

A Multilingual Outlook: Can Awareness-Raising about Multilingualism Affect Therapists' Practice? A Mixed-Method Evaluation

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Abstract

Therapists are often unprepared to deal with their clients' use of other languages. This study focuses on therapists' experiences of having undertaken awareness-raising training about multilingualism. Did the training impact their practice? If so, in what areas? Adopting a mixed-method approach, quantitative data were initially collected via an online questionnaire with 88 therapy trainees and qualified therapists who underwent training in multilingualism, combined with interview data from 7 volunteers. Having identified the issues on which the training had had most and least impact in survey responses, the interviews were guided by our emergent interest into the impact of the training with potential relational complexities and unique, personal experiences in mind. A narrative-thematic analysis uncovered interrelated themes: changes, or impact of the training, with regard to Identity and Therapeutic Theory. Therapists referred to considerable transformative learning on both a personal and professional level, for instance in terms of how multilingual clients might bring different and sometimes conflicting ways of organizing events and experiences into meaningful wholes through their narratives during the session. Language switching seemed less significant in the survey, but emerged as a central theme in the interviews, especially with regard to the possibility of addressing, challenging and sometimes combining different emotional memories, cultural and existential concerns. Working across these areas triggered some therapists to consider the need for expanding their theory.

Introduction: Multilingualism in Psychotherapy

Awareness of multilingualism in therapy is a relatively new field of inquiry.² Many

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² We do not make a distinction between bi- and multilinguals, so all speakers with at least some basic knowledge of more than one language will be included in the category of the multilinguals.

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practitioners do not consider their language(s) to play any significant part of their modality or therapeutic work. As Barden & Williams (2007, p. 8) suggest, it is “common to be fluent in a language without having to consider how it is put together or what stops it falling apart. It just is.” We will consider the impact of multilingual training on therapists, using a mixed-methods approach. The training, which is evaluated in this paper has been delivered since 2010 to a variety of therapy trainees and qualified therapists. The study is situated within a new wave of research on multilingualism and psychotherapy whose main aim is to gain a better understanding of the roles of clients’ languages in therapy and ways for therapists to handle and interpret code-switching appropriately and accurately.

Literature Review

Training therapists to consider the impact of multilingualism in therapy

This research project builds on the findings and recommendations of researchers such as Costa & Dewaele (2012), Dewaele & Costa (2013), Georgiadou (2015), Kokaliari (2013) and Verdinelli & Biever (2009), for psychotherapy trainings to address the issue of multilingualism. A training programme for therapists who are both multilingual and monolingual, structured around the findings emerging from research studies: Costa (2010), Costa & Dewaele (2012), Dewaele & Costa (2013), Pavlenko (2005), Santiago-Rivera & Altarriba (2002), Tehrani & Vaughan (2009) and Verdinelli & Biever (2009) has been developed, delivered and revised as new research findings emerged. This study aims to evaluate the impact this training has had on the participating therapists and on their practice.

Georgiadou’s (2014) research focused on international counselling trainees’ experiences. She included a recommendation that counselling courses pay more attention to languages and difference. She builds on McKenzie-Mavinga’s (2011) suggestion that students who face difficulties regarding acculturation and discrimination need opportunities for discussion and recommends “counsellor education programmes acknowledge the additional challenges that international trainees may encounter in practice in relation to linguistic competence and provide sufficient space and possibilities for relevant discussion with peers, tutors and supervisors” (p. 9). Skulic’s (2007) research led him to conclude that a therapist’s bilingualism can both promote and/or adversely affect the therapeutic process. He recommends that therapists need to be helped via training or supervision with others to be aware of their own cultural positioning, stereotypes and language related issues. More recent research conducted by Georgiadou (2015) - an exploration of international counselling trainees’ training experience - discovered that trainees identified benefits in practising across languages and cultures during placement.

Research on monolingual therapists’ experiences of working with multilingual clients (Bowker & Richards, 2004; Stevens & Holland, 2008) demonstrated that therapists were pushed outside of their comfort zone. Costa and Dewaele (2012, 2013) research suggested that multilingual clients may benefit from a therapeutic environment where they can use their mother tongue, but it is the therapist’s ability to grasp personal

meanings of language usage (for instance switching, avoidance etc.), which is of therapeutic value. A mixed-method study, combining a survey of 101 monolingual and multilingual therapists and interviews with three psychotherapists showed that multilingual therapists tended to view their ability to share a language, or to have a facility for languages or thinking about languages with a patient as positive with respect to their capacity for attunement with the client. They felt better equipped to help patients to feel more connected and less isolated but also pointed to the potential problem linked to increased empathy and intimacy, namely possible collusion – an issue monolingual therapists were less likely to encounter. They insisted that it was crucial to pay proper attention to the appropriate setting and maintenance of boundaries and not to overlook the issue of disclosure. The therapists agreed that having been in contact with other languages had stimulated their thinking about language use with their clients checking understanding and sometimes simplifying their language. Although they had not invited other languages into the therapy, they agreed that this had potential. The survey and the interviews seemed to have acted as a trigger for reflection. In other research studies therapists reported a distinct lack of training for multilingual work (Gonzalez et al., 2015; Trepal et al., 2014; Verdinelli, 2009) — they often felt isolated and disconnected while learning how to use the two or more languages in their personal and professional lives.

Underpinned by the findings from the research conducted by Jean-Marc Dewaele and Beverley Costa (2012, 2013) the curriculum of the training programme was developed. Although much of the research makes recommendations for specific training for multilingual therapists or monolingual therapists, this training is aimed at mixed groups of monolingual and multilingual therapists, with a view to mainstreaming rather than marginalising the subject Dewaele and Costa's (2013) research: "*Psychotherapy across Languages: Beliefs, Attitudes and Practices of Monolingual and multilingual Therapists with their Multilingual Patients*", is one of the few pieces of research which has targeted monolingual and multilingual therapists simultaneously.

The curriculum of the training included the following topics identified as significant in the research: the impact of multilingualism on identity, transference and projections, emotional expression, early memories, emotions and relationships, language-switching in therapy and counselling. Pavlenko (2004, 2005, 2006) argues that multilinguals can frequently feel different, behave differently and express themselves differently in their different languages. They can express different emotions in their distinct languages and this can of course impact on their sense of self and their relationships (Dewaele, 2013, 2016). The curriculum also includes: multilingual defense and protective structures, trauma and shame, treatment and repair referring to Tehrani & Vaughan's (2009) demonstration of how a multilingual client can harness their multilingualism for repair after a traumatic incident. The danger of making assumptions is also included in the curriculum as one of the topics. Antinucci (2004) identifies a common position taken by multilingual therapists with their multilingual clients of over identification or over joining with the client. These nine curriculum topics were the items chosen to be included in the questionnaire.

The training was a brief intervention comprising between 7 and 14 hours of teaching, and some or all the topics were covered depending on timing and participants' needs.

It was delivered between 2010 and 2015 to a wide range of trainee and qualified monolingual and multilingual mental health clinicians in the statutory and voluntary sectors in the UK.

The Context of the Training

The Mothertongue multi-ethnic Counselling Service is a culturally and linguistically sensitive counselling service, which provides professional counselling to people from black and ethnic minority backgrounds in their preferred language. Mothertongue developed, revised and delivered two training initiatives and one clinical supervision initiative based on findings from research, as referenced above. Only the evaluation of the brief training intervention on multilingualism is included in this paper.

The training has been delivered to a variety of therapy trainees and qualified therapists, including IAPT trainees, CAMHs teams, trainee and trained clinical psychologists, trainees on psychotherapy training programmes, voluntary sector organisations offering psychotherapy and counselling to victims of domestic violence, asylum seekers and refugees, and parents of children in hospices. This training explores the impact of multilingualism on clients' and professionals' development including their identity, emotional expression, trauma, memory and defences. The training considers how language issues and acculturation stress impact on people who have recently migrated as well as British born 2nd and 3rd generation migrants and refugees. The training also explores how multilingualism impacts on the therapeutic relationship.

The following topics, which incorporate the main findings from the research, are included:

- How language shapes our identity and sense of self.
- How to work safely with a client's language in the room when we do not understand it.
- How to engage with language switching to help clients with emotional expression, management of traumatic symptoms, self-soothing and repair.
- How others' or our own multilingualism impacts on us and how this shapes our reactions to our multilingual clients.

The training methodology includes a selection of the following, depending on timing and participants' needs: discussion, role play, demonstrations, hot seating, action methods - for participants to take different perspectives, DVDs, creative literature – novels, plays, poetry. Personal experiential exercises – creative writing, guided visualisations, journal writing, art exercises, autobiographical writing and reflective discussions are also used. The therapists attending the training were contacted in 2015 with an invitation to participate in the study. 88 therapists responded, covering a broad range of therapeutic approaches.

This study is an evaluation of the impact the multilingual training has had on the therapists and their practice. The research design and questionnaire obtained approval from the Ethics Committee of the School of Social Sciences, History and Philosophy

at Birkbeck, University of London.

Methodological Considerations for a Mixed Methods Approach

Critical realism with a transcultural interest in narrative truths

This study adopts a critical realist stance to knowledge, suggesting that there may be a pre-existing, mind-independent reality, but that this reality is ‘mediated through and by individual experiences and representation, and is socially situated’ (Finlay & Ballinger, 2006, p. 258). We view critical realism from a transcultural lens; whilst inter- and cross-cultural theories typically highlight the significance of improved understandings and dialogues between cultures, transculturalism suggests that “cultures are as much internally differentiated as they are different from other cultures” (Freudenberger, 2004, p. 39). We are interested in shared themes among therapists with regard to their experiences of multilingual training, but we are also hoping to contribute with research about unique, personal experiences in the field. Like Wittgenstein, we suggest that “the limits of my language means the limits of my world” (Wittgenstein, 1922/1960, p. 62). Whilst doing so we adhere for instance to a realist stance to language as human, physical and mental capacity which differ from animals and have evolved for at least 3000 years, possibly since the origins of homo sapiens 200,000 years ago.

We also position our research in the context of a reality where geographical, socio-economic and political factors impact directly and indirectly on reasons for migration and multilingualism. But our *critical* realism also includes the, for critical researchers underpinning “challenge of the taken for granted” (Finlay and Ballinger, 2006, p. 258). The earlier mentioned idea that the “limits of my language means the limits of my world” also involves an understanding of language as “subjective, judgement laden and culturally embedded” (Williams, 2007, p. 84). This assumption underpins our research. We aim to contribute with knowledge into what Polkinghorne (1991) refers to as ‘narrative truths’. Seeking to “conceptualize the self as a narrative or story, rather than as a substance, brings to light the temporal and developmental dimension of human existence”, asserts Polkinghorne (1991, p. 141). We are bringing this ‘lens’ on the individual’s way of organising events; our own included, into the research into therapists’ accounts of their experiences from training.

The study into the impact of training in multilingual therapy straddles two stages. With Critical Realism as an “umbrella foundation” (Creswell et al., 2011, p. 100) it has been conducted as a multiphase mixed method study with both fixed and emergent (Creswell et al., 2011, p. 54) aspects to its design to gain what Bryman (2001) and Brannen (2005, p. 12) refer to as “complementarity”. This involves approaching therapists’ experiences from two angles, expecting the two methods will help us to “generate complementary insights that together create a bigger picture” (Brannen (2005, p. 12).

Fixed methods designs involve “studies where the use of quantitative and qualitative methods is predetermined and planned at the start of the research process, and the

procedures are implemented as planned” (Creswell et al., 2011, p. 54). Emergent design reflects the decision to involve “a process that is ongoing, changeable and iterative in nature” as part of a “purposeful and carefully considered” aspect, ‘prior to, during, and after, implementation’, as Wright (2009, p. 63) puts it. Allowing new and emerging research questions to guide the study is not uncommon in mixed method research. Combining quantitative approaches to the data with qualitative is often legitimised because they can each answer different research questions (Creswell et al., 2011, p. 62). In this study, an example of an emergent theme is the carrying over of questions arising in the quantitative study into the qualitative inquiry. Another significant indicator of the ‘ongoing, changeable and iterative’ (Wright, 2009) nature of the study is the way in which the qualitative phase has developed with the subjectivity of the researchers in mind. The qualitative research phase is guided by a constructionist framework with ‘relational interviewing’ (Josselson, 2013) and a narrative variation of our thematic analysis (Bamberg, 2003; Braun & Clarke, 2006; Chase, 2005), which developed during our data analysis.

Quantitative and Qualitative research

Questionnaires and surveys involving Likert scales are, as Saldana (2012) concludes; “designed to collect and measure a participant's values, attitudes, and beliefs about selected subjects” (p. 93). Quantitative data transform meaning into numbers for statistical analysis into a fixed, linear string of response; from less to more as illustrated in the statistical presentation of the mean or average score determined by summing all the scores and dividing by the number of survey participants.

Qualitative inquiry aims, on the other hand, for a “three-dimensional” (Saldana, 2012, p. 93) focus; it displays varying levels of depth “with opportunities for gathering and assessing, in language-based meanings, what the participant values, believes, thinks, and feels about social life”. We are interested in shared experiences among therapists regarding their multilingual training, but we are also hoping to contribute with research about unique, personal experiences in the field.

Quantitative Study

Participants in the Quantitative Study

Over 15 organisations which had commissioned the training for their therapists were asked to pass the invitation on to their therapists, (approximately 200 in total), who had undergone the training. The therapists were sent an invitation to complete the survey relating to specified therapeutic aspects which could/could not have been impacted by the training.

A total of 88 participants (70 females, 16 males) completed the survey. Eighty-seven participants took part in the training between 2013 and 2015 and 1 took part in 2012. Participants’ ages ranged from 22 to 68 (Mean = 42.2, SD = 13.4). They included a majority of psychotherapists, counselors and psychological wellbeing practitioners - some of whom were still in training. Seventy-six participants reported having English as a first language, other first languages included British Sign

Language, French, German, Greek, Gujarati, Hindi, Italian, Polish, Portuguese, Punjabi, Russian, Spanish and Swahili. A majority (n = 64, 72.7%) reported using English exclusively in therapy, the remaining participants reported using other languages at their disposal. Seventy-nine participants (90%) reported having been trained in English, with the remaining participants having been trained in British Sign Language, Gujarati or Spanish.

Instruments

The main questionnaire was exploratory in nature. It contained 18 items in the form of statements with 5-point Likert scales (ranging from “strongly disagree” to “strongly agree”) and six open-ended text box questions. Not all the items were applicable to all the participants. The items covered the training in: therapy with multilingual clients; interpreter-mediated therapy and participants’ experiences of supervision for multilingual therapists. Only the evaluation of the training in therapy with multilingual clients is considered in this paper. The questionnaire was pilot-tested with 3 therapists. This led to the deletion of some items and the reformulation of others. The final version of the questionnaire was put on-line on Google forms. Organisations which had participated in the training were enlisted to recruit participants. The questionnaire was anonymous but the last item allowed participants to leave an email address if they agreed to be interviewed on the issues covered in the questionnaire.

First question

The first question invited participants to pick a value reflecting their agreement to the following question: “*Has the training to work with multilingualism in therapy impacted on the way you work therapeutically with the multilingualism in the room with reference to...?*”:

- Identity including transference and projections
- Emotional expression
- Defence
- Trauma
- Repair
- Code-switching
- Shame
- Early memories, emotions and relationships
- The danger of making assumptions

The nine categories represented a mixture of epistemic approaches to multilingualism, ranging from linguistic (code-switching) to psychoanalytic (defence, trauma, early memories, countertransference) and systemic (assumptions) which reflected the pluralist training structure. These closed questions were followed by an open question, allowing participants to add a comment in an open-ended text box.

Results of Quantitative Data

Descriptive Statistics

1. Impact of training on therapeutic work

Mean scores were calculated for every item. Items were then sorted according to the amount of impact reported on participants' therapeutic work (see Figure 1).

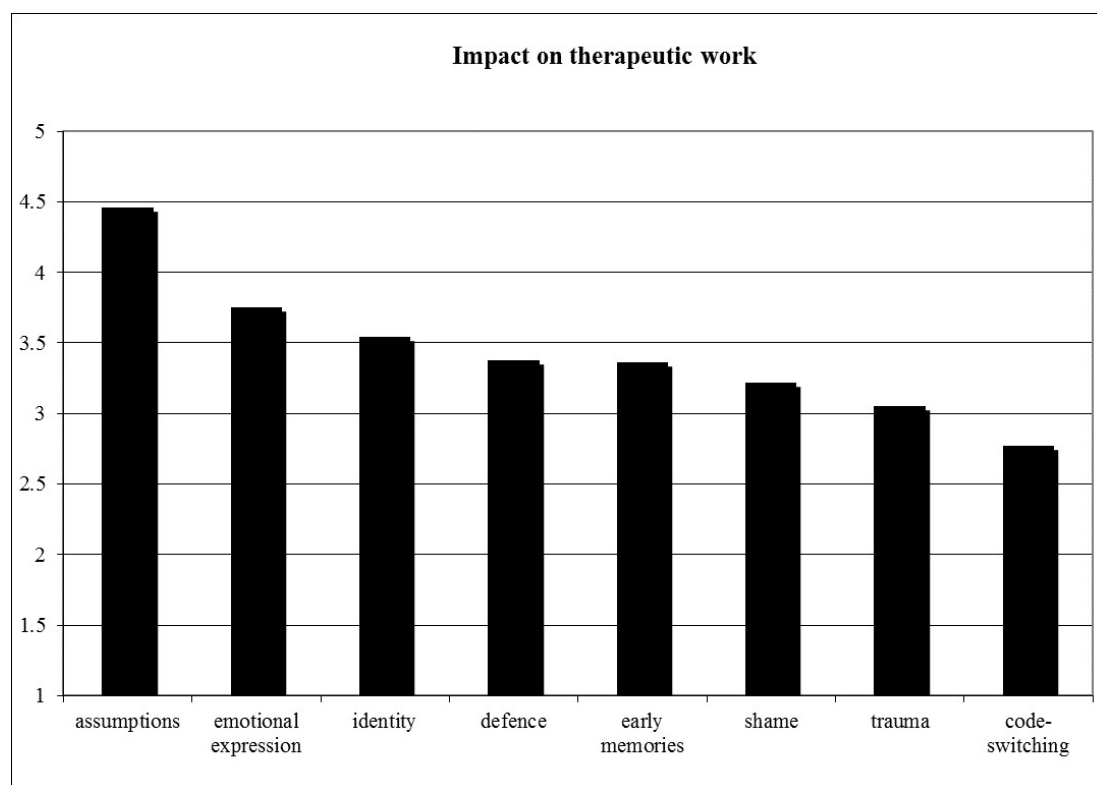


Figure 1

Impact of training on therapeutic work

The participants rated the impact of the training highest with regard to the danger of making assumptions, with a mean value situated between “quite a lot” and “very much”. The items “emotional expression” and “identity” had a mean score situated half-way between “so-so” and “quite a lot”. The items “defense”, “early memories, emotions and relationships”, “shame” and “trauma” were closer towards the “so-so” value. The training seemed to have had least impact on code-switching, with a mean score hovering between “not especially” and “so-so”. In other words, the training had not had much impact on therapists' interest in or ability to engage with code-switching in therapy.

2. New Emergent Questions

The analysis of the quantitative data provided some insights into how the participants related to the nine different key components of their training. This revealed, as mentioned, for instance that the training was reported to have had least impact on code switching, and the highest score for impact was the danger of making assumptions.

Qualitative Study

Qualitative Data Questions

Our next aim was to move deeply into each category addressed in the quantitative study. Our focus shifted from what was being shared to participants' unique, individual ways of organizing events and experiences from their training.

Participants in the Qualitative Study

The overarching emerging question into the next stage was what – if at all, the different training components had meant to the individual therapist and his/her clients. 7 participants who had previously completed the online survey offered to meet for an hour long in-depth interview. We followed up all 7 offers. Participants' ages ranged from 30 to 59 (Mean = 47.8, SD = 9.6). They worked across a variety of modalities, including psychodynamic, person-centred, transactional analytical and cognitive behavioural therapy. The majority selected English as their primary language, even though all but one participant was multilingual. They were all trained in English and used English as the main language in their psychotherapy practice.

Relational Interviews

The interviews were structured with Josselson's (2013) relational model in mind. The aim was to "to understand how people construct or interpret their experiences, rather than piecing together views of an external event" (2013, p. 7). Although we were curious to learn more about how individual therapists may relate to the nine categories from the survey, we did not want to assume that the topics raised in the survey were at the forefront of the therapists' lasting experiences from their training. We agreed to approach the participants in as open way as possible, with some space towards the end of the interview to tentatively explore the categories from the survey. Our earlier mentioned epistemological positioning for the project in terms of critical realism was extended into this second stage. In our interviews, we pursued a philosophical position which acknowledged a pre-existing reality, but also assumed that this reality was mediated "through and by experience and representation, and is socially situated" (Finlay & Ballinger 2006, p. 258). Relational interviews assume in accordance that "we do not have the direct access to another's experience; we deal with ambiguous representations of it – talk, text, interaction and interpretation", as Hollway and Jefferson (2001, p. 3) put it. It also meant that we understood the interviews as attempts to "elicit narratives of lived experience in a two-person setting" (Josselson, 2013, p. 12) with the interviewer and participant dynamics as part of the data.

Analysis of the Qualitative Data

Reflexive pair-reading

Having agreed on the relational approach to the interviews, which were conducted by Zeynep, the interviews were interpreted by two researchers with different backgrounds. Sofie is originally trained as a psychodynamic couple therapist and has remained working within an integrative framework. As a researcher, she is anchored within qualitative research with a special focus on reflexivity (Bager-Charleson, 2014, 2016). Zeynep is originally trained within neurobiology, and arrived at research from another angle but with an interest in deepening her phenomenological thinking as part of her MSc studies in Person-Centred psychotherapy.

Thematic analysis

Thematic analysis is a “method for identifying, analysing, and reporting patterns (themes)” (Braun & Clarke, 2006, p. 7). It is not wedded to any specific theory and can be “applied across a range of theoretical and epistemological approaches” (p. 5). Our first stage of the process involved reading through the transcripts several times, whilst “jotting down ideas and potential coding schemes” (p. 86) based on what ‘stood out’ to us. This ‘coding’ stage involved identifying freestanding textual units of the content in ways, which Braun and Clarke (2006) compare with looking for ‘individual bricks and tiles’. A ‘theme’ is compared to the ‘load bearing walls’ and represents rather “any level of patterned response or meaning within the data set” (Braun & Clarke, 2006, p. 82).

Qualitative researchers ‘only gain control of their projects by first allowing themselves to lose it’ suggest Kleinman et al. (1993, p. 3). This was certainly the case for us. Our analysis seemed to generate endless threads, each fitting into different code clusters and themes.

Our aim was to highlight references to the earlier mentioned categories - anything and everything which might be deemed of relevance to the enquiry. Reading the transcripts as a pair facilitated a discussion about hoping to register ‘anything and everything’ in a reflexive (Alvesson & Skoldberg, 2000) context. This process is elaborated upon in other contexts, focusing on research reflexivity (Bager-Charleson & Kasap, 2017).

The transcripts were not easy to access, and we spent considerable time exploring what prevented us from connecting with some of the participants’ voices and accounts. There was both a practical and a personal aspect to our initial level of “not hearing”. Several participants struggled to find the words: “*And I spoke with her and about the research that she’s doing and, ummm, one of my interests is also trying which I haven’t finalised but it’s trying to do research also on my own to try to put my two fields of interest together (Z: Uh huh) so I spoke with her also in this (Z: Ok) respect*” (Therapists No 3:2).

Both of us experienced strong emotions during our readings. We both initially tapped into a keen desire to create order – and experienced a sense of personal, deep seated

culturally tinted failure over being unable to ‘find’ that order. Sofie registered enactments in terms of irritation and explored these in her clinical supervision as potential embodied responses to the research. Supervision facilitated space to explore emotional responses. Sofie also used creative writing (Richardson & St Pierre, 2005) to explore embodied responses ranging from excitement to despair.

Narrative-Thematic Analysis

The interviews were analysed for codes and themes in both what Braun and Clarke (2006, p. 84) refer to as ‘latent’ and ‘explicit’ or ‘semantic’ level’ of reading. Typical for the semantic/explicit approach is the focus on themes linked to direct or indirect responses to our research question. We were also interested in what Braun and Clarke refer to as a ‘latent’ focus on new, different and maybe ‘conflicting’ themes. Our thematic analysis gravitated towards an interest into ‘latent themes’ linked to the participants’ ‘narrative knowing’.

‘Narrative knowing’ (Polkinghorne, 1991; Ricoeur, 1981) focuses on narratives as means for people to “conceptualize the self by linking diverse events of their lives into unified and understandable wholes” (Polkinghorne, 1991, p. 136).

Narrative approaches differ (see for instance see Pavlenko, 2007) but share an interest in how participants impose or express order on the flow of experience through their narratives about experiences and events in their lives. Riessman (2008) proposes a typology of the four main types of analysis, namely thematic, structural, dialogic and visual. The thematic narrative analysis moves, as Chase (2005, p. 662) suggests ‘away from traditional theme-orientated methods in qualitative research’. It ‘extends the narrator-listener relationship’ into an interpretive process (Chase, 2005, p. 662) which approaches narratives as told in a context. What Chase refers to as an attempt to elicit the ‘complexity and multiplicity within narrators’ voices’ (2005, p. 663) felt like a valuable and realistic target for our reading. It made sense to us both as psychotherapists to listen to the narrators’ voices ‘with an interest in the subject’s positions, interpret practices, ambiguities, and complexities – within each narrator’s story’ Chase (2005, p. 663). Chase’s reference to Bamberg (1997) was helpful; he proposes three levels of narrative positioning, namely:

- how narrators position themselves in relation to others in their narratives
- how the narrators position self in relation to an audience
- how the narrators position ‘themselves to themselves’ (Bamberg in Chase, 2005, p. 663)

Ethical Implications

The qualitative section has been guided by ethical considerations to honor the research relationship within which certain personal disclosures have been encouraged and made. To protect the anonymity of the participants and their clients we have changed details tracing to specific persons in terms of language, modality and in some cases gender.

Results

The participants referred to some considerable transformative learning. We interpreted two main areas in which the participants (addressed as therapists in this section) were referring to being affected by their training, namely:

1. Identity

- 1.1. Working with clients' different sets of narrative knowing
- 1.2. Changes of the therapists' own narratives selves

2. Therapeutic Theory

- 2.1. A Need to Expand theory
- 2.2. A Growing Sense of Clinical Authority
- 2.3. Work in progress

1. Identity

One therapist addressed how the training had resulted in her viewing language as a path into *"a whole world of understanding and experiences"* (4:4). Another therapist referred to being profoundly affected by the training in terms of: *"I felt it [the training] changed me as a person, it changed my attitude to people"* (5:4).

In this section we will refer to different angles of this level of transformative learning.

The client's different sets of narrative knowing

Many therapists reflected on talking therapy from new angles after their training in multilingualism. The, for psychotherapy, underpinning principles of free association and narrative knowing (e.g. the way the client organize events and experiences into meaningful wholes through their narratives during the session) seemed to have been challenged for some therapists in different ways. One therapist said: *"There was a whole world of understanding and experience that we ... actually mainly unconsciously couldn't go to because his [the client] experience wasn't translated"* (4:1).

We interpreted the therapist's use of 'translating' as something, which had more to do with the client's narrative knowing than it having an actual linguistic or semantic meaning. The same therapist referred to language as a *whole way of thinking and shaping the world and seeing the world*. We understood this to mean that therapy can approach languages to explore different sets of personal as well as cultural values, beliefs and ways of relating to the world – and how these are impacting the client's sense of self: *"If you learn...in two languages you are exposed to two way of thinking [...] language isn't just language but a whole way of thinking and shaping the world and seeing the world. So, you can't just translate things from one language into another [...] language can help us to express a ... different part of our personality"* (4:7).

Therapist 3 spoke about languages as different sets of arranging events and experiences in terms of 'paradigmas': *"Expressing yourself in different languages*

helps also... about considering where your ideas about things kind of originates ... it's complex, working with different languages is looking at different paradigmas about the world" (3:3).

We interpreted this again as reflecting how the training had triggered the therapists to consider how multilingual clients might bring different and sometimes conflicting sets of narrative knowing about the Self. For the therapist to actually speak different languages or to try to help the clients to translate different sentences literally, seemed less significant than to facilitate explorations around underpinning personal and cultural values and beliefs about Self and Others in their narratives. One therapist spoke in terms of reconciling different sides of self. Therapist 3 described some post-training work with a client who's native language was German. The therapist did not speak German herself, but felt that her client had benefitted from language switching: *"She [the client] was keeping her two selves separate. She has a cut off German side and her English self ... for her it was difficult to reconnect that German side ... [so it was] good when she started to bring German words" (3:3).*

The emotional meaning of language is stressed as important. Therapist 3 referred to her German client's seemingly emotionally barren mother tongue, and to how English had provided emotionally richer narratives to organise her experiences and understanding about the self within. Language switching facilitated, in turn, an opportunity for the client to understand more about this contrast, including as the therapist said; to 'connect with her German cut off side'. The same therapist continued: *"I think about the broader implications of language on people's understanding of different emotional meaning, that's so important (3:2).*

The therapist's own narrative knowing

Some therapists had begun to explore their own selves in different languages after the training. Therapist 5 said that she 'had not considered language so much earlier'. She continued *"I'm not a monolingual person ... I'm thinking, my brain doesn't work in one language exclusively" (5:6).*

Another therapist said: *"And now you know, above all, again after the weekend with Beverley, it's not about being me better understood but maybe some stuff would come up in French that doesn't come up in English" (4:7).*

This therapist had reviewed her own use of language in personal therapy: *"I don't know why I had this kind of strong thing that oh no it wasn't a good idea ... I just never considered the impact of language [and] I thought my English was good enough to do [personal] therapy, I never thought I would be better understood in [my native language] it didn't cross my mind" (4:3).*

The training had illuminated some of the therapists' own troubled identities, and some of the seemingly powerful learning was still being either processed during the actual interview, by for instance adding midsentence (when talking about her client): *"...saying that ... when I was a baby my mum used to talk to me in German [second language]" (6.3).*

Language awareness was reflected upon, as mentioned, as a path into early relationships and therapist 4 expressed in this sense the impact of the training as having begun to consider what being an infant to a mother who changed language after her birth might have meant. What happened to the mother after her narrative configuration or ways of arranging diverse events into meaningful wholes in her narratives changed; and how might that have impacted her (the therapist) as a baby? Another therapist said “... *and now I am wondering, thinking about how French is my mother tongue, my dad is from Belgium [and] my mum’s from Switzerland from the German-speaking part, but I was never fluent in German*” (6:7).

2. Therapeutic Theory

Another impact of the training seemed to be reflected in the way in which some therapists referred to their original therapeutic modality being expanded. Another therapist said: “*I never considered the impact of language [...] I started thinking about, you know, do I do my reactions in terms of countertransference, could it actually be culturally influenced?*” (5:3).

The above participant had begun to explore the psychoanalytic concept countertransference in a social constructionist perspective, e.g. as a collectively represented, social phenomena.

Another CBT trained therapist evidenced a newly developed interest in existential perspectives with an openness for the un-known: “*I do [normally] work very, ummm, in a CBT way – always have an agenda...[But] I kept thinking, I don’t have an answer, I just know it’s going to be painful whatever you do it’s going to be very tough ... it’s difficult being in-between*” (2:4).

A further CBT therapist referred to psychoanalytic thinking and the importance of using language with a ‘timeline’ in mind ‘to help the client access his early, emotional memories’. The therapist said: “*What surprises me as a CBT therapist is I wouldn’t really think much about defense ... but the greatest importance [is] the time lines and the early memories*” (5:7).

One therapist said “*it changed how I work with people from ethnic minorities [...] feeling displaced, we are all from different backgrounds*” (2:8). Another therapist said “*I always considered therapy as middleclass ... on a personal level I feel a bit ashamed of myself*” (7:11).

The training had triggered the earlier mentioned psychoanalytically anchored therapist to consider concepts like defense, transference and identification in terms of culturally introjected values and potential blind spots. She considered biases both in terms of avoiding and being overly drawn to certain cultures. Working with a person from the same culture in a new country for both created a setting ripe for fantasies about the other. Therapist 5 commented upon the value of challenging perceived similarities in such relationships: “*Being more finely attuned to the differences but also the similarities, [the training] brought that home. That the perceived similarities can also be differences ... Languages is a whole reference system ... childhood, culture, class and different understandings. Having an awareness of different languages [is] also* *Language and Psychoanalysis*, 2017, 6 (2). Online First published online 14 25th June 2017 <http://dx.doi.org/10.7565/landp.v6i2.1572>

about considering where your thinking comes from...for us as therapists too” (5:12).

Budding Clinical authority

The therapists spoke tentatively of a new confidence in their multilingual work. The references to the importance of drawing from different languages were not put into action during the interviews by any of the therapists, and we have interpreted this partly as an omission from our part; language switching is something, which we could have encouraged and learnt more about through the interviews. We also consider it as a potential indication that the learning about multilingualism is relatively new and maybe still taking shape. There is an indication of not knowing where to turn to consolidate the learning. One therapist refers to having become interested in the theme of multilingualism, but feeling uncertain of how to pursue the training: *“At first you know when I first got into the weekend I thought, arghhh a whole day of working with [this]... hmmm not interested thank you very much. And I, but I did change my mind completely ... But if we had more time you know, maybe we could have two events to think about your own language and how it affects you, and then the second [part] could be related to your clients” (4:9).*

Discussion

Our aim with this mixed-method study has been to explore the impact of the training as described by therapists. The first stage involved a survey which addressed nine key components of the training. This survey was completed by 88 therapy trainees and the key findings from this part of the research were revealed in the scores given by the participants to each of the nine components. The highest score was attributed to raising their awareness about the danger of making assumptions. The lowest score was attributed to increased awareness about the importance of code-switching in therapy. The attention to language switching stood out more in the interviews than it had in the survey results; it was a theme in most of the narratives, although not always using the actual terms of ‘code-switching’. Languages were described as reference systems, emotionally, socially and cognitively; and language awareness was referred to as a means of integrating and engaging dialectically with the two ‘systems’ or aspects of the self.

Transformative Learning in Progress

Assumptions were indeed a dominating theme; it seeped into most areas of life. As one therapist said *“I felt it changed me as a person, it changed my attitude to people”*. The therapists expressed overall a considerable degree of transformative learning as a result of their training. Much attention was paid to the therapists’ client work, focusing on the clients’ ability to free-associate, narrative knowing and self-discovery. As therapist 5 said; *“Languages is a whole reference system ... childhood, culture, class and different understandings”*. The therapists reflected also, in the interviews, about how the training had affected their thinking around how using different languages might have impacted their own sense of self. One reflected over her own mother having stopped using her native language. Another therapist became curious about what she could explore about her sense of self in personal therapy drawing more from

her native language. Interestingly, none of the therapists used language-switching in the interviews. The therapists spoke about having had to revise and expand their original theoretical frameworks. One psychoanalytic therapist incorporated a new systemic thinking in her practice, one family therapist spoke about incorporating psychoanalytic attachment theory and neuroscience, one CBT therapists spoke about an interest in existentialism and another CBT therapist incorporated psychoanalytic perspectives into his practice after the multilingual training. Social constructionist, Psychoanalytic, Existential and CBT frameworks were considered from different angles with new questions in mind, largely integrated around a social constructionist approach to language with an interest in a client's developing and sometimes conflicting narrative knowing. From having been considered a problem, multilingualism is being referred to as a potential therapeutic asset by the interviewed therapists. The learning feels new and exciting and enriching in most therapists' cases. The interviews suggest, however, that therapists would have benefitted from further training, maybe a two-staged training with; as one therapist suggested - one event "*to think about your own language and how it affects you*" and a "*second part, related to your clients*" (4:9).

Limitations of the Research

With hindsight we think that the interviews would have been a valuable opportunity to explore the potential impact that language switching may have had on the therapists. We approached the interviews with the low scoring from the survey for code-switching in mind, and had – as outsiders- paid little attention to the area of study ourselves beforehand. We noticed from the way the therapists talked *about* language switching that it had been a significant part of their learning, but wonder what encouraging the therapists to draw from different languages during the interviews might have evidenced.

Another limitation in our study, is that one of the authors was directly involved with the training. A decision was taken to include this author as she was the access point for the training participants. She was also one of the authors of the original research, which informed the training curriculum. This author was involved at the access stage, original questionnaire design and the description of the training and was not involved at any stage in analysing the quantitative data, in interviewing participants or listening to the transcripts. With the inclusion of the other researchers and authors, it was decided that there was some useful learning that had emerged from the research which validated its dissemination more widely.

Further Research

Although the sample size of 88 therapists in the survey and 7 therapists in the interviews was a reasonable size, only one set of training was evaluated. It would be useful to evaluate other trainings from different organisers and to include therapy for couples, families and groups. It would also be useful to research the experiences of clients who have received therapy from multilingually trained therapists to consider other angles to the impact of the training on the ultimate beneficiaries. The therapists in this study refer to language awareness as a therapeutic tool to explore multilingual

clients' opportunities to free associative explorations of their different sets of narrative knowing. We would like to see more research into the lived experience of language switching to understand multilingual clients' understanding, challenging and potential reconstruction of their narrative selves.

Conclusion

In psychotherapy, the therapist is typically expected to facilitate the client to freely associate around events and experiences, and rely on language as a means to organize events and experiences into meaningful wholes through narratives, which can be explored, challenged and potentially restricted during the therapeutic relationship and session. The therapists in our survey (n = 88) suggested that their training in multilingualism had challenged their assumptions to a high degree. Our interview participants (n = 7) evidenced transformative learning on a professional as well as personal level. Based on the findings of the present study, we suggest that training about multilingualism as a means of understanding multilingual clients' different and sometimes conflicting 'narrative knowing' and sense of self, be integrated in core psychotherapy courses. Based on the interviews in particular such training should include more space to include both personal and professional development components to allow trainees to consider the impact of multilingualism on their lives and on the lives of their clients.

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Dr Sofie Bager-Charleson is the Director of Studies on the MPhil/PhD at Metanoia. She also teaches and supervises research students on the Professional Doctorate programme, DPsych and on the TA MSc at Metanoia/Middlesex University. She has published widely in the field of research reflexivity, including the text book *Practice-based Research in Therapy: A Reflexive Approach* (Sage, 2014) and acting as guest editor in the UKCP journal *the Psychotherapist* (2016) about Creative Use of Self in Research. She researches into Psychotherapy research (Bager-Charleson, Du Plock & McBeath 2017) and is the co-founder of IMPACT, a research network headed by Professor DuPlock at the Metanoia Institute, aimed to encourage the generation and exchange of ideas and knowledge within and beyond the Institute. Sofie is a UKCP and BACP registered psychotherapist and supervisor. She holds a PhD from Lund University in Sweden, specialising in attachment issues within families and reflective practice amongst teachers.

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Dr. Beverley Costa, a psychotherapist, set up *Mothertongue* multi-ethnic counselling service in 2000. *Mothertongue* also runs a dedicated Mental Health Interpreting Service. In 2009 *Mothertongue* won The Queen's Award for Volunteering. Beverley is an Honorary Research Fellow at Birkbeck, University of London and has written a number of papers and chapters on therapy across languages. Together with Jean-Marc Dewaele, their paper: *Psychotherapy across Languages: beliefs, attitudes and practices of monolingual and multilingual therapists with their multilingual patients*, won the 2013 BACP Equality and Diversity Research Award. She established "Colleagues Across Borders" in 2013, which offers pro bono peer support and training to refugee psychosocial workers based in the Middle East. She set up the Bilingual Therapist and Mental Health Interpreter Forum in 2010. This meets twice a year in London. She produced the world premiere of the play about a cross language couple "The Session" in 2015 at The Soho Theatre, London. She is currently producing an Arts Council England funded play about interpreters.

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