

Affective Language Choice in Psychotherapy of Multilingual Clients:
Multilingual Therapist's Perspective

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Master's Thesis

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Date: January 28, 2021

Abstract

Language is an essential part of psychotherapeutic work. In psychotherapy involving more than one language and/or culture, achieving the most beneficial therapeutic process and outcome can only be done through acknowledging the impact of therapist's and client's language(s). This qualitative study investigates the role of multilingualism in emotion expression and perception in psychotherapy offered by multilingual/multicultural therapists. Previous research mainly focused on investigating multilingualism from two separate domains – psychology (e.g., client's language choice when talking about trauma) and linguistics (e.g., mechanisms underlying language switching). This research aims to bridge the gap between these fields by investigating the role of multilingualism in emotion expression and interpretation in psychotherapy offered by multilingual/multicultural therapists. Ten individual semi-structured interviews with therapists practicing in the Netherlands focused on therapists' experience of working as a multilingual/multicultural therapist with culturally and linguistically diverse clients. Based on thematic analysis, the results showed that language choice influences the therapeutic process and outcome in terms of discussing emotional topics, establishing and maintaining rapport with the client, and managing linguistic and cultural differences. The findings demonstrate the importance of raising awareness among multilingual/multicultural therapists of the role of language in emotion communication in their practice. It is recommended to increase therapists' linguistic awareness in order to use their languages more beneficially for both parties (e.g., during trauma treatment), and to manage the linguistic and cultural biases that become salient in the multilingual setting more efficiently.

Keywords: emotion, psychotherapy, linguistic awareness, multilingualism, bilingualism

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Introduction

Language is a crucial part of psychotherapeutic work. It is by means of language that good rapport and effective communication are established between therapist and client. Indeed, psychotherapy is often called “talk therapy.” Because more and more people change their country of birth for reasons of voluntary or forced migration, offering vitally important services, including psychological support, in more than one language is a necessity for a culturally and linguistically sensitive society.

In the Netherlands, more than 85% of the adult population is reported to speak more than one language (Eurostat, 2019) with around 90% speaking English. There has been no clear picture of the current state of the art concerning multilingualism in psychotherapy, but recent local research on multilingualism in clinical settings has shown how language-related issues can impact patient participation (Schinkel et al., 2018) and understanding of patient’s complaints and doctor’s advice (Twilt et al., 2019). Even though there is an abundance of research on social and psychological aspects of language use, there is little data on how language influences processes and outcomes of psychotherapy, especially as concerns emotion communication (i.e., expressing and interpreting emotions) during therapy. In research on psychotherapy in the Netherlands, attention for the cultural diversity hardly goes along with attention for linguistic diversity. To the best of our knowledge, even if there is a focus on language in psychological research, those accounts predominantly talk about the role of the *client’s* multilingualism, whereas there is virtually no research on how the *therapist’s* multilingualism may shape their therapeutic encounters with multilingual/multicultural clients. However, research from the linguistics domain has shown that language is key in transmitting people’s cultural values (Costa & Dewaele, 2012), constructing emotional concepts (Panayiotou, 2004), and forming people’s identity (Byford, 2015). Becoming more aware of such effects may equip a multilingual therapist with a valuable tool for working with

clients from different linguistic and cultural backgrounds. The main goal of this research is to increase understanding in both research domains – psychology and linguistics – of the role multilingualism plays in emotion communication in psychotherapy.

This study aims to show how multilingual/multicultural therapists in the Netherlands use their languages, how they manage linguistic and cultural differences with their clients, and whether they see their multilingualism as an advantage or hindrance in their professional growth and development. Some recent studies speak about the benefits and the pitfalls of using mother tongue in therapy (Burck, 2011), and of encouraging language-switching (Kokaliari et al., 2013), and consider the value of a therapist's linguistic sensitivity rather than just cultural sensitivity (Pérez-Rojas et al., 2019). This research adds to the existing data by highlighting the importance of making therapists' implicit, experiential knowledge of using more than one language in their practice more explicit.

Theoretical framework

First of all, in order to ensure consistency of the terms used throughout the study, definitions of “multilingual” and “multicultural” should be given. In accordance with Dewaele & Li (2013, p. 231), multilinguals are defined as “people with at least partial mastery in a number of languages.” For the purposes of this study, a language self-assessment form was used with each participant, which brought a more precise gauge of the use and fluency of every language mentioned. In order to avoid confusion, the term “multilingual” is used consistently for all people who speak more than one language.

It is not uncommon in literature on multilingualism to see the use of the terms “multilingual” and “multicultural” next to each other. However, being multilingual does not necessarily mean being multicultural. In one of the few articles comparing these two notions, Grosjean (2015, p. 575) speaks about multiculturality as “cultural competence or knowledge” and “interacting in two or more cultures,” and this definition of “multicultural” is adopted

throughout this study. Therefore, the term “multilingual/multicultural” used in this study means speaking more than one language and identifying with more than one culture. This does not imply an equal number of languages and cultures used by one person, but rather exposure to and interaction within more than one language and culture.

In a sensitive domain like psychotherapy, showing and perceiving emotion involves not only social and psychological factors, but also linguistic ones (e.g., issues of fluency and whether or not to engage in mixing, or “code-switching”). Since language is commonly seen as an integral part of culture, it seems reasonable that multilingual psychotherapists become aware of the potential therapeutic challenges and benefits of their own and their clients’ languages, through their own experiences. While therapists may acquire knowledge through experience, they may lack (access to) relevant theoretical knowledge about emotion and language choice, as research findings from linguistics on the one hand and psychology on the other hand have hardly been integrated. The current section reviews accounts of language and emotion in both disciplines separately, and ends with a brief overview of the few interdisciplinary studies that have been conducted thus far.

Linguistic studies on language and emotion

Among linguistic accounts of emotion and language, Wierzbicka (2004) states that, due to different sets of emotional concepts, those who know two languages live in two emotional worlds. Indeed, extensive research data (e.g., De Leersnyder et al., 2011; Dewaele & Salomidou, 2017; Pavlenko, 2008) show that when multilinguals use different languages for emotion expression, processing, and interpretation, differences appear in terms of valence, distance, and the nature of cognitive processes involved. This leads to different emotional responses in private and social domains alike. To illustrate this, Dewaele & Salomidou (2017), in a study involving 429 participants (who were partners in multilingual/multicultural relationships), showed that some multilinguals may experience lack of emotional resonance in

their L2, partly due to lack of conceptual knowledge of L2. This was rather characteristic of the early stages of a relationship, when participants reported feeling more distant in L2 and occasionally unable to express their emotions in it. With time, though, partners became more familiar with each other's conceptual understanding of emotions, and found their way in common language(s).

In another study, De Leersnyder et al. (2011) demonstrated how just learning the partner's language (e.g., grammar, vocabulary, etc.) may not be enough to enhance emotion communication in multilingual/multicultural families. Their findings, based on measures of emotional experiences of Korean immigrants in the USA and Turkish immigrants in Belgium, highlight the importance of conceptual understanding and joint meaning-making, which require time and effort. For example, the necessity to speak a foreign language in a newly formed multilingual family could be a challenge, especially at the beginning, when the partners get to know each other and learn to express their own and interpret the other's emotional states, or when children are involved. When such multilingual/multicultural families communicate, their language choice for expressing and interpreting positive or negative emotions is highly dependent on each member's language proficiency, their emotional relation to the language, and cultural specifics of emotions.

Expressing and perceiving emotion may be a challenge in a common language, and when more than one is involved it may be even more difficult. In addition, if the partners decide to undergo therapy in the local language, applying what one or more members perceive as a language foreign to the multilingual family setting may prove challenging (Ruiz-Adams, 2019). Since making meaning of the narrative, talking about sensitive topics, and becoming closer to one's emotions are integral parts of psychotherapy, informing therapists of relevant findings in the field of linguistics in an accessible way may enrich the therapeutic process and facilitate treatment and healing of the client.

Psychological studies on language and emotion

As for psychological studies, Hill (2008) spoke about the importance of establishing an adequate rapport and to continuously strive for understanding in therapy, as this serves as a basis for mutually beneficial therapeutic process and outcome. The preexisting linguistic forms used to express emotion may be misunderstood or misinterpreted, bringing up biases and assumptions, thus disrupting the process of giving/receiving adequate treatment. This is especially the case when such forms and protocols are designed monolingually or translated by non-specialists (e.g., translators without specific knowledge of psychotherapy). For example, if the client's mother tongue has an emotional concept that is absent in the language of therapy (e.g., Polish has two equivalents for English "angry," one with positive and one with negative connotation, hence causing potential ambiguity for a Polish person speaking English), the therapist may misjudge the true emotion described by a client. Consequences of unfortunate language choice can be serious. Kaplan et al. (2016) showed that refugee children are sometimes over-diagnosed with learning disorders and wrongly assessed of their cognitive abilities, and that this may be caused by the effects of trauma on learning a new language. Children who are unable to express themselves in their L2 because their proficiency is not high enough yet, or because it is difficult emotionally, may elicit wrong conclusions among both peers and adults. Kokaliari et al. (2013) also addressed this connection between language and trauma and stressed the importance of knowing that a client in therapy may resort to their mother tongue to increase, or to a foreign language to decrease the affective load of a traumatic event being discussed. Their qualitative study showed that multilingual clients tend to switch to their mother tongue when talking about highly affective topics, their dreams or trauma. This is one of the few studies where the therapist's, rather than the client's, multilingualism is in focus.

One more recent study that draws attention to the role of language in psychotherapy of multilingual/multicultural clients is a qualitative study by Pérez-Rojas et al. (2019). The authors investigated the use of Spanish and English in psychotherapy of bilingual Latinx clients. Phenomenological analysis of eight interviews with such clients demonstrated that it was important for the clients to have the possibility to use both of their languages in therapy. This possibility helped them to better express themselves, in particular their emotions. This was mentioned by most of the participants. Even though the study focused on the clients' multilingualism, it brought out the significance of therapists' linguistic awareness when working with multilingual/multicultural clients.

By tracing and acknowledging such linguistic manifestations, psychotherapists enable a faster formation of attunement to their client and a higher chance of more beneficial therapeutic process and outcome.

Interdisciplinary accounts of language and emotion

While there have been many studies on language and emotion in linguistics and psychology separately, only few accounts have involved researchers from both disciplines. Such lack of attention to the issues of language(s) used in multilingual/multicultural psychotherapy, and their influence on emotion expression and interpretation is surprising, especially in such a linguistically and culturally diverse country as the Netherlands. While culture remains in the focus of many studies in this area, language seems to be considered a default component of culture, despite many potentially useful findings in linguistics.

Among the few studies that combine expertise in linguistics and psychology, Dewaele & Costa (2013) stand out. The authors applied an interdisciplinary approach in order to investigate the beliefs, attitudes, and practices of 101 multi- and monolingual therapists who work with multilingual clients. Using a questionnaire and follow-up interviews with three therapists, the authors showed there was a significant difference between monolingual and

multilingual therapists in their attunement towards multilingual clients. Multilingual therapists specifically mentioned being more aware of the language choices in session, and of body language interpretations when they did not understand what was being said by a client who had switched to a different language. Speaking more than one language was mentioned as an advantage in establishing rapport and relating to the client. The authors called it intriguing that the participants did not really try to invite the use of other languages in their sessions, which they cautiously explained by the fact that the therapists' professional language is English, which was why they might have preferred to stick to it.

In summary, empirical findings in both fields show that people's emotion expression and interpretation may differ depending on the chosen language, and that using a foreign language may influence the therapeutic relationship in forms of psychotherapy that involve highly sensitive issues. However, there is a dearth of research that combines expertise from linguistics and psychology, which keeps the specialists in these separate fields underinformed. Besides, if therapists do come across linguistic accounts of language and emotion, they are often inaccessible for non-linguists due to unfamiliar terminology and difficulty of application in psychotherapeutic settings. Therefore, it is fair to suggest that informing psychotherapists of the role of language in their practice with multilingual/multicultural clients, in particular when it comes to deeper feelings and emotions, may contribute to better therapeutic process and outcome.

This study strives to investigate how multilingual/multicultural therapist's linguistic awareness can influence therapy with multilingual/multicultural clients, in particular, in terms of emotion expression and interpretation. A second aim is to make the implicit, experiential knowledge about language that many multilingual/multicultural therapists possess more explicit and evidence-based. On the basis of ten individual interviews with multilingual/multicultural therapists, the following research questions will be answered:

RQ 1: What role does the therapist's multilingualism play in the therapeutic process with multilingual/multicultural clients, in particular, emotion communication?

RQ 2: How do therapists see their multilingualism in terms of enhancing/hindering the therapeutic process?

Methodology

In order to investigate the role of therapist's language(s) (e.g., proficiency, linguistic awareness, etc.) in the therapeutic process and its outcome, as well as therapists' view of their multilingualism in their practice, a qualitative study was designed. The empirical context of the study was the provision of psychological help and support to multilingual/multicultural clients in the Netherlands. There are country-specific regulations regarding the protocol, adhering to certain timelines, and taking particular steps in treatment. As these specifications came up in the conversations with the participants, mentioning this now will enhance understanding of the Results section below.

Ten semi-structured individual interviews were conducted with multilingual/multicultural psychotherapists. The choice for semi-structured interview was determined by the necessity to 1) collect people's stories about their own experience, which is recommended to be done via interviews (Arksey & Knight, 1999; Potter & Hepburn, 2005), and 2) follow the uniform format of a prepared questionnaire while still allowing enough room for the conversation to go beyond the question-answer paradigm, which is crucial when obtaining detailed information about participants' experience (Cohen and Crabtree, 2006). The interview audio files were transcribed and analysed using thematic analysis. This is common practice in qualitative studies (e.g., Bager-Charleson et al., 2017; Schweitzer et al., 2015) since it can apply to a wide range of research questions and allows the researcher to work with the data in a flexible yet consistent way. Before conducting the interviews, ethical clearance was obtained from the Research Ethics and Data Management Committee of Tilburg University (Project #2020/142).

Design

The interview guide and a set of questions were designed by the researcher, based on the literature and research aims of this study. The questionnaire included five background and

19 main questions. These were mainly open questions, with possible probes for more extensive answers. The questions covered the topics of the therapists' linguistic and cultural backgrounds and development, their experiences when working with multilingual/multicultural clients, and the ways they utilize their own and clients' languages in therapy. The questionnaire was first reviewed by an expert in psycholinguistics and qualitative research, who provided her feedback on the questions. It was consequently revised by the student and its final version was approved by the expert.

Participants

In total, ten therapists (9 female, 1 male) participated in this study. Eight participants were recruited via three centres for psychological help (three, three, and two respectively) and two individually via the international [database](#) of psychologists/psychotherapists. The criteria for choosing the centres were that 1) they offered psychological help to multilingual/multicultural clients, 2) they had multilingual/multicultural therapists available, and 3) they allowed the possibility to hold interviews in English. The inclusion criteria for therapists were that 1) they worked as a recognised psychologist, psychotherapist or counsellor in the Netherlands, 2) they had experience working with multilingual/multilingual clients, 3) they spoke more than one language, and 4) they spoke English as one of their languages. Since the aim was to interview participants from a variety of linguistic and cultural backgrounds, the sample was heterogenous.

The average age of the participants was 37.1 years (range 25-50). Their years of experience working as a therapist ranged from 0.5 to 20 years ($M = 8.2$). Seven therapists reported practising an integrative approach, i.e., adapting their therapy to the individual needs of the client. Out of the remaining three, one therapist offers trauma counselling, another one – hypnotherapy, and the third one mainly practiced an EMDR (Eye Movement Desensitization and Reprocessing) approach. There were eight different nationalities reported:

Dutch ($n = 2$), Moroccan-Dutch ($n = 1$), Greek ($n = 1$), Ukrainian ($n = 1$), French ($n = 1$), Venezuelan ($n = 1$), Belgian ($n = 1$), Italian ($n = 1$), and Iranian ($n = 1$). The most frequent mother tongue (L1) was Dutch ($n = 4$) and the most frequent second language (L2) English ($n = 7$). Other languages reported were French, Arabic, Berber, Greek, Italian, Russian, Ukrainian, and Spanish. All participants reported being the most fluent in their mother tongue (L1).

Procedure

Before the interview, each participant received an information letter (Appendix 1) and a consent form (Appendix 2) to sign or to agree with verbally during the recording. Each interview lasted on average 29 minutes (from 19:48 to 40:12 minutes) and was audio-recorded on the researcher's mobile device without internet connection.

Due to restricted travel possibilities because of COVID-19, all of the ten interviews were conducted via Zoom. After all preliminary appointments were made, each participant received a link to the Zoom meeting. The information letters for these distant interviews were sent to the participants prior to the interview and the informed consent was obtained in digital or spoken form during the recording. For privacy reasons, the verbal consent was given in an anonymized/pseudonymized form (the participants used either their initials or pseudonyms).

The interviews followed the interview guide (Appendix 3), in accordance with the recommendations of Kvale & Brinkmann (2015). Before the main questions, each participant was asked to self-assess their frequency of use and their fluency of every language they speak. The assessment form can be found in Appendix 4. This form was adapted from Grosjean (2015). After completing language self-assessment, a set of background questions was asked. These questions were not recorded since they may potentially disclose the participant's identity. The background questions included the participant's age, gender, country of origin, and work experience overall and in the Netherlands in particular.

After reminding the participants that the next questions and answers would be recorded, the interview proceeded to the main questions. The full version of the questionnaire can be found in Appendix 5.

When all main questions had been answered, the participants were given room to ask their own questions to the researcher. Next, the researcher thanked the participant and stopped the recording. Finally, the participants were reminded about the possibility to obtain the results of the study upon its completion and the interview was considered finished.

The data obtained in the course of the interviews were transcribed and coded by the researcher using the qualitative analysis software tool Atlas.ti, and then analysed based on the guidelines of reflexive thematic analysis suggested by Braun & Clarke (2020) and Kvale & Brinkmann (2015). The main aim in choosing this methodology was the need to find patterns in the data while staying within the theoretical commitments (i.e., literature findings and research questions). Since thematic analysis helps establishing and organizing patterns in the data, the end result comprised a theory-based complete narrative, allowing an interpretation in the context of multilingual/multicultural therapists' experience in working with multilingual/multicultural clients.

Coding

Thematic analysis (TA) is defined by Braun & Clarke (2006: 79) as “a method for identifying, analysing, and reporting patterns (themes) within data”. In particular, the reflexive TA approach was applied in this study, according to the typology given by Braun & Clarke (2020). Since theme development depended on the researcher's analytic and reflexive abilities, and the themes were generated through close engagement with the data, this type of TA was the most suitable. To ensure a thorough pattern-search process, each interview was transcribed immediately after its completion. This created a constant flow of new information to be added to the data set and helped reveal commonly recurring themes. In its turn, this

contributed to constant revisiting and re-evaluating of themes, which is crucial in this type of data analysis (Braun & Clarke, 2020).

The analysis was guided by the working hypothesis developed on the basis of the research questions, namely that *therapist's multilingualism/multiculturalism plays a role in psychotherapy with multilingual/multicultural clients, in particular, discussing feelings and emotions*. To further develop and analyse the emerging themes, the following steps of reflexive TA were taken, as described in detail by Braun & Clarke (2020). First, familiarisation with the data was done by looking through the transcripts. Next, the transcripts were coded in order to find all emerging themes, yielding *codes*. These codes from all ten interviews formed the basis of the *code book*. Similar and repetitive codes were merged into bigger clusters. Next, the overarching themes and subthemes were developed. Only the themes and subthemes pertinent to the research questions were included. These themes were reviewed across the entire data set to ensure consistency, and the complete code book was compiled. Finally, a complete narrative was composed and a critical analysis was written up.

In order to ensure coding validity, two important steps were undertaken – themes saturation and group review of the overarching themes and subthemes. As some studies demonstrate, sufficient data saturation may increase research validity (e.g., Aldiabat & Le Navenec, 2018; Ando et al., 2014). Since this study employed thematic analysis, the goal was saturation of themes rather than the entire data. Continuous review of the information from new interviews showed that by the end of the data collection (by interview 8), no new codes or concepts appeared pertinent to the research question – no new codes which would add to the depth of the overall narrative. In the final step, consensus was reached with the supervisors of the thesis concerning the main themes and subthemes. After the initial themes and subthemes had been identified, a group meeting was held to discuss and review the

number and content of themes and subthemes. The finalized themes and subthemes were consequently interpreted and analysed, and are presented below.

Results

During the interviews, participants referred to several topics as the most important aspects of their work with multilingual/multicultural clients in the context of the expression of emotion and deeper feelings (e.g., discussing trauma or behavioural issues). In accordance with the research aims, three main themes and six subthemes were distinguished, as illustrated in Table 1. The table also shows how many participants contributed to each theme and subtheme.

Table 1

Themes, Subthemes, and Participants

Theme	<i>n</i>	Subtheme	<i>n</i>
Linguistic peculiarities in multilingual psychotherapy	10	Language switching can serve different functions	10
		Low proficiency can be an obstacle or a facilitator of the therapeutic process	10
Language and emotion	10	Emotion encoding and decoding	9
		Emotional distance in mother tongue and foreign language	10
Language, culture, and therapeutic relationship	10	Cultural differences in making meaning	10
		Tracing one's own assumptions and biases	10

Note. *N* = 10.

The next section includes quotes from the interviews that illustrate the themes and subthemes. To ensure privacy, all quotes were anonymized/pseudonymized. In the cases when

more than five participants expressed a similar view, the word “most” is used, whereas for an opinion that was voiced by between one and five participants, the word “few” or “some” is used. The mother tongue is referred to as L1 and a foreign language as L2 throughout the section.

Linguistic peculiarities in multilingual psychotherapy

Each participant talked about the role(s) that their languages and those of their clients play in the course of therapy. All of the therapists let their clients know in advance which languages are available for therapy, either via their website or during the intake, and most of the therapists consider it important to do so. One of the therapists said, “I do so...because that’s a kind of symbolic of a certain flexibility across cultures that I have and that I offer gladly in therapy” (Participant 2). Therefore, clients can already become aware of the possibility to use their mother tongue in sessions, should they wish to do so.

Language switching can serve different functions.

One recurring subtheme integral to multilingualism in therapy, which all participants experienced in their practice was *language switching* and its various *functions*. For instance, participants described shifts from L2 to L1 when clients tried to recall certain memories, to use a more socially acceptable language for the purpose (e.g., for swearing or taboo words), to search for words with a different connotation (e.g., less ambiguous), or wanted to exclude a third person from the conversation. Participant 3 said that it might seem worse to swear in Russian than in English, possibly because in Russian swearing is a lot more personal and therefore considered less socially acceptable. Another participant spoke about how her own language choice depended on the conceptual meaning she wanted to convey to the client:

“...sometimes I too switch when I can’t find the concept, which happens mostly when I provide therapy in French, because some concepts, I think, are more...some words have different connotations in French and how some word can have, like, different dynamic

meaning to it. And if I don't want my client to understand it this way, I'm going to use the English words" (Participant 6).

The function of leaving a third person out of the conversation is of particular interest for the dynamics in systemic or family therapy since here language can serve as a strong power-changing tool. This was illustrated by the example from one participant's session with a mother and a daughter, when the daughter switched from L1 to L2 in order for her mother not to understand what she was saying, thus trying to gain more control of the situation. The participant said:

"She [daughter] thought, 'Okay, I'll say it in Dutch,' and the mother was 'What? What's going on?' So that was for her [daughter] the thing – to change the language, like we have a secret language in Dutch" (Participant 9).

Another important function of language switching that was reported was the lack of certain words or concepts in the client's L2. For instance, one therapist working with LGBTQI clients remarked that particular words denoting gender categories are sometimes missing in her clients' L1 (Participant 3), while another one talked about her clients' explaining to her concepts that did not have a good translation in the L2 (Participant 4). Yet another therapist added to such lack of linguistic resources in therapy:

"In Dutch, there are no words to express anxiousness. You have fear and you have restlessness, but there's no anxiousness, no specific word for anxiousness. So sometimes you just, you know, you also use your language palette to express even more" (Participant 2).

These instances of language switching are mentioned as part of therapists' experiential knowledge, their unique encounters with multilingual/multicultural clients. Their own multilingualism seems to have provided them with a higher sensitivity towards their clients' language and culture. However, this does not appear to be something they had explicitly known about before they started working as therapists. In the words of one participant, "this

whole letting your client say something in their mother tongue is something that I had to learn throughout my years of work, that I figured out myself” (Participant 1). If therapists are aware of the ways in which the languages used in therapy sessions convey certain concepts (e.g., as in the example of gender above), this may provide them with more information about the client and self. This way, language choice becomes more salient and adds another dimension to the therapeutic process.

Low proficiency can be an obstacle or a facilitator of the therapeutic process.

Sometimes language switching can occur due to limited *language proficiency*, i.e., when the client’s or therapist’s L2 is not sufficient to be able to express thoughts and feelings. All participants stated their willingness to go above and beyond in case language proficiency was an issue, setting their client’s benefit as a priority. Only two participants said that it might not be possible for them to agree to conduct therapy with clients whose language skills were too low: “...talking is key in therapy, so if you’re not able to communicate, then you’re just not able to work” (Participant 4). Many participants noted the necessity to be patient, to give more explanation, to repeat, to take more time with the client, and to ask more questions. Interestingly, having to ask more questions was also referred to as an *advantage* since the therapist’s lack of knowledge of the client’s mother tongue seems to “legitimize” posing more questions and on topics that might have been omitted in a monolingual setting. One of the participants explained: “I found that it’s an opportunity for me to get to know what *they* particularly mean by the phrases they’re using, so yeah, I’ve turned it into an advantage, in a way” (Participant 4). Another participant added that not speaking the same language provides an opportunity to ask more questions than one could in a monolingual setting:

“...maybe it’s also a plus if you don’t understand the language very well, because I know Arabic, Moroccan Arabic, but not that well, so I have to ask a lot of questions also: ‘What do you mean about it? I don’t understand. What do you mean?’” (Participant 10).

Another result of lower proficiency that was seen as an advantage was that clients use simpler words and expressions than native English speakers would use. Not having many words at one's disposal and thus expressing oneself in L2 in a simplified way can be beneficial in therapy since the person has to get to the point more quickly by means of those words they already know. According to one of the participants, this puts the therapist and the client in the same boat: "I'm not speaking my mother tongue, they're not speaking their mother tongue, so they can connect with that" (Participant 8). Overall, most of the participants consider the client's L2 vocabulary or grammar a minor obstacle, which they overcome with the help of online dictionaries, drawing, objects and toys, and by resorting to professional translators. According to one participant, "language is a tool to connect, and how much more words you have, you have more tools to connect" (Participant 7). While lack of linguistic resources (e.g., grammar or vocabulary) can hardly be viewed as an advantage on its own, in the context of multilingual therapy, the necessity to think out of the box can serve to the benefit of both sides. Therefore, most of the participants think that because it triggers extra creativity and openness, therapist's and client's low language proficiency does not have to be a hindrance and actually opens up new opportunities.

Language and emotion

Nine out of the ten participants remarked on the connection between language and emotion in their practice. Their view of this connection is based on their experience working as a psychotherapist. Therapists are normally highly attuned to their client's emotion expression and the way language may interfere in it. Their professional knowledge, that is, again seems to be mixed with intuitive understanding and learning "from experience, mainly from experience, because I don't know whether there is some kind of education like that" (Participant 8). Another participant added:

“I honestly didn’t even come across things that sounded really relevant [to language in therapy], because really often when you start to...there was also something in a paper the other day, it started really interesting, and then it went really grammatical and I said, ‘Well, that’s not really interesting for therapy’...” (Participant 2).

This is an important finding since the evidence-based information from linguistic studies does not seem to reach psychotherapists, leading to their reliance on primarily intuitive and implicit knowledge.

Emotion encoding and decoding.

Most therapists noticed that it is sometimes more difficult for their clients to connect with their feelings when speaking in L2, which can be related to the language in which the initial emotion was *encoded*. For instance, in some past experiences (e.g., childhood events), when only L1 was available or other languages were not sufficiently known yet, an emotion was encoded in the mother tongue. Later on, when the emotion is being *decoded*, and other languages are available, it often does not find an immediate way out in a different language. As one participant described it,

“...when you’re in therapy, you get in contact with emotion of your inner child. The inner child doesn’t speak the foreign language that you learnt as an adult. So that’s when sometimes people really get stuck – in that child. I had such experience...I had to connect to my inner child and I realized my inner child doesn’t understand all this Dutch speaking...I could communicate but the child...speaks Italian” (Participant 2).

Viewing emotion as a concept, not just as a word, was also expressed by many participants. They find it important to look behind the words and make meaning together with the client. Asking questions about the emotion being discussed, and trying to understand what exactly the client means seem to be commonplace among the therapists in the sample. This may also be related to the issues the participants mostly deal with, such as trauma, working

with children and youth, depression, etc. One participant underscored such conceptual meaning-making by saying how differently the same issue of anxiety may be understood and experienced by different clients. She also gave the following example of conceptual probing from her practice:

“...I had to pause and say, ‘Okay, so you’re saying that causes you grief. How do you experience that? How is that grief?’ And then she [client] would say something completely different. [...] Maybe in her native language saying something like that is like grief could refer to what she was explaining, but in English it’s different” (Participant 4).

This quote shows how important it is for the therapist to be sensitive to such differences in conceptual understanding of emotion. In the clinical setting of a hospital, if a patient uses a certain word to describe their symptoms, and the doctor misunderstands it and underestimates the severity of the patient’s state, it may lead to serious mistakes in treatment. If a psychotherapist only focuses on their understanding of the word “grief,” they may also miss some crucial information about the client’s emotional state.

In the context of encoding and decoding emotion, some therapists spoke about their client’s language switch when trying to resolve a highly traumatic experience. Even when the clients have adequate L2 proficiency, speaking about the trauma in L2 may not bring any release, as some participants showed in their examples. Only after the therapist had invited the client to say the same things in the client’s mother tongue did the release occur. This is how one of the participants describes her experience with such a client:

“...then she tried to say it first in Dutch [L2] and then she switched to Arabic [L1], and I gave her some words, and then when I gave her *that word*, it was just like [an explosion] breaking out, because it was exactly what it was. [...] When I gave it to her, it was just the key” (Participant 7).

Language also became a focus in another participant's practice when treating trauma. Her personal and professional intuition told her how to help the client achieve the emotional release she had longed for – by inviting her to speak in her mother tongue:

“...it was a kind of a cork stopping the expression because she [client] believed if she didn't know the translation, she could not express herself. The moment that she could express herself – and the rest flew” (Participant 2).

This again was not based on explicit knowledge of how language functions in case of intense emotions, but on the participant's experience and her primary focus on helping the client connect with their true feelings. She said that she offers therapy in multiple languages “as a personal development project also” because she had learned nothing about working across cultures and languages in her formal education in the Netherlands.

Emotional distance in mother tongue and foreign language.

On the other hand, talking about trauma in L1 may be too emotionally charged or just too strange, which one of the participants experienced when being in therapy herself (a common and required practice for some types of psychotherapy). She talked about having therapy in her mother tongue first but not feeling entirely comfortable. Later on, she had therapy in L2 and it actually worked much better. After this, she received therapy in her mother tongue again, feeling more “able to talk about herself in both languages” (Participant 6). The change from L1 to L2 in therapy did not seem to be a conscious choice, but it did work. Looking back, the therapist explained this effect by the possibility to put some *emotional distance* between her experiences and her words. Most participants feel emotionally closer to their mother tongue. It has been noted by some participants that the emotional distance of an L2 may sometimes guide the client's language choice in therapy. For instance, when their L1 conjures up a strong sense of stigma or rejection, it may be easier for clients to receive therapy in L2. One participant described such cases:

“...when it comes to emotional expression, there’re a sort of two kinds of clients, I would say – some for whom emotional expression in their own language is a lot easier because they grew up speaking it and it’s pretty straightforward. And then others, for whom it is actually easier to express their emotions in a different language because their own language stigmatizes those emotions or because a certain trauma happened to them in that language” (Participant 3).

Becoming more aware of language and emotional distance may enable the therapist to enhance the process of treatment and healing by, for instance, inviting the use of a client’s L1 for emotion expression or the other way around: encouraging the client to speak about the emotionally rich event in L2. Some participants say that the client does not even have to use a word or an expression that they know because the emotion expressed may be so strong that there is no doubt about what it is (e.g., it can be derived from non-verbal signals), which is usually confirmed by further probing from the therapist. This is what happens in one therapist’s practice:

“...once they [clients] want to share a feeling, a very deep feeling, they really need to use the word in their own language. And sometimes that word only can show me how heavy, how disgusting or something like that the situation is” (Participant 7).

When the therapist is attuned to clients and their needs, his/her linguistic awareness may contribute to a deeper understanding of emotion communication during sessions than when the process is guided by the therapist’s fear of not being able to follow client’s every word. The advantage of giving the client a path to express their emotion fully by inviting them to use their mother tongue can be illustrated by the following quote:

“If I hear also word in a language that I absolutely do not understand, I think I would still feel the energy behind that word, and again, it’s more important that the client feels that –

oomph, I am in that emotion, that's what's playing here. It's much more relevant to healing than me understanding everything" (Participant 2).

As these quotes show, learning more about emotional distance in L1 and L2 may help create a better therapeutic alliance and a safe emotional environment for the client.

Language, culture, and therapeutic relationship

All participants see language as an inseparable part and reflection of culture. It is not always straightforward in their multilingual/multicultural practice whether a difficulty expressing or understanding a concept is due to language or to culture. According to one participant, "the difficulty is different cultural references and the style of communication that comes *through* the language" (Participant 3). These two notions are especially closely intertwined when it comes to making sense of what is being expressed by the client.

Cultural differences in making meaning.

When a certain emotion or state has a different conceptual meaning in the client's language, the therapist may come to a wrong interpretation of the value the client gives to the word. For instance, the word "discipline" may evoke something different in a person from a military family, or, as one of the participants described, in a person from a very traditional reformed religious background (Participant 7). Such (mis)understanding of the values clients give to certain words may significantly affect the therapeutic relationship between therapist and client. Describing her own experience as a therapist, another participant found it fascinating "to see how the same complaints are experienced sometimes very differently because of the cultural influences" (Participant 4). Which is also true about language: acknowledging that "every culture is different from my culture," another participant speaks about gradually learning what the same words or expressions mean in different cultures (Participant 5). He illustrates it by talking about a Syrian client for whom saying that he "needs" something implicitly puts a time stamp on it, as the want or need presupposes getting

it right now, whereas a Dutch therapist might assume that the client realises time and effort is required to satisfy that need. Naturally, this does not automatically generalise to all representatives of a certain culture, but it creates the understanding that the same words *can* mean different things. The following quote from another therapist in the sample illustrates figuratively how such understanding works:

“If I ask a Turkish guy, ‘Go and take a bread for me,’ he will bring something fluffy and round. When I ask a Dutch man, ‘Go and take a bread for me,’ it’s something long and brown” (Participant 7).

A telling example of understanding the value of words and putting them in the cultural and linguistic context of the client was given by one participant who had experienced difficulty connecting with the client due to such lack of understanding: “It was a girl who I had in treatment and she was telling me that she was there because she was stealing a lot” (Participant 10). If to stop right there and look at the word “stealing,” one may come to different conclusions, such as kleptomania (compulsive stealing) or repetitive criminal behaviour. However, examining the rest of the story, the word “stealing” assumes a different cultural dimension:

“And she told me that that was something what was high-seen in the culture, because if you are a good thief, then you find a good partner, then you marry very quickly because everyone wants you in their family. And that was for me then very difficult to understand: so you have to steal to get accepted” (Participant 10).

Tracing one’s own assumptions and biases.

The ways in which linguistic and cultural differences shape therapeutic processes were mentioned in all accounts. The participants underscored the special importance of being aware of one’s own stereotypes and assumptions in the multilingual/multicultural setting. One participant spoke about the frustration among Dutch people towards other cultures when it

comes to meeting certain expectations and presuming that people who came to the Netherlands would automatically conform to all cultural norms. In reality, this process is rather complex and requires a lot of time and effort. Acquiring the local language and following social customs does not automatically entail leaving the mother tongue and the original culture behind. This participant emphasized that if a client speaks Dutch, it does not necessarily mean they understand what she means, because “they’re listening to you through their own culture” (Participant 7). That is why she strives to understand the culture of the words and the unique meaning her client is conveying through them. This is when understanding goes beyond words, and this is echoed in most of the interviews.

The value of tracing one’s own assumptions and biases and of using linguistic and cultural differences to their advantage is a common thread running through most accounts. The undeniability of having stereotypes and assumptions does not have to mean automatically adhering to them:

“It is very important to question yourself when it comes to thinking about someone’s culture or about someone’s language, thinking that even though they’re part of that culture that they will necessarily subscribe to that reference, for example, or that they would condone the use of a certain word” (Participant 3).

Two participants spoke about the “Dutch way” of working as a therapist, which they consider to apply a one-size-fits-all too quickly when it comes to interlingual and intercultural clients. As described above, the Dutch way supposes following a clear protocol with a limited amount of time allocated to each step. These two participants are not Dutch by origin, which may be the reason why this way of working was salient for them. One participant said that she “noticed that Dutch people literally work as they teach – you really follow certain steps” (Participant 2). The other gave the following description of the Dutch way and compared it to the way she works:

“It’s about the protocol, it’s about the program that you have and you make, and you’re going from step one to three, and the main purpose is to bring, to send the person to society as soon as possible. [...] My way of working, it’s not very Dutch, and I’m not working really through protocols, I really work with people, with the person. And I’m just trying to match my work with what they need, what their need is” (Participant 7).

According to the participants, when treating multilingual/multicultural people, it is not always feasible to stay within these timeframes, so they have to be more flexible and open-minded, focusing on the client’s needs. Customizing the pre-designed protocol to every client brings about changes in every therapeutic relationship. Taking more time and being patient seem to be two distinct features of working with clients from other cultures. Whether they become an issue, depends on both sides. As one participant says, “...you walk around, you take the time, but as long as you don’t let the inner critic [an internal voice that judges and criticizes us] take over the session as a client or as a therapist, that’s not a problem” (Participant 2). Additionally, becoming more aware of language and culture in therapy may also contribute to the therapist’s openness and understanding of linguistic and cultural distinctions *within* the same language and culture as theirs. Indeed, every language has dialects and regional peculiarities, and every culture contains various subcultures, and this realisation comes with a better understanding of the role of language and culture in the therapeutic interaction. To quote one participant,

“...with a Dutch person, still there are cultures inside, subcultures, you know, inside the big culture, that I don’t know. So when I have to do with that subculture, I really need sometimes to understand, okay, what are you talking about?” (Participant 7).

Indeed, being a multilingual/multicultural therapist means having more frequent encounters with the languages and cultures that are often not present in the therapist’s circle of communication. Therefore, being more attentive and alert to what is being said and how it

is being said from both linguistic and cultural perspective is considered to be of utmost importance for a smooth and beneficial therapeutic relationship.

Discussion

The current study investigated the role the therapist's multilingualism plays in working with multilingual/multicultural clients, in particular, in emotion communication. This explorative research was undertaken since language is an essential part of multilingual/multicultural therapy, but remains understudied and therefore not understood well, and somewhat implicit in therapists' knowledge.

The interview data showed that the therapists tend to see a clear connection between language, emotion, and culture. The results revealed therapists' views on the various functions of language switching in therapy, the advantages and disadvantages of not speaking the same language with the client, the connection between language and emotion, and the way multilingualism may shape the therapeutic process and its outcome. The participants spoke about their clients' language switching when choosing a language they considered more socially acceptable for particular acts (e.g., swearing), more fitting for talking about past events (e.g., childhood memories), better able to reflect certain concepts in mother tongue (e.g., gender pronouns), or useful in temporarily excluding a third person from the conversation. The therapists also talked about their own language switching, for instance, when looking for a word or aiming for a particular connotation. Language switching is a well-researched topic in both linguistics (e.g., Ladegaard, 2018) and psychology (e.g., Heredia & Altarriba, 2001; Williams et al., 2020), but such research has rarely focused on the multilingualism of the therapist. This study shows that this aspect is well worth the attention, since it plays a role in shaping the therapeutic process in terms of conceptual understanding and meaning-making.

One of the key findings was that having an insufficient level of common language in therapy was viewed as an advantage rather than as a hindrance to effective therapy. Though having low proficiency may seem negative on its own, in the context of seeking and offering psychological help, it is not viewed as a major obstacle anymore. Having to ask more questions and to use other tools (e.g., toys, cards, etc.) sometimes offered an opportunity for the participants to connect more with their client. A study by Karamat Ali (2004) is one of the very few psychological studies that mention this necessity to ask more questions as an advantage. This paper overviews multilingualism in systemic and family therapy and gives an account of author's own experience as a multilingual therapist. The author calls it a "potential gain of being a bilingual therapist" to sometimes have to ask the obvious (Karamat Ali, 2004, p. 347). He speaks about it in the context of family therapy, and the current study adds to this observation by findings among therapists who practice other approaches. Seeing this confirmed in the implicit, experiential knowledge of the participants is encouraging, as it brings up the importance of questioning possibly misguided assumptions, and simply asking clients for more explanation.

The results of the interviews also demonstrated the essential role that therapists' understanding of their own and their clients' languages plays in discussing emotionally sensitive topics (e.g., family relations, childhood memories, etc.). The participants' opinion on the connection between mother tongue and emotion in terms of closer emotional distance to L1 than to L2 is in line with some linguistic studies on multilingualism and emotion. In their qualitative study on the role of language in psychotherapy with multilingual clients, Kokaliari et al. (2013) found out that such clients demonstrated feeling emotionally closer to their mother tongue when talking about strong affect (e.g., trauma). Moate & Ruohotie-Lyhty (2020) explored learning language biographies of six bilinguals, and also showed how emotion varied depending on the language the participants chose (e.g., using L2 as a gateway

to something good, and hence learning and speaking it with joy). The current study demonstrated that this sensitivity of emotional encoding and decoding to the language in which it is expressed seems to be particularly relevant when discussing traumatic events. Resolution and relief result more intensely and frequently if the emotions are expressed in L1. The findings add to the previous research by showing that the therapist may not have to understand every word the client uses as long as the language use promotes the client's therapeutic benefit. Additionally, according to the participants, the link between language and emotion (especially regarding trauma) is not something they learnt about during their formal training for becoming a therapist, but rather something they learnt through private courses they personally sought out, and/or through experience.

Another key finding was related to the linguistic and cultural dynamics of the therapeutic relationships with multilingual/multicultural clients (e.g., cultural differences in conceptual understanding of "grief"). Therapists in the sample gave special emphasis to the importance of being aware of the value and meaning clients give to certain words and concepts depending on their language and culture. This is especially the case when it comes to emotional concepts which cannot be easily translated from L1 into L2, thus causing misunderstanding and wrong interpretations by the therapist. Illustrating the separate approaches in psychology and linguistics to the topic of language in therapy, both, a psychological study by Softas-Nall et al. (2015) and a linguistic study by Itzhak et al. (2017) mention such possible misunderstandings and their consequences. The current interdisciplinary study adds to these findings by showing how beneficial it would be if therapists can back up their intuitive knowledge with unified scientific knowledge that combines linguistic and psychological expertise on the subject.

Regarding the therapeutic process, therapists emphasized the importance of tracing and resolving their own biases in communication with their multilingual/multicultural clients.

The description of the “Dutch way” of strictly adhering to set protocols and timeframes echoes what is shown in some studies on healthcare communication (e.g., Geerlings et al., 2018; Schinkel et al., 2019), but had not been described so far in literature on multilingual/multicultural psychotherapy in the Netherlands. Given the therapists’ special attention to this topic, their arguments for possible adaptation of the local way of psychological guidance and treatment should be considered an important finding. Psychotherapy of multilingual/multicultural clients seems to require a certain degree of adjustment due to cultural, but also linguistic, differences. This is part of the therapist’s standard – to trace and acknowledge one’s own biases. Unlike in monolingual settings, therapists in multilingual practice may face more challenges when they are dealing with such biases since they may only become salient when more than one language and culture is involved.

Lastly, taking more time and being flexible with multilingual/multicultural clients were mentioned as recurring topics in most of the interviews. The need to achieve conceptual understanding (a particular value the client gives to words, depending on language and culture) stood out in several accounts. All participants reported they were more than willing to go the extra mile in trying to understand and accept their clients, and to use their differences as a way to connect. Adding to the aforementioned linguistic and psychological studies, this interdisciplinary research highlights the urgency of increasing therapists’ linguistic awareness by making language an explicit component of preparing for and conducting therapy with multilingual/multicultural clients.

Limitations and future research

The current study has given important insights into emotion communication in multilingual/multicultural psychotherapy in the Netherlands, but some limitations need to be discussed. First, the therapists who agreed to participate in this research were mainly raised

multiculturally with early exposure to foreign languages. Thus, they may have already been inclined to pay special attention to language in their practice. However, some answers suggested that language was not always on some participants' radar, which may serve as confirmation of the assumption that language was not their primary concern when carrying out therapy. For instance, Participant 2 mentioned having the most difficulty with the client who spoke her mother tongue, ascribing this to the differences in culture and way of thinking. Based on literature and the current findings, it seems to be the case that multilingual/multicultural psychotherapy in the Netherlands tends to place the main focus on culture, leaving language as an implicit and taken-for-granted part of it. Therefore, investigating these issues with Dutch therapists whose only other language is English is suggested.

The study included a variety of languages spoken by participants (English, Arabic, Ukrainian, Russian, French, Spanish, Dutch, Berber, Italian, Greek, Kurdish, and Farsi). Despite this variation, this does not cover the entire linguistic palette of therapists in the Netherlands. Therefore, transferring the findings to other linguistic and cultural settings should be done with caution. For instance, Participant 3 mentioned that emotional expression may differ significantly in Western and Eastern contexts due to cultural differences in degrees of public display considered acceptable. In this case, the client was aware of such differences and specifically told the therapist about it; otherwise, the therapist might have kept pondering over the incongruency between what was being said and what was being expressed non-verbally.

The interviews were conducted in English, which was a foreign language for all participants. Given the aforementioned research findings on the ease with which things can be expressed in one's L1 and L2, speaking English may have influenced the way certain topics were discussed. It would be interesting to compare the answers to the same questions in

participants' L1. Since the Dutch-speaking participants were specifically told they could use Dutch words and expressions whenever they wanted, it could also be a potential addition to research on language switching in the future.

Finally, it is important to mention the size and nature of the sample. There were ten participants in total, but three of them belonged to one centre, another three to another, and two had a joint practice. Only two participants were recruited individually. The fact that some participants came from the same centres may have influenced the nature of certain answers. It might thus have been better to recruit more individual participants. Even though ten participants overall for a study of this scale is considered to be enough (Francis et al., 2010), it would have been better perhaps to have collected data from a more varied sample of multilingual/multicultural therapists.

What future research in psychotherapy may benefit from is a deeper investigation of intentional/accidental language switching in therapy and how it is related to emotion expression and interpretation. Knowing how, when, and why to invite a client to freely switch between languages may enhance the therapeutic process and its outcome.

In order to give a more comprehensive account of multilingualism in psychotherapy, conducting research with multilingual therapists and their current/former multilingual clients is recommended. A potential avenue to research further is to compare monolingual and multilingual therapists' experience. As this study showed, there is some implicit understanding of how language may influence the therapeutic relationship for multilingual/multicultural therapists (e.g., in terms of biases, word choice, trauma treatment, etc.). It is thus worth probing whether there is a significant difference between mono- and multilingual therapists in this respect.

Finally, it is suggested to investigate ways of training and supervising multilingual/multicultural psychotherapists in terms of bringing their linguistic awareness

from experiential to evidence-based knowledge. Since the number of people with diverse linguistic and cultural backgrounds is growing, taking into account these dynamic changes in the clientele of the local psychotherapy seems to be an urgent issue.

Conclusion

This study has highlighted the importance of multilingualism in psychotherapy, in particular when it comes to emotion expression and interpretation. The interviews demonstrated that language switching occurs when clients try to connect to deeper feelings and when the topic is emotionally intense. Instances when the therapists encouraged such switches in their sessions had a profound and beneficial effect on the therapeutic process and outcome. It is essential to pay attention to the client's and the therapist's language proficiency and to fostering expertise on how to bridge the linguistic gap, keeping in mind the client's benefit as the main goal of therapy. Realizing the fact that speaking the same language does not guarantee a better understanding in therapy is also key to being a more efficient therapist. Knowledge about the variety of creative ways utilized by the therapists when linguistic and cultural differences interfere with the therapeutic relationship is something that would be helpful for those less experienced in this profession to learn about.

Language plays a significant role in multilingual/multicultural psychotherapy, influencing rapport, attunement, needs assessment, and treatment. Working with clients of the same linguistic and cultural origin can already be challenging enough. When psychotherapists are confronted with multilingual/multicultural clients, being more aware of their own and their client's language becomes a necessity. Therefore, the need for not only culturally but also linguistically competent psychotherapists in the Netherlands is becoming more and more urgent.

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Appendix 1

Information Letter for Participants

First of all, thank you for participating in this project “Language Choice in Psychotherapy”.

I’m Leila Verkerk, a Research Master student at Tilburg University.

Information about the study

The purpose of the interview is to find out what therapists in the Netherlands think about using more than one language in their sessions with clients whose mother tongue is different. In particular, my interest lies in therapists’ and clients’ emotion expression and interpretation. I’m interviewing therapists who have experience in working with multilingual/multicultural clients, and who speak English as one of their languages. The interviews focus on people’s own opinion and experience in this topic.

Background

Expressing and interpreting emotion in mixed-language and cross-cultural relationships is an interesting research question, in particular in such a sensitive area as psychotherapy. The way people show and interpret emotions when they are happy, sad or angry may be difficult when they have to do it in another language, and when they come from different background in terms of language and culture. So far, with enough research about multiple languages and emotions, there has been little information about using more than one language in psychotherapy, both by clients and therapists. It is especially so when it comes to discussing some emotional events in the past or present, for example, conflict, grief, trauma, etc. It’s not easy to do research in this area because it’s rather private and involves a lot of factors. That is why this project may help bridge this gap by looking at the ways emotions can be expressed and interpreted in therapeutic sessions by both clients and therapists.

Duration

The interview will take a total of approximately 30-40 minutes.

Participation

Please be aware that during the interview I'll ask you to share some personal experiences.

Please let me know if this makes you feel uncomfortable at any point of the interview. The interview is mainly focused on the language, so we aren't going to delve deep into such experiences. Participation in this interview is voluntary, so you can also refuse to answer any questions at any point, without the need to explain why. In addition, you can stop the interview and ask to delete the data at any time without any consequences.

Your participation in this study may help you become more aware of how to use your languages in your professional life even more efficiently. If you wish, a summary of the research results can also be sent to you after the project is complete. I can also provide you with a leaflet with linguistic do's and don'ts on this subject.

If you allow me, I would like to audio-record this interview to keep it as precise as possible. Is it okay with you if I do it? If you feel uncomfortable at any point, please let me know and I will stop the recording. The audio recording will be later transcribed into the text form in an anonymized and pseudonymized form. It means that any personal information will be removed or replaced with a different name/place/etc.

Any information collected for the interview is anonymous and cannot be traced back to you, and the recording of the conversation will be treated confidentially. The data obtained in the course of the interview will not be used for any other purpose besides this study. Your consent will be valid until the end of the project (the interviewer's graduation in January 2021). The signed consent form and transcripts of the audio recording will be safely stored by the interviewer for 10 years.

For this project, an approval by Research Ethics and Data Management Committee of Tilburg University was obtained (#2020/142).

If you have any questions or comments about the project after the study, please contact the interviewer at: l.h.verkerk@uvt.nl

If you have any remarks or complaints regarding this research, you may also contact the “Research Ethics and Data Management Committee” of Tilburg School of Humanities and Digital Sciences via tshd.redc@tilburguniversity.edu

If you have any questions at the moment, please ask them now before you sign the consent form.

As an alternative to the printed form, we can also record your verbal consent, if you want. In this case, could you please say the following:

I, *first/last name* or *initials*, have read the consent form (or had it read to me) and I agree to take part in this research; *date*.

Appendix 2

Consent Form for Participants

Topic of the study: Language Choice in Psychotherapy

Researcher: Leila Verkerk

I have read the information letter about the study and confirm that the purpose and the procedure of the study have been explained to me. I have had the opportunity to ask questions about the research. I have had enough time to think about my participation in the study. I understand that I can withdraw from the study at any time, without any consequence and without giving any reason.

I agree / do not agree to have the interview recorded by the researcher by means of a recording device and later transcribe it into the text form.

I give my permission to use my data anonymously for the purpose of the study, as described in the information letter.

I consent to the storage of my raw data until the project is complete and anonymous research data for a period of 10 years after the research has been complete.

I hereby confirm that I have read the information above and agree to my participation in that study.

☐ Yes (signature)

☐ No (signature)

Date: _____

Researcher:

I hereby confirm that I have sufficiently explained the information about the study to the participant and that I will follow the ethical requirements of conducting research.

(name) (signature)

Appendix 3

Interview Guide

1. Introduction;
2. Informed consent (printed/verbal);
3. Background questions (1-5 of the questionnaire);
4. Core questions (6-19 of the questionnaire) divided by the subtopic;
5. Wrapping up.

Appendix 4

Language Self-Assessment Form

Please mark in the table below your current Language Use and Language Fluency.

Do it separately for each language you speak.

Language Use: How often do you use this language?

Language Fluency: How high is your overall level of this language?

Language 1: _____

Language Use	Daily					
	4-5 times per week					
	1-3 times per week					
	About once a month					
	(Almost) never					
		Low	Below average	Average	High	Very high
		Language Fluency				

Adapted from Grosjean (2015)

Appendix 5

Questionnaire for Multilingual/Multicultural TherapistsBackground questions

1. What is your age?
2. What is your nationality?
3. What is the type of therapy you practice?
4. How long have you been in practice?
5. What are the main issues your clients come to you with?

Core questions

Language choice of clients, and common language of communication

6. Which languages do you speak? Which one is your mother tongue?
7. Which language(s) do you use to communicate with your clients?
8. Do you usually know in advance if your client is multilingual? Do your clients know about the language possibilities in therapy? (*Probe: For instance, do you ask them which language they want to use in your meetings? Do you tell them which languages you can speak?*)
9. Have you ever had any difficulties communicating with your client because of the language? If so, what do you think they were caused by? How did they influence your work with the client? How were they resolved?
10. What are the main disadvantages of not speaking the same language as your client? (*If it never happened, rephrase: What would be the main difficulties of not speaking the same language as your client?*)

11. Do you remember any instances of your client's switching the language? (*Probe:*

For example, from the common language to the mother tongue or vice versa?)

Which issues were those cases connected with? Did you notice that some issues

were more/less difficult for the client to discuss in their mother tongue? (*Probe:*

Maybe it was more/less difficult to express certain emotions depending on the language? Or retell a story from the past?)

12. Do you think that the client's level of proficiency in your common language can influence the process and outcome of therapy? If so, how?

13. Do you think it helps you in practice that you speak more than one language?

Why/Why not?

Therapists' own experience in cultural issues in therapy

14. How would you describe your own culture of origin? How has it changed over the years? (*Probe: Did you ever have to move? Were there ever any cultural adjustments you had to make?)*

15. Have you ever had clients from a distinctly different culture than yours? What was different? What was similar? How do you think this cultural difference influence your communication with the client?

16. Have you ever felt more or less distant to your client because of their culture? And because of the language?

Therapists' overall view on raising cultural and linguistic awareness in therapy

17. Have you ever participated in a training raising cultural and/or linguistic awareness? If so, what did you think of it? (*Probe: Think about both more and less useful aspects for your practice).*

18. Do you think it might be useful to have such trainings introduced into therapists' education? Why/Why not?

19. What recommendations would you give to someone working with multilingual / multicultural clients?

Wrapping up

Those were all my questions. Thank you very much for sharing your thoughts and experiences with me. I really appreciate your time and participation.

Do you have any questions?