be less cooperative, more irritable and more suspicious. The study also suggested that introversion and agreeableness are better predictors of burnout than organisational factors. Several years later, Huebner and Mills (1998) discovered a similar connection between extroversion and emotional burnout, agreeableness and depersonalisation; however, the later study also seemed to suggest a significant relationship between extroversion and reduced personal accomplishment. As regards to Hellman *et al*.'s (1987) findings, they argue that professionals who are more rigid reported a higher level of stress than more flexible colleagues.

A study conducted by Mehta (2002) examined the relationship between personality and burnout in UK clinical psychologists. She discovered a positive correlation between extroversion/openness to change and personal accomplishment. She explains that these traits are more compatible with the socially interactive and dynamic nature of clinical psychologists' work. Accordingly, individuals who exhibited these characteristics experienced a higher sense of efficacy and accomplishment. Mehta (2002) also found that psychologists who scored higher on conscientiousness and agreeableness were less likely to report depersonalisation. She also established a negative relationship between emotional exhaustion and conscientiousness.

**Limitations of Reviewed Studies**

Many of the studies employed heterogeneous samples to study the phenomenon; for example, psychiatrists, psychologists and social workers participated in Farber's and Heifetz's (1982) and Onyett's *et al*. (1997) studies, whereas Hellman and Morrison (1978) invited psychologists with different levels of degree qualification to participate in their research. In addition, the majority of respondents were white therapists (Farber & Heifetz, 1982; Hellman & Morrison, 1978; Mehta, 2002) who considered their primary orientation to be psychoanalytic (Farber & Heifetz, 1982; Hellman & Morrison, 1978). Findings from studies may not always be comparable due to differences in the sample (age, theoretical orientation, ethnicity); for example, Wertz's (1999) participants were on average 10 years younger than the professionals in Ackerley *et al*.'s (1988) study and 5 years younger than the professionals who

took part in Onyett *et al.*'s (1997) research. The majority of participants in Farber's and Heifetz's (1982) study practised in the psychodynamic model, whereas 90.2% of professionals in Mehta's (2002) study and 45% in Ackerley *et al.*'s (1988) research employed CBT and eclectic approach respectively. These differences are important, as all of these variables are known to be associated with burnout.

As previously mentioned, little attention has been paid to the experience of burnout in UK psychologists; only three studies have examined the phenomenon in UK professionals (Mehta, 2002; Boakes, 1998; Onyett *et al.*, 1997). However, their results are questionable: some/or all of the instruments utilised by the researchers to measure burnout were developed in the US, so their applicability to UK professionals is in doubt. This is indirectly supported by Maslach and Jackson's (2001) claim that burnout may be influenced by cultural and societal factors. One can take this proposition a step further to argue that the instruments used must account for socio-cultural differences. For instance, MBI developed in the US may not fully account for the experiences of UK individuals. Onyett *et al.* (1997) reworded some of the items in MBI (Maslach & Jackson, 1986), which makes it difficult to compare the findings from their study to the results obtained by Mehta (2002) and Boakes (1998). This is especially the case as academics suggest that wording is an important factor in determining meaning; it can be disputed, therefore, that the adjustments made by Onyett *et al.* (1997) do not reflect the meaning originally intended by Maslach and Jackson (1986). Any adjustments made to inventories need to be tested. As regards sample size, Boakes (1998) and Onyett *et al.* (1997)[18] employed a relatively small sample compared to available studies. In addition, the researchers (Onyett *et al.*, 1997; Boakes, 1998) do not provide any information regarding the marital status, children, or theoretical orientation of the participants. The impact of age was only considered by Boakes (1998). This makes it difficult to contextualise the sample as well as to determine the relevance and applicability of the findings. Furthermore, in examining the relationship between job satisfaction and burnout, Boakes (1998) failed to take into consideration caseload size and client group, which are known to correlate with burnout.

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[18]     Onyett et al. (1997) employed a heterogeneous sample of which only 34 participants were psychologists.

Finally, the reviewed studies reveal a relationship between certain factors and burnout but say nothing about the causal relationship between variables. Moreover, they fail to take into account the individual's subjective experience.

**Gap in Existing Literature**

As indicated above, findings related to the experience and correlates of burnout are inconclusive. In addition, little attention has been paid to the phenomenon among UK researchers, and the generalisability from US studies is questionable: firstly, due to the fact that burnout is influenced by economic, cultural, societal and organisational factors (Maslach & Jackson, 2001). Secondly, distinct licensing laws may make it difficult to compare the experiences of these groups (Mehta, 2002). Not only inconsistency in findings and lack of generalisability, but also recent reforms within the NHS, accentuate the need for up-to-date research. These changes (directed at ensuring excellent quality of care (DOH, 1999) including the introduction of NICE guidelines, IAPT and changes related to funding) may have increased the potential risk of burnout, as therapists are forced to adjust many aspects of practice, including increased caseloads, shorter session times, the obligation to conduct frequent checks on the efficacy and efficiency of one's service, as well as additional paperwork (Haydon, 2008). Furthermore, many therapists reported feeling deskilled and devalued by the reforms (Haydon, 2008). As evidenced from previous sections, a significant correlation with burnout has been established in such factors as increased caseload and devaluation. These changes have also spread to other organisations like leading mental health charities (e.g. Mind, Rethink) and insurance groups (e.g. Bupa, Pruhealth), further increasing the potential number of professionals affected by these reforms.

Culture can be an important variable in influencing how one thinks, makes decisions, behaves, and interprets events (Sue, 2001; Vygotsky, 1978; Marsella *et al.*, 2000). Quoting Marsella *et al.* (2001), "Our understanding of the world is inevitably filtered through the worldviews that we inherit, like language that we use to describe it […] the study of cultural influences […] leads us to realise that human objectivity is impossible in understanding human life" (p. 27). Taking these claims one step further, we propose that culture can impact on whether an individual interprets a given situation as stressful/emotionally depleting etc. as well as how he/she copes in this situation. Accordingly, we can hypothesise that the frequency,

intensity and experience of burnout may be different in various cultures; this highlights the importance of examining the experience of burnout in second-language psychologists in UK. Other factors also confirm this need, as psychologists working outside their primary language may be more at risk of burnout for the following reasons: firstly, academics suggest that professionals at the beginning of their careers are more likely to experience burnout (Ackerley *et al.*, 1988; Maslach *et al.*, 2001), and second-language therapists report feelings of anxiety, stress and language-related challenges at the start of their journey as therapists (Szekacs-Weisz, 2004; Sella, 2006; Verdinelli & Biever, 2009). Secondly, clinicians working outside their mother tongue have reported professional doubt, which is known to be associated with burnout (Hellman & Morris, 1987; Mehta, 2002). Thirdly, social support may be less available to therapists working in the country of their second language, as they may have left their family and friends behind; this is vital, as researchers suggest that social support plays an important role in reducing the risk of burnout (Aragones, 2001). Furthermore, some therapists reported encountering negative client behaviour triggered by their language use (Kitron, 1992; Sella, 2006); and the current literature review suggests that adverse client experiences correlate with burnout (Ackerley *et al.*, 1988). Finally, as previously mentioned, Maslach *et al.* (2001) accentuate that burnout may be influenced by socio-cultural factors, again highlighting the importance of studying second-language therapists.

Another inconsistency in findings may be attributable to the fact that psychologists' experience of burnout may depend on his/her subjective appraisal of the situation (Lazarus & Folkman, 1984; Raquepaw & Miller, 1989). This indicates the importance of qualitative research methods. Furthermore, longitudinal studies are needed to identify factors which trigger burnout. Triangulation may provide a more comprehensive understanding of the phenomenon.

**Conclusions and Implications**

The current literature review seems to suggest that burnout has important implications for psychologists' well-being, the client, and the organisation to which the psychologist belongs. The phenomenon has been extensively researched in the United States but little attention has been paid to burnout as experienced by UK psychologists, whether native or non-native speakers. The societal, cultural and organisational differences suggest that the intensity, frequency and experience of

burnout may be different for US and UK professionals. Moreover, recent NHS reforms in mental health service may put additional pressure on UK psychologists, making it necessary to conduct up-to-date studies. Furthermore, several limitations identified in individual studies completed in the UK and US suggest that their findings may be inconclusive, highlighting the need for further research into the experience of burnout and factors associated with the phenomenon. In addition, longitudinal research needs to be carried out to determine factors which cause burnout. Finally, certain factors may increase the risk of burnout in psychologists working in their second language, accentuating the need to focus on their experiences.

Gaining a better understanding of burnout in UK professionals (native and non-native speakers) may have important implications for therapists, clients and organisations. A more extensive knowledge promises to facilitate the development of effective interventions to target burnout among first and second-language professionals. In addition, such research may draw attention to the need to cover this topic on training courses in order to prepare practitioners for possible challenges. Finally, it may increase the self-awareness and self-knowledge of practising psychologist, putting them in a better position to manage any difficulties which may arise, and thus reducing the risk of burnout. This promises not only to improve individuals' well-being/reduce their vulnerability to burnout but also to ensure that clients are offered a high-quality service, to foster productivity and healthy relationships within teams, and to reduce organisational costs associated with absenteeism, sick leave and high turnover.

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## Conclusions

The current portfolio focuses on therapists' experience of the therapeutic encounter. The research project examined what it is like for therapists to work in their second language. The findings accentuate that professionals' self-states and the emotional context of the session may be experienced differently depending on the language employed. It also highlights that the way in which therapists relate to their clients may be influenced by the language of therapy. In addition, it suggests that professionals working outside their mother tongue may experience certain language-related challenges in the beginning of their careers; however, they may also find ways to utilise knowledge from both languages for the benefit of their clients. Other opportunities of bilingualism were also highlighted. The critical literature review emphasised that internal and external factors can influence how a psychologist experiences a therapeutic encounter and appraises his/her performance and work expectations. This in turn can affect professionals' vulnerability to burnout. Personal experience, as evident from the case study, indicates that therapy outcome and therapeutic practice can be influenced by psychologists' thoughts, assumptions and beliefs, as well as the language of therapy.[19]

All three pieces of work emphasise that therapy may be affected by 'therapist variables', and thus highlight the importance of continuous professional and personal development through increased self-awareness, self-reflection and self-knowledge.

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[19] An inverse relationship is also possible.