

The Varieties of Effects of Using a Later-learned Language in
Psychotherapy:
A Psychoanalytic-Linguistic Investigation with Particular Reference to
Involuntarily Dislocated Persons

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Department of Psychosocial and Psychoanalytic Studies

University of Essex

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This dissertation is dedicated to brave Kurdish people who gave up everything for the Kurdish language.

Zimanê me hebûna me ye.

Our language is our existence.

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Abstract

Mental health professionals rely heavily on language when providing their services (Dickerman & Alfonso, 2015; Flegenheimer, 1989). Nowadays, psychologists, psychotherapists, and psychiatrists, usually need more than one language in their profession since their clients could have different cultural, ethnic, racial, and linguistic backgrounds. Mental health professionals and clients are subject to changes in self-perception, emotions, and memory, among other areas, when they are using a later-learned language (Sapir, 1951; de Zulueta, 1990; Wu & Thierry, 2012). The effects are more robust when it comes to psychological therapy with involuntarily dislocated persons (Papadopoulos, 2021) since going to another country is not a matter of choice, and they are usually not prepared to move from their country of origin. Furthermore, involuntarily dislocated persons face adversities in their country of origin, on their journey, and in the host country. Therefore, they usually need psychological support once they are in a safe place.

In the current study, the possible effects of using a later-learned language in psychotherapy have been explored. One pilot study and a further eleven in-depth semi-structured interviews were conducted for data collection. Braun and Clarke's "Six Phases of Thematic Analysis" (2006) was used in order to analyse the data.

The data for the current study were collected from mental health practitioners only, and therefore it shows the effects of later-learned languages through their perspective. The results of the study showed that both mental health practitioners and their clients are subject to various effects when they use a later-learned language during the therapy process. One of the crucial findings of the current study was the effect of lack of training on the effect

of language for psychotherapists. Furthermore, it showed that using a later-learned language has an effect on emotions and the therapeutic relationship.

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Introduction

[P]erhaps you missed out the one point which the emigrant experiences so particularly painfully. It is -one can only say: the loss of the language in which one lived and thought and which one will never be able to replace with another, for all one's efforts at empathy. With painful comprehension I observe how otherwise familiar terms of expression fail me in English and how it even tries to resist giving up the familiar Gothic script.

Sigmund Freud (1938)¹

Chapter Overview

This chapter begins with the research questions, methodology and participants of the current study. After that, there is an explanation about the importance of language in the psychotherapy process. The first part explores why the later-learned language is essential in the psychotherapy process in light of findings in psychotherapy research. Following that, it discusses the importance of language in psychotherapy for voluntary and involuntary migrants. The effect of culture on psychotherapy and mental health is well-researched (Nelson-Jones, 2002; Asnaani & Hofmann, 2012; Moodley & Kinha, 2015). However, there are limited studies which examined the effect of language (Gartley & Due, 2017), which is deeply connected with culture (Davis, 2009). Language and its effects on refugees, asylum seekers, and involuntarily dislocated people² (Papadopoulos, 2015; 2016; 2018a;

¹ Freud's unpublished letter to Raymond de Saussure was provided to Amati-Mehler, Argentieri, & Canestri (1990) by Harold P. Blum.

² An explanation and the rationale behind using the term "involuntarily dislocated people" can be found in Chapter 3.1 Involuntary Dislocation.

2018b; 2021) are especially crucial since they might not have any prior knowledge of the language of the host country (Turner & Herlihy, 2009). After discussing these, I explain why I omitted the term “native language” and chose “later-learned language” and “Lx” instead. After that, I briefly outline the current project and the rationale behind conducting the current research. The chapter ends with a summary of the chapter.

Research Questions, Methodology, and Participants of the Current Study

There are two research questions for the current study. What is the effect of conducting psychotherapy in a later learned language for therapists when either themselves, their clients or both parties are using an Lx during the therapy process? And what is the effect of training or lack of training when mental health practitioners provide their service in a multilingual setting? The training could be formal training from an institution/university, supervision, or workgroup. I conducted semi-structured in-depth interviews to collect the data and used Reflexive Thematic Analysis (Braun & Clarke, 2006; 2012; 2013; 2014; 2019; 2021; Clarke & Braun, 2014) to analyse and report the data. The participants of the current study were mental health practitioners who have/had clients that use a later-learned language and psychotherapists, psychologists whom themselves are using a later-learned language during the therapy process. There were a total of 12 participants.

The Context of Language and Psychotherapy

Due to globalisation, people from different cultural backgrounds are living across the globe, and hence there is a body of literature on how to work cross-culturally in mental health (Nelson-Jones, 2002; Asnaani & Hofmann, 2012; Moodley & Kinha, 2015) and with involuntarily dislocated persons in particular (Turner & Herlihy, 2009). As more “non-

Euro-Americans" (Nelson–Jones, 2002, p. 133) have started to use counselling and therapy, the research showed that the Euro-American approach causes mental health practitioners to fail their clients from minority and ethnic backgrounds. Furthermore, they are ineffective when applied to minority groups (Sue, Arredondo, & McDavis, 1992; Sue et al., 1998; Palmer & Laungani, 1999). Nelson–Jones (2002) proposed twelve goals for multicultural counselling and therapy in order to tackle the shortcomings of white, middle-upper-class, heteronormative-oriented psychotherapy (Salecl, 2002; Hook, 2008). These twelve goals are:

Reconciliation

Support

Coping with post-traumatic stress

Assisting acculturation and assimilation

Avoiding further marginalisation

Addressing cultural and racial discrimination

Assisting clients to manage close – cultural relationships

Assisting clients to manage intergenerational conflict

Assisting long–stay transients and expatriates

Assisting with gender role and equality issues

Attaining higher levels of development

The good society (Nelson–Jones, 2002, p. 137).

Even though Nelson-Jones (2002) mentioned numerous essential elements of conducting therapy with people from diverse backgrounds, there is no reference to language and language-related issues.

Sue, Arredondo, and McDavis (1992) argued that mental health practitioners need to adapt not only to therapy and its goals but also themselves when they conduct therapy with clients who belong to minority groups. They focused on three significant areas: beliefs and attitudes, knowledge, and skills. They argued that in order to provide a better service, mental health practitioners should be aware of their own assumptions, values, and biases. In addition, they should also recognise the worldviews of culturally different clients (Sue, Arredondo, & McDavis, 1992).

Even though there is a growing body of literature on how to work cross-culturally, there need to be more studies on the effects of using a later-learned language in psychotherapy (Gartley & Due, 2017). Language is an internal part of the culture; therefore, some scholars argued that following the rules of working cross-culturally would inevitably include language differences as well (Alvidrez, Azocar, & Miranda, 1996; Hall, 2001; Sue, 2001). However, words, hence, language, are the primary tools of psychoanalysis and psychotherapy. In the early years of psychoanalysis, Joseph Breuer (1842 – 1925) called psychoanalysis *The Talking Cure*, and this term was later adopted by Freud as well (Freedman, 2017). Before discussing the issue of working cross-culturally and across different languages, a definition of culture should be given. The definition of culture by cultural anthropologist Edmund Wade Davis CM (1953-...) shows how culture and language are deeply connected.

Perhaps the closest I can come to a meaningful definition of culture is the acknowledgement that each is a unique and ever-changing constellation we recognise through the observation and study of its language, religion, social and economic organisation, arts, stories, myths, ritual practices and beliefs, and a host of other adaptive traits and characteristics. The full measure of culture embraces both the action of a people and the quality of their aspirations, the nature of the metaphors that propel their lives. And no description of a people can be complete without reference to the character of their homeland, the ecological and geographical matrix in which they have determined to live out their destiny. (Davis, 2009, pp. 32-33).

In addition to research by practitioners and scholars, psychology bodies emphasise the importance of language. For instance, the American Psychological Association (APA) (2017) emphasises the language in their code of ethics in four different places. However, the importance of language is taken from an ethical perspective only. In *Principle E: Respect for People's Right and Dignity* it reads:

Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, *language* [emphasis added], and socioeconomic status, and consider these factors when working with members of such groups. (APA, 2017, p. 4).

In the *Competence* section, under the boundaries of competence, they stated that: Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender

identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, *language* [emphasis added], or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies. (APA, 2017, p. 5).

In the *Human Relations* part under the *Other Harassment* section, it reads:

Psychologists do not knowingly engage in behaviour that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, *language* [emphasis added], or socioeconomic status. (APA, 2017, p. 6).

As it can be seen, language is taken into consideration with race, ethnicity, age, gender, and other variables. In other words, the therapeutic significance of the language is not taken into consideration (Tannenbaum & Har, 2020).

As in the ethical codes of the American Psychological Association, the importance of the language has been taken into consideration by the American Counselling Association (ACA, 2014) from the ethical perspective without giving any significance to the therapeutic effects of the language. Under the *Developmental and Cultural Sensitivity* section, they stated that:

Counsellors communicate information in ways that are both developmentally and culturally appropriate. Counsellors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty

understanding the language that counsellors use, counsellors provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. (ACA, 2014, p. 4).

Another interesting point is that it only focuses on understanding from the clients' perspectives, not mentioning anything related to understanding the client and the effect of language on practitioners when English is not their first language.

Unlike the American Psychological Association and American Counselling Association, the British Psychological Society does not have any guidelines with regard to language in their Ethical Framework. However, they published two guidelines discussing the importance of language. These guidelines are *Guidelines for psychologists working with refugees and asylum seekers in the UK* (2018) and *Working with interpreters: Guidelines for psychologists* (2017). In the former guideline, it reads, "You should familiarise yourself with the cultural background of the service user and *use interpreters* [emphasis added] or *bicultural therapists* [emphasis added] if required." (BPS, 2018, p. 17). The advice to use bicultural therapists from BPS comes with the assumption that bicultural therapists could provide therapy and counselling in their first language. The assumption that bilinguals and multilingual psychotherapists could provide sessions in any language they speak is discussed in Part 4, Chapter 4.6, Researcher's Background from my personal experience as a bilingual therapist.

The European Union (EU) is host to over 60 languages, and 24 of them are the official languages of the EU (Fidrmuch & Ginsburgh, 2007). Besides the fact that there are over 60 languages spoken in the EU, worldwide immigration rates are currently extremely high and on the rise. Most of these immigrants are fleeing wars and persecution, and they

often take a harrowing journey to reach a safer place. Therefore, many of these immigrants might seek mental health assistance when they arrive in their new society (OECD/ILO/IOM/UNHCR, 2018). Since many of these immigrants are unfamiliar with the language of their new society, both involuntarily dislocated persons and voluntarily migrated people could face an obstacle created by language when they try to access mental health services (Rolland, Dewaele & Costa, 2017).

The latest figures from the United Nations High Commissioner for Refugees (UNHCR) show that there are 27.1 million refugees and 4.6 million asylum seekers worldwide (UNHCR, 2021). These numbers show registered refugees and asylum seekers. It has been argued that by including those who are not officially registered, the numbers would rise to around 50 million (Summerfield, 2000; Tribe, 2002). Although being a refugee is not a recent phenomenon, there has been an influx in the number of people seeking asylum in another country in recent years (Tribe, 2002). Refugees, asylum seekers, and other individuals who face human rights violations face adversities in their country of origin (Marshall, Schell, Elliott, Berthold & Chun, 2005), on their journey to a safe country, in refugee camps (Vossoughi, Jackson, Gusler, & Stone, 2018) and the host country. Having faced these adversities, some utilise mental health support services, and they use a later learned language while having the service. Even though not all refugees and asylum seekers face “traumatic events”, they all face adversities that affect their *onto-ecological settledness*³ (Papadopoulos, 2015).

³ An explanation and the rationale behind using the term “onto-ecological settledness” can be found in Chapter 3.2 Onto-Ecological Settledness.

Before giving an outline of the current project, I would like to explain why I omitted to use the term “native speaker” and instead preferred L1 and Lx, as Dewaele (2018) suggested.

"Native Speaker" vs "Lx User"

Davies (2003) argued that even though the term “native speaker” is used in applied linguistics and by foreign language teachers, it is not easy to create categories of native vs non - native speakers. He further argued that the term is potentially racist, and it might lead to the exclusion of some non-native speakers with highly proficient language skills. While Davis (2003) was arguing the potential disadvantages of using the term “native speaker”, Cook (1999) questioned the term “non-native speaker”. Cook advocated using the term 'L2 users' instead of “non-native speakers”. He defined the term 'L2 user' as someone who can speak more than one language.

Dewaele (2018) argued that the term 'L2 users' includes those who cannot speak but use the language as language signers, readers, and hearers by using 'user' instead of 'speaker'. Dewaele (2018) questions the term 'native speaker' and the antonym of 'native speaker', 'non-native speaker'. He claims that by using 'non-native', a person is defined by what he or she is not. He argues that as we do not call blue-eyed people as 'not-brown-eyed', similarly, people should not be defined by the term 'non-native'. Using 'non-native' as a term, according to him, reveals a monolingual bias, which is not a typical case as it is not a gold - standard (Mauranen, 2012, as cited in Dewaele, 2018). Dewaele (2018) argued that using the term 'native-speaker' could mislead since it implies a high level of proficiency in the language. Therefore, he suggests using 'L1 user' instead of 'native -

speaker'. Even though Dewaele (2018) stated that the term 'L2 user' is better than 'non-native speaker', he argued that it might create confusion since the number 2 can be '3', '4', or '5' since it indicates the foreign language. Therefore, he suggests using 'Lx user' to refer to those who use more than one language. In this research, the terms 'L1 and Lx users' will be used instead of 'native and non-native speakers' to prevent the disadvantages of the latter terms. 'L1' will be used for the first language, and 'Lx' will be used for a later-learned language. 'Lx' and 'later learned language' will be used interchangeably, as well.

As was explained throughout this chapter, the number of asylum seekers, refugees, migrants, and involuntarily dislocated people, in general, is rising throughout the world, and the United Kingdom is not exempt from that. The official numbers from the Home Office (Home Office, 2022) showed that the numbers of asylum seekers are at a record high. Considering what involuntarily dislocated people are going through in their country of origin, during the journey, and in the host country, some of them will need mental health services. The existing body of literature on how to work with culturally diverse clients does not emphasise the importance of language apart from being a component of the culture. The limited research, however, showed that using later-learned languages affects both clients and mental health practitioners. Therefore, it is vital to understand how the later-learned language affects both clients and mental health service providers. The current research aims to explore the effects of using the later-learned language during psychotherapy sessions.

In order to understand the effects of the later-learned language on the psychotherapy process, in-depth semi-structured interviews will be conducted with mental health practitioners. Previous research showed that using a later-learned language during

therapy might affect it in either a positive or negative way. However, even with the positive effects, it would still alter the onto-ecological settledness of the person. Examining these changes via in-depth interviews will enable the researcher to understand these changes without falling into the positive vs negative changes dichotomy.

The current project consists of 5 parts. A brief explanation of each part can be seen below.

Part 1 *Language* deals with the effects of language on three main areas, namely the self, emotions, and memory. In the sub-chapters of Part 1, I present existing literature and explore how the language affects its users with regard to their self-representation, emotions, and memory.

In Part 2, *Language and Psychotherapy*, I discuss language in psychotherapy settings. Firstly, I define bilingualism and multilingualism. After that, I explore the variables that affect language acquisition, such as Age of Acquisition (AoA), Age of Arrival (AoAr), and Context of Acquisition (CoA). Then, I present the evidence that shows how bilingualism and multilingualism have been present in psychoanalysis and psychotherapy since their very beginning. Lastly, I discuss the code-switching and the reasons to use code-switching in psychotherapy.

Part 3, *Language and Psychotherapy in the Context of Involuntarily Dislocated Persons*, deals with language and psychotherapy with regard to refugees and asylum seekers. In that chapter, I provide the definition of the terms "refugee" and "asylum seeker" and why I chose to use "involuntary dislocation" (Papadopoulos, 2015; 2018a; 2021). After that, I discuss the literature with regard to providing therapy to involuntarily dislocated people.

In Part 4, *Research Project*, I present the rationale for carrying out empirical part of this research. After that, I outline the research design and methodology of the current project and give the results of the semi-structured in-depth interviews I conducted for the current project. The data acquired from these interviews are analysed via Reflexive Thematic Analysis (Braun & Clarke, 2006; 2012; 2013; 2014; 2019; 2021; Clarke & Braun, 2014).

Lastly, in Part 5, I highlight the major findings of the current project in light of the existing literature. I also give the limitations of the current study and suggestions for further studies in Part 5.

Summary

This chapter begins with an overview where an outline of the chapter is presented. Following that, the lack of research on language and its effects on the psychotherapy process is shown. Most of the studies in the area emphasise culture and cultural diversity, and they treat language as only a component of the culture. However, the limited studies on language and psychotherapy showed how it profoundly affects not only the clients but also the mental health practitioners. After explaining why I chose to use “Lx user” and “L1” instead of “non-native speaker” and “native speaker”, respectively, I give the rationale behind conducting the current study. Lastly, I give a brief outline of each chapter and finish with this brief summary.

Part 1: Language

1.1 The Effect of Language on the Self

esse est percipi.

To be is to be perceived.

Berkeley (1710)

In the beginning was the Word, and the Word was with God, and the Word was God.

(John 1:1)

In Parts 1, 2, and 3, I will be providing a literature review with regard to language, language and psychotherapy, and language and psychotherapy in the context of involuntarily dislocated persons. I will use the narrative literature review, also referred to as the traditional literature review (Rother, 2007). The only exclusion criterion was the studies that focused on the psychotherapy process with the interpreters.

Studies showed that, for bilingual patients, resistance in therapy, defence mechanisms, and the sense of self changes with regard to shifting in the language (Marcos & Urcuyo, 1979; Rozensky & Gomez, 1983). Some studies (e.g., Pavlenko, 2005a, 2012; Caldwell-Harris et al., 2010; Dewaele, 2008, 2010; Dewaele & Nakano, 2013; Tannenbaum & Har, 2020) suggest that the difference is due to the fact that different languages have different emotional tones.

The relationship between language and worldview can be traced back to 1836 when Wilhelm von Humboldt (1767 – 1835) wrote *On Language: On the Diversity of Human Language Construction and its Influence on the Mental Development of the Human Species* (Werner, 1994). However, the research on language and self has significantly grown after

the "Linguistic Relativity Principle", well-known as Sapir-Whorf Hypothesis (Werner, 1997). As early as 1917, when psychology was a very young area of study, Edward Sapir (1884 – 1939) claimed that there is an effect of language on how our minds function (Samata, 2014). Sapir (1963) argued that different languages lead to different worlds.

Human beings do not live in the objective world alone... but are very much at the mercy of the particular language which has become the medium of expression for their society. The worlds in which different societies live are *distinct worlds* [emphasis added], not merely the same world with different labels attached. (Sapir, 1963, p. 162).

As it can be seen from the quotation from Sapir (1963), Sapir-Whorf Hypothesis claims that the world around us and the way we perceive reality are shaped by the language we use (Gentner, 1982). There are two versions of the Sapir-Whorf Hypothesis; the first one is Sapir's version, which emphasises a language's words or lexical resources. The second one is Whorf's version, which focuses on the grammatical rules of a language (Werner, 1994).

According to Sapir's Version of the hypothesis, human beings categorise the continuous nature by giving names to things. Since each culture categorises this in a different way, the world becomes distinct according to the language that describes it. Even though this version is called Sapir's Version, Whorf had a similar understanding with regard to dividing the world via words. "We dissect nature along lines laid down by our native languages. The categories and types that we isolate from the world of phenomena we do not find there because they stare every observer in the face...". (Whorf, 1956, p. 213).

The second version of the Sapir-Whorf Hypothesis is Whorf's version which emphasises grammar rather than the lexicon. Whorf gave an example from the Hopi Indians (an Indian tribe that lives in Arizona, the United States). He compared their language, which is from the Uto-Aztecan language family, with the European languages to prove his point. Even though the quotation mentioned earlier seems to suggest that he was thinking like Sapir regarding the effect of the lexical resources on the mind, he was trying to discover the roots of the differences in grammatical characteristics of languages (Werner, 1994). "... the grammar of Hopi bore a relation to Hopi culture, and the grammar of European tongues to our own 'western' or 'European' culture." (Whorf, 1944, p.200). As Sapir argued that lexical resources of a language shape the world of the speakers of that language, Whorf claimed that this was done via grammar rather than the labels people attached to things.

It was found that the background linguistic system (in other words, the grammar) of each language is not merely a reproducing instrument for voicing ideas but rather is itself *the shaper of ideas* [emphasis added], the program and guide for the individual's mental activity, for his analysis of impression, for his synthesis of his mental stock in trade. (Whorf, 1956, p. 212).

Before discussing the disagreement in the literature with regard to two versions of the 'linguistic relativity principle', I would like to share some criticism towards Whorf's ideas on the Hopi language and the concept of time. This debate is known as the 'Hopi Time Controversy' (Malotki, 1983). Whorf (1956) argued that the Hopi language does not have words, grammatical forms, and expressions to refer to time. Following this argument, he claimed that the language we use shapes our reality. About two decades later, in 1983,

linguist Ekkehart Malotki published a 600-page study in which he gave many examples from the Hopi language which refer to time. He argued that Whorf created a “number of myth-like notions about the Hopis” (Malotki, 1983, p. 5). It should be noted that this criticism was directly towards Whorf’s arguments on Hopi language, not the ‘linguistic relativity principle’.

These two versions of the 'linguistic relativity principle' caused disagreement in the literature, and according to Werner (1994), the main reason for this disagreement is the differences in the definition of language used by anthropologists and linguists. Werner (1994) argued that for anthropologists, the lexical resources of a language are an integral part of that language. Therefore, phonology, grammar, and the lexicon are always present in the anthropological definition of language. However, the lexicon is overtly excluded when it comes to the linguistic definition of language. The patterns in phonology and in grammar are easily identifiable and, therefore, can be analysed. Lexicon, on the other hand, is not susceptible to scientific analysis and therefore is avoided by linguists (Werner, 1994). Werner (1994) combines two versions of the Sapir-Whorf Hypothesis in his summary of the hypothesis:

The categorical system of every language, including lower-level grammatical and all lexical categories, points its speakers toward *somewhat different evaluations of externally similar observations* [emphasis added]. Hence, speakers of different languages have somewhat different views of the world and somewhat different habitual thoughts, and consequently, their language and cultural knowledge are in somewhat different relationships with each other. *They don't live in the same world with different labels attached but in somewhat different worlds* [emphasis added].

The more dissimilar two languages are in their lexicon -that is, in conceptual and grammatical categories- the greater their tendency to embody different world views. (Werner, 1994, p. 79).

A study by Marian and Kaushanskaya (2004) goes further from the Sapir-Whorf Hypothesis and argues that it is not only the world around us and our perception of it, but also the way we perceive and think about ourselves is shaped by the language we use. Eva Hoffman (1989), in her book *Lost in Translation*, discusses the effect of language on herself and how she perceives the world. She asks the same questions in Polish and English, and the answers are entirely contradictory. “Should you marry him?” she asks in English, and the answer is “Yes.”. However, when she asks the very same question in Polish, the answer is “No.”. Similarly, she asks herself whether she should be a pianist in English, and she concludes that she must not. When the question comes in Polish, on the other hand, the answer is “Yes, you must. At all costs.” (Hoffman, 1989, p.199).

Eva Hoffman’s *Lost in Translation* (1998) is not the only book in the literature that shows the effect of language on how authors perceive themselves and the world around them. Irish novelist Samuel B. Beckett (1906 – 1989) is another author who clearly showed the effect of language on his perception of the world and on himself. When Beckett was asked why he was using the French language instead of English when he was writing his novel, he did not oppose the idea that writing in French was helping him to avoid a part of himself, and he added that “... there are few things about myself that I do not like and French has the right *weakening effect* [emphasis added]” (Casement, 1982, p. 35). British psychoanalyst Patrick J. Casement (1935 -), borrowing Winnicott’s terms, argued that Beckett was using writing in French as a “transitional space” (Winnicott, 1971). Casement

(1982) further argued that he was doing this due to his "... unresolved relationship to his mother..." (Casement, 1982, p. 35). In other words, using the French language, which was a later learned language for him, as opposed to the English language, was a conscious defence mechanism for Beckett, and it allowed him to perceive and present himself in the way that he wanted.

A Russian – English bilingual writer Alfred Kazin (1915 – 1998), also wrote about the effect of his bilingualism on his self-perception. In his book *A Walker in the City* (1951), he said that "To speak a foreign language is *to depart from yourself* [emphasis added]" (Kazin, 1951, p.27, as cited in Pavlenko, 1998).

The effect of language on the sense of self was noticed by psychoanalysts and other mental health professionals when they were seeing bilingual and multilingual patients. Greenson (1950) gave an example from one of his patients to illustrate the shift in self according to shift in language: "In German I am a scared, dirty child; in English I am a nervous, refined woman." (p.19). According to Greenson (1950), this bilingual patient presented different personalities in the German and English languages. The patient had learned English in a later developmental period and was able to use a higher defence mechanism for the earlier memories, which were encoded in German (Greenson, 1950).

Similarly, Marcos and Urcuyo (1979), Marcos, Eisma, and Guimon (1977), and Marcos and Alpert (1976) argued that bilingual individuals operate with a dual sense of self, and their behaviours and attitudes are subject to the language that they are using. They further noted that the bilinguals' two languages might be connected to the different object relations, ego defences, and ego ideals at an unconscious level.

Vygotsky (1952/2012) argued that the relationship between language and thought is a process. It is a bidirectional movement from thought to word and from word to thought. In other words, as the language affects the thinking process, the thinking process affects the language. To explain further in his own words, he argued that “Thought development is determined by language, i.e., by the linguistic tools of thought and by the sociocultural experience of the child The child's intellectual growth is contingent on his mastering the social means of thought, that is, language” (Vygotsky, 1986, p. 94). Vygotsky saw the language as a social phenomenon, therefore, he claimed that it only functions on an interpersonal level (Vygotsky, 1978).

Foster (1992) presents a case study of her Chilean patient. She shows how using the Spanish language led to a change in the manifestation of self for her patient. Furthermore, using Spanish stimulated her patient and made some critical early childhood memories accessible. The effect of L1 on memory is discussed further in detail in the following chapter. Foster (1992) also stated that when the language of therapy was shifted to Spanish, her patient was able to talk about the characteristics of herself which were not mentioned when the therapy was conducted in English. She argued that “the native tongue is uniquely evocative of the self and object world in its native developmental environment” (Foster, 1992, p.71).

Koven (2001) found that French and Portuguese bilinguals present themselves differently depending on which language they use. Even though her study was not focused on the manifestation of self in therapy, she showed that for bilingual people, the expression of self is based upon which language they use. Koven had 12 French–Portuguese bilingual

speakers. After coding the participants' narratives, the researcher analysed them and found that the participants were presenting themselves according to the language they were using.

Similarly, Marian and Kaushanskaya (2004) argued that bilingual people would have different selves, and they would present them through the language they speak. They made a comparison between bilinguals' self-presentation and Schrodinger's Cat. They argued that similar to Schrodinger's Cat that it can be in multiple physical states simultaneously until a physicist makes an observation, multilinguals can have multiple internal self-representations until they express themselves in one of the languages that they speak.

In line with the findings of Koven (2001), de Zulueta (1990) wrote that people discern themselves and the world around them according to the language they speak and think in. In her essay, *Cross-Cultural Treatment Issues in Psychoanalysis*, where she talks about cross-cultural issues in psychoanalysis, Freedman (2017) also shows how language affects the sense of self. However, unlike Greenson (1950), Marcos and Urcuyo (1979), Marcos, Eisma, and Guimon (1977), Marcos and Alpert (1976), Foster (1992), and Koven (2001), instead of using examples from her patients, she discloses her own feelings and sense of self with regard to languages she speaks. "My mind spun as I attempted to talk about my German, Hebrew, and American selves." (Freedman, 2017, p. 72).

While bilinguals might have a different sense of self in each language they use, there is a similar process for multilinguals as well. Kramersch (2009) argues that learning a new language helps individuals to have a strengthened agency and allows them to construct a different self. Similarly, Veltkamp, Recio, Jacobs, and Conrad (2012) also claimed that it is possible to adopt new selves by learning new languages. Research by Cook and

Dewaele (2020) found that a new language could serve as a tool to “...[re]invent and ‘perform’ a new self...” (p. 27).

The self-construction varies with regard to the culture, and the research with monolingual speakers from different cultures showed the effect of culture on self-construction (e.g., Kitayama, Markus, & Kurokawa, 2000). Therefore, the changes in self in the case of bilingualism and multilingualism could also be understood from this perspective. This could be because learning a new language would also require learning the culture (Mazari & Derraz, 2015).

Tannenbaum and Har (2020) argued that the primary language could be regarded as the language of the attachment, and therefore different languages could be associated with different perceptions of the self and others (Amati-Mehler, Argentieri, & Canestri, 1993; Foster, 1992).

The self-construction by a new language is not necessarily an automatic process. Imberti (2007), for instance, argues that she “...needed to become a new self...” when she migrated to New York from Argentina (p. 71). Similarly, as explained above, Samuel Beckett had to change where he lived and which language he used daily and professionally in order to minimise the effect of the unresolved relationship with his mother and create a new self (Casement, 1982). According to studies, bilinguals and multilinguals, apart from feeling a different sense of self, tend to present themselves differently with regard to the language they are using as well (Koven, 2001; Marian & Kaushanskaya, 2004; Tannenbaum & Har, 2020).

As the sense of self and the language are deeply connected, in the case of migration, people, especially young children, might feel a sense of a “False Self”, as described by

Winnicott (1960). False Self could be described as a defensive disguise that leads a person to feel empty, and their behaviours would be based on being learnt and controlled as opposed to being genuine (Frosh, 2012). Winnicott coined the terms False Self and True Self, but he was hesitant to define True Self. Eckler – Hart (1987) argued that the reason behind Winnicott’s hesitation was detracting people from the genuineness of “experience of aliveness” (Winnicott, 1965, p.148). The broad definition he provided was a "theoretical position from which come the spontaneous gesture and the personal idea" (Winnicott, 1965, p.148).

Winnicott argued that in order to be accepted by their parents, children might need to hide their True Self. A similar issue could be argued for migrant children when they need to create a sense of new self in order to fit into the host country and culture. Greenson (1978) noted the possibility of identity conflict for the immigrants, but he thought it might create a risk of multiple personalities in a clinical sense rather than having different self-representations.

In line with the idea of Greenson (1978), Akhtar (1999) also thought that the difference between the home country's culture and the host country's culture might cause a split in personality which would make the immigrant suffer from manic depression. He made an analogy between the bipolarity of the cultures of the home and host countries and the manic and depressive episodes of bipolar depression. Freedman (2017) gave an example from one of her patients to show this polarity. Her patient changed his name after his arrival to the host country as part of his 'integration'. His birth name was Asaf’am, and his newly obtained name was Sanford. In one session, his patient asks Freedman, “How do you know me? Am I Asaf’am or am I Sanford?”. Before hearing what his analyst would

say, if we assume that she was going to disclose anything, he continues, “I am *neither* [emphasis added]; no longer Asaf’am and never will I be Sanford.” (Freedman, 2017, p. 68).

With regard to language and the creation of a new self, Edith Buxbaum (1949) suggested that a second language would affect the formation of the ego and superego. Erikson (1950), on the other hand, argued that learning a new language and culture would give the person an opportunity to create a “new self-portrait”.

Tehrani and Vaughan (2009) showed how a later learned language affected Tehrani's patients during the psychological therapy sessions. One of her patients, S, was a French–English bilingual, and each language has its advantages for her. She found out that by speaking the French language and living in French culture, she had a complete sense of self more than she did in the English language and culture. However, she was exposed to adversity in the French language and “... now she was finding that by working in English she could activate her English self to heal her French persona.” (Tehrani & Vaughan, 2009, p. 14).

Apart from the memoirs and case studies from psychotherapy, the relationship between language and the sense of self has also been examined in qualitative and quantitative studies. Pavlenko (2006), for instance, conducted research with 1039 multilingual participants and asked them if they felt different in a foreign language. The results revealed that two-thirds of participants felt different when using another language. According to the participants, there were four reasons for perceiving themselves differently in different languages. These reasons were “a) linguistic and cultural differences, b) distinct learning contexts, c) different levels of language emotionality, d) different levels of

language proficiency” (p. 10). From the results, Pavlenko (2006) argued that feeling different is not due to immigration but is linked to multilingualism and bilingualism itself.

1.2 The Effect of Language on the Emotions

There is no mode of action, no form of emotion, that we do not share with the lower animals. It is only by language that we rise above them, or above each other — by language, which is the parent, and not the child, of thought.

Oscar Wilde (2015)

The effect of language on emotions is a well-researched area within and outside of the psychology area, including anthropology, sociology, and cultural studies, and others. Language plays a vital role in identifying and expressing emotions (Altarriba, Bauer & Benvenuto, 1999). The studies examining language's effect on emotions include but are not limited to personal memoirs, biological studies such as electrodermal response studies, literary works, and case studies from psychoanalysis and psychotherapy. These studies repeatedly showed that the first language, compared to the later learned languages, is more emotional while using it, being exposed to it, and encoding and accessing memories with it (Tannenbaum & Har, 2020).

The literature showed that bilinguals and multilinguals experience fewer emotions when they are using their later-learned languages (Altarriba & Santiago–Rivera, 1994; Dewaele, 2004, 2008, 2010, 2013; Marian & Kaushanskaya, 2004; Pavlenko, 1998, 2002, 2005b, 2012; Schrauf, 2000). In other words, the L1 elicits more emotions compared to the later learned languages.

Expressing emotions and feelings in a later-learned language might sometimes not be possible since some particular emotions and feelings may not be translatable (Dewaele, 2010; Wierzbicka & Harkins, 2001). Furthermore, emotions are expressed in a distinctive way with regard to the culture, and there are sharp differences between Asian and Western cultures when it comes to the expression of emotions (Markus & Kitayama, 1991, 1994, as cited in Dewaele, 2010).

In this chapter, examples from personal memoirs, biological studies (electrodermal response studies), literary books, experimental psychology, and case studies from psychoanalysis and psychotherapy are given. The effect of language on emotions is discussed within these examples, and different positions with regard to this area are analysed.

As multilingualism was the rule rather than the exception in Freud's Vienna, starting from Freud himself, early psychoanalysts wrote about the effect of language on different domains of the human psyche, including emotions.

Even though Freud did not write on language and its effects specifically in his academic articles, he discussed the issue of language in his letters to many scholars, friends, and even patients, including but not limited to Swiss linguist Ferdinand de Saussure, Maria Bonaparte, Ernst Jones, Sandor Ferenczi (Grubrich-Simitis, 1986; Gay, 1988; Freud & Freud, 1992; Freud, 2000). Regarding the effect of the later-learned language and the effect of working in a later-learned language, he wrote to Ernst Jones, "I am anxious about my English, both of them talking an abominable idiom." (Gay, 1988, p. 388). Freud also realised that working in a later learned language, which was English for him, after he moved to London, made him more tired than when he was working in the German

language. In one of his letters to his friend Katia Levy, he said that he was not able to read and answer his letters in the evening as he used to do. The reason he gave for that was listening to his patients who were talking in English (Gay, 1988).

Sandor Ferenczi (1873 – 1933) was one of the first psychoanalysts interested in language's effect on their patients during psychoanalytic sessions (Or-Gordon, 2021). Language is usually seen as both physical and psychic (Gondar, 2011). The reason to place the language as a part of the physical world is due to the fact that it is articulated, and words are vocal and therefore have materiality. Besides being physical, language is psychic as well, and the reason that language is psychic is because of "... its capacity to represent and produce associations among ... representations" (Gondar, 2011, p. 330). Apart from the physical and psychic aspects of the language, Ferenczi claimed that it has an aesthetic dimension as well (Ferenczi, 1922). He was always interested in language and its relationship with psychoanalysis. The very last paper that he presented at the 12th International Psycho-Analytic Congress in Wiesbaden, Germany, which was titled *Confusion of the Tongues Between the Adults and the Child (The Language of Tenderness and of Passion)* (1932), shows his interest in the subject.

In his inspiring article *On Obscene Words* (1952/1994), Ferenczi discusses the hardship of expressing taboo words for his patients in their first language. He claims that his clients do not face the same hardship when they use taboo words in a later-learned language. In other words, he argues that later-learned languages have less emotionality than the first language regarding using taboo words. Therefore, he thought that his patients were using the later learned language as a defence mechanism when they were using taboo words in order to minimise their emotional effects of them. His theory regarding language

and its effect on emotions comes from the embodiment, which was explained by Pavlenko (2005a, 2005b, 2012) almost a century later than Ferenczi's observation.

According to Pavlenko (2005b), the embodiment of the language is "... affective socialisation in early childhood as the process of integration of phonological forms of words and phrases with information from visual, auditory, olfactory, tactile, kinaesthetic, and visceral modalities, autobiographical memories, and affect." (Pavlenko, 2012, p. 421). Through the embodiment of the language, some words are linked to positive memories, whereas others are connected to negative ones. Furthermore, Pavlenko (2012), in line with Ferenczi's (1952/1994) ideas, argues that some words, especially taboo and swear words, become affiliated with "... prohibition and punishment in the process of verbal conditioning" (Pavlenko, 2012, p. 421).

Carl Gustav Jung (1875-1961) is another prominent psychoanalyst who showed interest in the effects of multilingualism. One of the techniques he devised in order to see the effects of language was the word association experiment. He created a list which consisted of one hundred words. For the experiment, the conductor said each word to the participant and asked for an immediate association. The delay between hearing the word and the response was measured with a stopwatch. The words which elicited longer-than-average waiting time, and mechanical responses, were marked as 'complex indicator', and these words were discussed with the participants (Jung, 1969). In some experiments that Jung conducted, he found out that some of his participants were using words from later-learned languages, and generally, there was a delayed response as well. He argued that the reason for using words from later-learned languages was an indicator of an unconscious defence (Jung, 1981).

As Pavlenko (2005b) argues, neuroscientific studies also showed that language is embodied (Damasio, 2003), and the difference between the first learned language and later learned languages regarding emotions is coming from the embodiment of the language. Therefore, the effect of the first learned language is more than the later learned ones since it is acquired through childhood with intense memories and affective socialisation.

Harris, Aycicegi, and Gleason (2003) conducted an experiment with bilinguals in order to provide psychophysiological evidence for the effect of taboo words in the later learned languages. They used electrodermal monitoring, a psychophysiological technique for recording the skin conductance response. They had thirty-two Turkish speakers with varying degrees of English proficiency, and all were late learners (i.e., they acquired the English language after age 12). These participants read various word types (neutral, positive, aversive, taboo, and reprimands) from a computer screen or heard via a computer loudspeaker. While performing the task, they were attached to fingertip electrodes in order to assess the skin conductance response. They conducted an analysis of variance (ANOVA) test, and the results showed that there was a statistically significant difference between the words in Turkish (L1) and English (later learned language). To explain the results further, they found that reprimand and taboo words in Turkish elicited more robust skin conductance responses than those in English. They also found that auditory stimuli caused a more significant response than visual stimuli both within L1 and between L1 and Lx. They argued that "... language acquired early in life, prior to the age when reading is the principal source of new vocabulary, is acquired via the auditory modality." (Harris, Aycicegi, & Gleason, 2003, p. 573).

Bowers and Pleydell-Pearce (2011) showed the difference in terms of the emotional reaction to swear words, euphemisms of swear words, and neutral stimuli. In line with the language embodiment hypothesis, they claimed that words could directly evoke negative emotions if they are conditioned in early childhood. In other words, a taboo or swear word could lead to an emotional response if the person had learned it in an emotional context. To test their hypothesis, they recruited twenty-four participants and presented them two swear words (FUCK, CUNT), two neutral words (GLUE, DRUM), and four euphemisms for the swear and neutral words (F-WORD, C-WORD, G-WORD, D-WORD) in capital letters. In order to understand the physical effects of these words, they measured the electrodermal activity and changes in skin resistance. They conducted a one-way analysis of variance (ANOVA) test with four levels, and the results of ANOVA showed that there was a statistically significant effect of swear words for an electrodermal response. Even though Bowers and Pleydell-Pearce (2011) conducted their experience in only the English language, following Ferenczi's (1952/1994) observation, one could argue that there would be a lesser electrodermal activity if the swear words were in a later-learned language.

Contrary to Bowers and Pleydell-Pearce (2011), who only recruited monolinguals to analyse the effect of language on emotionality, Anooshian and Hertel (1994) conducted their research with 36 bilinguals who were fluent in both English and Spanish. For half of their participants, Spanish was the first language, and for the other half, the first language was English. They presented 36 words, consisting of 18 emotional and 18 neutral, to the participants. Half of these words were in English, whereas the other half were in Spanish. The results of the multivariate analysis of variance (MANOVA) showed that participants were able to recall the emotional words better when they were presented in their first

language compared to the later learned language. Based on their results, Anooshian and Hertel (1994) argued that later-learned languages would be less likely to be associated with emotional experience compared to the first-learned language. Apart from the effect of the first-learned language on emotions, their study showed that the first language has an effect on memory as well. The relationship between L1 and memory is discussed further in detail in the following chapter.

As using taboo words or swearing in the first language elicits heightened emotions, using them in a later-learned language creates a space for multilinguals to express themselves without offending the norms of their first language and culture (Dewaele, 2016). As it is explained above, the effect of language on using swear words was noticed in the very early years of psychoanalysis. Freud and his colleagues realised that some of their multilingual patients preferred to use a later-learned language when they were using obscene words or discussing sex-related topics (Freud, 1893).

Similarly, Harris, Gleason, and Aycicegi (2006) argued that since the first language is learned in a highly emotional context, it is more emotional compared to later learned languages which are usually learned in less emotional contexts.

Keysar, Hayakawa, and An (2012) argued that a later-learned language would enable its user to put greater distance in terms of emotions compared to the first language. They based this claim on previous research, which showed that both subjective ratings and electrodermal responses showed that emotional words such as expressions of love, taboo words, and swear words elicited less emotionality in a later learned language (e.g., Aycicegi - Dinn & Caldwell-Harris, 2004; Puntoni, de Langhe, & van Ossaer, 2009). To test their hypothesis, Keysar, Hayakawa and An (2012) recruited one hundred forty-six

Korean students. The later learned language for all of the participants was English. Their results showed that compared to the later-learned language, L1 was causing more emotional reactions. Pavlenko (2012) argues that the emotional distancing in Keysar, Hayakawa, and An (2012) can be explained with “disembodied” words, which do not have a total impact on the later learned language users. Marcos and Alpert (1976) termed this same phenomenon as the “detachment effect”.

In line with the detachment effect or disembodiment, Caldwell-Harris and Aycicegi-Dinn (2009) found that a later-learned language was perceived to be less emotional and caused a reduced emotional response. To test their hypothesis, they recruited seventy psychology majors, all of whom learned the English language in a classroom setting after the age of 12. As they did in their previous research (e.g., Harris, Aycicegi, & Gleason, 2003; Harris, Aycicegi, & Gleason, 2006), they checked the electrodermal activity of the participants in order to assess the effect of the first language and the later-learned language on emotions. The ANOVA results of their data showed that participants' first language, Turkish, caused a stronger emotional reaction compared to their later learned language, English.

Eva Hoffman’s aforementioned and well-celebrated book *Lost in Translation: A life in a new language* (1990) can be described as an autobiographical book and therefore lies somewhere in between personal memoirs and literary work. In her book, Hoffman (1990) shows us her struggles as a migrant child. Hoffman is a writer, and her family of Polish – Jewish origin emigrated to Canada from their home country Poland in 1959. Hoffman clearly portrays the effect of the English language and Canadian culture on her self-representation, cognitive abilities, decision-making mechanisms, and emotions. After

migrating to Canada and starting to learn English, Hoffman realises that this later-learned language does not help her share her emotions. While she is not able to express her emotions in this later learned language, English, her first language, Polish, is becoming less functional as well.

The worst losses come at night. As I lie down in a strange bed in a strange house ... I wait for that spontaneous flow of inner language which used to be my night-time talk with myself, my way of informing the ego where the id had been. Nothing comes. Polish, in a short time, has atrophied, shrivelled from sheer uselessness. Its words don't apply to my new experiences ... In English, words have not penetrated to those layers of my psyche from which a private conversation could proceed. ... I have no interior language, and without it, interior images – those images through which we assimilate the interior world, through which we take it in, love it, make it our own – become blurred too. (Hoffman, 1990, pp. 107-108).

Apart from not being able to express her emotions in this later learned language, Hoffman (1990) shows that the words in English do not elicit the same emotions as in her first language.

... mostly, the problem is that the signifier has become severed from the signified. The words I learn now don't stand for things in the same unquestioned way they did in my native tongue. "River" in Polish was a vital sound, energised with the essence of riverhood, of my rivers, of my being immersed in rivers. "River" in English is cold – a word without an aura. It has no accumulated associations for

me, and it does not give off the radiating haze of connotation. It does not evoke.
(Hoffman, 1990, p. 106)

Another Polish–English bilingual and well-known linguist Anna Wierzbicka (1938-), wrote about her migration experience in *The Double Life of a Bilingual* (1985). In her article, Wierzbicka explains the effect of learning a new language and a new culture from a personal point of view by giving examples from her life and from her family. Apart from giving examples from her personal and private life, as a linguist, Wierzbicka shares her opinions from a theoretical point of view as well.

... I came to realise that the most important everyday emotions in Polish had no place in English. For instance, in Polish, I used to say often '*strasznie si ciesz*' or '*okropnie si denerwuj*,' [emphasis in original] but none of these things were really sayable in English. First, the English equivalents of the Polish intensifiers *strasznie* and *okropnie* [emphasis in original] ('terribly') would sound excessive in an English-language conversation. Second, the Polish durative reflexive verbs suggested an on-going emotional process, and an active attitude (similar to that reflected in the atypical English verb 'to worry,' and in the archaic verb 'to rejoice'), and so they were quite different from the English adjectives describing states such as 'happy' or 'upset'. And third, the lexical meaning of the Polish words in question was different from any corresponding English words: *ciesz sie* was closer to the archaic *rejoice* than to *happy*, *martwie sie* [emphasis in original] combined something like worry with elements of chagrin and sorrow, *denerwuje sie* [emphasis in original] suggested a state of great agitation and 'fretting' (but without the negative connotations of the latter word) as well as something like being

upset, and so on. What applied to emotions, applied also to religion, to the everyday philosophy of life, ... to social relations... (Wierzbicka, 1997, pp. 110 – 111).

Wierzbicka (1997) gives some examples from her interaction with her husband in order to show the differences between her Polish culture and her husband's “Anglo–Australian” culture.

... when I was talking on the phone, ... with my mother, ... my husband would signal to me: ‘Don’t shout!’ For a long time, this perplexed and confused me: to me, this ‘shouting’ and this ‘excitement’ was an inherent part of my personality. Gradually, I came to realise that this very personality was in part culturally constituted. (Wierzbicka, 1997. P. 113)

In the case of bilinguals and multilinguals, the effects of the emotions depend on which language they are using (Cook & Dewaele, 2021). A study by Keysar, Hayakawa, and An (2012), for instance, showed that thinking in a later-learned language provides a more significant emotional distance than in the first language.

The first language can be seen as the language of the attachment (Bowlby, 1979), and its effect on emotions could be understood from the attachment theory perspective as well (Harris, Gleason, & Aycicegi, 2006). Zeedyk (2006) argued that self-awareness, self-representation, and consciousness arise via intimate relationships with significant others. As the self is more stabilised during adolescence and onwards compared to early childhood, these significant others are usually those early ones (Bowlby, 1977, 1979; Tannenbaum & Har, 2020; Winnicott, 1965).

The studies (e.g., Cook & Dewaele, 2021; Harris, Aycicegi, & Gleason, 2003; Harris, Aycicegi, & Gleason, 2006; Pavlenko, 2005a, 2005b. 2012) showed that the effect

of later-learned language on emotions depends on a number of variables, including Age of Acquisition, Age of Arrival, and Context of Acquisition.

Age of Acquisition (AoA), the age at which the Lx learning began, is an essential factor for bilinguals when it comes to emotions. Caldwell-Harris, Tong, Lung, and Poo (2011), for instance, found that while early Mandarin-English bilinguals judged the two languages as equally emotional, late bilinguals took the Mandarin language to be more emotional. Similarly, Dewaele (2010; 2018) and Pavlenko (2005; 2012) found that the languages acquired in the early phases of life feel more emotional, powerful, and dominant. Dewaele (2010) found that AoA is highly significant for expressing emotions in later-learned languages. He collected data via online questionnaires through a website from 2001 to 2003. He had data from 1579 multilinguals who spoke 71 languages in total. He ran a Kruskal-Wallis Test to analyse the effect of later learned languages and age of acquisition for the expression of emotions and found out that while it is highly significant for L2 and L3, it failed to reach the significant levels for L4 and L5. One of his participants, Jennifer, who was from China and able to speak five languages (Chinese L1, Burmese L2, English L3, Spanish L4, Japanese L5, dominant in English), reported that she was using her third language (English) in order to express her emotions. Dewaele (2010) argued that when sharing emotions is not part of the L1 culture and they acquire a later-learned language at a young age, they can use the later-learned language to express their feelings.

My parents and siblings are not verbally affectionate. We support each other and show our love for one another through actions rather than words. Therefore I am not used to expressing my emotions in Chinese (L1). I was brought up in U. S.

where culturally expressing emotions verbally is acceptable and commonly practised. (Dewaele, 2010, pp. 91 - 92).

Contrary to Jennifer, another participant in Dewaele's (2010) study shared that expressing her emotions in her first language (German) feels real, whereas sharing them in her later learned language (English) felt like impersonating. Barbara (German L1, English L2, French L3, married to an English speaker) said that:

The German words have a different significance for me because they have much more of a physical connection – something like a physical feeling when you think or say something? Like I tell off my kids and if I do it in German I get involved but if I do it in English it's a purely rational disciplinary thing. Expressing emotions in English to my English friends often feels as if *I am only pretending to have these emotions* [emphasis added]. (Dewaele, 2010, p. 92).

Pavlenko (2012) argues that the difference in emotions with regard to AoA is due to differences in the embodiment; later-learned languages might be embodied only semantically without affection. In a study, Dewaele and Nakano (2012) looked at the feeling of logic, seriousness, sentimentality, hollowness, and feeling different. The results showed that in a language which was acquired later in life, participants felt less in logic, seriousness, and sentimentality, whereas they felt hollower (Dewaele & Nakano, 2012). According to Bowlby (1979) and Sroufe (2000), the self, compared to early childhood, would be more structured during adolescence and later. Therefore, the languages learnt later in life would not have the same significance in terms of emotionality (Tannenbaum & Har, 2020).

A study by Anooshian and Hertel (1994) also showed that when people learn a new language, they do not automatically gain the emotional side of the words with the semantic side, as opposed to languages that are learned in the early years of life. They found that the age of acquisition, therefore, was more important than proficiency when it came to the effect of language on emotions. In other words, when languages are learned early in life, emotions are processed deeply, and the emotional side of the words is learned alongside the semantic side (Dewaele, 2004; 2008).

Age of Arrival (AoAr) is another important variable affecting the language impact for bilinguals. AoAr refers to the age of arrival into the later learned language's environment. A study by Caldwell-Harris, Staroselsky, Smashnaya, and Vasilyeva (2012) with Russian-English bilinguals found that while for later arrivals, both the positive and negative effects were more potent in Russian, for early arrivals, the adverse effects were more substantial in Russian and positive affect in English.

Apart from the Age of Acquisition and Age of Arrival, Context of Acquisition (CoA) is also an essential factor when it comes to language and expressing emotions. CoA refers to the place where the later learned language was acquired (Pavlenko, 2012). Using his data of 2579 multilinguals, which was explained above, after operating the Kruskal–Wallis tests, Dewaele (2010) found out that context of acquisition had a significant effect ($p < .0001$) on the choice of the language to express emotions. Different from the age of acquisition, which only had an effect on L2 and L3, the context of the acquisition was significant for all later learned languages. For one of his participants, Ines (German L1, Italian L2, English L3, French L4, and Spanish L5), the languages learned at school or those only associated with work were not in use for expressing emotions:

There is almost no difference regarding emotional topics with my first and second language. In my third language it is more difficult because *I always used the English language either at school or at work* [emphasis added] and there have not been many possibilities to speak about emotional topics. (Dewaele, 2010, p. 94).

Similarly to Ines, another participant MP (English and Greek L1s, French L2, Albanian L3) also refers to the effect of the context of acquisition on sharing her emotions:

I was born in Greece and spent my formative years there. I remember a point at the age of 16 when I came to live in England with my parents. Although I have always gone to an English school, I found it very difficult to find the words to express emotions in English (...). (Dewaele, 2010, p. 94).

Sexuality can be an emotion-provoking topic; therefore, multilinguals might prefer to use a later-learned language while talking about it. Female sexuality or same-sex sexuality, for instance, is found to be challenging to discuss in the first language for many immigrants (Espin, 2006). In earlier research, Bond and Lai (1986) also found that when the topics are embarrassing, compared to the first language, later-learned languages create less anxiety. Multilinguals, in order to distance themselves from anxiety and highly charged emotions, may switch between languages. The anxiety and those highly charged emotions manifest themselves in using high pitch sounds and crying (Pavlenko, 2012).

Schawanberg (2010) conducted an experimental study in order to show the effect of the first language on emotions. She recruited 19 coordinate Spanish–English bilinguals. In other words, her participants learned Spanish during their childhood and learned English later during adolescence or adulthood. She presented questionnaires to her participants both in English and in Spanish and changed the order of the language in order to eliminate the

effect of the order. She asked the participants who were suffering from posttraumatic stress disorder to recall a traumatic memory. The results revealed that the intensity of symptoms and emotional intensity was significantly higher in their first language, Spanish, compared to their later learned language, English, according to the Analyses of Variance test.

Using a later-learned language while making a decision creates an emotional and cognitive distance compared to the L1 (Keysar, Hayakawa, & An, 2012). It can be argued that using a later-learned language during the therapy process would have a similar effect. Similarly, Pavlenko (2012) argues that a later learned language would be embodied semantically rather than affectively.

As many studies show, bilingualism/multilingualism plays a crucial role in psychotherapy with regard to emotions. As L1 and later learned languages have different functions, Costa and Dewaele (2012) claimed that multilingualism allows people access to a greater range of emotions than monolinguals. In line with this claim, Tehrani and Vaughan (2009) showed that by switching between languages, the clients can have better emotional mastery and a new perspective on past experiences. They presented a case study of a bilingual patient who started the therapy due to exposure to bullying at her workplace and suffering from Post-Traumatic Stress Disorder due to this exposure. Using the previous studies both from and outside of psychotherapy, Tehrani brought these findings into the therapy room with her patient. Considering the aim of the current research, it would be beneficial to look at their findings in depth.

Before discussing the therapy process and their findings, providing a piece of background information about their patient will allow the reader to understand their approach and interventions. The authors called the patient 'S', and she will be referred to

similarly here as well. S was a 48-year-old British woman by the time the authors wrote their paper. S learned French in her early childhood in a French-speaking environment and then returned to England. After a while, she went back to France to live and work. The authors argued that "... she found out that the French language and culture gave her more opportunities and created for her a more complete *sense of identity* and 'wholeness'. [emphasis added]" (Tehrani & Vaughan, 2009, p. 11). They also disclosed that the patient was fully involved in the research and publication of the article.

The reason for S to start the therapy process was due to the bullying she faced at her work from a colleague. As a result of thisz ongoing bullying, she suffered from Post-Traumatic Stress Disorder. The therapy process was both face-to-face, via phone calls and e-mails. The therapist (Tehrani) argued that the reason for using phone calls and e-mails was due to the nature of the therapy with someone who is living in another country. Tehrani did not mention her language abilities, but from the article, one can understand that the therapy process started in French, but after a while, "... S had an instinctive feel that returning to her mother tongue would provide the sense of safety and comfort which had been missing in French..." (Tehrani & Vaughan, 2009, p. 13). The therapist realised that switching to English helped S and allowed her to revisit her traumatic memories. The authors argued that switching to English helped S to have an emotional distance from what happened to her in the French language.

Based on the therapy sessions with S, the authors argued that for bilinguals, translating words would not activate the same networks in each language. Their claim was supported by the existing literature as well (e.g., Buxbaum, 1949; Caldwell-Harris, Tong, Lung, & Poo, 2011; Dewaele, 2004, 2008; Pavlenko, 2012).

As the first language has its advantages, it might have negative effects on its users as well (Pavlenko, 2012; Costa, 2020). In the case example given by Tehrani and Vaughan (2009), the patient was exposed to the traumatic experience in her later-learned language and, therefore, could “take a refuge” in order to protect herself from the emotional burden of her experience. (Tehrani & Vaughan, 2009, p. 14) When the first language plays a significant role in negative experiences, however, and the users associate it with those adversities, it can fall into a negative category. A study of German Jews who emigrated before the Second World War shows the negative effects of the first language (Schmid, 2002). In the case of asylum seekers and refugees, if the first language is associated with the reasons that led them to flee from their country of origin, a similar result could be expected.

1.3 The Effect of Language on the Memory

We dissect nature along lines laid down by our native language. The categories and types that we isolate from the world of phenomena we do not find there because they stare every observer in the face; on the contrary, the world is presented in a kaleidoscope flux of impressions which has to be organised by our minds—and this means largely by the linguistic systems of our minds.

Benjamin Whorf (2012)

According to Javier (1989), the concept of memory is deeply connected to language function. Language has a vital role in the individual's cognitive and emotional development. Through the encoding function of language, one is able to organise their

experiences into categories (Vygotsky, 1987), and this categorisation of experiences eases the retrieval process in the future (Javier, 1995).

Psychotherapy, especially psychodynamically oriented psychotherapy, gives considerable importance to early childhood memories (Ivimey, 1950). During psychotherapy, language is the primary source to access these memories (Flegenheimer, 1989). One of the obstacles to accessing these memories is the repression (Freud, 1905, 1912). When the client has more than one language to encode their past experiences, accessing these memories can get even more complicated since these memories might be encoded in different languages, and the therapist might not be familiar with these processes. These memories might be accessible in one language but not in another. Therefore, not only the repression of the client but the linguistic limitation of the therapist could be obstacles to accessing the memories of traumatic experiences (Javier, 1995). Similarly, the literature has many examples of difficulties in accessing these early childhood memories in a later learned language (e.g., Buxbaum, 1949; Greenson, 1950; Krapf, 1955).

Buxbaum (1949) showed that in bilingual patients, important childhood memories could only be accessed in the language in which they occurred. More recent studies also argued that memories are recalled in more detail and with more emotional impact if the language of encoding and retrieval are the same (Schrauf & Rubin, 1998; Altarriba, 2003; Venta, Munoz, & Bailey, 2017).

Schrauf (2000) claimed that when early childhood memories are retrieved in the language used in childhood, it would be possible to access more memories. Apart from the quantitative advantage of using the language of encoding for the retrieval process, these memories are more prosperous as well. That is, they have more details, the emotional tone

is deeper, and they are more vibrant (Schrauf, 2000). A cognitive explanation for such a difference is claimed to be due to the fact that remembering is state-dependent learning (Weingartner, 1978, as cited in Schrauf, 2000). According to state-dependent learning, the language of the time of memory encoding can be taken as a qualitative state. Similarly, the language of the time of retrieval is another qualitative state. When these two states match, according to state-dependent learning, the retrieval process would be more successful.

According to Schrauf (2000), aside from the cognitive explanation, there is a cultural-psychological one as well. He argued that bilingual individuals have more than one self, and according to the language that they are speaking, they activate that “language-specific self”. This language-specific self operates as a filter for memories for both encoding and retrieval processes. Following this claim, Schrauf (2000) claimed that early childhood memories are “... *filtered through a socioculturally constituted, linguistically mediated, first-language self* [emphasis in original] ...” (Schrauf, 2000, p. 388). Memories of recent events, on the other hand, are “*filtered through a socioculturally constituted, linguistically mediated, second-language self* [emphasis in original] ...” (Schrauf, 2000, p. 388). Therefore, whether one follows the cognitive or cultural-psychological explanation, conducting therapy in a language different than the language of childhood might negatively affect the retrieval process, hence therapy as well (Venta, Munoz, & Bailey, 2017).

This claim supports the idea of the “Mother Tongue Bias” (Schrauf, 2000). The Mother Tongue Bias claims that childhood memories would be more accessible, and the retrieval would be richer if the person used their childhood language rather than a later learned language. Further explanations of the Mother Tongue Bias and the “Equal Access Assumption”, which claims that the recalling process does not depend on the language of

encoding or retrieval, are given further in this chapter. Other research findings supported the idea that the processing and retrieval of the experiences would be more accurate if the language of retrieval and the language of encoding were the same (e.g., Altarriba, 2003; Marmolejo, Diliberto-Macaluso, & Altarriba, 2009). Therefore, conducting therapy in a language different from the language of encoding could negatively affect the access to the memory and, as a consequence, the therapy process itself.

Linguistic anthropology is a good source for understanding the “language socialisation” theory. A principal creed of this theory is that children develop in an environment shaped by language and sociocultural elements, and these two domains interact throughout the children's development and language acquisition (Ochs, 1988). According to Ochs and Schieffelin (2011), “... language is a fundamental medium in children's development of social and cultural knowledge and sensibilities....” (Ochs & Schieffelin, 2011, p. 1.). Schrauf (2000) claimed that although the language socialisation theory focuses on the language acquisition of children, the same principle can be applied to the second language acquisition of adult migrants when they move to a different cultural setting and learn a new language. As it is the case for children when adult migrants are learning a new language, they also learn the rules of the language and learning a second language facilitates the socialisation process with the host country (Schieffelin & Ochs, 1986; Schrauf, 2000).

Most of the studies with regard to the effect of multilingualism and bilingualism on memory have been conducted with bilinguals. Within the scope of psychology, the majority of these studies are part of experimental psychology and psychoanalysis/psychotherapy (e.g., Greenson, 1950; Amati Mehler, Argentieri, &

Canestri, 1990, 1993; Javier, Barroso, & Munoz, 1993; Marian & Kaushanskaya, 2004). The main experimental approach to assess the effect of bilingualism/multilingualism on memory in experimental psychology is by giving a stimulus in one of the languages of a bilingual and noting the response. The research on psychoanalysis/psychotherapy, on the other hand, focuses on the observation of psychoanalysts and psychotherapists and usually comes from case studies (Schrauf, 2000).

Regardless of the scientific discipline, there are mainly two assumptions when it comes to bilingualism and memory. The first one can be called the “Equal Access Assumption”, and the second one is the “Mother Tongue Hypothesis” (Schrauf, 2000, p. 390). As the name suggests, the first assumption is based on the acceptance that a multilingual and bilingual can access all their memory regardless of which language they use. As opposed to this assumption, the Mother Tongue Hypothesis claims that if a person spent all their childhood in a country using their first language and later moved to another place where both the culture and the language were different, when they try to access their childhood memories, using the first language rather than the later learned language, it would allow them to remember more of the childhood events and that these recollections would be in more detail (Schrauf, 2000).

Whether it is through experimental psychology or psychoanalysis/psychotherapy, there is a common element which might be seen as a confounding variable. Confounding variables, according to Howitt and Cramer (2017), are “[v]ariables which either wholly or partially account for the relationship between two other variables” (Howitt & Cramer, 2017, p. 13). In experimental psychology, the subject usually knows or can guess that their language is at issue (Grosjean, 1998). Similarly, when the effect of the language on the

client is noticed by the psychoanalysts/psychotherapists, they might interpret the issue, and the client would be aware of the effect of the language. Schrauf (2000) calls this awakening as “linguistically conditioned self” (p. 391). Therefore, while looking at the relationship between bilingualism and memory, a third variable, being aware of the importance of the language, might affect the results.

In the following section, examples from experimental psychology and psychoanalytic/psychotherapeutic literature are provided in order to see the effect of bilingualism/multilingualism on memory and recollection.

The early experimental psychologists had two assumptions with regard to bilinguals and their memory systems. The first one is called the “Separate Stores Model”, and the second one is the “Common Stores Model” (Durgunoglu & Roediger, 1987; Hamers & Blanc, 2000). As the name suggests, the former model claimed that there are two memory stores which are connected to the two languages. The latter model, on the other hand, suggested that there is only one memory store, and both languages are using that storage. The research provided evidence for both models. The review of the studies on language and memory showed that the results were subjected to the type of task that was asked of the participants (Hamers & Blanc, 1989). When the tasks were lexical, the Separate Stores Model was supported. However, when the task given to the participants was conceptual, the results were in line with the Common Stores Model.

The inconsistency of findings led to a new model in order to better understand the memory system of bilinguals. This new model is called the “Revised Hierarchical Models” (Dufour & Kuroll, 1995; Schrauf, 2000). According to this new model, there are three components with regard to the memory of bilinguals. These three components are two

lexical stores, each of which is responsible for one language and one conceptual store. The connections between these three components, according to Revised Hierarchical Models, would depend on the language abilities of the bilingual. A beginner bilingual would not have strong links between their second language and the conceptual store, and therefore, they would first think, translate what they thought, and then speak. An expert bilingual, however, since they would have strong links between the second language's lexical store and the conceptual store, instead of the process that the novice bilingual is following, would think in the second language (Schrauf, 2000).

Lastly, De Groot (1992, 1993) suggested a new model, namely, the "Conceptual Features Model". According to this model, first and second-language words would activate different referents with regard to their quality. A concrete word would have a shared meaning in both languages and, therefore, activate the same signification that is shared between the two languages. Abstract words, on the other hand, due to different meanings attributed to them, would activate complex features which are unique to each language (De Groot, 1992).

Before giving examples of research from experimental psychology, I would like to categorise them into three groups in order to see the effects of the type of experiment on the effect of bilingualism/multilingualism on memory. These three categories are cued recall, free recall, and narrative method (Wu & Thierry, 2012; Schrauf, 2000). In the first category, the cued recall, the experimenters give a cue word to the participant and ask them to think of a memory related to that word. After giving a couple of words, the participants are asked to provide dates for each memory. By doing so, the experimenters can answer

the question of whether the first or second language would elicit earlier memories (Schrauf & Rubin, 2000).

In the free recall method, the participants are asked to generate memories without any cue words. There are either two phases or two different groups according to the language in which the experiment is taking place. Again, as in cued recall, the experimenters are trying to find the answer to the question of in which language the participants would be able to recall earlier memories (Otoya, 1987).

Lastly, in the narrative method, the participants are asked to provide an earlier memory in their two languages. Usually, there are two sessions or some unrelated activities in between in order to eliminate the carry-over effect (Javier, Barroso, & Munoz, 1993).

Firstly, experiments with cued recall are given in order to look at the relationship between bilingualism/multilingualism and their effects on memory and recall. Wu and Thierry (2012) showed that when a word had a negative valence, Chinese-English bilinguals failed to access the meaning of the word. Similar results were found in another study for Polish-English bilinguals (Jończyk, Boutonnet, Musiał, Hoemann, & Thierry, 2016).

Another experiment which used the cued recall method was conducted by Marian and Kaushanskaya (2004). For their research, they chose 47 English-Russian bilinguals who were residents of the United States of America. All of the participants had emigrated from Russia. Marian and Kaushanskaya (2004) used interview methods which consisted of two parts. In one part of the interviews, they used the Russian language, and in the other, they used the English language. The languages were counterbalanced in order not to have an effect on the order of the language. During the interviews, the participants were asked

not to switch between the languages. The participants were given 16 cue words in Russian and asked to tell a particular event that the cue word reminded them of. In the second part of the interview, the English translations of the 16 Russian words were given and again asked to tell a particular event that was reminded by the cue word. After finishing these two parts, the participants were asked to indicate the date of the event and the language which was in operation at the time of the event.

Results from Marian and Kaushanskaya (2004) supported the hypothesis of language-dependent memory (Marian & Neisser, 2000). That is, using the language of encoding during the retrieval process enriches the recollection. Furthermore, they found that using the language of encoding during retrieval increases the qualities of emotion and emotional intensity. The researchers also looked at the content with regard to self-oriented and other-oriented usage, and they found that the English language was correlated with the former one, whereas the Russian language was correlated with the latter. Consistent with self-oriented and other-oriented language based on the language that was used, they found that the Russian–English bilinguals tended to use personal pronouns when they were talking in English. On the contrary, even when they were telling the same story, they tended to use more group pronouns when they were speaking in Russian. Considering the fact that Russian culture is classified as more collectivistic and American culture as more individualistic, the researchers claimed that the cultural component of the language affects self-representation (Marian & Kaushanskaya, 2004). This finding was consistent with the other research in the area of language and self-representation that was covered in the previous chapter.

Otoya (1987) studied the effect of both culture and language in encoding and recall. This research had two phases, one of which could be classified as “cued recall” and the other as “free recall” according to the classification explained above. For her doctoral dissertation, she recruited 40 English–Spanish bilinguals, half of whom were “monocultural” and the other half were “bicultural”. The term monocultural was defined by Otoya as “... subjects who have acquired and always used both languages in the same cultural environment.” (Otoya, 1987, p. 45). As it can be guessed from the definition of the monocultural, she used the term bicultural to refer to those who lived in two different cultures, to be more specific, those who were “... born outside the United States, who spoke Spanish exclusively until school age when they started learning English and who subsequently moved to the United States.” (Otoya, 1987, p. 45).

For the cued recall part of the study, Otoya (1987) gave ten words in one language and ten in the other. Six of these ten words were translation equivalents. The participants were asked to remember a memory based on the cue words, and then the dates were noted. The results showed that both monocultural and bicultural participants retrieved earlier memories in their first language; for this study, it was Spanish. According to the results, the researcher claimed that the first language activates earlier memories than the later learned languages.

The second phase of the study by Otoya (1987) was a *Free Recall* type of experiment. The same Spanish–English bilinguals described above were asked to think about “three memories from birth to their eighth birthday and two memories from their fourteenth birthday until the present.” (Otoya, 1987, p. 50.). The question was asked to half of the participants in English and another half in Spanish. The results showed that there

was a statistically significant difference in the memories before the eighth birthday between the English and Spanish interviews. In other words, when the participants were asked to remember three events from their birth to their eighth birthday, they were able to retrieve more memories when they were asked in Spanish, which was the language of encoding.

Javier, Barroso, and Munoz (1993) conducted an experiment which can be classified as a narrative method according to three categories that were explained above. The researchers had 5 Spanish–English bilinguals for their experiment. The ages of the participants were between 29 and 66. They had three phases for their experiment. In the first phase, they asked the participants to “speak for five minutes about any interesting or dramatic personal life experiences” they had in the language that it had occurred (Javier, Barroso, & Munoz, 1993, p. 325). After 5 minutes, they gave participants some language and vocabulary tests as a distracting task which took about half an hour. After completing the tests, the participants were asked to tell the same experience in their other language. After putting the narratives into “idea units” and “thought units” (Chafe, 1980), they carried out the *t-tests*. The mean differences between the two languages were significantly different. The results showed that when the participants recalled their experience in the language in which it occurred, their narratives were more emotional, elaborate, and both qualitatively and quantitatively more decadent compared to their narratives in their other language (Javier, Barroso, & Munoz, 1993).

Even though the results from Javier, Barroso, and Munoz (1993) were significant, they were criticised by other researchers on two counts, particularly (e.g., Schrauf, 2000). The first thing that was criticised was the number of participants and their age distribution. Apart from the demographics, Javier, Barroso, and Munoz (1993) were also criticised for

their procedure. To be more precise, they were criticised for asking the participants to tell the same story twice in a short amount of time.

A study conducted with Iranian refugees in Germany who were diagnosed with PTSD showed that participants could retrieve traumatic memories when they were using their L1 (Kananian, Ayoughi, Farugie, Hinton, & Stangier, 2017). Research has shown that there are different patterns of memory retrieval depending on the language in which memories are accessed for bilingual people (Koven, 2001; Otoy, 1987; Schrauf, 2000). Marian and Kaushanskaya (2004) found that language mediates self-construal in bilinguals. They argued that their narratives would be more individualistic when they use a language that is associated with an individualistic culture, and the narratives would be more collectivist when they use a language that is associated with and collectivistic culture.

The following part of the chapter focuses on the studies done in psychoanalytic/psychotherapeutic settings, which use single case studies in order to show the effect of first language on memory.

Before giving examples from psychoanalytic literature, it might be beneficial to recognise the importance of memory and retrieval for the analytic process and the reason for that. One of the aims of psychoanalysis is to retrieve and reintegrate the memories that are either forgotten or repressed (Freud, 1957; Loftus, 1993). Since the principal access to these memories is via language, in the case of bilinguals and multilinguals, the language of the encoding and retrieval is essential (Javier, Barroso, & Munoz, 1993; Schrauf, 2000; Keysar, Hayakawa, & An, 2012; Gulina & Dobrolioubova, 2018).

As it was explained with the examples in the Section 1.1 The Effect of Language on the Self, most of the early psychoanalysts and their patients were multilingual (Perez

Foster, 1992; Schrauf, 2000; Santiago Rivera & Altarriba, 2002; Or - Gordon, 2021). When we look at the first three major essays, Buxbaum (1949), Greenson (1950), and Krapf (1955), which are related to the effect of language on psychoanalysis, the examples they gave show that typically the psychoanalysis processes begin in the later-learned language and via a shift to the first language, the patient is able to remember experiences that were not accessible in the later learned language. In the example given by Buxbaum (1949), the patient is able to remember a traumatic childhood event after thinking about her dream in her first language rather than the later learned language. Similarly, the example given by Aragno and Schlachet (1996) shows that when the patient is trying to understand his dream in a later learned language, he cannot interpret it. However, when he thinks about the dream in his first language, which is Spanish, he is able to relate the dream to his abusive father.

The example from the patient of Greenson (1950) shows that it is not only the psychoanalyst but also the patient who is aware of the importance of the first language when it comes to retrieval. “I have the feeling that in talking German *I shall remember something that I wanted to forget* [emphasis added]” (Greenson, 1950, p. 19). In other words, Greenson’s patient was aware that by using the later-learned language, she was actively avoiding remembering things which were repressed. Greenson mentions that he was switching and asking his patient to switch to his first language, which in this case was the German language, when “... specific resistances against remembering or recapturing feelings about the mother occurred ...” (Greenson, 1950, p. 20). Related to recall, as it can be seen from the quotation, Greenson (1950) points out the critical relationship between the first language and emotions, which was discussed in the chapter above.

Javier (1996) showed that apart from the quantity, the language was effective in quality as well during the retrieval process. He gave an example from a patient who was describing his relationship with his father in a distant fashion when he was using his later-learned language. Talking in his first language, on the other hand, he was able to retrieve warmer and more emotional memories with his father.

Similar to Greenson (1950)'s patient, Movahedi (1997) gives an example from his patient where he is actively using a later-learned language, in his case, the English language, to avoid remembering negative experiences that he had during his childhood. In his example, his patient is switching from Persian to English when he talks about haemorrhoids. One of the reasons for this switch is due to the fact that the Persian translation of haemorrhoids is used by Iranian adolescents to refer to anal sex (Movahedi, 1997). Schrauf (2000), when discussing this case, claims that Movahedi's patient was actively "taking refuge" (Schrauf, 2000, p. 403) in a later learned language to avoid the threatening material in the first language.

Another clinical case example showing the effect of the first language on memory is given by Amati Mehler, Argentieri, and Canestri, in their seminal paper, *The Babel of the Unconscious* (1990), which was then turned into a book. In one of the cases that they presented, they called the patient as Patient A. Patient A is a woman whose first language is Spanish who had recovered from an illness during which she was confined to her bed and suffered from hallucinations. After almost a year, she wanted to have psychoanalysis, and she preferred to have it in Italian language but with a therapist whose first language was Spanish. She claimed that she was not able to Spanish and having lived without any identity documents for a year in Italy, she was not integrated into the society, as the

psychoanalyst explains. In her third session, she says, “The language that you do the analysis in does not matter.” (Amati Mehler, Argentieri, & Canestri, 1990, p. 573). In the eighth session, however, she realises the importance of the first language with regard to memory. “Only now, only now when I have remembered all this, do I think that it happened because the priest spoke to me in Spanish.” (Amati Mehler, Argentieri, & Canestri, 1990, p. 574).

The last clinical case example that is discussed in this section is again from Amati Mehler, Argentieri, and Canestri (1990). The patient that they present is a foreigner, successful in his field, and well-integrated in Italy. His wife is from Portugal, and he only shares his first language, Portuguese, with his wife. Shortly after beginning the treatment, he starts to have a love affair with an Italian woman, and he feels like he is “learn[ing] everything from the beginning” (Amati Mehler, Argentieri, & Canestri, 1990, p. 579). Later in the analysis, he realises the effect of the language on the memory and acknowledges it by saying, “I now realise that it is only my memories that I cannot translate from one language to the other.” (Amati Mehler, Argentieri, & Canestri, 1990, p. 580).

In another case that was presented in *The Babel of the Unconscious* (1990), with an Argentinian patient who was in psychoanalysis in the Italian language, the importance of the first language was underlined. The patient had not used Spanish for more than 20 years. He had the wish to re-read the fairy tales that he used to read in his childhood. As he started to read these fairy tales, he had severe mental confusion, which was accompanied by psycho-somatic symptoms (Amati Mehler, Argentieri, & Canestri, 1990).

Rina Stahl Freedman (1935 – 2021) is a psychoanalyst who was born and raised in Israel, spoke, and worked in Hebrew, German, English, and French languages. In her

analysis with an immigrant psychoanalyst who could speak English and German, she was offered to continue the analysis in the German language in her third year of analysis. Up to that point, her analysis was in the English language. In her article *Cross–Cultural Treatment Issues in Psychoanalysis* (2017), she explains how she felt when her analyst suggested speaking in German. “I was upset. I wanted to embrace the Eriksonian model of a “new self-portrait” ... and create a new and sparkling identity. *I wanted to avoid remembering and feeling more pain than I was already experiencing in the analysis [emphasis added].*” (Freedman, 2017, p. 73). After being in psychoanalysis in the German language for several years, she was able to understand the difference first-hand:

I became aware of the underlying and *crucial importance of the mother tongue* [emphasis added] and the impact of cultural differences in a person’s psychic life and development. Speaking German, I was hurled back into sounds, words, images and memories that seemed, at times, unbearably painful. *The analysis in German was a totally different analytic experience* [emphasis added]. ... In German, I relived my early life in the flesh, in vivid colours, sounds, even smells. Yet, speaking aloud the seemingly intolerable, unspeakable words and feelings, I progressively sensed enormous freedom and lightness. (Freedman, 2017, p. 73).

Freedman's (2017) experience with the effect of language is similar to what was described by Buxbaum (1949), Greenson (1950), and Krapf (1955). However, different from the mentioned psychoanalysts, Freedman wrote from her own experience. In other words, instead of focusing only on her patient and dismissing her multilingualism and its effects on her, she openly discussed its effects.

The retrieval process, hence, memory, heavily relies on the self. Therefore, there is a three-way effect between memory, self, and the later learned language. As a part of the culture, language affects how a person represents themselves to society. In turn, the way to represent themselves, with the effect of culture and language, affects the person's memory. Cultural factors can either inhibit or facilitate certain aspects of self, and therefore the language that is in use would determine which aspects of the self would be presented to the public (Akhtar, 1999; Schrauf, 2000). To quote Schrauf (2000), “It is the self-representation currently operative that acts as a filter for memories: confirmatory ones *‘remembered’*, inconsistent ones *‘forgotten’* [emphasis added].” (Schrauf, 2000, p. 411).

Fausey and Boroditsky (2010) found out that language has an impact on eye-witness memory as well. They conducted research with 97 participants, 86 of them being English speakers and 29 of them being Spanish speakers. The participants watched 16 videos where there were eight intentional and eight accidental actions. Their results showed that accidental actions were remembered better by English speakers compared to Spanish speakers. Based on their results, they claimed that speakers of different languages would remember different things from the same events.

Part 2: Language and Psychotherapy

For mental health services, and especially for psychotherapy services, language is a *sine qua non* since mental health professionals (psychiatrists, psychologists, psychotherapists, counsellors, mental health nurses, and mental health social workers) depend particularly on language to help their clients (Dickerman & Alfonso, 2015).

2.1 Bilingualism / Multilingualism

Both bilingualism and multilingualism have had a place in psychoanalysis since its birth. Before discussing bilingualism and multilingualism in therapy, definitions for both terms are provided.

Compared to monolingualism, bilingualism and multilingualism are much more common (Santiago-Rivera & Altarriba, 2002). However, defining bilingualism and multilingualism is a challenging task. The majority of research focuses on bilingualism rather than multilingualism (Harris & McGhee-Nelson, 1992). A layperson would define bilingualism as having similar levels of proficiency in two languages from very early ages (Pavlenko, 2012; Pérez-Rojas, Brown, Cervantes, Valente, & Pereira, 2019). However, this view has been criticised as it is very restrictive and narrow. Grosjean (2010), who is among those who criticise the definition mentioned above, for instance, argued that a bilingual is not just a sum of two monolinguals. Instead, bilinguals have “unique and specific linguistic configurations” (Grosjean, 2010, p.75). Most scholars use the definition of bilinguals and multilinguals as a person who uses two or more languages in their everyday lives either simultaneously or sequentially (Pavlenko, 2012; Pérez-Rojas, Brown, Cervantes, Valente, & Pereira, 2019).

An example of the simultaneous use of more than one language would be members of bilingual families. Sequential, on the other hand, would be the case in the context of immigration, for instance. In case of migration, a person would acquire a new language and might use the newly learned language at work while using the other language at home. While the layperson's definition of bilingualism is being criticised for being very narrow, the latter definition is subject to criticism for being overly broad (De Groot, 2011; Grosjean, 2008; 2010). Pavlenko (2012) argued that there is a need to “distinguish between different populations with regard to order, age, and context of language acquisition, language dominance, and levels of language proficiency” if the broader definition of bilingualism and multilingualism will be used (Pavlenko, 2012, p. 406).

Before defining the terms that Pavlenko (2012) suggested to scrutinise, I would like to explain two different approaches that scholars are using for the order of language acquisition. To illustrate the order of language acquisition, researchers use a chronological approach and apply L1, L2, L3, to refer to the first, second, and third languages accordingly. However, Dewaele (2010) argued that using such a chronological approach creates a classification between languages, and it might not be accurate as a person could have a higher proficiency in their third language than the second one. In order to overcome this potential problem, he suggested using “Lx” for later-learned languages regardless of the order of acquisition. Following Dewaele (2010; 2018), the terms 'L2', 'L3', and 'L4' will not be used throughout this research. Instead, 'Lx' and 'later learned language' will be used for any languages learned later in life.

Age of Acquisition (AoA) is used to indicate the age at which the later learned language learning began. According to AoA, there are three sub-categories of bilinguals:

simultaneous, childhood, and late bilinguals. With regard to AoA, Susan Ervin-Tripp (1961) suggested two categories, as opposed to the above-mentioned three: compound and coordinate bilingualism. In the former one, the bilingual person grows up learning two languages simultaneously and encodes their experiences which can be accessed and expressed with these two languages. The latter one, on the other hand, refers to a person who learns one language first and, at some point later in their life, learns another one. Ervin-Tripp (1961) claimed that compound bilinguals do not have a different grammar system for a second language. In other words, the second language will always depend on the first one.

Coordinate bilinguals, however, are those who learn two languages in two distinct contexts and therefore, they have independent grammar systems for two languages. Due to the differences in the grammar systems, it is argued that coordinate bilinguals would have difficulties in translating (Diller, 1970). Ervin's (1961) definition of the compound and coordinate bilinguals draws a sharp dichotomy. However, some scholars (e.g., Diller, 1970; de Zulueta, 1984) argued that bilingualism should be considered as a continuum rather than two extremes.

Age of arrival (AoAr) is used to describe the age at which the person arrives in the target language (TL) context. AoA and AoAr might or might not refer to the same age depending on each person's experience. The term context of acquisition (CoA) is used to describe the context of Lx learning. It can be instructed contexts, naturalistic contexts, or mixed contexts. Figure 1 shows the commonly used terms for bilingualism and multilingualism.

Figure 1

Terms and definitions of bilingualism

Order of language acquisition	
First Language (L1)	A language or languages from birth, regardless of the speaker's current proficiency
Other Languages (Lx)	A language learned after early childhood (ages 1-3 years) following L1
Target Language	A language that speakers are learning or aim to learn
Age of acquisition	
Age of acquisition (AoA)	The age at which the Lx learning began
Simultaneous bilinguals	Speakers who acquired two or more languages from birth
Early or childhood bilinguals	Speakers who acquired the Lx in early or middle childhood, prior to age 12
Late or adult bilinguals	Speakers who acquired the Lx after the age of 12 or post-puberty
Age of arrival	
Age of arrival in the Lx environment (AoAr)	The age at which speakers arrived in the Lx context
Length of residence (LoR)	Length of residence in the Lx environment
Early arrivals	Speakers who arrived in the Lx context as children, prior to the age of 12

Late arrivals	Speakers who arrived in the Lx context as children, after the age of 12 or post-puberty
Context of language acquisition	
Context of language acquisition (CoA)	The context in which the Lx was acquired
Foreign language (FL) or instructed context	Foreign language classroom
Lx or naturalistic context	The environment where the language is spoken
Mixed context	Classroom learning is supplemented by learning the language in the environment where it is used as a native language by the majority of the speakers
Foreign language (FL) learners	Lx speakers who are learning the Lx in the classroom, outside of the environment where it is used as a native language by the majority of the speakers
Second-language (Lx) learners	Lx speakers who are learning the Lx in an environment where it is used as a native language by the majority of the speakers
Language proficiency	
Language proficiency	The overall level of language achievement
Language dominance	The overall level of language activation that creates the impression of fluency and ease of lexical retrieval and syntactic processing (may vary by domain)

Balanced bilinguals	Bilinguals who have relatively similar skills in their respective languages across different areas
Dominant bilinguals	Bilinguals who display greater ease in one of the languages (overall or in the domain in question)
Language attrition	Decreased level of language activation (due to disuse), manifested in dysfluency, lexicon reduction, and structural simplification
Modes of engagement with language	
FL or Lx learners	Speakers who are actively studying the Lx
FL or Lx users	Speakers who are using the Lx in everyday life

As it is complex to define bilingualism and multilingualism, there are no statistics to show the prevalence of multilingualism across the globe (Grosjean & Nicol, 2001). Even though there are no statistics, researchers agree that the majority of the world population is multilingual, and monolingualism is quite rare (Bialystok, 2001). For instance, there are around 350 languages that are used daily in the UK (Crystal, 2007). Being part of the European Union had a positive effect on the diversity of languages in the UK (Kelly, 2018). The effect of Brexit on the languages spoken in the UK is yet to be seen.

According to the report of Cambridge Bilingualism Network Forums (2017), 20% of primary school students in England spoke English as a later-learned language. Compared to statistics from 1997, the number has doubled. In the 2011 Census, for the question “What is your main language?”, there were more than 600 languages. Earlier research showed that there were over 300 different languages (Baker & Mohielden, 2000). Even though there are no specific statistics showing the prevalence of multilingualism (Grosjean & Nicol, 2001), the reports by Cambridge Bilingualism Network Forums (2017) and Census show that bilingualism and multilingualism are common in the UK.

2.2 Bilingualism / Multilingualism and Psychotherapy

In this chapter, I will look at the role of language and multilingualism at the very beginning of psychoanalysis. Starting with Freud, I will examine how the pioneers of psychoanalysis approached the issue of multilingualism and their publications on the subject. After that, I will look at the differences in recent studies with regard to multilingualism in therapy.

The founder of psychoanalysis, Sigmund Freud (1856 – 1939), was an immigrant himself and had to migrate to another country later in his life. He was born in Freiberg, Germany, from where he moved to Leipzig at the age of three. After living in Leipzig for about a year and a half, he moved to Vienna, Austria (Akhtar, 2006). Due to the Second World War,

at the age of eighty-two, Freud had to move to London, England. In a letter that he wrote to Max Eitingon, a psychoanalyst and friend of Freud, he shared his feelings about his migration: "... the feeling of triumph at liberation is mingled too strongly with mourning, for one had still very much loved the prison from which one has been released" (Gay, 1998, p. 9). From the quotation, it can be seen that Freud accepted the complexity of migration. He had to migrate due to his Jewish identity and to save his life; in other words, it was an "involuntary dislocation" (Papadopoulos, 2015; 2016; 2018a; 2021). The term "involuntary dislocation" and its complexity will be discussed further in Chapter 3.1, Involuntary Dislocation.

Freud's immigration from Vienna to London meant a change in language, among other things, such as culture, climate, customs, and cuisine. Freud, in his letter to his nephew, mentioned the hardship of conducting psychotherapy in English when he was living in London. He wrote, "I listen and talk to Englishers 4-5 hours a day, but I will never learn their language correctly." Freud was not satisfied with his English even though his "near-perfect English" (Gay, 1988, p. 166) allowed him to recite long passages from Shakespeare. In the fall of 1919, he had private lessons to "polish [his] English" (Gay, 1998, p. 388). He was still anxious about his language proficiency and stated that in one of his letters to Ernst Jones, a fellow psychoanalyst and who would later become Freud's official biographer. Jones had sent him two patients who were speaking in English, and in his letter, Freud said, "I am anxious about my English, both of them talking an abominable idiom." (Gay, 1988, p. 388).

Before his letter to his nephew, he wrote to Leonhard Blumgart, who was going to Vienna to start his analysis with Freud. In his letter to Blumgart, Freud wrote, "It would be a great relief for me if you talked German; if not, you should not criticise my English." (Gay, 1988, p. 388). Besides his relatives and patients, he shared his problems with the English language with a colleague, Ferenczi. In one of his letters to Ferenczi in 1920, he said that English sessions were making him very tired, and after the sessions in English, he was "... not

useful for anything.” He also complained about the tiredness of conducting sessions in English to his friend Kata Levy. In his letter to Levy in 1920, he said that because of listening to people talking in English for “5, sometimes 6 and 7 hours”, he was no longer able to answer his letters at night, and he had to do it on Sundays (Gay, 1988, p. 389).

Although Freud was writing to his relatives, friends, and colleagues about using a later-learned language in therapy, he was not focusing on the psychological effects of it, and he did not publish any articles on that subject. Rather, he was considering the language as a mere medium for communication and ignoring the other elements related to using a later-learned language in therapy. In another letter to his friend Kata Levy, he wrote the reason why he was seeing English-speaking patients despite his anxiety with the English language. “One can no longer make a living from Viennese, Hungarians, Germans.” He mentioned the same thing to Ernst Jones as well. “[Without] these Entente people⁴, [I could not] make the two ends meet.” (Gay, 1988, p. 388). Despite his lack of confidence, feeling more tired compared to the sessions in German, and his anxiety when he was analysing English-speaking patients, he did not focus on the effect of language. Instead, he turned his attention to the money he was making from English speakers.

Apart from using a later-learned language, English, himself, some of his patients were also using a later-learned language during their analysis with Freud. German was a second language for many of Freud's early patients, including the 'famous' Wolf Man, Miss Lucy R, and Maria Bonaparte (Flegenheimer, 1989). Wolf Man's, Sergei Pankeev's, first language was Russian, and Maria Bonaparte's first language was French, even though they both were in analysis in the German language. Helen Deutsch, one of the first psychoanalysts to specialise in women, was one of Freud's patients, and despite the fact that her first language was Polish, she was in analysis in German. Later, she emigrated to the United States and practised

⁴ Freud was referring to his analysands from England and America as "Entente."

psychoanalysis in English (Or - Gordon, 2021). As Freud did not give any attention to the use of a later-learned language as an analyst himself, he did the same for his patients who were using a later-learned language. However, in a letter that he wrote to famous Swiss linguist, semiotician, and philosopher Ferdinand de Saussure (1857 - 1913), he clearly showed that he was aware of the effect of language, especially for migrants:

[P]erhaps you missed out the one point which the emigrant experiences so particularly painfully. It is ... one can only say: *the loss of the language in which one lived and thought*, and which one will never be able to replace with another... [emphasis added].⁵

Freud was one of many in practising psychoanalysis in a multilingual environment. Federico Fleggenheimer (1989) mentioned Freud's Austria as a Babel, and quoting Musil (1931), wrote that:

If you were to ask an Austrian: what are you? ...he would rather say: I am a Pole, a Czech, an Italian, a Friulian, a Ladin, a Slovene, a Croat, a Serb, a Slovak, a Ruthenian, or a Wallachian ... (Musil, 1931, as cited in Fleggenheimer, 1989, p. 377).

Most of the early psychoanalysts were multilinguals themselves and practised psychoanalysis in a multilingual setting. Apart from conducting therapy in a later learned language, most of them were trained in psychoanalysis in a language, specifically in German, that was not their primary language (Or - Gordon, 2021). Alfred Adler, Margaret Mahler, Sandor Ferenczi, and Melanie Klein can be named among many others who were either analysing their patients or being analysed in a later-learned language. When we look at

⁵ This letter was not published. It was provided to Amati-Mehler, Argentieri, and Canestri by Harold P. Blum for their book *The Babel of the Unconscious: Mother Tongue and Foreign Languages in the Psychoanalytic Dimension* (1993).

multilingualism in early psychoanalysis, it gives a clear picture of the richness in terms of the language. For example, Sandor Rado, whose first language was Hungarian, was under analysis by Karl Abraham in the German language, and he moved to New York and started to work in English later in his career. The example from Sandor Ferenczi and Melanie Klein shows the analyst's use of the later learned language rather than the analysand. Ferenczi analysed Klein in German, which was Klein's first language (Or - Gordon, 2021).

Ferenczi was one of the first psychoanalysts who wrote about the effect of later-learned languages in therapy (Or - Gordon, 2021). Ferenczi, in *On Obscene Words*, discusses the hardship of expressing obscene words in L1. He points out the fact that the hardship does not apply to foreign versions of these obscene words. He shares a quotation from Freud in which Freud argues that when a person uses an obscene word, they are forced to think about the part of the body or its function. Ferenczi (1952/1994) agrees with Freud's idea of embodiment and claims that when these words are used in a later-learned language, they would not have the same effects as in "...one's mother tongue" (Ferenczi, 1952/1994, p. 137). Even though he expresses the idea of the effect of the later learned language as different from Freud's idea, at the beginning of his article, a reference to Freud shows that Freud was aware of the effect of language with regard to obscene words.

In one of his earlier works, Freud called attention to the possibility of finding ways and means to discuss with patients even the most proscribed sexual activities (perversions) without wounding their modesty, and for this purpose, he recommended *the use of technical medical expressions* [emphasis added]." (Ferenczi, 1952/1994, p. 132).

There is no reference to Freud's specific work in this paragraph, and therefore the original source could not be checked. From this reference, however, it is evident that Freud was aware of the hardship of using obscene words in the first language and therefore

recommended the use of medical expressions, which can be understood as a later learned language since much of the technical medical expressions of the time were in the Latin language.

Ferenczi (1952/1994) argues that obscene words are related to childish sexual theorisation, and in those early ages, the words are perceived as objects rather than representations. Therefore, he claims, the patients are using the foreign versions of the obscene words as a defence mechanism (Ferenczi, 1952/1994). Further information on Ferenczi's ideas on language in therapy can be found in his *Clinical Diary* (1969/1995), which he wrote in German rather than his first language, which was Hungarian. Despite his interest in patients' multilingualism, Ferenczi did not write about his multilingualism and whether it had any effect on him or his practice.

Even though most of the early psychoanalysts were multilingual and the later learned languages were in constant use either by the analyst or the analysand, it took almost four decades after Ferenczi's article *On Obscene Words* for other analysts to write about the language (e.g., Velikovsky, 1934; Buxbaum, 1949; Greenson, 1950; Krapf, 1955). However, all articles at that time focused on the effect of the later-learned language on the patients only. In other words, they were not asking any questions on the possible effects of the usage of the later-learned language on the practitioner. It is worth noting that the writers themselves were multilinguals, and they were using more than one language in their practice, but still, they only emphasised the effect of the use of a later-learned language on the patients.

Immanuel Velikovsky (1895 – 1979) wrote an article in 1934, *Can a Newly Acquired Language Become the Speech of the Unconscious?: Word-Plays in the Dreams of Hebrew-Thinking Persons*, in which he discusses how the language of the client was affecting the unconscious processes, especially in dream interpretation. He was a psychiatrist and psychoanalyst who was trained by one of Freud's pupils, Wilhelm Stekel, in Vienna. He was

able to speak Hebrew, Arabic, English, and German, and even though he did not mention the effect of his bilingualism, he clearly showed how he could interpret his patients' dreams thanks to his ability to speak several languages in his 1934 article. Despite the fact that he was talking about the effect of later learned languages on the unconscious and therapy process as early as 1934, due to his other publication and his reputation as a 'pseudo-scientist', his article has not been acknowledged by scholars and researchers in psychoanalysis, linguistics, and psycholinguistics, neither in other areas. Rather than his ideas on the effect of language on therapy and his ideas in psychoanalysis, he is better known for what is called the "Velikovsky Affair", in which he discusses the effect of Venus and Mars on Earth (Gordin, 2012).

Edith Buxbaum (1902 – 1982) was one of the first psychoanalysts who wrote on the effect of the later learned languages on patients' self-perception and their object relations. She was born in Vienna. She studied and underwent her personal psychoanalysis with Anna Freud in the German language. Later, due to the Nazi regime, she had to go to the United States and continue her practice in English. In her famous article *The Role of a Second Language in the Formation of Ego and Superego* (1949), she wrote about the effect of the later learned language on her patients. Like Freud, she was not happy with her English language skills, and she clearly stated that in her article, "... despite my own *faulty* [emphasis added] pronunciation..." (Buxbaum, 1949, p. 279). She argued that people would have an accent if they learnt a foreign language as adults, unlike most children who would lose their native accent. With regard to her own accent, she said that "My own accent is of the kind I described above of people who speak fluently, having learned the language in adult life." (Buxbaum, 1949, p. 279).

Buxbaum emphasised the accent not only of her own but of her patients' and even the patients' parents' as well. "His mother spoke English with a *scarcely perceptible accent* [emphasis added] ... His father spoke English correctly with *conspicuously poor enunciation* [emphasis added]." (Buxbaum, 1949, p. 280). Despite her remarks about her patient's parents'

language abilities and her patient's father's behaviour towards American culture which, she stated as “He objected to many customs in this country, looked down on American education and culture, and let his family and friends know his opinions.” (Buxbaum, 1949, p. 280), she did not mention anything about the possible effect of immigration on her patient or his parents.

While she was presenting another patient, her focus was again on the accent, “Both his parents highly disapproved American education and culture; both spoke English correctly but with a *strong accent* [emphasis added]” (Buxbaum, 1949, p. 281). When it comes to her patients' accents, she argued that it was due to their aggression towards their fathers, and as they expressed this aggression openly, the foreign accent in their speech perished. She also stated the importance of the language of the encoding while talking about past experiences, “As is well known, childhood memories come alive in analysis only when the verbal expressions of that period are used; it became necessary for [her] to use the German idioms of her childhood.” (Buxbaum, 1949, p. 282). During an interpretation of a dream of her patient, it became apparent that the exact words in German and English language did not have the same effects, and in order to access the memory, the German version of the word was necessary.

Although Buxbaum's ability to speak German facilitates that, interestingly, she did not talk about it in her article. Instead, she focused on her patient and argued that the patient's resistance to talk in German was a defence mechanism, to be more precise, denial of her sexuality. She further claimed that having a new language helped her patient to detach herself from her childhood trauma. Another example from another patient was in line with the use of a later learned language as a defence mechanism, repression. “She knew almost consciously that never to speak a word of German would make it easier for her to repress her feelings.” (Buxbaum, 1949, p. 283). Later in the article, she claimed that re-telling an experience in the language in which it occurred “makes them become real”; telling them in another language, on the other hand, “renders them unreal” (Buxbaum, 1949, p. 286). The case examples in the

article show that the later-learned language can be used both to put a distance between the user and their traumatic experiences and to preserve childhood memories. In the summary section of her article, she suggests that later learned languages can be used as an additional defence mechanism and also weaken the strength of the superego.

Ralph R. Greenson (1911-1979), unlike most of the early psychoanalysts, was born in the United States and went to a European country, namely Switzerland, to study and to be analysed. Even though his journey took a different path from his contemporaries, his situation was similar to others in terms of multilingualism. He was trained and analysed in German and later returned to the United States to continue his career in English. Being able to work and study in different languages made him aware of the effect of the language, and he wrote his thoughts on the subject in 1950 in *The Mother Tongue and the Mother*. Similar to Ferenczi and Buxbaum, he only focused on the effect of the later-learned languages on the clients and did not mention the effects of it on him. He also did not talk about the effect of being multilingual himself on the therapy process, even though his ability to conduct therapy in both English and German languages affected the cases that he mentioned in his paper. In his presentation of a case, he clearly showed the effect of language on memory, self-perception, and the relationship between the analyst and the patient. With regard to memory, when he suggested his patient talk in German, her reaction was, “I am afraid. I don't want to talk German. I have the feeling that talking in German *I shall have to remember something I wanted to forget* [emphasis added].” (Greenson, 1950, p. 19).

In line with Ferenczi's (1952/1994) hypothesis, Greenson (1950) realised that his patient needed help with saying obscene words in German but not in English. Greenson quoted his patient to show how two languages were affecting her sense of self, “In German I am a scared, dirty child; in English I am a nervous, refined woman.” (Greenson, 1950, p. 19). Greenson wrote that in the first three months of the analysis, they only spoke in German, and

afterwards, there was code-switching between English and German. The patient was choosing the language, and the analyst was following except when there were specific situations, such as resistance to remember an early relationship with the mother. In such cases, the analyst suggested talking in German. In other words, Greenson (1950) was saying that later-learned languages might not allow access to the early memories which were coded in L1. He also underlined the importance of a new language on self-perception. “A new language offers *an opportunity for the establishment of a new self-portrait* [emphasis added]. This may co-exist along with the old, which might lead to a kind of ‘multiple’ personality.” (Greenson, 1950, p. 21). Although he acknowledged the effect of language on memory and self-perception, he argued that “The use of the mother tongue was *a technique* [emphasis added] ...” (Greenson, 1950, p.21).

Eduardo E. Krapf (1901 – 1963) was another psychoanalyst who noticed the importance of later-learned languages and their effects on his patients and published an article on the subject. Similar to Buxbaum, Krapf received his education in Germany in the German language, and later, he migrated to Argentina, where he continued his practice in Spanish. In his article, following Stengel's (1939) idea of learning a new language, which for Stengel was an accomplishment of ego, Krapf (1955) thought that the issue of language should be approached by focusing on different emotional influences on ego. He makes the distinction between learning a new language between those who are willing to learn and those who have to learn. He also drew a clear picture of multilingualism in Buenos Aires, Argentina, where he lived and practised psychoanalysis. He clearly showed the code-switching during psychoanalytic sessions by saying, “Passing from one language to another during psychoanalysis is in that country therefore often a mere matter of choice...” (Krapf, 1955, pp. 345–346). He does not only show the code-switching but also draws attention to underlying factors to do so, “... I do not say [code-switching is a] 'free' choice because this paper will

show to what extent it is, in fact, unconsciously determined.” (Krapf, 1955, p. 346). In his case examples, for instance, he argues that for one of his English-speaking patients, the switch to Spanish was due to the fact that it was less embarrassing to speak about sex in the Spanish language. He also argued that using the Spanish language and marrying a Spanish-speaking woman was due to his patient's fear of castration by his English-speaking mother.

In another case example, Krapf shows the positive effect of using a later learned language, Spanish, for his Portuguese patient. While interpreting his Argentinian-born, German and English-speaking patient, he argues that for his patient, the superego is excessively prohibitive and therefore does not allow any id impulses to be vocalised. Therefore, he claims neurosis should be approached from a later learned language. By referencing Buxbaum (1949), Krapf (1955) suggests that a later learned language could be used as a defence mechanism as well as to weaken the strength of the superego. Accepting the importance of language in psychoanalysis, he finishes his article with the following sentence: “Modern psychoanalysis, interested as it is in the practical and theoretical problems of ego psychology, *must seek to penetrate ever more deeply into dynamics of language* [emphasis added].” (Krapf, 1955, p. 356). Despite his awareness of the importance of language in multilingual patients, Krapf (1955) does not say anything about his multilingualism and its possible effects on himself, his practice, and the therapeutic relationship with his patients, even though he clearly articulates his multilingualism, “*I am myself multilingual* [emphasis added], and have practised psychoanalysis in the Argentine where polyglots of different types are very common.” (Krapf, 1955, p. 345).

As it can be seen from the examples given by Buxbaum (1949), Greenson (1950), and Krapf (1955), they would not be able to make the interpretation that they made regarding the language and their client should they not have the ability to talk several languages. Flegenheimer (1989) also argued that in order to detect the effect of language on clients and

distinguish a slip from misuse of language due to lack of knowledge of the language, the analyst must be able to speak the language in question.

Despite the fact that multilingualism and multilingual analysts existed from the very beginning of the birth of psychoanalysis, it took almost a century for analysts, therapists, and mental health practitioners to talk about the effect of the usage of the later learned language not only from the patients' perspective but from the psychotherapists, psychoanalysts' perspective as well (e.g., Amati-Mahler, 1993; Claus, 1998; Jimenez, 2004).

In today's globalised world, there are many therapy rooms in which more than one language is available (Gulina & Dobrolioubova, 2018). Ferenczi (1916) was among the first to show the effect of language in a therapy room. He said that his patients were unwilling to use the taboo words in L1 but not in any later learned languages. Similarly, Buxbaum (1949) and Greenson (1950) wrote that their patients preferred a later-learned language to use obscene, taboo, and sex-related words.

According to Vygotsky (2012), as the thought processes affect the language, the language, in turn, shapes the minds of those who are using it. Therefore, it can be argued that a person's mind would be affected by a language that they acquired in their new country. Furthermore, language is not just a mere instrument to share thinking but has a social function as well.

According to Lacan (1977), the relationship between the signifier and the signified is arbitrary, and the subject should make a choice. However, he argues that we are not allowed to make this choice because the language has made a choice (Lacan, 1977). Lacan (1966) also argues that the unconscious is structured as a language. Therefore, the importance of language in psychotherapy, which primarily deals with unconscious processes, must be recognised.

2.3 Bilingualism / Multilingualism, Psychotherapy, and Involuntary Dislocation

In this section, the definitions of immigrant, refugee, asylum seeker, and involuntary dislocation will be given. Although the terms “refugee”, “asylum seeker”, and “migrant” are used interchangeably, there are fundamental differences between them, and these differences will have an effect if they seek help from psychotherapy. In order to provide a better service and a more effective treatment, psychologists, psychotherapists, psychoanalysts, and other mental health practitioners should be aware of the differences, and they should try to understand the experience of being an immigrant (Freedman, 2017).

According to the Oxford English Dictionary, an immigrant is “a person who migrates into a country as a settler” (“Immigrant,” n.d.). The refugee is a legal term, and it is defined in international law. The key document for refugees is the 1951 Refugee Convention. In that convention, the term refugee is defined as “someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion” (Convention Relating to the Status of Refugees, 1951).

The United Nations High Commissioner for Refugees (UNHCR) defines an asylum seeker as “someone whose request for sanctuary has yet to be processed”. In other words, an asylum seeker is a person who has migrated to another country for protection from persecution from their country of origin but who is still waiting to be recognised as a refugee. As the definitions show, there are legal differences between a refugee and asylum seeker, and these differences affect their rights, such as housing, working, and access to health services as well. Furthermore, as asylum seekers are waiting for a decision to be recognised as refugees, and the statistics from the House of Common shows that in 2004, 88% of asylum applications were refused at the initial decision (Sturge, 2021). This high rate of refusal would have an effect on

asylum seekers' mental health, and mental health practitioners should be aware of this while providing a service.

Considering the fact that asylum seekers are in a “limbo state” (Seitz, 2017), compared to the refugees, the problems that they are facing would be different from those who got their status. Considering that the “biopsychosocial model” is the recommended model to work with refugees, asylum seekers, and immigrants in general (Engel, 1981; Beiser & Wickrama, 2004; Porter, 2007), the legal status of the person would affect the therapeutic process as well. Furthermore, since it usually takes time, up to 2 years, in the UK, according to Home Office (UK Visas and Immigration, n.d.), it can be argued that asylum seekers, in general, will have less experience in the host country compared to refugees. Therefore, their language skills and adaptation to the host country's culture might exacerbate their psychological problems.

As the legal definition of the term refugee shows, in order to become a refugee, a person needs to have a well-founded fear of persecution on the five grounds (race, religion, nationality, membership of a particular social group or political opinion). However, there are other reasons for people to leave their country of origin without being willing to do so, such as climate change, natural disasters, and economic reasons. None of these reasons would be classified as a well-founded fear of persecution on above mentioned five grounds.

The term involuntary dislocation (Papadopoulos, 2021) is an umbrella term that contains refugees, asylum seekers, and other types of “involuntary” migrations, such as those who migrate due to climate change, other environmental issues, economic issues which are not contained in the five grounds decided by the United Nations High Commissioner for Refugees.

Papadopoulos (2015; 2018a; 2021) explained why he chose the words 'involuntary' and 'dislocation' to coin the term. He argued that the reasons to choose 'involuntary' were due to the fact that the word bears the meaning of “the intention, awareness, and control of one’s action” (Papadopoulos, 2021, p. 40). The word 'involuntary', he further argued, could mean that the

action has been done without being willing to or without noticing, being unaware of it. Furthermore, the two meanings can be present at the same time as well. For example, a person might leave their country of origin without being willing to and, at the same time, might not be aware that they would not be able to return to their country of origin in some cases. The term 'forced migration' is commonly used to address the same issue as 'involuntary dislocation'. However, Papadopoulos (2021) argues that the former one only focuses on the external factors, whereas the latter covers both the external factors and internal processes that led people to leave their homes. For these reasons, there are subtle but significant differences between 'forced' and 'involuntary'. The latter one allows us to consider the complexities behind the action of leaving one's home. Besides the complexity, it allows the reader, researcher, and service providers to differentiate between the event itself and the personal experience of the event.

As Papadopoulos (2015; 2018a; 2021) uses the 'involuntary' instead of 'forced', he also uses 'dislocation' instead of 'migration' for various reasons. He argues that migration is a generic term for individual or mass movements of humans and animals on either a regular or irregular basis, and therefore, it is not an exclusive term that addresses the human experience. He further argues that migration refers to the actual movement of leaving home physically, whereas the term 'involuntary', in addition to referring to the physical movement, captures the psychological detachment from home as well. It is important to note that Papadopoulos (2021) uses 'home' not just as a physical entity but as a concept which includes contexts such as family, emotions, society, culture, and linguistics as well. A more comprehensive definition of 'home' will be provided further in the following section. Another reason for choosing 'dislocation' over 'displacement' is the specific connotation of the latter in psychoanalytic discourse. Lastly, Papadopoulos (2021) argues that unlike 'displacement', 'dislocation' has a somatic association as well. He gives an example of shoulder dislocation to explain the reason behind choosing

'dislocation'. When a person experiences a physical dislocation, the functionality of that part would at least temporarily be lost, and it would create pain and discomfort. Similarly, when a person is 'dislocated', their functionality might be impaired, and due to the dislocation, they might experience pain and discomfort.

2.4 Using Lx in Psychotherapy

Since language shapes the minds of those who are using it, both psychotherapists and clients who are bilingual or multilingual will be affected by the language that they are using. The widely cited psychotherapy and linguistic studies focus on the therapist and client dyads when both speak their L1. The focus of the current study, however, will be on the effect of language in the following situations: when the client is using an Lx, when the therapist is using an Lx, and when both therapist and client are using an Lx.

Some research showed that a later-learned language for clients might enhance the defence mechanisms and prevent the traumatic experience from being revealed during the sessions (e.g. Marian & Neiser, 2000; Schrauf, 2000; Schwanberg, 2010). The same phenomenon for the therapist, however, claimed to have a positive effect on therapeutic relationships (Lambert & Bergin, 1994; Wampold, 2001) which in turn affects the therapy outcome in a positive way (Safran, Muran, & Rotman, 2006; Gelso, Kivlighan Jr., & Martin, 2018).

2.5 Code-Switching

In this chapter, I first describe code-switching. Afterwards, I look at the differences between code-mixing and code-switching. After providing the definitions, I discuss the models that explain how code-switching occurs. Then, I examine the reasons behind code-switching. As there are not enough studies on code-switching during psychotherapy and counselling sessions,

the reasons for code-switching from other areas of research, such as English as lingua franca couples, linguistics, and psycholinguistics, are discussed as well.

Li Wei (2020) describes code-switching as changing from one language to another during a conversation. From the two languages where the code-switching occurs, the primary language is referred to as the “matrix” or “base language”. The language from which a phrase, word, or clause has been used is referred to as the “guest language” (Li, 1996). According to Cook (2016), code-switching for bilinguals and multilinguals is “... neither unusual nor abnormal; it is an ordinary fact of life...” (Cook, 2016, p. 175).

Basnight-Brown and Altarriba (2007), in their paper titled Code Switching and Code Mixing in Bilinguals: Cognitive, Developmental and Empirical Approaches, underlined the distinction between code-mixing and code-switching, which are commonly used interchangeably, even though they referred to the different phenomena (Heredia & Altarriba, 2001). Sridhar and Sridhar (1980) defined code-mixing as “the transference of linguistic units (words, phrases, clauses) from one language into another ... within *single sentences* [emphasis added]” (Sridhar & Sridhar, 1980, p. 3). They also distinguished code-mixing from borrowing. They argued that contrary to the borrowing, in the code-mixing, the mixed words, phrases, and clauses do not fill the lexical gaps. Another distinction is the fact that in code-mixing, the mixed elements are usually more than one word. Referencing Pfaff (1979), Sridhar and Sridhar (1980) also claimed that while borrowing can occur in monolingual speech, for the code-mixing to take place, the speaker should be bilingual (Sridhar & Sridhar, 1980).

Code-switching, on the other hand, has been described as a total switch between languages with regard to changes in situations, topics, and members of the conversation (Altarriba & Santiago Rivera, 1994). In other words, unlike code-mixing, code-switching does not occur within a sentence. However, some authors (i.e., Myers – Scotton, 1991) grouped code-switching into two categories, namely, intersentential code-switching and intrasentential

code-switching. According to her, intersentential code-switching “shows alternation of varieties between sentences”, whereas intrasentential code-switching “shows variation within the sentence when clauses or phrases or even single morphemes from one variety are juxtaposed with those of another” (Myers – Scotton, 1991, p. 96). As it can be seen from the definitions of intersentential and intrasentential code-switching, instead of using code-mixing and code-switching, the author coined new terms.

As noted by Basnight-Brown and Altarriba (2007), the difference between code-mixing and code-switching has not been the area of focus in the literature, and code-switching is being used in a way that includes code-mixing as well. As it can be seen from the quotes from Myers-Scotton (1991), some researchers made the distinction within code-switching. I will be following the same trend followed by Basnight-Brown and Altarriba (2007) and use code-switching to refer to both a total switch between languages and using words, phrases, and clauses from another language.

Grosjean (2020) argued that code-switching is highly likely to occur when the speaker is in a bilingual mode, and both languages can be used. Apart from the external conversations, Dewaele (2006, as cited in Dewaele, 2013) claimed that code-switching occurs during inner speech as well. Recent research showed that code-switching is not a problem or due to a lack of ability to speak in one language but rather the bilingual's ability to express themselves in two or more languages (Li Wei, 2020).

Two widely accepted models that are trying to explain how code-switching occurs are “The Revised Hierarchical Model” and “The Inhibitory Control Model” (Basnight-Brown & Altarriba, 2007).

The Revised Hierarchical Model was introduced by Kroll and Stewart in their paper *Category Interference in Translation and Picture Naming: Evidence for Asymmetric Connections between Bilingual Memory Representations* in 1994. According to Kroll and

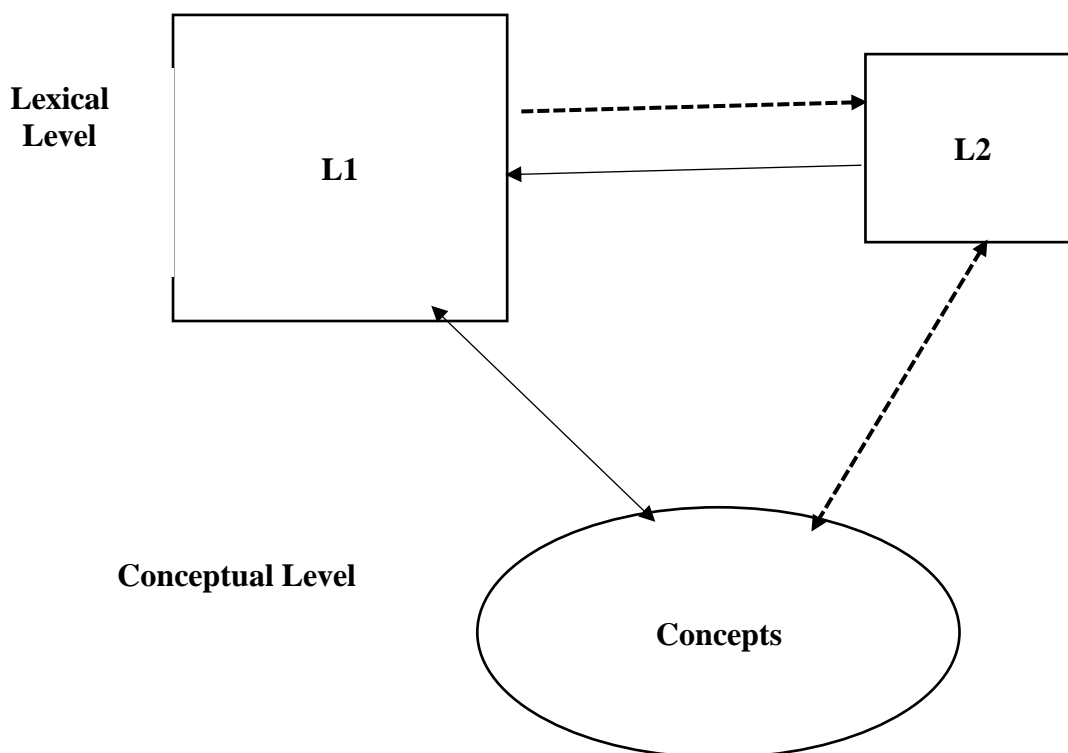
Stewart (1994), for bilinguals, each language contains a separate and independent lexicon. As it can be seen from the Figure 2, the lexicon of the dominant language, L1, is shown as more extensive than L2. The reason for that is their claim that L1 would contain more excellent vocabulary knowledge. They draw a solid line between the lexical level and conceptual level with regard to the L1 to show the vital link. They argued that the link would be more robust than L2 since the first language will be acquired during childhood. The reasons for the L1 being emotionally and linguistically stronger have been discussed in Chapter 1.2, The Effect of Language on the Emotions.

According to Kroll and Stewart's (1994) model, when a person learns a second language, especially after childhood, the second language is integrated into the memory through the lexicon of the first language. Due to the dependence on the lexicon of the first language, the second language would have a weaker link with the conceptual level compared to the first language. To show that, Kroll and Stewart used a dashed line between the lexical level and conceptual level with regard to the second language, as it can be seen in the Figure 2. Even though they argued that the first language would have a more vital link, they said that with time, as the person becomes more proficient in the second language, the link might become more robust.

According to the Revised Hierarchical Model, the reason for code-switching is simply due to the fact that the person does not have enough vocabulary in their second language and therefore needs to use some words or clauses from their first language, which has a more vital link between the lexical level and conceptual level. However, recent research (i.e., Dewaele, 2006; 2013; Li Wei, 2020) showed that bilinguals who are able to express themselves in both languages still use code-switching during their conversations. Therefore, more than the Revised Hierarchical Model will be required to explain the code-switching, especially for the compound bilinguals.

Figure 2

The Revised Hierarchical Model (Kroll & Stewart, 1994)



Another model that tried to explain code-switching is The Inhibitory Control Model. The Inhibitory Control Model was proposed by Green (1998), who claimed to tackle the issues that were not accounted for by the Revised Hierarchical Model of Kroll and Stewart (1994). In the Inhibitory Control Model, as in the Revised Hierarchical Model, there is a language-independent store named as the “conceptualiser”, which was termed as the “conceptual store” in the latter model. The role of the conceptualiser is to construct the conceptual information while the person is performing a linguistic task. According to Green (1998), the aim of the conceptualiser is to fulfil the linguistic “goal” (G). These goals could be translating a word or sentence from L2 to L1 or producing speech in L2, to give some examples. Similar to the Revised Hierarchical Model, in the Inhibitory Control Model, the lexical-semantic system has

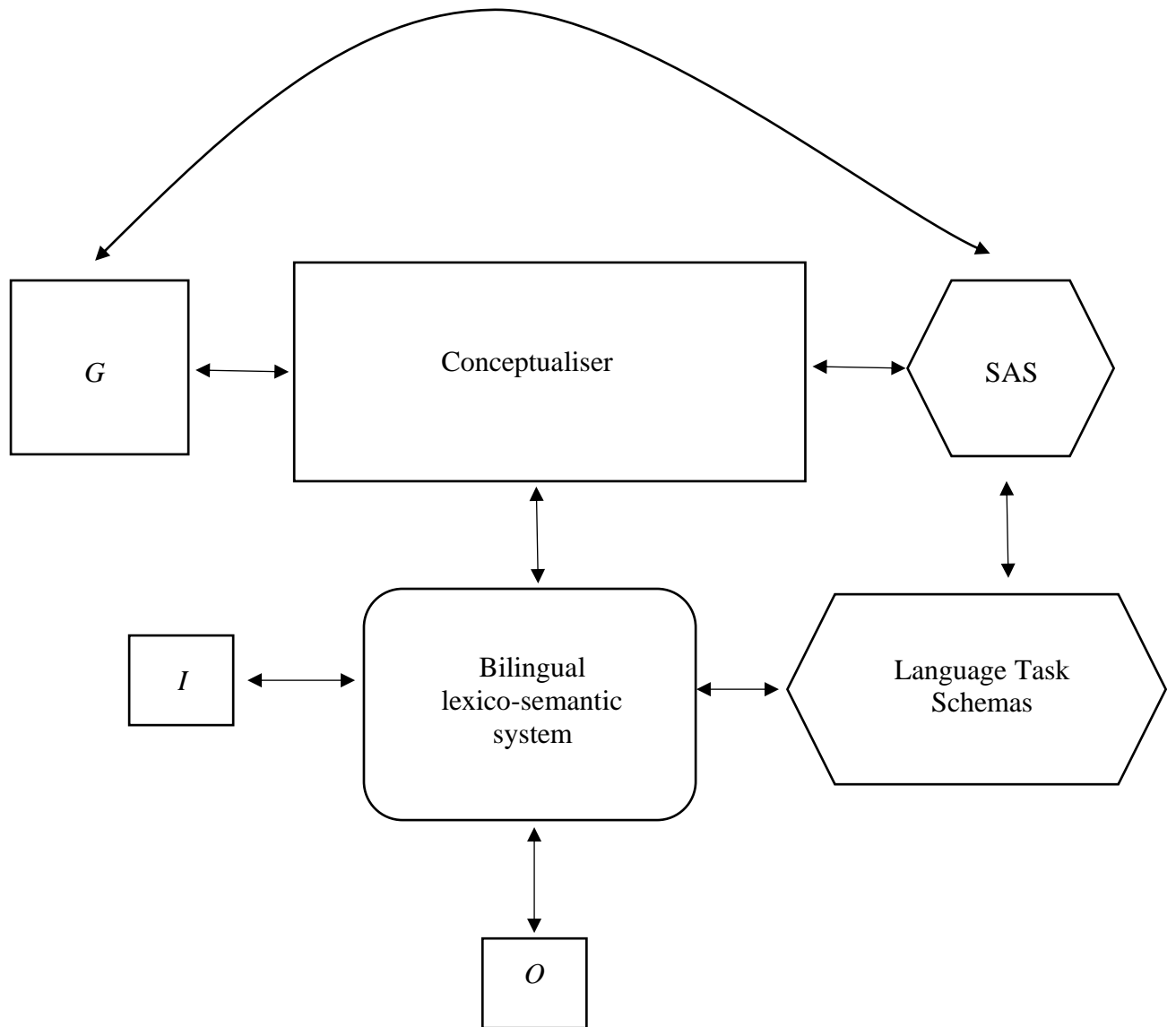
the words both from L1 and L2. However, the difference comes from the fact that these lexical items are in the same store. Even though the lexical items are in the same store, *each word or lexical entry has a lemma associated with it, which is language-specific* [emphasis in original] (Basnight Brown & Altarriba, 2007, p. 73). According to Levelt (1993), the “lemmas can be described as entries in the lexicon that contain information on the morphology, syntax, and phonology for each lexical item” (Levelt, 1993, as cited in Basnight Brown & Altarriba, 2007, p. 73).

The “language task schemas” are described as “mental devices or networks that individuals may construct or adapt on the spot in order to achieve a specific task and not simply to structures in long-term memory” (Green, 1998, p. 69). These schemas are task-specific. For instance, if a bilingual wants to produce speech in their L2, they will use the “L2 speech production schema”, or if they want to translate from L2 to L1, they will use the “L1 to L2 translation schema”.

If a person is going to perform a task that they performed before, they will need to retrieve that specific schema from their memory. However, if the task that they are going to perform is a novel one, the task cannot be performed automatically. In such cases, the “Supervisory Attentional System” (SAS) will be used. Another responsibility of the supervisory attentional system is to be the mediator between the task and the goal, as it can be seen in the Figure 3. The task schema will work with the “lexico-semantic system” to decide which word to produce, in other words, the “output” (O). Basnight Brown and Altarriba (2007) argued that the task schema is very prominent in the language output task. The task schema can affect the output by deciding to either inhibit or activate representation and the degree of the activation of the lexical entries.

Figure 3

The Inhibitory Control Model (Green, 1998).



2.5.1 Reasons for Code Switching

Several different reasons have been proposed to explain the possible reasons behind code-switching (Heredia & Altarriba, 2001). Some of these reasons could be listed as lack of vocabulary in the language that a bilingual/multilingual is using during the conversation, lack of translation for a specific word or expression, code-switching as a defence mechanism, code-

switching as a way to show a social identity and belongingness to a particular social group, using the code-switching in advertisement to persuade the buyers and to create strong slogans. I will provide examples from the literature for each reason and discuss it further with the evidence from the research.

One of the most common reasons to explain why bilinguals and multilinguals use code-switching during a conversation is claimed to be the fact that they lack the proper word in the language that they are speaking (Grosjean, 1982). Even though the lack of vocabulary is one of the main explanations in the literature for code-switching, there are some scholars like Heredia and Altarriba (2001) and Dewaele (2006; 2013) who argued that the lack of lexical knowledge might not be the reason for the code switch. Heredia and Altarriba (2001), for instance, claimed that rather than the lack of knowledge, the difficulty with the retrieval process might be responsible for the code switch. The bilingual might actually know the word in question in both their L1 and L2, but during the conversation, due to using the word in one language more frequently than the other, they might retrieve the word in that language rather than the language of the conversation (Heredia & Altarriba, 2001).

Apart from their argument about retrieval rather than lack of knowledge, Heredia and Altarriba (2001) argued that code-switching follows the grammatical rules of both languages (Lederberg & Morales, 1985, as cited in Heredia & Altarriba, 2001). They gave the example of adjectives in Spanish and English languages. In Spanish, the noun precedes the adjective, whereas, in English, it is the adjective that precedes the noun. Therefore, according to their argument, using a Spanish adjective in an English sentence would break the rules. From this example, they argued that for compound Spanish - English bilinguals, the reason for code-switching could not be the lack of vocabulary, as they will need to understand the grammatical rules of each of their languages when they use code-switching.

Heredia and Altarriba's (2001) third criticism of the lack of vocabulary as a reason for code-switching is about the assessment of language proficiency. They argued that most language proficiency tests consider writing and reading skills but usually ignore talking skills. Giving the example of Spanish-English bilinguals in Texas, they said that these bilinguals receive their education in English, and therefore when they are tested for their reading and writing skills in Spanish, they are less proficient compared to their assessment in English for reading and writing. However, when it comes to their speaking abilities, they are equally fluent in both languages. The reason for that is that while they are using reading and writing skills only in English, they use both English and Spanish for verbal communication. Lastly, they claimed that rather than a lack of knowledge of specific words, the bilinguals might code switch in order to be better understood, especially when the word in question does not have a direct translation in one of the languages (Heredia & Altarriba, 2001).

As Heredia and Altarriba (2001) argued, another reason proposed by the researchers to explain the code-switching in bilinguals is that some expressions or feelings can be explained better in one language because the other language might lack a direct translation (i.e., Basnight Brown & Altarriba, 2007). Wei (2002) argued that bilinguals decide whether to activate bilingual mode for the discourse. If they choose to activate it, both their languages will be "turned on throughout the speech production" (Wei, 2002, p. 705). In his experiment with Chinese - English bilinguals, Wei (2002) found that his participants were using code-switching to be understood better. According to him, "the speaker chooses [code switching] probably because he wants to be more specific than he can be with the Chinese structure" (Wei, 2002, pp. 702 – 703).

Another common explanation for code-switching during the conversation is using it as a defence mechanism (Basnight-Brown & Altarriba, 2007). The person might switch to their less dominant language in order to put a distance between themselves and the emotional burden

of the conversation (Altarriba & Santiago-Rivera, 1994). In line with the argument of Altarriba and Santiago-Rivera (1994), Bond and Lai (1986) also argued that emotion-provoking situations, especially embarrassing ones, might be the reason behind code-switching for bilinguals and multilinguals. In psychoanalytic literature, from the case studies and personal accounts of psychoanalysts and psychotherapists, the emphasis is primarily given to code-switching as a defence mechanism. From the case studies, it can be seen that patients are using both intersentential and intrasentential code-switching (Myers–Scotton, 1991; 1993; Buxbaum, 1949; Ferenczi, 1952/1994; 1969/1995; Greenson, 1950; Krapf, 1955). The effect of language on emotion has been widely discussed in Chapter 1.2 The Effect of Language on Emotions.

Myers–Scotton (1991) argued that bilinguals and multilinguals might have been using code-switching to show their ethnic identity and their belongingness to a specific group. According to her theory of the Markedness Model (Myers–Scotton, 1983; 1993; 1998), code-switching is not a purposeless act (Abugharsa, 2013). Markedness is a linguistic term, and it is used for a linguistic element that stands out from its context (Fiske & Taylor, 1991). In case of code-switching, a word or clause from the guest language would stand out from the matrix language; hence it would be marked. Myers–Scotton (1991) argued that during a conversation, the bilingual has an ongoing internal discussion on which language to use. Giving examples from Kenya, she said that while people are using Swahili and English in the workplace and other public settings, they are using their mother tongue in private settings. Even though Swahili and English are the languages of public life, Myers–Scotton argued that sometimes people are code-switching from Swahili and English to their L1 in order to show their ethnic identity. The reason for such a change is claimed to be either an increase or decrease in the social distance between the addresser and the addressee.

The last explanation for code-switching that I want to discuss here comes from commercial research studies. Luna and Peracchio (2005), for instance, argued that when code-

switching is used for advertisements or slogans, they are more persuasive. They used the Markedness Theory (Myers–Scotton, 1983; 1993; 1998) to explain their rationale. In an advertisement message, when there is a code switch, the word which belongs to the guest language will be marked in the matrix language and therefore derive more attention due to its markedness. Following Myers–Scotton’s (1991) claim that code-switching could decrease the social distance between the addresser and the addressee, by using code-switching, the advertisements and slogans try to create a stronger bond with their audience (Luna & Peracchio, 2005).

In order to test their hypothesis, Luna and Peracchio (2005) recruited 70 fluent English–Spanish bilinguals. In their experiment, they grouped the participants into two categories and presented two slogans. For the first group, the code switch was from English to Spanish, and for the second one, the code switch was from Spanish to English. *Twenty million hijas are covered by AFLAC, is yours?* [emphasis in original] (*hija* means daughter in Spanish) is an example of a code switch from English to Spanish (Luna & Peracchio, 2005, p. 760). Their results showed that when there was code-switching from English to Spanish, the message was perceived to be stronger. However, this was not the case for the code switch from Spanish to English. In other words, “Majority to minority slogans [the majority being English and the minority being Spanish] led to a higher proportion of minority cultural thoughts than the minority-to-majority slogans” (Luna & Peracchio, 2005, p. 764).

2.5.2 Code Switching in Psychotherapy

The limited literature in psychotherapy and psychoanalysis on code-switching has mainly focused on the emotional side of it. Ferenczi (1916) was among the first psychoanalysts who realised the importance of code-switching during sessions, and he tried to explain it by focusing on the emotionality of the first language. He argued that, especially for taboo words, code-

switching plays the role of a defence mechanism. He wrote his ideas about the effect of language on taboo words in his article On Obscene Words (Ferenczi, 1952/1994). Freud was also aware of the effect of the first language on emotions and therefore advised Ferenczi to use “technical medical expressions” (Ferenczi, 1952/1994, p. 132) to discuss sexual matters. Quoting Freud, Ferenczi (1952/1994) said:

In one of his earlier works, Freud called attention to the possibility of finding ways and means to discuss with patients even the most proscribed sexual activities (perversions) without wounding their modesty, and for this purpose, he recommended *the use of technical medical expressions* [emphasis added].” (p. 132).

In the quotation above from Ferenczi (1952/1994), it can be seen that Freud was suggesting that Ferenczi to do the same when he had to talk about sexual matters with his patients. The “technical medical expressions” (Ferenczi, 1952/1994, p. 132) that Freud was talking about was the Latin language which is still the language of the medicine (Connor, 2004; Wulff, 2004). In other words, Freud suggested using code-switching in order to lessen the emotional effect of the “obscene words” (Ferenczi, 1916) for both the analyst and the patient.

As discussed in Chapter 2.2, Bilingualism / Multilingualism and Psychotherapy, even though Freud did not write about the effects of language in his articles or books, he frequently raised the issue in his letters to his friends, colleagues, patients, and family members (Gay, 1988; Or - Gordon, 2021). In one of his letters to Wilhelm Fliess, with whom he had a strong friendship and considered as a “confessor and moral supporter” (Chiriac, J., translated by Cristea M., n.d., para. 2), Freud himself used code-switching when he wrote his encounter with his naked mother. Unlike the rest of his letter, he used the Latin words for *mother* and *naked*:

... later (between two and two and a half years) my libido toward *matrem* [emphasis in original] was awakened, namely, on the occasion of a journey with her from Leipzig to

Vienna, during which we must have spent the night together and there must have been an opportunity if seeing her *nudam* [emphasis in original] ... (Masson, 1985, p. 268).

As it was discussed in Chapter 1.2 The Effect of Language on Emotions, the later learned languages are emotionally less charged compared to the first language due to reasons that were discussed in the above-mentioned chapter. Case studies from psychoanalytic literature give many examples of the effect of later-learned language during the sessions. Apart from the psychoanalytic case studies, research from experimental psychology and cognitive psychology also provide evidence for the effect of language on emotions.

Dewaele (2016), for instance, found out that multilinguals would code switch for taboo words or swearing in order to lessen their emotional effect of them and not offend any norms of their culture. For further examples of the effect of language on emotions and code-switching as a defence mechanism from various researchers (i.e., Buxbaum, 1949; Greenson, 1950; Krapf, 1955; Schrauf & Rubin, 1998; Altarriba, 2003; Dewaele, 2006; Costa, 2010; Dewaele, 2013; Costa, 2020). To give one example from the psychoanalytic literature Krapf (1955) would be an appropriate article to look at. In his article, Krapf said that "... I do not say [code-switching is a] 'free' choice because this paper will show to what extent it is, in fact, unconsciously determined." (Krapf, 1955, p. 346). In one of the case examples that he wrote in his article, he showed that one of his patients would code-switch to Spanish from English because, for the patient, it was less embarrassing to use the guest language compared to the matrix language. While analysing the case, Krapf (1955) argued that due to his fear of castration from his mother, whose language was English, the patient chose to use the Spanish language and married a Spanish-speaking woman.

Part 3: Language and Psychotherapy in the context of Involuntarily Dislocated Persons

3.1 Involuntary Dislocation

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

Costa, 2020, a 17-year-old refugee from Afghanistan

The involuntarily dislocated person is a term to describe not only refugees, asylum seekers, and internally dislocated persons but those who had to migrate due to climatic changes, environmental catastrophes, and socio-economic problems. Involuntary dislocation has a meaning of actually forced migration and a psychological one as well (Papadopoulos, 2015). In other words, a person might not have physically moved from their previous location, but their living environment might have changed forcibly. A place defined as a home might not be considered a home anymore. Papadopoulos (2021) argued that the term “involuntary dislocation” is:

a descriptive, phenomenological term [that represents] persons, due to various forms of adversity, (a) have been made to experience their intimate spaces no longer viable as homes and, consequently, (b) were compelled to move away from these spaces and seek new, more viable ones; further, it suggests that (c) if they were to have a genuine choice, they would not have abandoned these spaces. (Papadopoulos, 2021, p. 38).

As it can be seen from the quotation above, 'involuntary dislocation' as a term has several advantages over other similar terms such as refugee, asylum seeker, immigrant, internally displaced people, and forced migrants (also forced displacement). The definitions for immigrant, refugee, asylum seeker, and involuntary dislocation have been given in Chapter 2.3, Bilingualism/Multilingualism, Psychotherapy, and Involuntary Dislocation. To avoid

repetition, here I will only provide the definitions for internally displaced people and forced migrants (forced displacement) and compare them with involuntary dislocation in order to present the reasons for choosing the latter term throughout this study.

Jaffe (1962) argued that the term 'displaced person' was first introduced by Eugene M. Kulischer. He coined the term after the refugee outflows, followed by World War II. According to the UNHCR, "forced displacement" is:

The movement of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence (whether within their own country or across an international border), in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violation of human rights or natural or human-made disasters. (UNHCR: Displacement, n.d, Master Glossary of Terms section)

As it can be seen from the definition, when people have to flee or leave their homes and go somewhere within their country of origin and not pass any international border, the specific term is "internally displaced people". Whether it is an internal displacement or, more broadly, forced displacement, there is an emphasis on actual movement. However, in the term involuntary dislocation, the lack of actual movement is also included. It is an essential distinction since before the actual movement phase; people are preparing themselves psychologically and start to lose their connection with their 'home' (Papadopoulos, 2015; 2018a; 2021). Papadopoulos (2021) argues that whenever people have time to analyse their situation and decide to leave, internal displacement occurs in most cases. However, as Papadopoulos (2021) also underlines, in some cases, people have to move due to sudden force by armed groups. In those cases, the internal displacement might not precede the actual movement due to a lack of time to decide to leave. The term 'involuntary dislocation', unlike 'forced migration', would cover both situations. However, the latter term would only be able to identify the sudden move, which is usually not the case (Papadopoulos, 2015).

For the reasons explained above and in the Chapter 2.3, Bilingualism/Multilingualism, Psychotherapy, and Involuntary Dislocation, the term ‘involuntary dislocation’ was preferred over other similar terms in order to be able to capture the complexity of the human experience (Papadopoulos & Gionakis, 2018; Papadopoulos, 2015; 2018a; 2020a; 2021).

3.2 Onto-Ecological Settledness

“Onto-ecological Settledness” is a term coined by Papadopoulos (2015; 2018a; 2018b; 2020c) in order to grasp the totality of the person and their environment. He argued that in addition to wholeness of a human being which includes “... body and mind, personal and social, conscious and unconscious, emotional and intellectual, external and internal ...” (Papadopoulos, 2015, p.40), onto-ecological settledness includes everything that surrounds that human being. He further argued that onto-ecological settledness:

Is not an ideal state of an individuated, harmonious, and fulfilled personality. Instead, it is the settled arrangement and pattern, which, consisting of the unique mixture of positive and negative elements, creates a certain fluency of life, familiarity, stability, and predictability – regardless of how satisfactory or unsatisfactory this state may be. (Papadopoulos, 2015, p. 40).

Onto-ecological settledness of a person is not a fixed state. In other words, it adapts to the changes in line with the changes in an individual or their environment. However, when these changes are beyond certain margins, the onto-ecological settledness of the person will become unsettled. Papadopoulos (2020c) argued that when it becomes unsettled, four processes are triggered. These processes are:

- (a) The first focuses on dealing with and limiting whatever damage the adversity may have caused;

- (b) The second addresses the immediate effects of disorientation, of the unpredictability, of the disruption of the familiar, and of what is confronted as disturbingly unknown;
- (c) The third endeavours to make sense of what has happened; and
- (d) The fourth, consequently and on the basis of the previous processes, attempts to workout novel ways of comprehending the newly created reality, and our position on it, so that we can invent novel and appropriate tasks and strategies to move forward. (Papadopoulos, 2020c, p. 10).

When the concept of onto-ecological settledness applied to involuntary dislocation, since the culture and language of the host country are different from their culture, involuntarily dislocated persons' onto-ecological settledness (Papadopoulos, 2015) would be affected as well. Butler (2002) argues that a self emerges when a person takes a characteristic position with regard to others and cultural patterns in everyday life. She calls this a “performative” account of self. When involuntarily dislocated persons are considered from a performative self-account perspective, it can be argued that they would be affected by their new society. Using a new language is a component of this performative self as well. Therefore, their memories, self-perception, and emotions would be affected both inside and outside of the therapy room.

It should be noted that using a later-learned language does not imply only adverse effects. In the case of the involuntarily dislocated persons, L1 could be a reminder of the adversities they faced in their home country. On the other hand, the L1 could be the only remaining part of their culture that they could carry with them to the host country, and it might have a positive effect on them.

3.3 Psychotherapy for Involuntarily Dislocated Persons

In this section, I will explore the area of psychotherapy for involuntarily dislocated persons. To do that, it will be beneficial to understand the refugee and migration experience first. I will try to explain the four phases of the refugee experience (Papadopoulos, 2018a). After that, I will focus on the “trauma” discourse of people who are outside of the mental health profession. After that, I will present the most common mental health problems for involuntarily dislocated people and present findings on psychotherapy with involuntarily dislocated persons.

The word ‘trauma’ has become a *sine qua non* in the discourse of involuntarily dislocated persons, especially for refugees and asylum seekers. Moreover, it has been used by people who are not mental health practitioners, such as journalists and politicians. Therefore, it has been argued that the term has lost its psychological meaning (Papadopoulos, 2018a). Before trying to understand the effect of ‘trauma’ and, consequently Post-Traumatic Stress Disorder (PTSD) on involuntarily dislocated persons, it is essential to distinguish the meaning of ‘trauma’ in a psychological context than it is daily ‘over-use’.

According to the Oxford English Dictionary, trauma is “a psychic injury, especially one caused by emotional shock, the memory of which is repressed and remains unhealed; an internal injury, especially to the brain, which may result in a behavioural disorder of organic origin.” (trauma, n., para. 2). In other words, trauma, according to the Oxford English Dictionary, only has a negative connotation. The word trauma is, etymologically, a Greek word meaning wound or injury (Papadopoulos, 2007; 2018a). Etymological research, however, showed that the word trauma also has a positive connotation (Papadopoulos, 2000, 2001). The root of trauma, “titrosko”, comes from the verb “teiro”, which means “to rub”, and has two layers, “to rub in” and “to rub off” (Papadopoulos, 2001, 2007). This etymological research showed that trauma, as a word, does not have to be a negative one. Similar to the fact that the first and ordinary meaning attributed to the word trauma is negative, the literature also mainly

focuses on the opposing sides of traumatic events (Papadopoulos, 2001). However, there are studies which show that people who experienced trauma or adversity, in general, might show positive effects (Calhoun & Tedeschi, 2001; Tedeschi & Calhoun, 2004; Frazier, Conlon, & Glaser, 2001; Papadopoulos, 2000, 2001, 2007).

The first meaning of trauma, to rub in, is the well-known one, in other words, the negative effect. People who are facing highly distressful events usually experience anxiety, fear, and several other negative emotions. Depending on the severity and the duration of the adversity, the responses can persevere for a long time even when the actual threat is not present anymore (Chan, Young, & Sharif, 2016). Although there are no universal responses (Wortman & Silver, 1989), sadness, depression, guilt, and anger are the typical responses to adversities (Calhoun & Tedeschi, 2004). Initial reactions such as denial, numbness, and disbelief are common for unexpected and sudden events. These reactions can be seen as normal reactions to abnormal situations (Papadopoulos, 2001). The negative effects of adversities can be put into three categories. These are psychiatric disorders, distressful psychological reactions, and ordinary human suffering (Papadopoulos, 2007).

Among the psychiatric disorders, Post Traumatic Stress Disorder (PTSD) (American Psychiatric Association, 2013) is the most common one, and there is a vast body of literature on this area (Stell, Silove, Phan, & Bauman, 2002; Nicholl & Thompson, 2004; Porter & Haslam, 2005). However, despite the common belief, PTSD among refugees is not a norm but an exception. A recent literature review focusing on Iraqi refugees, for instance, showed that PTSD prevalence among refugees is 8% (Slewa-Younan, Guajardo, Heriseanu, & Hasan, 2015). There are other studies which found a rate of 30% (Chan, Young, & Sharif, 2016). There is a considerable variation among the findings in research on PTSD among refugees (Steel et al., 2009, as cited in Chan, Young & Sharif, 2016).

Another common psychiatric disorder among involuntarily dislocated persons is major depressive disorder (MDD) (American Psychiatric Association, 2013). One review found a 28% prevalence rate for depression among refugees (Slewa-Younan et. al., 2015). There are other studies which show a prevalence rate as high as 85% (Chan, Young, & Sharif, 2016). There are no consistent findings for the prevalence rate of depression as for PTSD. Cultural differences (Aggarwal, Nicasio, DeSilva, Boiler, & Lewis-Fernandez, 2013), language (Espín, 2013; Dickerman & Alfonso, 2015), and western diagnostic framework (Rechtman, 2000) can be named for the discrepancy between the findings.

Distressful psychological reactions are more severe forms of ordinary human suffering, but they usually do not require special treatment as psychiatric disorders. In general, involuntarily dislocated persons can handle them without any professional help (Papadopoulos, 2007).

Lastly, for negative consequences of adversities, there is ordinary human suffering, and this situation occurs when there are sudden and unexpected negative changes. According to Papadopoulos (2007), suffering is part of life and does not mean a pathological condition.

As it was explained above, the 'refugee experience' is almost confined to the only adverse effects. The simplification is not only focusing on the adverse effects but also on a single phase of the refugee experience. Papadopoulos (2018a) claimed that there are four phases of the refugee experience:

‘Anticipation’: when people sense the impending danger and try to decide how best to avoid it;

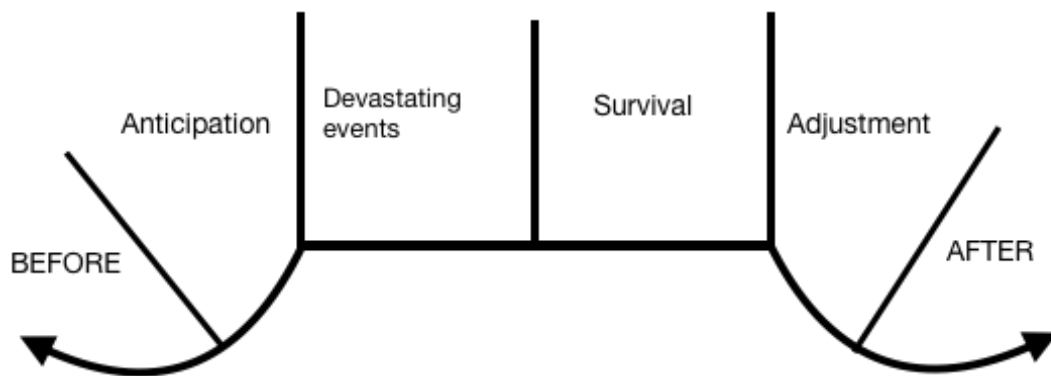
'Devastating Events': this is the phase of actual violence when the enemy attacks and destroys, and the refugees flee;

‘Survival’: when refugees are safe from danger but live in temporary accommodation and uncertainty; and

‘Adjustment’: when refugees try to adjust to a new life in the receiving country (Papadopoulos, 2000; 2001, as cited in Papadopoulos, 2018a, pp. 26 – 27).

Figure 4

The phases of the refugee experience (Papadopoulos, 2018a)



As can be seen in Figure 4, the refugee experience is not simply a traumatic event and then becoming a refugee in another country. Before the devastating events, usually, there is anticipation, and people begin to make plans during that phase (Papadopoulos, 2020). In other words, it can be argued that unexpected, sudden events are expected in a sense. After the adversity, the survival phase is coming. In this phase, people might be internally displaced or cross the international border and seek refuge in another country. As it was explained before, each phase has its challenges, and the adversity is not simply fixed by the devastating event. PTG, however, takes the devastating event as an unequivocal trauma and tries to measure the "growth" from that experience. ADD, on the other hand, acknowledges the challenges not only of the devastating event but also in the anticipation, survival, and adjustment phases.

Even though there are four different phases in a refugee experience, as explained earlier, the discourses, especially by politicians and journalists, focus on only the “Devastating Event” part, therefore simplifying the complexity of involuntarily dislocated persons' experiences. Moreover, there is a presupposition in that discourse as if adversities only happen at the devastating event part. The literature shows that involuntarily dislocated persons face adversities during the journey in refugee camps (Montgomery, 1998, as cited in Papadopoulos, 2018a; Vossoughi, Jackson, Gusler, & Stone, 2018) and in the host country as well. In other words, adversity could be faced in all four phases, contrary to the everyday discourse, which only focuses on the 'devastating event' part.

So far, the negative effect of adversities has been explored. However, the word trauma, as it has been claimed by Papadopoulos (2018a), has another meaning, 'to rub off'. In the last three decades, studies focusing on the positive effects of adversities have grown immensely (Papadopoulos, 2007). In these studies, authors use different terms to highlight the positive changes. Stress-related growth (Park, Cohen, & Murch, 1996), positive transformation following trauma (Affleck & Tennen, 1996, as cited in Papadopoulos, 2007), and positive illusions (Taylor & Brown, 1988) are some of the terms that refer to positive changes after adversities. Posttraumatic growth (Calhoun & Tedeschi, 1999, 2001, 2004) is the most common term in the literature to draw attention to the possible positive changes after facing adversity (Papadopoulos, 2007).

According to Calhoun and Tedeschi (1999, 2001, 2004), “Posttraumatic Growth” (PTG), as a term, refers to the positive changes after experiencing challenging life circumstances. They say that they “...use the words trauma, crisis, highly stressful events... interchangeably...” (Calhoun & Tedeschi, 2004, p. 1). They argue that posttraumatic growth captures the development in some areas of those who have experienced trauma. After facing a trauma, the individual not only survives but experiences positive changes. In other words,

posttraumatic growth is not returning to the baseline after a trauma; it is an improvement (Calhoun & Tedeschi, 2004).

“Adversity Activated Development” (AAD) is a term that refers to positive developments that are directly connected to being exposed to adversity (Papadopoulos, 2004, 2006, 2007). According to Papadopoulos (2007), there are refugees who survive severe and inhuman conditions, and in addition to surviving, they gain strength due to adversity.

The point of reference is the first and most crucial difference between the PTG and AAD. The former uses trauma, whereas the focus on the latter is adversity. This difference is not merely a word choice. There is a term as “refugee trauma” (Alcock, 2003; Chan, Young, & Sharif, 2016). Refugee trauma implies that anybody who experienced adversity and had to leave his or her country and become a refugee in another country will suffer from psychological trauma.

Similarly, Calhoun and Tedeschi (1999, 2001, 2004) first focus on the traumatic experience of the refugees when they are looking for posttraumatic growth. However, the literature shows that not all refugees, asylum seekers, internally displaced people, and involuntarily dislocated persons are suffering from trauma (Papadopoulos, 2007, 2016). Calhoun and Tedeschi (1998, 2004) use the metaphor of an earthquake to describe posttraumatic growth. They argue that if we take the cognitive processes as physical buildings, the earthquake will destroy those buildings. They take posttraumatic growth as rebuilding the destroyed properties (Calhoun & Tedeschi, 2004). In other words, in order to create new constructs, demolition is required. However, we know that some qualities, like resilience, allow the building to be bent and revert back after facing adversity. Using the term ADD enables us to see the “new buildings” without any demolition. The Adversity Grid (See Figure 5) also gives the opportunity to observe these wide ranges of possibilities. It does not restrict us to either positive or negative changes (Papadopoulos, 2016).

Figure 5

Adversity Grid: Range of responses to adversity (Papadopoulos, 2021)

	Negative		Unchanged		Positive	
	Psychiatric Disorders	Distressful psychological reactions	Ordinary human suffering	Negative	Positive Resilient Strengths	Adversity activated development
Individual						
Family						
Community						
Society/Culture						

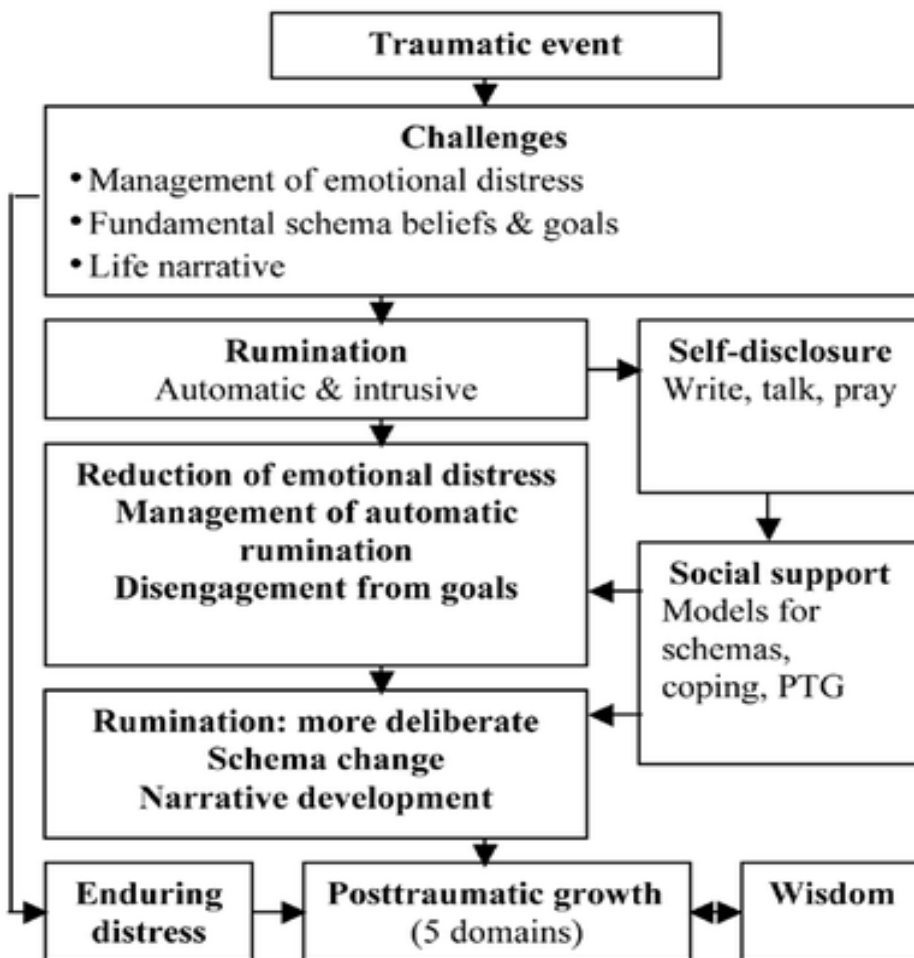
Calhoun and Tedeschi (2004) say that they use the word trauma deliberately. They argue that by using posttraumatic growth instead of stress-related growth, they make a distinction between significant crisis and lower-level stress. Taking this approach and keeping the term refugee trauma in mind implies an inevitable conclusion; refugees are *traumatised*. Taking all refugees into consideration as traumatised people ignores the complexity, uniqueness, and totality of those affected by the adverse situation (Papadopoulos & Gionakis, 2018).

Another difference between PTG and AAD is the “post” prefix in the former one. Similar to the Post-Traumatic Stress Disorder (PTSD), PTG requires a particular time after being exposed to adversity. There are studies which show that traumatic events might endure for a long time, and therefore using the post prefix disallows notice of that (Van der Kolk, 2017; Herman, 1992). Even though these studies focus on general society, the same principle can apply to involuntarily dislocated people. There are, for instance, millions of refugees in Turkey who want to be resettled in a European country. Therefore their journey to a "new safe place" has not terminated yet (Cetin, 2016; Erciyes, 2016; Ferris & Kirisci, 2016; Bayramoğlu & Lünenborg, 2018). Since their journey, in other words, the adversity has not finished; one cannot mention the PTG for those people. The concept of the ADD, on the other hand, does

not have such restrictions. It recognises and embraces the possible positive changes “...even during the period of adversity” (Papadopoulos, 2007, p. 307). The linear thinking process of the PTG can be seen in Figure 6.

Figure 6

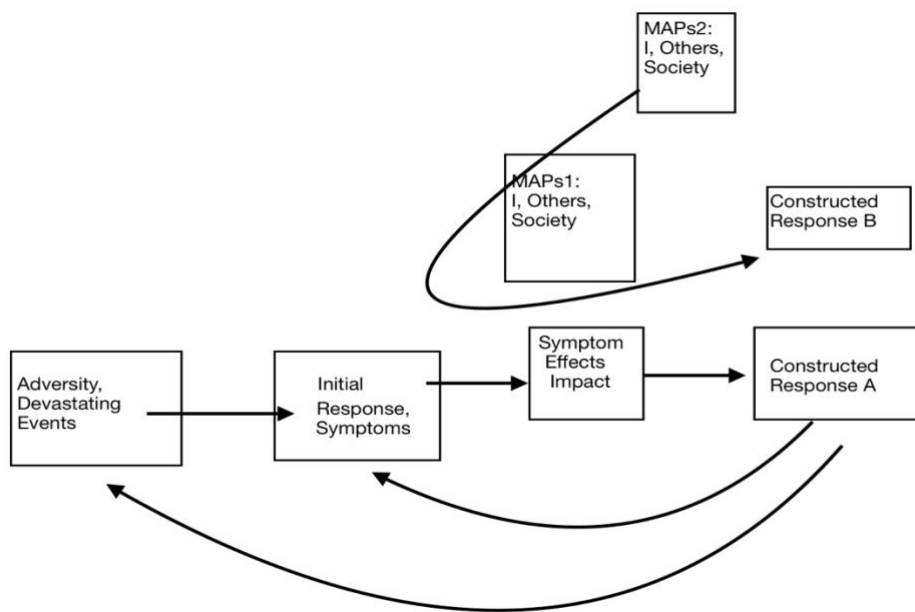
Model of posttraumatic growth



Unlike the linear thinking process of PTG, the advantage of using ADD can be seen in the complex thinking process, which is shown in Figure 6 below.

Figure 7

Constructed, Prolonged Responses to Adversity (Papadopoulos, 2019b)



As it can be seen from Figure 7, the responses to adversities are not linear. As the adversities affect the responses, responses affect how people perceive the adversities as well. Another critical factor is the “Meaning Attribution Processes” (MAPs) (Papadopoulos, 2019). These meaning attribution processes affect the perception of adversity. These processes, on the other hand, are dependent on several factors. Among these factors, there are personal and relational factors, age, gender, race, disability, power position, circumstances of actual events, daily stressors, future prospects, and a host of socio-political, cultural, economic, and legal

factors. In other words, unlike refugee trauma, which implies each refugee is traumatised, it shows that the process is complex. Just mere exposure to adversity does not necessarily imply a pathological consequence.

Part 4: Research Project

I guess they do not see this theme as a priority. Therapy is still for middle, upper-class people, and they have the money. The psychotherapy training prepares you for the market, although it is not something openly discussed. Those who can afford therapy have a command of the language, either their mother tongue or English. So, I think it is related to the "class issue".

(P1)

4.1 Research Design and Methodology

I fully agree with you about the about the significance and educational value of methodology as well as history and philosophy of science. ...A knowledge of the historic and philosophical background gives that kind of independence from prejudices of his generation from which most scientists are suffering. This independence created by philosophical insight is... the mark of distinction between a mere artisan or specialist and a real seeker after truth.

(Einstein, 1944)

4.1.1 Chapter Overview

This chapter shows the framework of the methodology used to conduct the current research. It begins with underlying the current study's research aims and questions. Then, it explains the primary methodologies within the social sciences, which methodology has been chosen for the current study, and the reasons for choosing it. After providing a brief outline of the research design, it moves to the information about the participants of the study, the data collection and data analysis process, and my position as a researcher throughout both the data collection and data analysing stages. The rationale behind using the Thematic Analysis among other qualitative research methodologies (Boyatzis, 1998; Braun & Clarke, 2006; 2014), and which method within the Thematic Analysis, is also discussed in this section. Based on Braun and Clarke's article Using Thematic Analysis in Psychology (2006), the data analysis process has

been explained step by step. Issues around confidentiality, such as data management and data access, demographic information about participants and the disguise process, reimbursement, and potential benefits, are also explained in this section. Lastly, the chapter ends up with a summary.

4.1.2 Research Aims and Hypotheses

The first aim of the current research is to understand the effect of the later-learned language in the psychotherapy process from the therapists' perspective. It tries to understand the effects of the later-learned language on both therapists and clients. I, as a researcher, mainly focused on three topics: emotions, self-representation, and memory. My personal experience as a multilingual psychological therapist and psychological therapy patient and the existent literature led me to choose the three areas mentioned above. In the current study, the data on the effects of being in therapy in a later-learned language on clients comes from therapists' point of view only. In other words, it allows the reader to see what therapists think about the effect of conducting therapy in a multilingual setting for their clients and themselves. This is because the participants of the current study are only mental health practitioners. I did not conduct any interviews with a client who had been or was still in therapy in which they used their later-learned language in order to understand their experience. Even though some participants were going through their personal therapy process during the interview, they did not share any information about it. However, they shared their experiences with their supervisors and the effect of multilingualism on supervision. They shared their experience in supervision in terms of both discussing their multilingual clients and their own situation as multilingual mental health practitioners.

To summarise, the aims of the current study are:

- a. To explore language's impact on facets of the psychotherapeutic process of Involuntarily Dislocated persons when the language employed is English as a later-learned language (at least for the clients, but also for the therapists), as perceived by their therapists.
- b. To identify the effects of using a later-learned language in psychotherapy on the Involuntary Dislocated clients, as perceived by their therapist.
- c. To identify the effects of the lack of training for therapists working with ID clients whose first language is not employed in psychotherapy.

The hypotheses of the current study are, in the psychotherapeutic work with Involuntarily Dislocated persons,

- a. There will be noticeable effects when using an Lx in psychotherapy on the Involuntary Dislocated clients, as perceived by their therapists.
- b. There will be noticeable effects due to the lack of training for therapists who work with Involuntary Dislocated clients whose first language is not the one employed in psychotherapy.

The effects of using a later learned language on these areas will be examined with in-depth semi-structured interviews. Previous research showed that using Lx during therapy might affect the patient positively or negatively. However, even with the positive effects, it would still alter the onto-ecological settledness of the person. Examining these changes via in-depth interviews will enable the researcher to understand these changes without falling into the positive vs negative changes dichotomy.

4.1.3 Research Questions

In line with the aims of the study, the research question for the current study is:

What is the effect of conducting psychotherapy in a later learned language for therapists, when either themselves, their clients or both parties are using an Lx during the therapy process?

I also wanted to understand if there was an effect of training or lack of training when mental health practitioners provided their service in a multilingual setting. The training could be formal training from an institution/university, supervision, or workgroup.

4.2 Research Methodology

Even though the terms “methodology” and “methods” are used interchangeably, they refer to different phenomena. While methodology refers to the general way of investigating a topic, the method is the particular research procedure that is used within a study (Langridge, 2007). When we look at the etymology of the term “methodology”, it is a combination of the words “meta” and “odos”, which mean “after” and “road”, respectively (Papadopoulos, 2006). In other words, the “methodology” is the route the researcher takes to find the answers they have in their mind. Wellington and Szczerbinski (2007) expanded that further and argued that the methodology is “the activity or business of choosing, reflecting upon, evaluating and justifying the decision that have been made on methods” (p. 33).

One of the most apparent divisions within the methodological approaches in social sciences is between the quantitative and qualitative methodologies. Wellington and Szczerbinski (2007) argued that even though quantitative and qualitative studies claimed as if they are mutually exclusive, they are indeed complementary, and the researcher should choose which methodology to follow based on the nature of the problem that they investigate. Other researchers (i.e., Carla, 2008; Clark–Carter, 2009) argued that quantitative and qualitative studies differ in their philosophical and epistemological positions. Furthermore, the way the data is collected and then analysed would differ depending on the methodology the researcher

follows. Before presenting the methodology that I chose for the current study, I will first explain each type of methodology within the scope of the current study and then explain the methodology chosen to collect data and analyse it for the research.

It can be argued that quantitative methodology relies on the premise that "reality" can be directly observed, and objective knowledge of "reality" can be achieved (Langridge, 2007; Carla, 2008; Clark–Carter, 2009). Hence, the quantitative research methodologies follow a positivist epistemology (Goodenough & Waite, 2012). Quantitative methodology prioritises the measurement and quantification of the data and tries to answer the “what”, “where”, and “when” questions (Barker, Pistrang, & Elliott, 2015). The data for the quantitative research methodologies are either “*numbers* or converted into numbers before their analysis begins” [emphasis in original] (Wellington & Szczerbinski, 2007, p. 117).

For the mainstream social sciences, including psychology, quantitative methodologies have been preferred compared to qualitative research methodologies (Denzin & Lincoln, 2011). The reason behind that can be argued to be related to the acceptance that the former research approaches hold more legitimacy and robustness than the latter ones. Furthermore, the quantified data allows more accurate replications in other studies and generalisation of the finding to the broader population (Barker, Pistrang, & Elliott, 2015). In other words, it has been argued that quantitative research methodologies are more systematic and experimental compared to qualitative research methodologies.

As quantitative research methodologies are seen as more systematic and experimental research approaches, qualitative research methodologies, on the other hand, are seen as exploratory and interpretative approaches (Merriam, 2002; Hennink, Hutter, & Bailey, 2020). Qualitative research methodologies, instead of quantifying the data, emphasise the subjective experience of the participants and their attributions to the “reality”.

In contrast to the assumption of observable reality and objective knowledge of the reality of the quantitative research methodologies, the qualitative research methodologies advocate that there is no single reality. The latter is grounded on the assumption that there are multiple realities (Nicholls, 2009), and these realities are the results of the interpretations (Ormston, Spencer, Barnard, & Snape, 2014), and the best way to understand them is to study them within their context (Goodenough & Waite, 2012). In other words, contrary to the positivist approach of quantitative research, qualitative research methodologies use a constructionist approach.

As qualitative research methodology relies on the assumption that there are multiple realities and they are the results of the interpretations, the researcher in the qualitative studies has an effect on the data. Compared to the “objective scientist” of the quantitative research methodologies, in qualitative research methodologies, both during data collection and data analysis, the researcher or research team will have an effect due to their beliefs, knowledge, ideas, and prejudices (Snape & Spencer, 2003). Therefore, reflexivity in qualitative research methodologies should be emphasised (Macbeth, 2001). Dodgson (2019) argued that reflexivity in qualitative research methodologies increases the credibility of the research findings and allows the reader to understand the study in a better way.

Although there is a belief that quantitative research methodologies are more robust and rigorous when conducted correctly, qualitative research methodologies can contribute a particular and robust framework. Moreover, through in-depth interviews and personal experiences, qualitative research methodologies can provide rich information that cannot be acquired through quantitative research methodologies (Denzin & Lincoln, 2011). Furthermore, instead of ignoring the effect of the researcher as in quantitative research methodologies, qualitative research methodologies are able to provide richer information with the reflexivity of the researcher.

Considering the aims and questions of the current study, I chose to conduct my research following the qualitative research methodologies. One of the reasons for choosing qualitative research methodology was the philosophical distinction between the quantitative and qualitative methods with regard to reality. As it was explained above, quantitative methodologies assume that there is one objective reality, and knowledge of that reality can be obtained. However, when it comes to the effect of the later learned languages in psychotherapy, I believe each person would have a unique experience. Hence their realities would not necessarily be the same. Therefore, I chose to follow a constructionist rather than a positivist approach.

Another reason for choosing the qualitative methods was to generate detailed data on the subject. Instead of quantifying the data I collected, I wanted to have my data as rich as possible. Therefore, I conducted in-depth semi-structured interviews to collect the data.

It has been argued that for areas that have been subject to limited research, qualitative research methodologies should be preferred (Wellington & Szczerbinski, 2007). The effect of the later-learned language on psychotherapy, especially with involuntary dislocated people, is a poorly researched area. Therefore, instead of quantitative research methodologies, qualitative research methodologies would fit better to the topic of the current study.

In contrast to the objective observer stance of the researcher, the effect of the researcher on the data collection and data analysis has been widely accepted in qualitative research methodologies (Macbeth, 2001; Snape & Spencer, 2003; Wellington & Szczerbinski, 2007). From the philosophical stance, qualitative research methodologies can be tied to the “post-modernist” tradition. The assumption of objective truth would not be consistent with this tradition, either (Al Rubaie, 2018). Considering the “positivist approach” of the quantitative research methodologies on one end of the spectrum, qualitative research methodologies would sit on the opposite end of the spectrum as “relativism” or “interpretivism” (Robson, 2002).

According to relativism, knowledge and truth are socially constructed and depend on the culture and society that they are constructed in. According to Robson (2002), relativism also claims that people are not just passive recipients of the world and events around them but active agents in creating their own realities. Language is crucial when people construct knowledge and truth and the world and events around them. Therefore, instead of following a methodology that would seek objective truth, I chose a methodology that would allow me to acknowledge the effect of the language and people in the construction of one of many “truths”.

As I explained in the Chapter 4.6 The Researcher’s Background, I have personal and professional interests in the effect of the later language in the psychotherapy process. Therefore, a methodology that would allow my subjectivity and allows me to discuss my effect on data collection and data analysis would be a better choice for the current study. One of the goals of qualitative research methodologies is to understand the phenomena not as a “detached observer” but as an active agent during data collection and data analysis. Considering my personal and professional involvement with the topic of the current study, following a qualitative method is more suitable than any quantitative research methodologies, and it will allow me to discuss my effect on the data collection and analysis process, through reflexivity.

There are various options in qualitative research methodologies, such as Grounded Theory (Bryant & Charmaz, 2007a; 2007b; Lyons & Coyle, 2007), Interpretative Phenomenological Analysis (Smith & Osborn, 2008; Smith, Flowers, & Larkin, 2009), Conversation Analysis (Hutchby & Wooffitt, 2008), Thematic Analysis (Boyatzis, 1998; Braun & Clarke, 2006; Polit & Beck, 2008), Discourse Analysis (Brown, Brown, Brown, Yule, & Gillian, 1983; Johnstone, 2017), Narrative Analysis (Riessman, 1993; Franzosi, 1998; Bamberg, 2012), among many others.

Among the above-mentioned qualitative research methodologies, the Thematic Analysis (Boyatzis, 1998; Braun & Clarke, 2006; 2012; 2013; 2014; 2019; 2021; Clarke & Braun, 2014; Polit & Beck, 2008) was chosen for various reasons.

According to Braun and Clarke (2006), even though Thematic Analysis is a widely used qualitative method, it is neither well-defined nor extensively acknowledged. Moreover, this situation is not unique to psychology research (Roulston, 2001, as cited in Braun & Clarke, 2006). A difference between Thematic Analysis and similar methodologies, such as Interpretative Phenomenological Analysis and Grounded Theory, is that the former is not attached to a specific epistemological position. Therefore, Thematic Analysis offers flexibility to the researchers (Braun & Clarke, 2006). Another advantage of using Thematic Analysis is coming from the transparency that it provides to the researchers. Braun and Clarke (2006) argued that this transparency is achieved through many decisions that the researcher should make in order to show their position clearly. Thanks to this transparency, other researchers are able to carry out similar studies since transparency comes with clarity as well.

Finlay (2021) divided the thematic analysis into two categories. Although she divided it into two, these are not two exclusives but rather “*overlapping camps*” (Linda, 2021, p. 104). These camps are named “Scientifically descriptive” and “Artfully interpretive”. According to Finlay (2021), scientifically descriptive thematic analysis is post-positivist, essentialist/realist, inductive, reliable, and objective. Artfully interpretive one, on the other hand, is interpretivist, relativist, deductive, reflexive/critical, and (inter-)subjective (Finlay, 2021, p. 105).

Boyatzis (1998) identified four main features of a researcher to be able to see the patterns/themes while conducting Thematic Analysis. These features are “pattern recognition, openness and flexibility, planning and systems thinking, and knowledge” (Boyatzis, 1998, p.8). Pattern recognition refers to the ability to see re-occurring patterns in seemingly random data. In other words, it helps the researcher to detect the themes from big data chunks. As Boyatzis

(1998), Strauss and Corbin (1990) stated that a researcher should be open and flexible to perceive patterns. As in other qualitative research methods, Thematic Analysis requires long hours of data collection, processing, and analysis. Therefore, the researcher should have openness and flexibility throughout the long process of applying the Thematic Analysis. Boyatzis (1998) argued that one of the crucial qualities of a researcher to conduct research with Thematic Analysis is “planning and systems thinking”. He thought it was necessary in order to have both internal validity and reliability. Lastly, he said the researcher should have “the knowledge”, which is also referred to as “tacit knowledge” on the subject that they are going to conduct research on.

In order to have a valuable and meaningful thematic code in Thematic Analysis, Boyatzis (1998) argued that each theme should have five elements:

1. A label (i.e., name)
2. A definition of what the theme concerns (i.e., the characteristic or issue constituting the theme)
3. A description of how to know when the theme occurs (i.e., indicators on how to “flag” the theme)
4. A description of any qualifications or exclusions to the identification of the theme
5. Examples, both positive and negative, eliminate possible confusion when looking for the theme (Boyatzis, 1998, p. 31).

Regarding epistemologies, a researcher who wishes to use Thematic Analysis for data collection and analysis should choose between Essentialist and Constructionist epistemologies and it should “be determined when a study is first being conceptualised” (Byrne, 2021, p. 1395). In essentialism, there is an assumption that the language will reflect the experiences of the participant, and therefore there is no need to interrogate what the data says (Widdicombe

& Wooffitt, 1995, as cited in Byrne, 2021). Braun, Clarke, and Weate (2016) argued that choosing an essentialist approach in Thematic Analysis would not allow the researcher to use the interpretative side of it.

The constructionist approach assumes that the relationship between experience and language is not unidirectional. Instead, it argues that language has an active role in producing and reproducing meaning and experience (Burr, 1995; Schwandt, 1998, as cited in Byrne, 2021).

Similar to essentialist versus constructionist epistemologies, the researcher should choose between experiential versus critical orientation while using Thematic Analysis. The experiential approach assumes that when the participant shares their feelings, thoughts, and experiences, they are merely reflecting their internal personal state. Critical orientation, on the other hand, assumes that these feelings, thoughts, and experiences are constitutive, not reflective. Therefore, the critical orientation requires going further than merely reflecting on what participants share. In sum, the researcher chooses between experiential versus critical orientation in order to “clarify their intention to reflect the experience of a social reality (experiential orientation) or examine the constitution of a social reality (critical orientation)” (Byrne, 2021, p. 1396).

In Thematic Analysis, there are different ways of developing a thematic code. Boyatzis (1998) proposed that these different ways could be grouped under three categories: a) theory-driven, b) prior data or prior research-driven, and c) inductive or data-driven. Although he made a distinction between the three categories, these categories are not exclusive. Instead, he claimed that they are on a continuum (Boyatzis, 1998). For the theory-driven approach, which is the most frequently used one in social sciences, the researcher has a theory before starting to collect the data and, as they collect the data, looks for the evidence that would be in line with their theory. In other words, the themes are determined by the theory. In prior data or prior

research-driven approach, the researcher starts with the literature review, and from the literature, they have the information to create the thematic codes. Similarly, in the prior data/prior research approach, the researcher might create codes from prior research directly (Boyatzis, 1998). Strauss and Corbin (1990) called this approach “axial coding”. In the last category, the themes determined are firmly linked to the data. The data-collecting process would involve a minimum of specific questions. The researcher's interest or preconceptions would have minimal effect on creating the themes (Clarke & Braun, 2006). The engagement time with the literature would depend on the approach that the researcher will follow. For the theory-driven approach, the researcher would need to engage with literature prior to the analysis. For the inductive or data-driven approach, on the other hand, it has been argued that engagement with literature prior to the analysis might limit the researcher's vision (Braun & Clarke, 2006).

While Boyatzis (1998) proposed three possibilities to develop thematic codes, Braun and Clarke (2006; 2013; 2020) explained two ways; inductive versus deductive analysis. Their deductive approach is very similar to Boyatzis's (1998) theory-driven approach and inductive to a data-driven approach. For the former method, the researcher might produce codes according to a codebook (Byrne, 2021) and pre-existing literature on the topic. The codebook is used in certain types of Thematic Analysis in order to create accuracy and reliability while generating codes, especially when there is a research team. Among the researchers, a degree of consensus would be sought, and it would be measured by Cohen's Kappa (Braun & Clarke, 2013). It has been argued that using a codebook would move the Thematic Analysis into a more positivistic approach and hinder the “interpretive nature of data coding” (Byrne, 2021, p. 1393).

The inductive approach to Thematic Analysis, on the other hand, would only rely on the content of the data in order to create the codes. Instead of trying to fit the data into pre-

existing code frames, the researcher would try to find codes that would describe the data collected from the participants (Braun & Clarke, 2013).

Within thematic analysis, there are two different ways to approach the data coding with regard to content, namely, “Latent-Content Analysis” and “Manifest or Semantic-Content Analysis”. The latter can be described as an analysis of the evident content of the data. For instance, the word count of an interview or the use of passive sentences would be examples of manifest-content analysis. Latent-content Analysis, on the other hand, is a way to look at the hidden meaning in the data. It is necessary to understand the meaning of the word to the person, to a particular time or context. Thematic Analysis does not force the researcher to choose either latent- or manifest-content analysis (Boyatzis, 1998).

A deeper discussion on the reasons behind using Thematic Analysis for the current study was carried out in Chapter 2.4.5, Approach to Data Analysis. In the same chapter, I enjoyed the possibility of being transparent in Thematic Analysis and explained my position for data collection and analysis in detail with regard to my choices between essentialist and constructionist epistemologies, experiential and critical orientation, inductive and deductive analysis, and finally, semantic and latent coding.

4.2.1 Outline of the Research Design

A cross-sectional qualitative research method was used for the current study. The method was cross-sectional because the participants were selected based on the inclusion and exclusion criteria (Setia, 2016) which are explained in Chapter 2.4.2 Participants. As a cross-sectional qualitative method, the data was collected at one point in time via in-depth semi-structured interviews. During the data collection and data analysis, Thematic Analysis (Boyatzis, 1998; Braun & Clarke, 2006; 2014) was used. The following steps provide the stages of the current study's research design.

- Preparing the research protocol, which included the development of the “Semi-structured Interview Schedule”, which can be seen in Appendix B. In addition to the semi-structured interview schedule, an “Information Sheet” (can be seen in Appendix F) which was sent to potential participants to provide information about the current study, an “Informed Consent Form” (can be seen in Appendix A) to have the written consent of those who were willing to participate the study before conducting any interview was also developed.

- The research protocol and the rationale for the study were submitted to the Director of Research / Ethics Officer of the Psychosocial and Psychoanalytic Studies (PPS) Department, the University of Essex, for Ethical approval. Ethical approval to conduct the study was granted by the Director of Research / Ethics Officer of the Psychosocial and Psychoanalytic Studies (PPS) Department, the University of Essex, on the 5th of April 2021. The Ethical Approval can be seen in Appendix D.

- After the Ethical Approval had been granted, the relevant information was sent to e-mail groups in order to recruit participants. A detailed explanation of sampling and recruitment can be found below in Chapter 2.4.3 Sampling and Recruitment.

- A pilot interview was conducted in order to collect the data to provide guidance for the semi-structured in-depth interviews. The data gathered from the pilot study was both about the Semi-structured Interview Schedule and the effect of conducting interviews via Zoom software.

- After the pilot interview, the interviews with the participants took place over a period of 6 months. The data was collected via semi-structured in-depth interviews with each participant.

- The interviews were conducted via Zoom, and the “Record” function was used. The recordings were used for verbatim transcriptions. The recordings were downloaded from Zoom's cloud system and stored on a password-protected personal laptop. After downloading

the recordings, they were deleted from Zoom's cloud system. Only I, as the researcher, had access to the recordings. Due to the lack of voice-only recording in the software that was used for the interviews, they were video recorded.

- The data derived from the transcriptions was analysed using the Thematic Analysis approach (Boyatzis, 1998; Braun & Clarke, 2006; 2012; 2013; 2014; 2019; 2021; Clarke & Braun, 2014).

4.2.2 Participants

A purposeful criterion sampling strategy was deployed in order to recruit the participants for the current study (Patton, 2002). The reason behind purposeful sampling was to have participants who could provide depth-inside through semi-structured interviews. This “purposive sampling” is defined as selecting participants “... on the basis that they can grant us access to a particular perspective on the phenomena under study.” (Smith, Flowers, & Larkin, 2009, p. 49).

According to the perspective provided above and the purpose of the study, the recruitment of participants for the current study was directed at the mental health practitioners who have/had clients that use a later learned language and psychotherapists, psychologists who themselves are using a later learned language during the therapy process. Regarding the later-learned languages in the therapy process, there are three different scenarios, assuming there is no interpreter; the client is using a later-learned language, the therapist is using a later-learned language, and both the therapist and client are using a later-learned language during the therapy process. Therapists that fit into any of these scenarios would be eligible for the current research. The first language of the therapists was not an exclusion criterion, even though their first language was asked during the demographic question part of the interviews. Since I was conducting each interview, a common language between myself as a researcher and the

participant was necessary in order to be able to proceed. Therefore, the participants needed to know one of the languages from Kurmanji Kurdish, Turkish, English, and Spanish, which are the languages in which I feel comfortable for conducting an interview.

Similar to the first language of the therapists, their theoretical orientation (e.g., Psychodynamic, CBT, Person-Centered.) was not a criterion for exclusion, either. Although the theoretical orientation was not an exclusion criterion, the participants were asked about their approach. The reason for that is that the importance given to the therapeutic relationship changes with regard to the therapy model (Horvath, 2005; Marziali & Alexander, 1991). While analysing the data, the theoretical orientation of the interviewee was also considered.

4.2.3 Sampling and Recruitment

The participants were recruited through relevant e-mail groups, personal contacts, and via sending e-mails to groups such as the Bilingual Forum⁶ (The Pasalo Project, Costa, B.). From those who contacted me, they were eligible according to the criteria explained in the section above in Chapter 2.3.1, *Participants* took part in the current study. It was interesting to note that even though there were people from various cultural backgrounds and ethnicities at the Bilingual Forum, those who contacted me had a Turkish background or had ties with the Turkish Republic (i.e., people from Cyprus who could speak Turkish). Although I am Kurdish, due to legal legislation when I was born, my parents had to give me a Turkish name, and from my signature on my e-mail, it can easily be understood that I am from Turkey. This connection affected the interviews as well, and I took note of them in my interview diary. In the Chapter X *Discussion*, this issue will be further analysed.

A total of 12 participants took part in this study. One of them was for the pilot study, and the data from that participant was included in the analysis as well.

⁶ <https://www.pasaloproject.org/bilingual-forum.html>.

Interviews for the current study were conducted in Turkish, Kurdish, and English, depending on the lingua franca between the researcher and the interviewee. During the interviews, there was code-switching between Turkish and Kurdish, and Turkish and English as well when the interviews were conducted in Turkish and Kurdish.

4.2.4 Data Collection

A qualitative method design was used in the current study. The data collection was via in-depth semi-structured interviews (Fontana & Frey, 2005) with a therapist who is either using a later-learned language in therapy themselves or has/had clients who are/were using a later-learned language during the therapy process. These interviews lasted between 45 to 65 minutes each.

As a part of in-depth semi-structured interviews, some questions were prepared in advance, and some new questions inevitably emerged from the dialogue between myself as an interviewer and the interviewees (Whiting, 2008). Collecting data via in-depth semi-structured interviews is consistent with the methodology of the current study and the Thematic Analysis approach (Boyatzis, 1998; Braun & Clarke, 2006; 2012; 2013; 2014; 2019; 2021; Clarke & Braun, 2014).

Prior to the data collection, a Semi-structured Interview Schedule which can be seen in Appendix B, was developed. Having a semi-structured interview schedule helped me as the interviewer to have a structure, and its flexibility allowed me to attend to what the interviewees were saying and update the questions accordingly. As Byrne (2022) suggested, there is a degree of flexibility when conducting semi-structured interviews. I also used that flexibility and changed some of the questions according to the situation of the interviewee. For instance, one of the participants has been living in the UK and received their MA and PhD degrees from a university in the UK. When asking them about their experience of conducting therapy in a later learned language, I excluded the English language, as the participant was considering the

English language as one of their first languages. Without that flexibility, I had to take the English language as a later learned language for them, and it would affect their answers.

4.2.5 Approach to Data Analysis

The interviews were analysed with Reflexive Thematic Analysis (Braun & Clarke, 2006; 2012; 2013; 2014; 2019; 2021; Braun, Clarke, Hayfield, Davey, & Jenkinson, 2022; Clarke & Braun, 2014). Braun and Clarke (2014) argued that qualitative analysis, in general, and Thematic Analysis, in particular, allow the researcher to have an insight into the experiences of both service users and service providers in health care.

Braun and Clarke (2006; 2012; 2013; 2014) argued that Thematic Analysis gives a great deal of flexibility to the researcher. However, because of its flexibility, it is essential to be transparent about the choices within the Thematic Analysis. In this chapter, I will explain which routes within the Thematic Analysis were preferred with the rationale behind them. These routes are Essentialist versus Constructionist epistemologies, Experiential versus Critical orientation, Inductive versus Deductive analysis, and Semantic versus Latent coding.

As was explained in Chapter 2.4, Research Methodology, essentialism assumes that language reflects the participants' thoughts, emotions, and experiences, whereas constructionism argues that they are produced and reproduced during the conversation. Considering the aim of the study, constructionist epistemology was chosen for the current study. I believe the questions that I asked, my personal and professional traits, and conducting the interviews via Zoom deeply affected what participants shared with me. Therefore, instead of assuming what they shared was a mere reflection of their inner reality, being aware of all the above-mentioned factors would be essential to capture the meaning behind what has been shared. In order to do that, I designed the study, collected the data, and analysed it with a constructionist approach.

For the current study, I chose an experiential orientation for interpreting the data. In the experiential approach, the researcher tries to understand the phenomenon that they investigate from the participant's point of view. For the current study, I was interested in understanding how mental health practitioners experience conducting psychological therapy in multilingual settings. Therefore, instead of making claims about the social construction of the topic, which would require a critical orientation, I focused on the personal experiences of the participants and hence chose the experiential orientation to interpret the data.

Another choice that I made with regard to analysis was between inductive versus deductive analysis. Deductive analysis is usually associated with the essentialist approach, whereas inductive analysis falls under the constructionist approach (Boyatzis, 1998). In the inductive approach, the data is the starting point, and the process of developing codes and themes goes "bottom-up" (Terry, Hayfield, Clarke, & Braun, 2007, p. 6). Although from that distinction, one might argue that the choice would be straightforward, conducting an analysis purely with a deductive or inductive approach is claimed to be very rare (Braun & Clarke, 2013; 2020). For the current study as well, while generating the codes and themes, I used both deductive and inductive approaches. Braun and Clarke (2012) argue that even though the researcher uses both approaches, one of them would be dominant, and it would indicate the overall approach of the study. Following them, the predominant approach of the current study would be an inductive approach. Even though the inductive approach takes the data at the centre of developing codes and themes and ultimately analysing data, it does not take the researcher as a "blank state". It acknowledges the fact that the researcher would bring their social, theoretical, and personal position into the research (Terry, Hayfield, Clarke, & Braun, 2007). As I explained in the Chapter 4.6, Researcher's Background, there is a direct effect of using a later learned language in my personal and professional life. Therefore, I had some hypotheses before starting this research. However, I did not want to conduct the interviews and then

analyse them just to validate my ideas. I wanted to see the effects of using a later-learned language on other therapists. To sum up, I used a data-driven approach while collecting and analysing the data without disregarding my effect as a researcher on both processes.

Boyatzis (1998) argued that researchers are not forced to choose between semantic vs latent content analysis when they use Thematic Analysis. Terry, Hayfield, Clarke, and Braun (2017), on the other hand, suggested that the choice between semantic or latent content analysis should be based on the research question and overall theoretical framework. According to them, experiential and realistic approaches would fit better to semantic content analysis, whereas critical and relativist approaches would fit better to latent content analysis (Terry, Hayfield, Clarke, & Braun, 2017). For the current research, I followed Terry, Hayfield, Clarke, and Braun (2017) and chose latent content analysis. As it is suggested in the literature, latent content analysis fits better with critical orientation and constructionist epistemology, so I also chose to conduct the current study.

4.3 Data Analysis

Clarke and Braun (2006) created a 6-phase guideline for Thematic Analysis which can be seen in Figure 8. However, as they warned the researchers, these guidelines are not rules, and the researchers should be flexible in order to fit these guidelines into their research. Although these guidelines look like a linear process, instead of going step by step, constant back-and-forth movement is necessary while creating the codes and themes (Clarke & Braun, 2006). As I explained in the chapters below, I went back and forth between the phases throughout the data analysis process. The following chapters explain what I did for each phase while analysing the data that I gathered for the current research.

Figure 8

Phases of thematic analysis (Braun & Clarke, 2006, p. 87).

Phase	Description of the process
1. Familiarising yourself with your data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to the potential theme.
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, the final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis

4.3.1 Familiarisation with the Data

A transcript is a text that “re”-presents an event; it is not the event itself. Following this logic, what is re-presented is data constructed by a researcher for a particular purpose, not just talk written down.

Green, Franquiz, and Dixon (1997)

All the interviews were conducted via Zoom and video recorded. When meetings are recorded via Zoom, there are three files: the audio file, the speaker view video file, and the gallery view

video file. To get familiar with the data, firstly, I watched the recorded videos. While watching the recorded videos, my notes from the interview were present, and I took further notes regarding body language and non-linguistic communication. After watching the video recordings and taking notes, I started to produce verbatim transcriptions of the interviews by using the audio files.

Bird (2005) argued that transcribing is a political act and, therefore, it comes with ethical concerns. While transcribing the interviews, the transcriber becomes the channel for the voice of the interviewee to be heard (Lapadat & Lindsay, 1999). I, as the only transcriber of the interviews for the current study, tried to be as precise as possible during the transcription process. Being the interviewer and conducting the pilot interview helped me to do so by noticing some crucial points during the pilot interview.

According to Bird (2005), immersion of the data starts with the transcription process. One of the adverse effects of the Covid-19 pandemic on the current study was the fact that I was not able to conduct interviews face-to-face. However, this shortcoming allowed me to have video recordings of the interview, which would not be possible if I had conducted the interviews face-to-face. Therefore, contrary to what Bird (2005) suggested, for me, the immersion of the data started even before the verbatim transcriptions. It started when I watched the video recordings after I conducted the interviews.

After watching the video recordings and using the recorded audio files for verbatim transcriptions, I repeatedly read the transcriptions alongside my notes that I took during and right after the interviews. In order to add more subjectivity to the transcribed data and double-check that I transcribed correctly, I listened to the audio and read the transcriptions at the same time at least once for each interview. Any initial ideas that arose during this phase were noted for later usage.

4.3.2 Generating Initial Codes

According to Braun and Clarke (2006), Phase 2, Generating Initial Codes (p. 88) starts after reading and getting familiar with the data. In this phase, initial codes are defined as “the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon” by Boyatzis (1998, p. 63).

Braun and Clarke (2006) said that some decisions should be made during generating initial codes. One of them is to decide whether use the whole data set or identify and then use that particular set of data. For the current study, I used the whole data set to generate initial codes instead of limiting myself to a particular part of the data.

Another decision that should be made, according to Braun and Clarke (2006), was to decide the way to code. It can be done either manually or by using a software programme. I generate the initial codes manually for this study instead of using a software programme. I used Microsoft Word for Microsoft 365 to generate the verbatim transcriptions of the interviews, and for generating the initial codes, I used the same programme again. I used the *Review* section to add notes for the initial codes and highlighted the related part of the data. After following the same process for each interview, I created a new Word file for each initial codes in order to see them together. As Braun and Clarke (2006) suggested, some parts of the interviews were used more than once for different initial codes when they were required.

Whether to generate the initial codes deductively or inductively is another choice that should be made by the researcher (Terry, Hayfield, Clarke, & Braun, 2007). I used an inductive, in other words, data-led approach to generate the initial codes. Because of my personal and professional involvement with the current topic, the effect of me as the researcher was inevitable while generating the initial codes. Instead of ignoring that, I tried to be as reflexive as possible and discussed and shared my background in Chapter 4.6 Researcher’s Background.

The codes in the data do not “emerge”; it is instead an active process where the researcher should be immersed in the whole data set and generate the codes (Braun & Clarke, 2006; Howitt, 2019). As I explained in Section 2.5.1 Familiarisation with the Data, before starting to generate the initial codes, I was already quite familiar with the whole data set, and I was actively looking for the codes rather than waiting for them to emerge from the data.

Apart from Microsoft Word for Microsoft 365, I used a website to create a mind – map for the codes that I generated. The website I used was mural.co. The reason to use that website was to have a visual map of the codes in order to conceptualise better and decide which codes could be analysed within a theme.

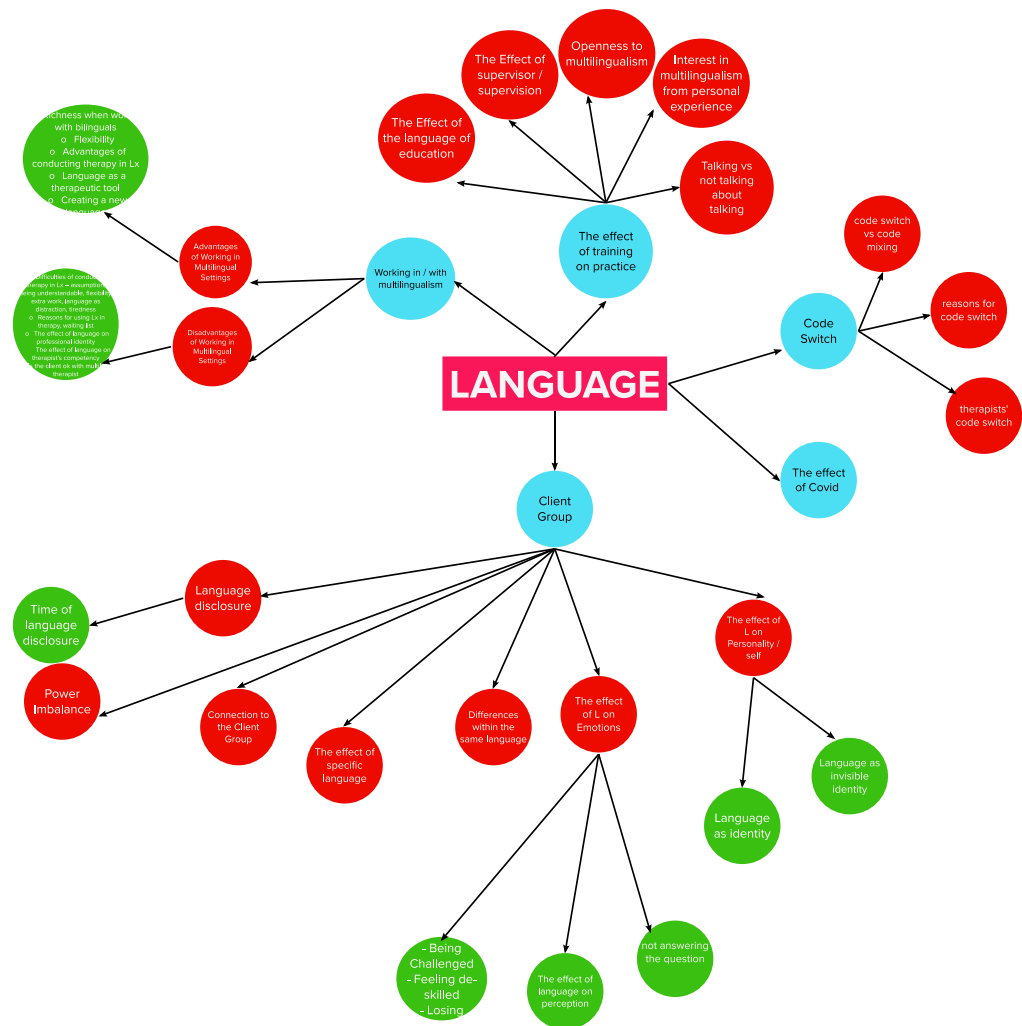
4.3.3 Searching for Themes

According to Braun and Clarke (2006), Phase 3 of the Thematic Analysis, Searching for Themes, should begin after all data is coded and when the researcher has a list of the codes that were identified in the data set. The initial codes in Phase 2 should be sorted into potential themes.

I used the Word documents that I created during phase 2, Generating Initial Codes, in order to find some themes within the codes that I initially generated. As it was suggested by Braun and Clarke (2006), I created mind - maps in order to see “the relationship between codes, between themes, and between different levels of themes (e.g., main overarching themes and sub-themes within them)” (Braun & Clarke, pp. 89 – 90). Apart from Microsoft Word for Microsoft 365, I also used a webpage for creating mind maps. The website I used was mural.co. The reason to use that website was to have a visual map of the themes in order better to conceptualise the codes, themes, and sub-themes.

While creating the mind maps, I used the Word document that I had already created. I grouped the initial codes under the themes to visualise them more easily. An example of the initial mind – map that I created can be seen below in Figure 9.

Figure 9
Mind map for the generated themes



4.3.4 Reviewing Themes

According to Braun and Clark (2006), Phase 4 of the Thematic Analysis, Reviewing Themes, begins when the researcher has a set of candidate themes. The main objective of this phase is to refine those candidate themes that were identified during Phase 3, Searching for Themes. There are two levels for this phase. For the first level, the researcher should review the coded data extracts. For the second level, it requires reading the entire data set in order to see if the themes work in relation to the data set and if there is a need to generate new themes for the codes that do not fit in existing themes (Braun & Clarke, 2006).

For the first level of phase four, I reviewed the codes that I generated and clustered them under a theme. I used both the Word document that I created for Phase 2 and the mind map from Phase 3. I had to change some data extracts that did not fit into their themes. Instead of creating new themes, I found out that those extracts could be better represented in an already existing theme. After I was satisfied with the refinement process, I moved to the second level.

For the second level, I re-read the entire data set as suggested by Braun and Clarke (2006). The themes that I generated were in line with the entire data set. As I re-read the whole data, I realised I could keep refining it. At that point, I had to go back to my guiding article, Using Thematic Analysis in Psychology, to check what I was missing. Braun and Clarke (2006) clearly warn that "... coding data and generating themes could go on *ad infinitum* [emphasis in original], it is important not to get over-enthusiastic with endless re-coding." (p. 92). Therefore, I stopped refining and moved to the next phase, Defining and Naming Themes.

4.3.5 Defining and Naming Themes

The fifth phase of the Thematic Analysis is Defining and Naming Themes (Braun & Clarke, 2006). As I had a satisfactory thematic map of my data which can be seen in Figure 9, I was ready for the final refinements of the themes that I created and presented them for the analysis.

Braun and Clarke (2006) argued that each theme should be able to identify a story and these stories should fit into the broader story of the whole data set. In addition, there should not be overlaps between themes. They also suggested that at the end of phase five, the researcher should be able to define each theme in a couple of sentences.

I decided to give each theme a name that would consist of two parts. The first part would be a quotation from the codes that constituted that theme, and the second part would be a brief explanation of the theme. For example, the first theme's name is: "It really depends on the clients' group.": The various effects of the clients' group on the therapist. The first part in inverted commas is a direct quotation from one of the participants. The second part is what the theme is about.

4.3.6 Producing the Report

After producing the set of themes, the researcher would move on to the last phase of thematic analysis, Producing the Report (Braun & Clarke, 2006). Braun and Clarke (2006) argued that the objective of writing the report is to tell the complicated story of the data to the reader. They suggested that the report should include enough data extracts. In addition to the data extracts, the researcher should make an argument and analyse these extracts.

As can be seen in the analysis part of the dissertation, many participants shared that their languages were "unseen" during and after their training. Therefore, it was important for me to "make the un-heard, heard" while writing my report. To do that, I tried to include as much data as possible, without falling into trap of "just providing data" (Braun & Clarke, 2006, p. 93).

4.3.7 Quality

Braun and Clarke (2016) created a “15-point checklist for a good TA” (p. 96) which can be seen in Figure 10. I am giving an explanation for each step that I took. Naturally, there are some overlaps between these explanations and the Six Phases of Thematic Analysis (Braun & Clarke, 2006).

For the transcription, I watched the recorded video file and then listened to the audio for transcribing. After completing the transcription, I re-listened to the audio file while reading the transcription. I took notes when necessary, for example, in case of a change in tone of voice or hesitation.

For coding, I read all data set and coded them without prioritising any part. After I had the initial codes, I collated them under a theme. I checked the themes to ensure they were comprehensible, complementing each other, and not overlapping.

For the analysis, instead of purely copy-pasting the relevant data pieces, I discussed them in light of previous findings and theories. I tried to have a balance between my narrative and illustrative extracts. However, when necessary, I shifted the balance towards the extracts.

I allowed myself enough time to be immersed in the data and then, to move away from it to prevent any rigidity. Then, I went back to the data and checked the coding with a fresh mind.

For the written report, I did not assume my position as a scientist who does not have any effect on data collection, analysis, and presentation processes. I positioned myself as an active researcher who has a personal and professional interest in the topic. Since there are different routes to conduct Thematic Analysis and these routes affect the whole process, I clearly indicated the routes that I took with the rationale behind them in order to prevent any confusion on the reader's part.

Figure 10

15-point checklist for a good TA (Braun & Clarke, 2006, p. 96)

Process	No.	Criteria
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'
Coding	2	Each data item has been given equal attention in the coding process
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive
	4	All relevant extracts for each theme have been collated
Analysis	5	Themes have been checked against each other and back to the original dataset
	6	Themes are internally coherent, consistent, and distinctive
	7	Data have been analysed – interpreted, made sense of – rather than just paraphrased or described
	8	Analysis and data match each other – the extracts illustrate the analytic claims
	9	Analysis tells a convincing and well-organised story about the data and topic
Overall	10	A good balance between analytic narrative and illustrative extracts is provided
	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly
Written report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated
	13	There is a good fit between what you claim you do, and what you show you have done – i.e., described method and reported analysis are consistent
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis
	15	The researcher is positioned as active in the research process; themes do not just 'emerge'

4.4 Project Research Team

No research team was used for the current study. In order to assess the validity of the themes I produced, based on the verbatim transcriptions of the data, a colleague of mine from the same department cross-checked the themes from the pilot interview. Apart from her experience in psychotherapy with refugees, asylum seekers, and migrants in general, she was familiar with

Thematic Analysis as well and was suggested to me by a supervisor. Apart from analysing and cross-checking the themes of the pilot interview, I was the only person responsible for conducting the interviews, transcribing, and analysing the data.

4.5 Ethical Considerations

This study required Ethical Approval from the Director of Research of the Psychosocial and Psychoanalytic Studies (PPS) Department at the University of Essex since it involved human participants. The ethical approval of the Director of Research of the Psychosocial and Psychoanalytic Studies (PPS) Department, University of Essex, was enough for the current study since all the participants were above 18 years of age and they were not service users for any specific services such as mental health. In order to obtain Ethical Approval, the “Semi-structured Interview Schedule” (Appendix B), the “Information Sheet” (Appendix F), and the “Informed Consent Form” (Appendix A) were sent to the Director of Research. The necessary approval in order to conduct the study was granted by the relevant authority on the 5th of April, 2021 (Appendix D). The Ethical Guidelines of the department were adhered to throughout contacting the potential participants, interviews, data collection, data analysis, and the presentation of the findings.

4.5.1 Data Management and Data Access

As stated before, ongoing Covid-19 pandemic, all interviews were done via Zoom. The interviews were recorded, and the participant gave their consent via Zoom. At the time interviews took place, the Zoom software did not allow Audio-only recordings; the interviews were video recorded. After the interviews, the recorded files were downloaded to a password-protected personal laptop and were erased from the Zoom cloud system. Only I, as the researcher, had access to the recordings. Even though at the time of the interviews, Zoom would

not allow audio-only recordings, while downloading the videos from the cloud system, there would be three different files, namely, audio, speaker view, and gallery view. In order to get familiar with the data, I watched the videos after the interviews. However, while transcribing the recorded interviews, I only listened to the audio and avoided watching videos. The verbatim transcriptions of the interviews were also saved to the same password-protected personal laptop. Only I had access to this laptop. The recordings were deleted upon the completion of the study.

4.5.2 Potential Harms, Harm Prevention, and Mitigation

All participants were adults over 18 years of age, and no minors were interviewed for the current study. During the interviews, the participants were asked about the therapy processes with their multilingual clients. Talking about the experience had the potential to remind them of some unpleasant memories. However, the participants were not forced to share any information without their consent. This issue was addressed in the Informed Consent Form (Appendix A) and the Participant Information Form (Appendix E).

4.5.3 Confidentiality

All data was anonymised by removing names and places of work, and the letter “P” of “Participant” was used instead of names. In order to be able to distinguish the participants, a number was added to the letter, for example, “P1”, “P2”, and “P3”. The places of work, the languages, and other identifying information were neutralised on verbatim transcriptions and when the quotations were used. As an example of neutralisation, when the participant indicated the city they work in, it was replaced with the word “[city]” instead of typing the city name.

As current research investigates the effects of a later-learned language on clients and therapists in the therapy process, therapists gave examples from their clients during the

interviews. They had been informed beforehand of this issue and were asked to follow their usual confidentiality mandate to protect their clients.

The participants were also asked to attend the interview in a confidential space in order to not break their confidentiality mandate with their clients in case they wanted to use identifiable information while giving any examples. As the researcher and interviewer, I also followed the rules of confidentiality during the interviews. Since the interviews were conducted online via Zoom, further attention was given to confidentiality. Should the interviews take place in a “classical” fashion, in other words, face-to-face, confidentiality during the interview would be my responsibility as a researcher and interviewer. However, being in different physical locations forced participants to take responsibility for their environment with regard to confidentiality.

4.5.4 Reimbursements/Incentives, Potential Benefits

There were no reimbursements for participants to participate in the current study, and the participation was on a volunteer basis. One of the current study's aims is to develop a set of guidelines for therapists who work in a language that is not their own first language or who work with clients whose first language is not the one employed in psychotherapy. Therefore, although the participants might not benefit directly, they would indirectly contribute to a broader public mental health benefit.

4.5.5 Informed Consent

Most researchers agree that informed consent is a universal ethical requirement for research involving human participants (Atkinson, Delamont, Cernat, Sakshaug & Williams, 2021). Even though there is an agreement around informed consent, it has been argued that there might be some disadvantages to informed consent. The most prominent one is the possibility of being

rejected. Despite some criticism, having informed consent ensures that people who take part in the research will be aware of the research and its potential harm. Having that knowledge gives them a chance to refuse to participate or direct any questions or concerns to the researcher or the research team (Strydom, 2011).

For the current study, the participants were given written informed consent, which can be seen in Appendix A. Sending the Informed Consent Form before the interviews allowed the potential participants to have more knowledge about the study and be aware of any potential harm before deciding to take place in the current study. Interviews took place only if the participants signed the consent form. Since all the interviews were conducted online, the informed consent was sent via e-mail, and the participants needed to sign it and send it back following the same route. Written informed consent was gained from all participants who took place in the study.

When I met the participants online, before starting the interviews, I ensured that they all read the necessary information about the study and signed the informed consent form. Before starting any data collection, I offered the participants time for any questions or ambiguity. Following that, I provided a brief outline of the interview schedule.

4.6 Researcher's Background

One day, my office phone rang when I was sitting at my office desk. A colleague of mine said she had referred a client to me for psychological therapy. The office was an NGO in Istanbul, Turkey, and I was working as a clinical psychologist there. We were providing various services to refugees and asylum seekers in Turkey. The clients were from various countries, hence using different languages. We had interpreters for those who could not speak Turkish. After receiving the referral, I asked my colleague about the language of the client in order to book an interpreter. She said that the client was a Kurdish woman from Syria, and I could conduct the

therapy in Kurdish; therefore, I would not need to book an interpreter. I am a Kurdish-Turkish bilingual, and my colleagues knew about that.

I am a Kurdish-Turkish bilingual, but due to historical/political issues in Turkey, I only used the Kurdish language in my family. Until my university education, I had to study in Turkish because the Kurdish language was illegal, and there were no institutions providing education in Kurdish in Turkey. In my bachelor's degree in psychology and M.A. degree in Clinical Psychology, the teaching at the universities that I went to was in English. In other words, I had therapy training in neither Kurdish nor Turkish. Even though I did not have any training with regard to psychotherapy in Turkish, I was used to conducting therapy in Turkish since my clinical supervisors, and most of the clients were from Turkey. When I had the referral that I mentioned above, it was going to be the first time for me to have a session in Kurdish. Apart from not having any formal training, as I said earlier, the Kurdish language was a medium for me to use only in the family.

In addition / due to all these factors, I was anxious, disoriented, and incapacitated as I was waiting for my first Kurdish-speaking client. From the very first moment she entered my office, I felt like I was not seeing a client; it was like a family member who came to my office to visit. I do not remember much of what happened in those 45 minutes, but after the session, as I was reflecting on what happened, I realised that there were many differences in that specific session compared to the others that I had.

The main difference between that session and others was the language, my mother tongue. From that moment on, I was curious about the effects of language on therapy. This research project attempts to understand those effects and tries to find ways to understand/overcome the feelings I had while waiting for my first Kurdish client.

4.7 Summary of the Research Design

The first part of this chapter was about the main methodological issues of the current study. Firstly, I provided overview of the chapter. After that, I presented the aims and questions of the current study. Then, I explained the quantitative and qualitative research methodologies, and underlined the differences between them. After discussing the advantages and the fitness of the qualitative research methodologies for the current study, I explained the reason for choosing Thematic Analysis among other qualitative research methodologies. After that, I presented the outline of the research design for the current study. The participants and the participant selection processes were described.

The methodology for data collection and data analysis were discussed. I clarified the reasons behind using a qualitative research method, and within the qualitative research methods, Thematic Analysis, were explained. Within the Thematic Analysis, the reasons behind using a constructionist epistemology, experiential orientation, inductive analysis, and latent coding. Braun and Clarke (2006) described the six phases of data analysis. After explaining each step theoretically, I explained the practice for the current study in detail.

Then, I presented the issues with regard to ethics. The use of Informed Consent and the rationale were discussed. Potential harms were explained, and the strategies to tackle them were shared. The issues around confidentiality were discussed, and measures to prevent any breach of confidentiality, such as changing the names, places, and languages, were explained. After that, I gave the information about myself, the researcher of the current study. In that section I explained why I am interested in the current topic both from personal and professional points of view.

The next part of this chapter is focusing on the results of the interviews and analysing them in light of the literature.

4.8 Results

4.8.1 Overview

In this section, the results obtained from the analysis of the twelve interview transcripts will be presented.

As mentioned before, in Chapter 4.1, Research Design and Methodology, a total of 12 participants took place in the current study. Of 12 participants, one of them was interviewed as part of the Pilot Study, and the data from that interview was included in the final data that was analysed via Reflexive Thematic Analysis (Braun & Clarke, 2006; 2012; 2013; 2014; 2019; 2021; Clarke & Braun, 2014).

I will first share the demographic information about the participants and discuss them. After presenting the demographic data acquired from the twelve interviews and discussing these demographic data, the themes and sub–themes from the data will be presented. While sharing the themes, the verbatim quotations that are extracted from the transcripts of the interviews will be given. In order to protect the anonymity of the participants, information that could reveal their identity has been changed. Considering that all participants were mental health professionals who are interested in the effect of language on the psychotherapy process, it can be guessed that they constitute a small community, and therefore anonymity is vitally essential for the current study.

While presenting the verbatim quotations, the following guidelines were taken into consideration.

- All verbatim quotations were presented in an indented block of texts without quotation marks, regardless of the word counts of the quotations.
- Dotted lines within the quotations mean that there were less relevant parts, which were removed to enhance the readability.

- Dotted lines at the end or beginning of the quotations mean that there were parts before or after the quotations that were less relevant, and therefore, they have been removed in order to enhance the readability.
- The words or phrases within the box brackets mean those words or phrases added by the researcher in order to enhance the readability and meaning. These words or phrases were written in italics in order for the reader to distinguish them easily.
- Any identifiable information in the quotations is replaced by neutral information without affecting the meaning. For example, when the participant named their first language, instead of stating the language, “[the name of a language (L1)]” was used. When they were talking about a later-learned language, “[the name of a language (Lx)]” was used to enable the reader to understand better. Similarly, [the name of a country] and [the name of an institution] were used where relevant.
- When the information was changed in order to protect anonymity, neutral information was presented in box brackets, and italics were used. The only exception to that was regarding the English language. All participants were living in the United Kingdom, and they were all practising their profession in English alongside other languages they spoke. Therefore, not anonymising the English language would not reveal any information about any specific participant.
- Lastly, in order to protect anonymity and not attribute any biological sex or gender identity, ethnicity, and race, the participants were referred to by the letter “P”, following a number to distinguish them from each other. In other words, Participant 1 was referred to as P1; Participant 2 was referred to as P2, and so forth. For the same reason, instead of using the pronouns “he/him and she/her”, the gender-neutral pronouns “they/them” were used.
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4.8.2 Study Sample

The Figure 11 can be used to have the demographic information about the participants.

Figure 11

Demographic Information of Participants

Participant	Gender	Age	Languages Speak	Languages of education	Professional since	Therapeutic orientation
P1	Male	31	3	L1 and English	2016	Psychodynamic
P2	Female	30	3	L1	2014	Eclectic/psychodynamic
P3	Female	49	4	L1 and English	1999	Integrative Integrative, Relational
P4	Female	32	3	L1 and English	2012	Psychodynamic
P5	Female	44	4	L1 and Lx	2009	Art therapy Integrative, Humanistic,
P6	Female	55	3	L1 and Lx*	1995	Psychoanalytic
P7	Male	32	3	L1 and English	2015	Psychodynamic
P8	Female	30	3	L1 and English	2015	Integrative
P9	Female	45	4	L1 and Lx	2005	Integrative
P10	Female	32	3	L1 and English	2016	Psychodynamic
P11	Female	40	4	L1 and English	2011	Relational psychodynamic
P12	Female	50	3	L1 and English	2001	Relational psychodynamic

* The participant P6 had education in their two later-learned languages

There was a total of 12 participants, two of them identified themselves as male, and the rest of the 10 identified themselves as female. As 83% of the participants were females and 17% of them were males, it can be argued that the sample was not representative. However, considering the mental health professionals, especially psychotherapists, the studies (e.g., Snyder, McDermott, Leibowitz, & Cheavens, 2000; Kite, Russo, Brehm, Fouad, Hall, Hyde, & Keita, 2001; Wright & Holtum, 2010) showed that compared to males, there are many more female psychotherapists. This is not a unique situation for any country; the same trends can be seen across many countries. To give examples from the United Kingdom, the statistics showed

that in 2015 there was only one male in the clinical psychology programme at the University of Bath in 2015. Similarly, at Kings College London (KCL), in 2020, only 16% of the students in the clinical psychology programme were males. Therefore, the sample of the current study is a representative sample of psychologists, psychotherapists, and mental health practitioners in general.

The mean age of the participants was 39.17 (SD = 9.10). The age range was between 30 and 55. The average year of working as a professional, on the other hand, was 13 (SD = 7.29). The least experienced participant had six years of experience, and the most experienced one had 27.

The majority of participants spoke three languages (67%), and the rest spoke four languages (33%). With regard to the language of education, only one participant had their education in L1 only. Eight participants had their education in L1 and English, and 3 participants had their education in L1, and a later learned language (apart from English).

4.8.3 Themes

Themes were developed using Reflexive Thematic Analysis (Braun & Clarke, 2006; 2012; 2013; 2014; 2019; 2021; Clarke & Braun, 2014). There are five over-arching themes and six sub-themes in total. I will introduce each theme and sub-themes with some extracts from the data.

4.8.3.1 “It really depends on the clients’ group.”: The various effects of the client’s group on the therapists

As it was explained in Chapter 4.2.4 Data Collection, I conducted semi-structured in-depth interviews to gather my data for the current study. I prepared an interview schedule (Appendix B) with various questions. During my analysis, I found out that all participants were dividing

their clients into different groups and answering my questions according to each group. Depending on which group the client belonged to, the participants reported different effects on different subjects. These subjects constituted the sub-themes of the over-arching theme "It really depends on the clients' group": The various effects of the clients' group on the therapists. Before explaining this over-arching theme, I will first give a list of sub-themes and then describe the over-arching theme and its sub-themes.

- Connection to the client group
- Differences within the same language
- The effect of specific language
- Power imbalance
- The effect of language on emotions
- Language disclosure

The effect of later learned language in psychotherapy was prominent for all participants. However, all participants had a way of dividing their clients into different categories using different characteristics of them. The first over-arching theme, "It really depends on the clients' group": The various effects of the clients' group on the therapists, encapsulates this division. All participants, when they were asked the questions with regard to multilingualism and psychotherapy, used their division and talked about each group separately. Depending on the group that their clients belong to, the therapist would feel and act accordingly. The following extracts show how participants created different groups within their clients with regard to different categories.

I think there are different groups. A group in which there are native speakers or those who has a high level of English. Then a group of people like me whose mother tongue

is not English and they cannot speak at an advanced level. And then there are those who can barely speak English. Lastly, there are those whose mother tongues are [the name of a minority language], [the name of another minority language] but who can speak [the name of a language (participant's L1)] very well. In that case, it is my mother tongue, but they can also speak very well. (P1)

Another participant had a strong connection in their mind between multilingualism and migration and made the distinction within their clients' group in terms of their migration history.

I feel that I think that I have very much in my, in the front of my head, the history of migration and where they are in that history of migration. Well, [...] I do not consider that as much for the person that is English as their first language if they are native and they are Britannic and so on. So but yeah, so, so that is probably is a difference in, in the way that I am approaching. (P11)

For Participant P6, the distinction was from the source to which their clients were referred:

[...] because that my clients come from just three just three sources. One is this charity which is [the name of a charity]. ... The other source is that I work for a large mental health service provider and work online. [...] And then I have my private clients who contact me through the directory, and they have access to my website, so it is they know that that the language I speak. (P6).

As can be seen from the extracts, the participants divided their clients into different groups and answered my questions with regard to the group that the client belonged to. Depending on the group of the client, it had various effects on the therapists. These various effects constitute the sub-themes. I will now present and explain the sub-themes.

4.8.3.1.1 Connection to the client group

Many participants stated that they would have different degrees of connections with their clients depending on which group the client belonged to. The connection was based on shared ethnicity, shared the first language, shared political opinion, and so on.

[...] I almost do not think about [...] [people from the same country as me] being multilingual. I do not know why but they are because all of them are living in England and [...] they work in English and they are like me in that sense. (P10)

The extract above from the P10 shows that when their client come from the same country as the P10, they feel that they have a strong connection. The P3 shared that they had the same feeling of connection when their clients were from the same place as the P3 and argued that connection was a reason for empathy as well.

[...] when I was working with women from [the name of a country], survivors of domestic violence and any other kind of violence. There were, I mean, for example, there were things that were cultural clues, that were very easy to pick that we were sharing very easily as from [the name of a country] myself. [...] Yeah, I think there is something about empathy there as well. (P3)

Even though from the extract above it was not obvious, from the tone and body language of the participant (as explained in the *Research Design and Methodology* section, all interviews were video recorded, and I had chance to revisit the videos), I felt there was a shared history for the P3 when it comes to survivors of the domestic violence. In other words, apart from sharing the same country of origin, sharing similar experiences was a characteristic that the P3 was using while dividing their clients into different categories and feeling the connection accordingly.

4.8.3.1.2 Differences with the same language

One participant from a Latin American country mentioned the differences within the Spanish language. I believe it is essential to mention that because the Spanish language has a particular position of being the primary language of many different countries and having some differences from one country to another. Throughout the current study, I tried to anonymise the identifiable information about the participants in order to protect confidentiality. However, for the extract above, removing Latin America and Spanish would hinder the meaning. Therefore, in order to protect the participant's confidentiality, I will not share the source of the extract.

[...] It was not bilingual. It was [...] in Spanish. [...] What I came to learn is that because I was working with Latin American people from different countries in Latin America and at the same with the Spanish people. So everybody is speaking in Spanish, but there are lots of differences in in the use of the language and the use of a particular expressions in, in different idioms that you that you find in the, in the different countries. One thing that may be really rude in one. That may be really rude in one is not rude in the other. In general, that the difference is in the use of the language is is, it was quite poignant and especially as well with that. When there is the use of slang. And

any words around slang, yeah, so so I am saying it was just one language it was just Spanish, but the variety of it depending on the different countries was a learning curve a realisation.

In the extract above, even though the participant does not directly say it, they talk about the accent and accent-related differences up to a certain degree. Verdinelli and Biever's (2009) study of English – Spanish speaking therapists suggested that the accent was a particular concern for them. The participant did not share any concerns about it. However, elsewhere they shared their difficulty with the Spanish language in Spain when they first arrived, as they were from a Latin American country. In other words, the accent and differences within one language were not a current issue for them but had been an issue before they got used to the differences within the language.

4.8.3.1.3 The effect of specific language

One of the participants, who was from a minority group in their country, mentioned the effect of their language in a distinctive way.

If the client is [the name of an ethnicity], [the name of a language] has other meanings than just being a language. It is the language of an oppressing culture. There are many political elements in it. (P2)

Similar to the P2, the P1 also thought that language might be more than just a communication tool when politics is involved.

I cannot help myself to not think about [the name of a language] again, [the name of a language] is a forced language, apart from being a language it is a political tool, and it affects the therapy. (P1)

I wish everybody was not forced to speak [the language of the majority]. I wish a [the name of an ethnicity (a person from the majority group)] could speak minority languages, like [a minority language], [another minority language]. It is very political. When I conduct the session in English, I do not feel this way. But when I do with a [a person from a minority group] or [a person from another minority group], I feel a bit guilty. (P7)

For both participants, the effect of language for that specific language had another meaning due to political and historical reasons. In that situation, language was perceived as a crucial component of identity.

4.8.3.1.4 Power imbalance

A recurring theme with regard to the client group was the power imbalance with regard to language. The participants had different opinions on power imbalance and language. The emotions provoked by the changes in power imbalance were various depending on the *lingua franca* between the client and the therapist, the educational background of the therapist, and whether they felt comfortable conducting the psychological therapy in a later learned language.

Definitely think the fact that English was not my first language. I felt it [...] as a strength actually about the power. I felt that it balance[d] me with them. You know, sometimes when you go to a therapist, you can [feel] little bit of the power imbalance, and I felt like it put me on a similar level with English people in terms of you know [they know]

more about the language and [I] know more about [therapy]. So that will make us both learners in a way both, you know having things to offer to one another and with the others there [...] was something about we both learned as well about his culture and about this language and we both have other knowledge that we can bring but that is not shared or understood by everyone so it was something about connecting. I do not know if I am making sense what I am saying there. (P10)

[...] I always liked it. I have to say, when after passing the first session, right? Like this idea of the first, okay, are they open enough? And are they generous enough, you know, to invite me in although I am a foreigner whatever if we passed that then I would normally like I do not think I personally like being put on the pedestal. I do not like that. So [...] you know, that kind of balance thing. I thought it was it was good for the therapeutic. What was the word the therapeutic relationship, yes. [...] (P11)

I think just the nature of me being a [the name of a language] speaker, of course, the language dominance is present, um, because [the name of a language] is, um, has that quality to it. And even if there is, you know, in, in a very, um, bilingual area that I live in, um, you know, often if there is a mixed group of people and even if one person does not speak [the name of a minority language], everything will go the whole meeting or whatever will change to [the name of a language] if there has that, there is that kind of precedence and that, that history to the language and the two languages. Um, so of course I will always be there. Um, but I start, um, there is a, uh, um, a scheme or recommendation here that says, um, you should start your, um, make an active offer. So offer the service in, in [the name of a minority language] first and give the choice. So I start relationships in [the name of a minority language]. I introduce myself in [the

name of a minority language], so, and I think it is only if, if the person hears me speaking [the majority language], that they could hear my accent, then [they] maybe wonder where I am from. But, um, I think that, that, that, that dynamic will always be there of the, kind of the, the dominance. Um, yeah, it, it, it is, it is present and I think it is just how to be mindful of it and to discuss it and, um, and to, to think about how we can work with it. (P5)

4.8.3.1.5 The effect of language on emotions

When participants were asked about their feelings when they conduct psychotherapy, they mentioned a range of emotions which were feeling challenged, feeling de-skilled, losing confidence, anxiety, alertness, being aware, and frustration. Another common answer to this question was not answering the question by either talking in the third person or talking about the clients' emotions. This point will be discussed in consideration of the (lack) of literature on the subject. For P8, language was closely connected to identity, and the effect of political issues was deeply impactful. The impact was up to the degree that they would not accept some clients with certain political affiliations for the mental health service.

How do I feel? Maybe a bit restrained. I had my education in [the name of a language (Lx for the participant)] but still there are things that I cannot express myself freely in [the name of a language]. Or if the client has a high command on [the name of a language], my countertransference might play a big role. The anger I had towards my teacher; the aggression might come into play. If, on top of being [the name of a nationality], the client is police or soldier, I would not accept them as client. I mean, even if the client does not say anything about ethnicity, it is still a big theme for me. Sometimes I ask myself “What he/she thinks about me? Did they notice I am [from the

minority group]?” If the client is [the name of a nationality] and nationalist, I would be more careful about my language. I would feel a bit under pressure. (P8)

I feel many different things really. I think I am, I feel, um, I feel challenged when I work with [the name of a language] because I, I can use my later learned, um, [the name of a language], so I have run a bilingual arts psychotherapy group. Um, and, um, and then if I work individually, then I can work either in English or in [the name of a language]. Um, so I feel, I feel challenged, and I think, um, sometimes, sometimes when I am working only in [the name of a language]. (P5)

4.8.3.1.6 Language disclosure

As it can be seen from the Figure 10, the majority of the participants were following some forms of psychoanalytic psychotherapy methodologies. In psychoanalytic/psychodynamic psychotherapies, any disclosure from the therapist's side has been vital and a topic of debate since Freud (Henretty & Levitt, 2010). Therefore, disclosing their first language, which is tightly connected to their ethnicity, was an essential and recurring theme for the participants.

The P2 was from an ethnic minority group in their country and disclosing their language would mean that they disclosed their ethnic identity as well. Therefore, they preferred to be sure that their client would also belong to the same ethnic group based on their city of origin before disclosing their language. This could be understood from an intersectionality lens. Belonging to that specific minority group was associated with a negative perception. Therefore, disclosing their identity would potentially put the P2's perceived competency at risk as well.

In the beginning, if I know where the client is from and if [they] are from a city where [the minority] population is high, I say “We could speak in [the name of a minority language].” So, I tell them in the first session. (P2)

Similar to the P2, the P10 shared that disclosing their language is disclosing their ethnic identity as well. When explaining the language disclosure, they made a distinction between when they were working in a service and working only at a private practice. They said that because currently, their clients would find information about them on their website and would be informed about their language abilities before starting the therapy process, they do not need to disclose that information at a therapy session.

Right now I am I am only doing only private work. So I think that everyone that approaches me already knows because it is on my website. You know it is interesting with English clients. I do not say I speak [the name of a language (L1)], but, with [the name of an ethnicity (the participant’s ethnicity)] clients, we always talk about it [...]. They do not have to be [the name of a language (the participant’s L1)] speaking. We always talk about it because it is normally one of the reasons why they approached me so it is not same as working in a service, right, where you get anyone, when that happened, I would not actually. But that was years ago. I would not say and some people will ask me sometimes. So yes, there is being an evolution as well and how I practice, I would say now I would prior to knowing I wouldn't because I did not know what that was disclosing a part of me that I should not [do]. You do not say your nationality. Although you have an accent, you have a name. You know, so yeah. (P10)

The P3 felt more confident to disclose their language compared to the P2. They indicated that they would usually disclose their languages at the beginning of the therapy process. Another point that the P3 was disclosing their languages was before code-switching. If they had to use their L1 (the P3 indicated elsewhere that they usually practice psychotherapy in a later learned language) when they could not find an appropriate word in Lx, they would remind their client of their other languages.

[...] I thought you were when you will be at the beginning of the beginning of therapy. Yes, or if it is something happening in the [process], you know, I will mention it at some point and I normally beginning when I am contracting but then during the therapeutic process, if, if I need to bring it up or, or is happening to me, that I am lost losing a word or or I want to express something that it requires a little bit more thinking for me in terms of ensuring that I am saying it in the right way, in English. I I will bring it up and just explain if I am hesitant to work why I am pausing or things like that. (P3)

4.8.3.2 “I welcome the language switch and also invite the language switching”: Code-switching in multilingual therapy

Code-switching was a recurring theme in all interviews. All participants shared that their clients were using code-switching for various reasons. Not only their clients, but participants of the current study were using a language switch in psychotherapy sessions. Prior to carrying out the interviews, I did a literature review regarding multilingualism and psychotherapy. However, code-switching was not one of the topics that I was mainly focusing on. After doing the interviews and starting to code them, it turned out that the code switch was an essential part of multilingual psychotherapy for all participants. Therefore, I went back to the literature review and added a section about the code switch. The over-arching theme, “I welcome the language switch and also invite the language switching”: Code switch in multilingual therapy deals with

the changes between the languages during the psychotherapy process. As it was discussed in Chapter 2.5 Code-switching, there is an ambiguity between code-mixing and code-switching. One of the participants used the term 'language switch' when they were referring to both code switching and code mixing. In the quotation from that participant, I did not change that part, as it was easy to understand what they were referring to. However, when I discuss the participants' point of view in light of the existing literature, I used "code-switching" to refer to both code-switching and code-mixing as I did in Chapter 2.5 Code-switching. This was consistent with the existing literature as well (Basnight Brown & Altarriba, 2007; Heredia & Altarriba, 2001).

Whether it was code-mixing or code-switching, all participants said that they realised the importance of it.

[...] they have been using a word from [the name of a language (L1)] every now and then. "I cannot tell this in [the name of a language (Lx)]." Usually, it is a very important thing. When he/she uses a word in [their] own language there is something happening there. He/she can describe something in [their] language which cannot be described in [the name of a language (Lx)]. I think in such cases it is important to understand what is going on. What is the meaning of using a [the name of a language (L1)] word? Also, it is very important to open a space for this switch. You have to give them the impression that they could speak in whichever language they want to. I think it is related to therapeutic relationship, something related to trust. (P1)

The P1 was aware of the importance of the code switch. Grosjean (2020) argued that in order to use code-switching, the speaker should be in what he called "bilingual mode". When they are in this mode, they are able to use both languages. When P1 was saying that "You have

to give them the impression that they could speak in whichever language they want to.”, they were talking about allowing the clients to enter the bilingual mode.

As the P1, all of the participants of the current study were multilinguals. The majority of them spoke three languages, and the rest spoke four languages. Apart from being multilingual themselves, they were aware of the effects of language on the therapeutic process, and they were talking about language and its effects with their clients. Therefore, I believe they were in bilingual mode and allowing their clients to enter this mode as well. I believe this was a reason for all their multilingual clients to code-switch during psychotherapy sessions.

[...] I think it is a very important theme. [...] I believe more than that it is related to emotions. I would focus on the emotions rather than the meaning behind the word. Without stressing too much on translation. [...] It opens a space, a space for feelings, thoughts. (P7)

The participants shared their understanding of the code switch as well. Some participants thought that it could be due to a lack of vocabulary or a lack of exact translation. In other words, they focused more on the “semantic” side of the language switch.

[...] If s/he cannot express themselves freely, they can borrow some words from other languages. Therefore, it creates a richness. (P2)

Similar to the P2, Grosjean (1982) claimed that bilinguals are using code-switching due to the lack of vocabulary. Some participants of the study were also thinking that their clients were using code-switching due to the lack of lexical knowledge. P9 also thought that the reason behind the code switch was the fact that their clients were “stuck”. In other words, they thought

that their clients do not have words to express themselves in the later learned language. From the way the participant uses “second language”, one might think that they refer to the later learned language. However, they are referring to L1 since they were talking about when the clients are using a later-learned language in therapy.

[...] that is why I value the assistance of the second language as well when when there is stuck in in in the narrative. The stuckness is in the narrative. So its facilitating, that way. But with someone that does not speak, several languages, you just force, you know, and and and probably tackle the situation of stuckness in the narrative in just in a different way. (P9)

[...] I welcome the language switch and also invite the language switching as well. When I see that the person is really struggling to try to find the word. I invited them to say, well, you can say it in there in in your language. You know, let's say it, whatever the language is, you know, whatever it is. (P11)

Some scholars (i.e., Heredia & Altarriba, 2001; Dewaele, 2006; 2013), contrary to Auer (1998) and Grosjean (1982), argued that rather than the lack of lexical knowledge, difficulty with the retrieval process might be the reason for using the code switch. In other words, even though the person knows the words in both languages, they might be using them in one of the languages more frequently and therefore the retrieval process would be easy for that language (Heredia & Altarriba, 2001).

[...] for example, if they do not remember a particular word in English, that can say it in their [own] language. (P3)

The reason P3 gave for the code switch matches with Heredia and Altarriba's (2001) explanation. The participant used “remember” rather than “know”. They thought it was not because of the lack of lexical knowledge but because of not being able to retrieve that specific word at that specific time.

[...] but it seems like it is just for convenience sometimes. We both share [the name of a city in the UK] and the [the name of a language (L1)] that, you know [...] it is almost like this new language, you know, [the name of a language (L1)] in English. (P10)

The P10 was also thinking that their clients were code-switching because they were living in the UK and they were using some words more frequently in English. Therefore, retrieving some words in English would be easier for the clients compared to their L1. The P10 also thought that due to living in an English-speaking country, their clients were using this “new language”. In other words, they thought it was using a different language which is a mixture of L1 and English, rather than using the code switch.

Lack of vocabulary in one of the languages is considered as the main reason to use code-switching (Auer, 1998; Grosjean, 1982). Some participants acknowledge the effect of lack of vocabulary, however, they argued that language switch might be beyond that. The extract below from the P7 shows that they acknowledge the fact that there is something beyond a lack of lexical knowledge or difficulty with remembering the word, in one of the languages.

[...] it is not just he/she does not know the equivalent [the name of a language (Lx)] word or could not translate. [...] It might be something that is not easy to share in [the name of a language (Lx)]. (P7)

Apart from lack of vocabulary or not being able to retrieve the words in one of the languages, Basnight-Brown and Altarriba (2007) argued that bilinguals might prefer to code switch because they want to be understood better and one language might lack the exact word to describe their feelings. One of the participants thought their clients were using the code switch for that exact reason.

[...] it might be hard to express and explain your emotions in a second language. Or the client might not feel relaxed after expressing them in a language other than the mother tongue [...] (P8)

In the extract above, the P8 talks about the hardship of sharing emotions in a later-learned language. It is crucial to notice that they do not talk about the lack of vocabulary or not being able to remember the exact word in the later learned language. Instead, it is the difficulty of sharing it in a later learned language. Ferenczi (1994) explained that expressing taboo words in a later-learned language was easier for his patients. He claimed that the later learned languages have less emotionality compared to the first language, “the mother tongue”, as the P8 put it. Here, the P8 talks about the same phenomenon but the other way around. Due to the lack of emotionality, the client might not feel the effects of the words in a later learned language compared to the L1.

Pavlenko (2005b) argued that L1 has an embodiment quality which the later learned languages would lack. She argued that as people learn the language through socialisation in their early childhood, the words would have emotional, visual, tactile, and autobiographical qualities (Pavlenko, 2012). As the later-learned languages usually lack these qualities, they

have less emotionality. Hoffman (1990) explained how English words lacked a deeper meaning in her book *Lost in Translation*.

The words I learn now do not stand for things in the same unquestioned way they did in my native tongue. “River” in Polish was a vital sound, energised with the essence of riverhood, of my rivers, of my being immersed in rivers. “River” in English is cold – a word without an aura. It has no accumulated associations for me, and it does not give off the radiating haze of connotation. It does not evoke. (Hoffman, 1990, p. 106)

Using a later learned language for taboo words or swearing is a known reason for using the code switch in order to lessen the emotional effect of it during therapy sessions (Buxbaum, 1949; Greenson, 1950; Krapf, 1955; Ferenczi, 1994; Gay, 1998; Schrauf & Rubin, 1998; Altarriba, 2003; Dewaele, 2013; 2016; Costa, 2020). However, the participants of the current study suggested that their clients were using code-switching in order to intensify their emotions as well. The same phenomenon was demonstrated by previous studies as well (i.e., Bieber, Castano, Gonzalez, Navarro, Sprowls, & Verdinelli, 2004; Verdinelli & Bieber, 2009).

The P8 was not the only participant that thought “embodiment” of the language as a reason to use the code switch. Apart from the “semantic” meaning, they thought that there might be a “latent” meaning behind language switch as well. And for P7, it is possibly related to “something somatic”. P11 was aware that one of their clients switched to L1 when most of the therapy sessions were in Lx, but P11 did not share what they were thinking about this switch.

[...] I do not want to make a direct link but it might be something somatic, something that you would not be consciously aware. [...] Maybe the client is not aware of it and just at the moment when he/she talks about a certain topic, might switch. (P7)

[...] for example, I am working with the with a client that did not want to talk in [the name of a language (L1)]. He is a [the name of an ethnicity] but he did not want to talk in [the name of a language (L1)] for the first I do not know 10 sessions until he arrived one session. And through that, that session is he he decided that he wanted to start to talk in [the name of a language (L1)] and it was like a wow, you know. So now most of the time we are talking in [the name of a language (L1)], but sometimes we [code switch] (P11)

Thinking from the embodiment of the language, I believe the reason for the P11's client not to talk in their first language might be related to the therapeutic relationship and not being ready to talk about in L1. After having ten sessions, the client might have felt ready to face the intensity via the first language. This would be in line with the understanding of Buxbaum (1949), Greenson (1950), and Krapf (1955) on using a later-learned language during psychotherapy sessions.

Some participants thought that when their clients were talking about their childhood experiences, they would switch to L1 if the therapy session was in Lx. They also added that when the client started to talk about their current relationship, which was in Lx, the language of the therapy shifted to the later-learned language as well. In other words, the client was using the language in which they lived the relationship. Another participant also stressed the fact that they and their clients were living in the United Kingdom, and therefore sometimes the English language would come naturally into the therapy room even if the language of the therapy was not English.

[...] I was thinking about this one person who, when they were talking about their early life experiences, it was in [the name of a language (L1)], and then when they were talking about, um, you know, especially like relationships, um, with, with family members at that time, the therapy was in [the name of a language (L1)]. And then when he wanted to explore more current relationships, he swapped, he switched to [the name of a language (Lx)] because the relationship, the language in that relationship was in [the name of a language (Lx)]. (P5)

[...] I think it is partly conditioned by environment and some something for example, this there is a word that to be entitled there is equivalent in [the name of a language (L1)] but it is not that that direct and it is something just that specific on the situation and be entitled for example, speaking about the clients' mother never said thank you to, and we will talk on [the name of a language (L1)] and then we had this entitled and we we brought it for a little bit, you know, it is it is very I do not know it is a reality Of, being here, this country and this cannot be so it is the environment somehow penetrates Yeah. Some sometimes the English expressions are you know, concise and very good to fit. (P6)

[...] because she was talking about her mother and her mother talks to her in [the name of a language (L1)]. So she will recall it [...] in [the name of a language (L1)] (P10)

The language switch was a big part of bilingual/multilingual therapy, and therapists were not exempt from that. However, in general, they were following the lead of their clients. The reasons to follow the lead of the client, in case the therapist was able to talk about the

clients' L1, varied from participant to participant. The P3 shared that they prefer to understand the meaning behind using the code switch before switching themselves.

[...] I will maybe [code switch] not as soon as she does it for example, but I will wait a little bit and hold it in mind and see if there is a bit of a pattern [...] (P3)

Unlike the P3, the P11 said that they would follow the clients' lead when it comes to code switching.

[...] I just follow [their] lead if [they] starts talking in English in the session I am following English if [they] switches to [the name of a language (L1)] I switch with [them]. So I'm very much following [them] in the in the in the bilingual side of an everything just following [their] lead in the language [they] wants to talk. (P11)

Following the clients' lead with regard to the using the code switch in psychotherapy has been studied before as well (i.e., Biever, Castano, Gonzalez, Navarro, Sprowls, & Verdinelli, 2004; Verdinelli & Biever, 2009, Santiago Rivera, Altarriba, Poll, Gonzalez Miller, & Cragun, 2009).

Apart from following their clients to use the code-switching, one participant, the P4, implied that they might use the code-switching first, as well. Before analysing further, I will share the relevant extract from the P4 first.

[...] I guess I am doing it less frequently. I leave it to the client. But if I ask something and felt like the client could not understand or if I want to clarify, I switch. But in general, I do it less than the clients. (P4)

As it can be seen from the extract, apart from following the lead of the clients, the P4 shared that they might use code-switching in order to make themselves understandable. One of the results of the current study was that mental health practitioners might feel anxious when they are using a later-learned language in therapy sessions. One of the reasons that provoked the anxiety was “not being understood”. As the extracts show, when the P4 felt the need to clarify themselves, they might use code-switching. In other words, they might use it to reduce their anxiety.

Lastly, one participant, the P10, shared that they might use the code-switching “just for convenience”. Their clients were using code-switching when they were talking about the events that happened in the UK in the English language. In other words, they were using the language in which the events were lived, and the P10 was following them in that.

[...] actually we both do it. We both switch sometimes. [...] and it may [sound] too superficial, but it seems like it is just for convenience sometimes. We both share [the name of a city in the UK] and the [the name of a language (L1)] that, you know, it is almost like this new language, you know, [the name of a language (L1)] in English.
[...] (P10)

4.8.3.3 “It has been a journey.”: The effect of training on practice

The effect of (or lack of) training was a crucial issue for all of the participants. When they were talking about training, it was not only about training to work in multilingual settings. With regard to training to work in multilingual settings, the answer was straightforward; nobody had any training on that from the institutions from which they graduated. Unsurprisingly, all participants who took part in this study were interested in multilingualism, mostly from their personal experience, and they all had some sort of informal training, attended workshops and

seminars, and some of them chose their clinical supervisor considering the multilingualism as one of the important factors. Having these experiences allowed them to see the effect of having the training and what could be different should they have had that as part of their post-graduate studies.

Another recurring pattern among participants was the fact that all of them had their training in a later learned language(s). They learned how to conduct therapy in a later-learned language and then expected to practice their profession both in the later-learned language and in their L1 as well.

Like the rest of the participants, the P10 did not have any training on multilingualism and how to work in multilingual environments when they were in psychotherapy training. Unlike the other participants, though, the P10 had one lecture on how to work with interpreters even though it was a single lecture. They were having this training in a later learned language rather than the L1. However, when they graduated, they expected to be able to conduct psychotherapy in all the languages they were able to speak.

[...] I do not remember a single lecture on language. We had one brief one on interpreters and that was it and it was assumed you know that everywhere I work services that if you spoke more than a language than you will do therapy in more than one language and that is it. You know, [there] was no conversation. There was no depth there was no thinking around it. So yes, I think that doing the training. There was, it did not exist. So then when I started experiencing all of this, I was like, what do I do with that? It was not in the realm of existence. I think for people around me for supervisors, colleagues, trainers, etc. (P10)

The experience of the P3 regarding the training on how to work in multilingual settings was not different than the P10's.

[...] I have not received training in the use of working in the multilingual settings [it] was not touched in any of my trainings [...] (P3)

The P1 also shared that they did not have any training on how to conduct therapy in multilingual settings. After they graduated, the P1 started to work at the same university where they graduated. They worked at the health clinic, where they conducted therapy with international students as well. Even though the P1 had not been trained in conducting therapy in a later learned language, they were expected to conduct therapy in their other languages, and they had to learn by "trial and error". Trying to learn how to provide a service in a later learned language through the trial-and-error method was one of the findings of Verdinelli and Biever (2009), in their study with Spanish and English bilingual psychotherapists as well.

[...] I wish I had a training. [...] I think there should even be a specific module on conducting therapy in multilingual settings. I learned with the experience, and it was not nice. There are some common-sense knowledge but it would be important to have a module on that and open a space for it. Because learning from experience might create really big problems for both parties. [...] (P1)

As explained above, most of the participants received their undergraduate or graduate degrees in a later learned language. Having the training in a later learned language and then conducting therapy in L1 had various effects on them. It also created almost a division between the professional sense of self and the "everyday" sense of self.

[...] Because my education at the university was in [the name of a language (Lx)], it feels more comfortable when I conduct therapy in [the name of a language (Lx)]. However, sometimes, especially with regard to feelings, expressing myself, [the name

of a language (L1)] feels more comfortable. But, in therapy, I use [the name of a language (Lx)] more comfortably. (P2)

As the P2 explained, having the training in a later-learned language created a division within themselves. They were more comfortable conducting therapy in the later-learned language in which they had the training. However, when it came to their personal experience and feelings, they preferred using the L1.

[...] when I went into the doctorate, they were absolutely no, you know, you cannot do therapy in [the name of a language (L1)] for some reason. They, they said that they could not count the hours because how is my supervisor going to assess my practice and I was like, don't we verbally report back anyway, so why does it matter that is [the name of a language (L1)]? But anyway, they did not allow me so it was out of my life during training and then when I finish and then I became qualified, that is when I started to practice in [the name of a language (L1)] throughout the whole training, no [the name of a language (L1)]. And when when I started doing work in [the name of a language (L1)], I felt very unskilled. It felt like Yes, I had done the training logically and rationally, I knew the theory and and I not only that I had experienced it in my body, in terms of being able to hold sessions and all of that, but it felt like in [the name of a language (L1)] it had not happened which was very difficult for me to understand because I was sitting in the room and I felt like a teenager, you know, you felt like I like all of the training that where we had difficult conversations and and we talked about risk doing it in. My, my first language it felt familiar, so it brought old feeling. So I think it was very challenging and no one around me like my supervisors or colleagues. Had any idea that this will happen you know do every want to see you. Do you know

just the fact that you speak [the name of a language (L1)] is as is an asset. So you start seeing [the name of an ethnicity] clients and that is it. And then yeah, I was quite difficult. (P10)

Even though none of the participants had training on working in multilingual settings, all of them had some sort of informal pieces of training. The impact of clinical supervision on the practitioner is an agreed-upon matter (Wheeler & Richards, 2007), and many professional bodies require their members to have it regularly (i.e., British Psychological Society, British Association for Counselling and Psychotherapy, American Psychological Association). The participants were also aware of the importance of clinical supervision, and since they had a personal/professional interest in multilingualism, most of them chose their supervisors with regard to multilingualism. Having either personal or group supervision allowed them to see how their practice evolved and gave them an idea of what they could avoid should they have had training from their institutions before starting to practice.

As explained above, the P1 received their training in a later-learned language and after graduation, they started to work at the same university as a psychotherapist. Even though they did not receive any training on working with multilingual clients, they were expected to see international students at the university clinic. They openly said that the supervision was the only place that helped them to be able to provide therapy in their later learned languages. A study by Aguirre, Bermudez, Parra Cardona, Zamora, and Reyes (2005) also showed the importance of supervisors in the training of bilingual therapists. They suggested that supervisors should be aware of the effects of languages, and they should be able to distinguish when the language affects the “self of the therapist”. Even though the P1 did not share details of their supervision and how it affected their practice, it clearly positively affected the way they

conduct therapy with international students. The P1 was also aware that the "right" supervisor might not be available to some practitioners due to economic issues.

[...] The reason I could do what I did was my supervision. [...] If you have an experienced supervisor, that is very helpful as well. [...] In charities, NGOs, counselling centres, the supervision should be a must. But that is not the solution. If you are seeing such clients and you do not have enough money, that is terrible. You do not earn enough, but you have to spend a lot on supervision. This would exacerbate the frustration. (P1)

[...] as part of my own interest and [...] working in the multi-language and the multilanguage environment. I I connected with the works of [the name of their supervisor]. And so I attended some of her training I, organised her training to to be given to my teams as well, and things like that. So I have been following her work for several years now, several years and yeah, and so always connected with the with the group and and, and the groups that the supervision groups that she is doing now, and so on. So is being more. These came from a, from a personal interest on, on my own practice, but never never came through [...] my training formal training. (P3)

[...] Then I deal with them by educating myself, as has always been my way, like trying to read about it, trying to make sense of what is happening and talking about it and supervision, which was not easy at the beginning. So finding the right supervisory space where language can be understood is very important. (P4)

I always tried to find my way, by my own. If I had a training, I would know about the ways to conduct therapy in multilingual settings. I would know about what I should do and what I should not do. If I had knowledge on the effect of language on therapy, switches in bilingual therapy, how to open a space for it, how to overcome the difficulties, it would be much better. But I think the language is a very political subject and therefore there is no education on that. But at least I have my supervision now. (P8)

[...] My new supervisor is multilingual. I told her about me being Spanish and you know, I need this and that was so fundamental for me, that conversation, you know. I need to talk. I need to be able to talk about it here and I need your help in helping me, you know, and and then she was like, yes. Yes, of course I do. Actually, I have not brought so much about the language at the moment because I also have this other space, you know, with the group and it almost felt like as soon as I knew I could talk about it and she also believes it exists and it releases important. And that could have noticed. I felt acknowledged. It is better. You know, I know that if I need it, I have a space was before I needed it and I did not, you know, you have the space. I think yeah, it is nice. (P10)

[...] supervision was one of the most painful things for me which I guess is linked to training because, you know, people get trained and then they become supervisor so so probably its linked there, but for me, that was a very painful thing because yeah you as a therapist you rely on your supervision it is your place to make sense of things. And and that was the biggest [frustration]. I think I could have gotten away with no presence of that in training. But [if] you got a supervisor [who] is able to help you, think about it, that sees it that acknowledge it. I think I will have had a very different experience

but not having the training and then not having the supervisors as well. As for me that was like very painful, I think. (P4)

I think the fact that I found [the name of their supervisor] was very good because I have been my personal experience with migration and the work that I was doing with the [the client group] people. All of that happened before I met her. So, I was thinking about this a lot because I was living personally and experiencing the differences, in, in the conversations with a, with a client in therapy as well. Well, so, I have been reflecting about this a lot because when I, when I move to leave from [the name of a country] to [the name of a country], I had to change the way I spoke. In order to be understood, although I was talking in [the name of a language] as well. So the very fact that I had to do that change made me realise how that happens to others and in how that place apart in therapy and and so on. So it came from personal experience to to the professional angle of myself. (P9)

Some of the participants shared the effect of supervision and other informal training on their practice. They could see the effects clearly, and when they were talking about it, there was a sense of frustration and anger towards their institution. After having some sort of training due to their working environment, personal interest, or client profile, they realised that they did not have to get through those difficult times if they had their training beforehand.

[...] I would not stumble that much. [...] It was very difficult [...] If I had the training, I would know what will happen, what could I do, how I would behave, at least on theoretical level. It would still be difficult but at least I would have some knowledge. (P1)

[...] well, it [would] give me just, well, tools and more knowledge because something, I learn obtained in this [supervision] group, like eyes opening [...] [the participant gave an example of one of their clients. For confidentiality it will not be shared here] So I would not have known this I think or I would overlooked this. Or another thing that's [...] that some of languages are connected to traumatic experience happens with because often with native language so in speaking in English or whatever other language so allow you the distance distance necessary to deal with this yes these kind of things I do not know if I ever if I would ever get it just my myself probably for time but it is it is really it is it is a it is a new world so yes. (P6)

[...] I think it would just validate the importance of, um, working multilingually and, um, and I guess not leave the trainee alone to resolve that on their own really once they are in the workplace. I can only imagine that it would benefit my practice if I, um, if I would have further training on it. Um, I just benefited from the recent, um, training from, um, the [the name of an institution] and the, the CPD activities there. So just by that, I came away with some more kind of changes that I want to implement. (P7)

4.8.3.4 "It really goes both ways.": Advantages and disadvantages of working in/with bilingualism/multilingualism

I always think about this, as, if you, if you are in front of a roundhouse in and you have [...] different doors to get in, to [...] the core of this house, and it is a better position to be at. You know, [...] it may facilitate things, especially when you are stuck, [...] for whatever reason. (P11)

Conducting psychotherapy when either the client or therapist or both using a later-learned language had not only disadvantages but advantages for all the participants. None of the participants thought that it was a problem, nor was it creating an *impasse* in the therapeutic process and therapeutic relationship. With regards to advantages, participants thought that having psychological therapy with a multilingual client created richness, gave both parties flexibility, and an opportunity to create a new language together. Having a multilingual therapist gives a chance to clients to choose which language they want to speak when the client and therapist have common languages. The language itself was a therapeutic tool for most of the participants.

Before moving on to the disadvantages of conducting therapy in a multilingual setting, I would like to share some quotations about the advantages of conducting multilingual therapy from the participants of the current study.

[...] So it really gives us a realm of strength or possibilities or things to explore. For example, when you have someone that has spoken, a particular language with their family and then another language at work or something to explore. How is it how things may feel different? I think it opens up possibilities, for example, to have difficult conversations, like, for example, talking about sexuality. I find it much easier to talk about it in the [later] learned language because it removes a little bit [of anxiety].

Perhaps it would have been impossible [to talk about it in L1]. Maybe, we will have taken much longer to get there. So, yeah, I do think that it offers possibilities and creativity and it helps us think multi-dimensionally. In a way, instead of just seeing one dimension, "this is the only thing that you are" and "this is only thing we talked about" to the way I think that can be an advantage. [...] (P10).

[...] I always liked it. I have to say, when after passing the first session, right? Like this idea of the first, okay, are they open enough? And are they generous enough, you know, to invite me in although I am a foreigner whatever if we passed that then I would normally like I do not think I personally like being put on the pedestal. I do not like that. So when they you know, that kind of balance thing. I thought it was it was good for the therapeutic. What was the word the therapeutic relationship, yes. [...] I feel like it gave me also that possibility of being very curious about language in a way that I wonder if English speakers is harder to unpack words that I was not asking because I did not know what the word meant in English, but because I wanted to know what it meant for them. And I think that that allowed me to open much more doors of unpacking meaning. So I always feel comfortable there in that kind of been, you know, but I imagine he is not the same for everyone, but for me personally, I I just I did like it. (P3)

“Richness” was a common word among many participants when they were talking about the advantages of conducting therapy with multilingual / bilingual clients. Having more than one language to share and discuss things was giving opportunities to clients and possibly overcoming some potential difficulties.

[...] It gives richness in expressing yourself. To know that there is an alternative, gives the impression that you could understand each other better. (P2)

The P9 thought that having more than one language to operate was creating richness in the therapy process. The richness, according to the P9, was partly because of the flexibility and mobility that multilingualism was providing. Similarly, Santiago Riviera and Altarriba (2002) claimed that instead of creating disadvantages and barriers, multilingualism provides opportunities to therapists.

Well, that is a very beautiful piece of work. [It] is very beautiful to work with with people in general. If you if you add different languages to it. I think you are you are adding a level of richness that that may not be present in in people that do not speak several languages. However, I think the advantage, it is about that. That is [...] some flexibility and mobility that you have. But by saying these I do not mean that that when you work with the person that talks just in one language and you do not find that as well. That is why I am hesitant. (P9)

[...] generally thing that's been me being multilingual at one side and be my client being multilingual another side gives us more space. For it is a talking therapy so we both are bringing more words and more concepts which is generally it is makes probably easier to find the personal meanings in which what is therapy about and, and I will be using the words and metaphors and proverbs and expression in [the name of the languages (L1 and Lxs)]. (P12)

This “richness” was also providing the “flexibility” to both therapists and clients in the therapeutic process and allowing both parties to overcome the “being stuck”. Therefore, helping to enhance the therapeutic relationship.

[...] I value the assistance of the second language as well when when there is stuck in in in the narrative. The stuckness is in the narrative. So its facilitating, that way. But with someone that does not speak, several languages, you just force, you know, and and and probably tackle the situation of stuckness in the narrative in just in a different way. (P9)

[...] I think that the advantages are really that for me, the art psychotherapy is about building that relationship and, um, and language is a huge part of identity. Um, someone's life story experiences and relationship. And I feel that by recognising that, and I am thinking even in the very beginning about what languages they speak, um, whether they can get the service in that language, it is, it's just opening doors really. And, um, yeah, I think like a lot like art as well, it is another tool really in the relationship. Um, and, and I, I just think, oh, I just mostly see it as a positive thing, really. (P5)

Another critical advantage of conducting psychological therapy in a multilingual way was giving an opportunity to the client to choose which language they want to use in psychotherapy. For some clients later learned language was a way to "create a new self", while for others L1 was giving them an opportunity to connect to their past.

[...] Currently I have a client who comes from [the name of a country] and there is a background of abuse and child abuse and then domestic violence. She is now in [the name of a city in the UK]. And the [the name of a language (L1)] interestingly, is the only positive part of positive thing of her childhood She is speaking in [the name of a language (L1)] in a very positive way. This is, so I like, yes. And bring in something. This already speaking in [the name of a language (L1)], it is sort of bringing something some positive. And and it is already this fact, [the name of a language (L1)] is already therapeutic you know. (P6)

I remember one of my clients [...] whose native language was [the name of a language]. She actually she told that she told me the first the first session that she would like to do this therapy in in English because all the [the name of a language (L1)] words are associated with with experiences traffickers and social pressure and so on. Just the English language for her was saviour. (P11)

When both therapist and client were using a later learned language, some participants approached that case in a positive way and tried to create a common language which they thought was a positive thing for the therapeutic relationship.

[...] The fact that there is no perfect match language. The client is struggling, I am doing better than him/her but it is not my language neither. And we try to create a new language. (P1)

[...] the important thing is to create the common language. If he/she uses a word in a certain way, even if it is not the correct way, I would use accordingly. I will not insist

on the correct usage. I think this is part of the creating the common language. Instead of focusing the "right" way, focusing on the "common" way. (P2)

[...] Sometimes you might drift apart from the themes that you are working on and start to talk about language. The language is always important but in this case it becomes something very visible and unavoidable. In a way, it is a positive thing for psychoanalytic work. You always give importance to language and here it needs a little bit more special attention. If you managed to create common language with the client, even if there is a language barrier, it can turn into an advantage. (P7)

As the over-arching theme name suggests, the participants thought that alongside the advantages, there were numerous disadvantages of working in a later learned language while conducting therapy. These difficulties could be grouped under three categories, difficulties on the therapists' side, difficulties on the client's side, and difficulties created by the working condition, which affected both therapists and clients. These categories are not mutually exclusive. In other words, there are overlaps between them.

One of the difficulties on the therapists' side was the added workload while conducting therapy in a later-learned language. The added workload was including preparation, difficulties with using the later learned language for those who felt they do not feel comfortable using an Lx during therapy, and emotional reactions. Tiredness, anxiety, frustration, and alertness were among the prominent emotional reactions. Furthermore, many participants talked about the extra work on being sure that they have been understood by the clients and also understand them as well.

The P5 shared that before starting the session, they had to prepare their documents and ask for assistance from a colleague to be sure that they use the language in an appropriate way.

They were using Google Translate as well but still needed to check with a native speaker for small nuances that were not possible to translate using Google Translate.

[...] So I would, um, when I run the group, I would need to prepare my introduction and the themes. I want to cover things. So I would need time to run it through Google translate. And then, you know, Google translate is not adequate. It is just like a prompt, really good an idea, and then I would need to check it with, so we have got an assistant here called [the name of the assistant], which is like language buddy. So I would run it by my language buddy and say, this is what I want to say. Does Google translate capture this? And they would say, no, you should really say it this way. So it, it takes extra time really. So you need to have that, um, that extra time to make sure that you have prepped as much as possible. And I guess as well with an interpreter, you would need to have that time to discuss things beforehand with an interpreter. So, um, again, the, the kind of system needs to, um, give you that time. (P5)

Even though they did not explain the preparation period in as much detail as the P5, the P8 also shared that they need to prepare before conducting a session in a later learned language.

[...] Um, I think for me to make sure that I feel confident and that I am delivering at a professional level, I also need extra time to prepare. (P8)

The P9 stated that it was not only before the session but after the session as well that they need extra time when conducting therapy in a later learned language.

[...] I am mindful of, um, really needing to prepare lots, to kind of go over vocabulary that I may want to use and prepare that and really spend time reflecting afterwards. Um,

and then I guess for, for, um, for patients that have come from outside of the United Kingdom, um, how do I feel, I guess that is, it is, it can be really diverse. (P9)

These extra preparations were tiring for the therapists. Apart from the preparations, conducting therapy in a later learned language itself was labouring as well. All of the participants were aware of this extra effort that they had to make. Furthermore, they were aware that it could lead to some emotional reactions that could affect the therapy process and therapeutic relationship as well. Getting tired after conducting psychological therapy sessions was evident in Freud's letter (Gay, 1988). Freud wrote to Ferenczi in 1920 that after conducting sessions in English he would feel exhausted and could not do anything else during the evening. In one of his letters to Katia Levy, he said that he was no longer able to answer his letters at night and he had to do it on Sundays (Gay, 1988). Even though he did not mention doing extra preparations for the sessions that he conducted in English, being tired after the session was something familiar between the participants of the current study and the founder of psychoanalysis.

[...] I had really difficult times with my first multilingual client. [...] It was very difficult, I had to look at the effect of it on myself as well and it was tiring. I was feeling exhausted. (P1)

[...] It is definitely an exhausting process. After a session, I feel like I had three sessions. You make an effort to understand the inner world of the client, the language of the client, creating a common language. All these are too much for a session. On top of it, if it is a difficult client, you are in a deep shit. I think it is frustrating, exhausting, and time consuming. If you have 20 clients and all of them like this, you could not

manage. You would have a break down, you would get angry. This anger might direct towards something else, to client for example. You could think like "Come on, talk!". Some might humiliate the client just because they do not have the command on the language. I believe there is an anger coming from the frustration and it should not be ignored. That anger might be visible depending on the therapist' situation, case load. (P2)

[...] Compared to other sessions, it is at least 1,5 times more tiring, without considering the client's situation. And if it is a difficult case, it becomes really hard. There is an acute problem, you have to do something, and your only tool is language. At least in my way of doing therapy, in [the name of a type of therapy]. (P7)

Anxiety was a common emotion among many participants when they were conducting therapy in a later learned language. As it was discussed earlier, almost all participants received their training in a later learned language. Therefore, for some of them, contrary to the first group, conducting therapy in their first language was anxiety-provoking.

How do I feel? [...] I will say that there is always a little bit of anxiety before, having a session with a client that probably with every client but it is in my mind a little bit. When someone, you know, I am going to have a client that is not in my first language. I will have a bit of anxiety in terms of how they are going to be like in self-doubt, in terms of how they are going to be in terms of my accent. And are they generous enough, you know, to understand that? Sometimes I may not say the exact, right word, are they able to see beyond that? that is always in my mind and I normally get a sense in the first

session, you know, even the initial consultation, I get a sense where that they are okay with that. (P10)

[...] So it is always a little bit of anxiety, much higher at the beginning, when I started, I will honestly sit there terrified thinking that they are going to say "I do not want to do therapy with a [the name of a nationality] person.". You know, with [the name of a nationality] person? I will have this dread like it did not happen in 10 years, never happened, but still I feel anxious about it. (P8)

I always feel [...] a bit anxious and so often times I feel a bit deskilled. (P4)

Connected to their anxiety, the participants were feeling alert as well. The alertness was partly connected to the fact that they were sometimes not sure if they were understood, and sometimes, they doubted if they could understand their clients.

[...] I am making sure that I am understanding everything that they are saying. So you spent [time in] a different way to to ensure that we are clarifying. (P1)

[...] I feel alert that I need to be aware of that difference and [the difference in languages is] something that I always include as well. (P3)

[...] I feel, I think, yeah, I think the best way to describe the way I feel is is alert alert and aware [...] (P5)

[...] I ask clients if there is something I could not understand. “I could not understand you well, could you explain a bit more?” Sometimes I need to confirm if we understand each other. I say “English is not the mother tongue for neither of us.” Sometimes we might need some extra explanations. (P8)

Being understandable and being able to understand their clients were outstanding themes among all participants. In order to achieve that, therapists had to show extra effort, which was partly responsible for the tiredness and alertness. This was mentioned as one of the difficulties from both therapists' and clients' sides.

I think it is hard to find a common ground for understanding. Does the client understand me, do I understand the client? It leaves me in doubt. This is one of the difficulties. Cultural references [are] another one. If my client is from Sudan, for instance, and if he/she says something related to their culture, their history, I might miss something. It is an issue which starts with the language but has many other things behind. Sometimes I have to make more effort, extra explanations to be understood. (P2)

[...] one of the difficulties can be just to, to express themselves. I also I also believe that they the empathy and just in providing them this safe and contained environment is just the word compensate compensate, but it is, it is I think it outweighs they the fact that I cannot probably understand what [...] they would like to express [...] (P6)

[...] I am more cautious in terms of the way that I am writing emails, for example, or, or saying certain things to made it as clear as possible. And ensuring the person we are in the same page [...] (P10)

Some participants thought that their working environment and institutional regulations were creating some difficulties for their multilingual clients. It was a frustrating experience for them, and they were afraid of the effects of it on their clients.

[...] I think, um, if the service is not equipped say to, to, to deal with it in a [...] way that is on par with somebody that would want to a service [who] speak another language other than, um, [the name of a language], or English. Um, what I experienced is that delay in getting started with [...] an interpreter and, um, that is a huge disadvantage because that delay should not happen based on, on language. So, um, I think that [...] is a disadvantage. Um, but I think that is a systemic kind of structural problem. (P5)

4.8.3.5 "I have to think about pre-Covid and after Covid." The effect of the Covid-19 pandemic

I conducted the interviews for the current study during the lockdowns in the UK. As it was explained in the Chapter 4.2 Research Methodology, it was the reason I conducted all interviews via Zoom software. The effect of the Covid-19 pandemic was not only on the way how I conducted the interview but how the participants felt when they were conducting their therapy sessions. While the Covid-19 pandemic affected some participants in a negative way when conducting therapy in a later learned language, for some clients, being multilingual had advantages.

The P2 explained how the Covid 19 pandemic affected their work, especially when they were working in a later learned language. They stated that the effect was there when they were conducting therapy in their L1 as well. However, when they were conducting therapy in a later learned language, their confidence level was lower compared to the pre-pandemic. They argued

that one of the reasons for the difference between the L1 and later learned language was due to the language of the training that they had, which was in their L1. Although it cannot be understood from the extract below, another reason for the hardship of conducting therapy during the pandemic was due to the fact that they were conducting sessions online.

I think I would have to think about pre Covid and after Covid, because during Covid, I just have not, I think my confidence has been affected, so I am a more aware of my own, um, how it affects me and my own kind of worries and, um, evaluation and things. So I think maybe I am more aware of, um, of my own processes before Covid, I think I was more relaxed and I could, and when I am more relaxed I could access the, the vocabulary and, um, and communicate without being in my head so much. So I would say that, um, um, that maybe that is something more around the pandemic, but, um, in terms of the difference, I guess if I am well, [the name of a language (L1)] being my first language, I feel most confident in it and I can draw the vocabulary better, and I was trained in [the name of a language (L1)] as well. So I have to do translations in my head then to, um, to, to get kind of to capture what I want to say in [the name of a language (Lx)] [...] (P2)

Unlike the P2, the P5 stated the reasons for having more difficulty during the pandemic while conducting therapy in a more relaxed way. Similar to the P2, the P5 also felt a decrease in their confidence level. The reason for that was not being able to see the clients' mouths due to wearing masks. Having masks and a "social distance" of two meters, made it difficult for them to understand their client in a later learned language.

[...] I think during the pandemic, especially my confidence has decreased. Um, there are of course masks now as well. So I cannot see that the mouth and that we are spaced two meters, so that is difficult as well. (P5)

The P10 shared some positive effects of conducting multilingual therapy during the Covid-19 pandemic. Due to the pandemic, they had to conduct sessions online. Because their clients were sharing the house with their partners, there was an issue of confidentiality. However, having more than one common language between the client and therapist allowed the client to shift into the second language which their partner could not understand and therefore reduced the anxiety over confidentiality.

[When we conduct therapy online] she will [code] switch when she [is] talking about her partner, who lived in the house [that helped us with] confidentiality because [her] partner would not understand [what the client was talking about]. (P10)

Part 5: Conclusion

The analysis of the data obtained by the semi-structured in-depth interviews revealed the various effects of using an Lx during psychological therapy sessions. The results showed that using a later-learned language affects both mental health practitioners and their clients in several ways. While preparing the interview schedule and during the pilot interview, I was careful not to force participants into the positive vs negative effects dichotomy. I examined the complexity of using an Lx for practitioners and their clients from the practitioners' point of view. Even though I had some theories about the possible effects of Lx on the therapy process from my personal and professional experience, I did not limit myself to those and allowed the participants to show me other possible effects.

For example, prior to the interviews, I had minimal knowledge of code-switching, and it was not a theme that I had in my mind. However, starting from the pilot interview, it became apparent that code-switching was an essential aspect of conducting therapy in a multilingual setting. Therefore, I added a section to discuss the effects of code-switching from the literature.

All participants acknowledged the importance of code-switching. As was discussed in Chapter 2.5, Code-Switching, code-switching and code-mixing are used interchangeably, even though they refer to different phenomena. Considering the way participants were using the term code-switching, it was apparent that they were using it interchangeably as well.

There are different theories that researchers are using for the reasons behind code-switching. The participants also had different ideas for the reasons behind their clients' usage of code-switching. Auer (1998) and Grosjean (1982), for instance, argued that the main reason behind code-switching is the lack of vocabulary. P2 also thought that the reason for code-switching for their clients was not knowing certain words in Lx.

Dewaele (2006, 2013), on the other hand, claimed that rather than the lack of lexical knowledge, the difficulty with the retrieval process was the reason behind the code-switching.

P3's explanation for code-switching was in line with that argument. They claimed their clients were using code-switching when "... they do not remember a particular word in English...". In other words, they argued that their clients had the lexical knowledge but had difficulty with the retrieval process.

Using code-switching as a defence mechanism, especially for taboo words, is a well-researched area and dates back to the very early years of psychoanalysis. Ferenczi (1952/1994) was among the first to raise the issue of using an Lx for taboo words. Later research argued that using an Lx when it comes to taboo words is related to embodiment (Pavlenko, 2005b). Similarly, some participants (i.e., P8) thought that embodiment could be the reason behind code-switching for their clients.

Another essential point on code-switching was the therapists' code-switching. Many psychoanalysts (i.e., Buxbaum, 1949; Greenson, 1950; Krapf, 1955) hinted at using code-switching during sessions. However, their focus was only on their clients, and they did not discuss why they were using code-switching. Many participants (i.e., P3, P4, P10, P11) shared that they were code-switching during sessions.

The participants of the current study had different approaches to code-switching. The majority of them preferred to use code-switching after their clients did. In other words, they were following their clients. As they were aware that code-switching could have different meanings, they tended to understand the rationale behind it before switching. Following the client's lead in code-switching is a common practice, as previous studies showed (i.e., Biever, Castano, Gonzalez, Navarro, Sprowls, & Verdinelli, 2004; Verdinelli & Biever, 2009, Santiago Rivera, Altarriba, Poll, Gonzalez Miller, & Cragun, 2009).

Apart from following the lead of the client, P4 shared that they could code-switch before the client if they felt that their clients did not understand them. P10, on the other hand,

stated that they might use the code-switching "just for convenience". They shared that since their clients were living in the UK, sometimes switching from L1 to English was convenient.

Since none of the participants had any formal training on the effect of language during the psychotherapy process, they were using their experiences to decide what to do while working with multilingual clients. Using the code switch was not exempt from that. This shows that there is a need for formal training on how to work with multilingual clients.

Another essential finding of the current study was the effect of specific language(s) on the therapy process. Language is closely linked with power, and several participants shared their experiences on the effect of language with regard to power. Similarly, language is a politicised element as well. For some participants, especially those who belonged to a minority in their country of origin, the effect of the language of the majority was significantly different from other later-learned languages. It provoked the adverse experiences that they had in the past, and in many cases, it affected their therapeutic relationship with their clients. For one participant, a strong affiliation with the language of the majority was an indication of political stance, and they clearly stated that they would not accept to work with those clients. The political aspect of the language would have an essential impact, especially when mental health practitioners provide their service to involuntarily dislocated persons.

One of the most important findings of the current study was to clearly show the effect of training on working in a later-learned language. All of the participants, without any exception, had their training in a later-learned language(s). In addition to that, none of them had any training on the effects of the Lx during the psychotherapy process. Apart from not having any training, they were expected to conduct therapy in their L1 after being qualified. Participants shared how using their L1 affected their therapeutic skills. They felt de-skilled, had difficulties with the boundaries, and had difficulty with using the appropriate terms.

As was explained in Chapter 2.2, Bilingualism/Multilingualism and Psychotherapy, the majority of the pioneers of psychoanalysis had their training in an Lx and then conducted the therapy sessions in their L1. However, none of them mentioned the effects of training in Lx in their papers. Even though they were aware of the effects of the later-learned languages on their patients and discussed them in their papers, they did not share their personal experiences.

The lack of training affected the participants of the current study in various ways. The first and arguably most crucial effect was feeling "de-skilled". All participants received their training in an Lx, and after graduation, they were expected to conduct therapy in their L1 alongside the Lx. Since they used the Lx in their training, it was difficult for them to have the same professional identity while using L1.

Not having formal training forced participants to use the "trial-and-error" method in order to find the "good-enough" way to work with their multilingual clients. The lack of training made their caseload more intensive and led to questioning their abilities as mental health practitioners.

Another effect of the lack of training was inconsistency in practice. Since they were relying on their personal experience, different participants were using different approaches in similar situations.

Limitations

The sample size for the current study was at the lower end of the spectrum of the suggested range of participants.

As it was difficult to recruit participants, there was a substantial difference related to age and therefore experience with conducting therapy among the participants. As it can be seen from the findings, many participants claimed that as they gained experience, it became easier to understand the effect of the later-learned languages and understand the clients better.

Furthermore, it was not only the clients but the mental health practitioners themselves. Especially for those who were conducting therapy in a later learned language, there was the effect of feeling 'not good enough. However, as they gained experience, they were able to understand the dynamics better. Therefore, it would be beneficial to have enough participants to compare and understand the effect of age and experience.

Another difference in terms of participants was the psychotherapy modality that they were following. For instance, there was only one participant who was conducting art therapy in a group setting. The literature shows that depending on the modality, the importance given to the therapeutic relationship varies. It would be ideal to have enough participants from different modalities in order to analyse the effect of the school of psychotherapy and the later-learned language. This might be an important research project for future studies.

Each language has its own cultural/political/sociological/historical context. From the findings, there was a clear distinction in approaching 'minority' languages depending on the first language of the participants. The political ideology of the participants was also an influencing factor. Even though the political ideology of the participants was not part of the demographic questionnaire, from the interviews, one could have an educated guess. It would be an interesting study to check the political ideology of the participants and how they approach the issue of later-learned languages in future studies.

There are limited academic groups for people interested in the effect of the later-learned languages in the psychotherapy process. Therefore, I had some prior encounters with some of the participants of the current study, especially with those who are part of the *Bilingual Forum*. Having these prior encounters and possible further encounters might have affected the participants during interviews. Even though it was evident in the Informed Consent that all the information would be kept confidential, still they might have felt hesitant to share some of their ideas and emotions.

Suggestions for Further Studies

As I explained in the Limitations section, there were limited participants for the current study. Therefore, I could not make any comparison on the relationship between the experience in the field and the effect of later-learned languages. Additionally, due to the restricted number of participants, I could not check the effects of psychotherapy modalities. These two variables would be essential to keep in mind for future studies while designing the research and recruiting the participants.

Another essential point found in the interviews was the effect of specific languages, especially those which are highly politicised. It would be beneficial to check the effects of specific later-learned languages in further studies in order to understand their effect on the psychotherapy process.

Glossary of Key Terms

Native Speaker

According to the Oxford English Dictionary, a native speaker is “a person who speaks a language as their first language and has not learned it as a foreign language” (“native-speaker,” n.d.).

Non–native Speaker

As opposed to native speaker, a non-native speaker is a person “who has not spoken [that language] from the first time they first learnt to talk” (“non-native speaker” n.d. Oxford English Dictionary).

Lx

Lx is a term coined by Dewaele (2018) in order to overcome the various assumptions of using L1, L2, L3. He defined Lx as “meaning any foreign language acquired after the age at which the first language(s) was acquired, that is after the age of 3 years, to any level of proficiency.” (Dewaele, 2018, p. 238). For further discussion on Lx please refer to Chapter 1.3 “Native Speaker vs Lx”.

Multilingualism / Multilingual

The ability to use three or more languages, either separately or in various degrees of code-mixing.

A person who speaks several languages.

Bilingualism / Bilingual

the ability to speak or understand two languages or the regular use of two languages. a person who can speak two languages equally well.

Immigrant

According to the Oxford English Dictionary, an immigrant is “a person who migrates into a country as a settler” (“Immigrant,” n.d.).

Refugee

The key document for refugees is the 1951 Refugee Convention. In that convention, the term refugee is defined as "*someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion*" (Convention Relating to the Status of Refugees, 1951).

Another definition of a refugee is provided by The United Nations High Commissioner for Refugees (UNHCR). According to them, a refugee is “someone who has been forced to flee his or her country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion, or membership in a particular social group. Most likely, they cannot return home or are afraid to do so” (UNHCR, 2020).

Asylum Seekers

The UNHCR defines an asylum seeker as "*someone whose request for sanctuary has yet to be processed*". In other words, an asylum seeker is a person who has migrated to another country

for protection from persecution from their country of origin but who is still waiting to be recognised as a refugee.

Internally Displaced Person (IDP)

An internally displaced person (IDP), according to the UNHCR, *is someone who has been forced to flee his or her home but never crossed an international border* (UNHCR, 2020).

According to the UNHCR, internally displaced people seek safety anywhere they can find, and they constitute the largest group that the UNHCR assists. Unlike refugees and asylum seekers, internally displaced persons are not protected by international law.

Involuntary Dislocation

The term "involuntary dislocation" (Papadopoulos, 2021) is an umbrella term that contains refugees, asylum seekers, and other types of "involuntary" migrations, such as those who migrate due to climate change, other environmental issues, economical issues which are not contained in the five grounds decided by the UNHCR. According to Papadopoulos (2020b), involuntary dislocation has both meanings of actually forced migration and a psychological one, even when one has not started the physical journey yet. For further discussion on Involuntary dislocation, please refer to Chapter 3.1 Onto-ecological settledness.

Onto – Ecological Settledness

“Onto-ecological Settledness” is a term coined by Papadopoulos (2015; 2018a; 2018b; 2020c) in order to grasp the totality of the person and their environment. For further discussion on Onto – ecological settledness please refer to Chapter 3.2 Onto-ecological settledness.

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APPENDICES

Appendix A: Informed Consent Form

“The Varieties of Effects of Using a Later-learned Language in Psychotherapy:
A Psychoanalytic-Linguistic Investigation with Particular Reference to Involuntarily
Dislocated Persons”

Dear participant,

This research is being carried out by Mehmet Demir under the supervision of Renos Papadopoulos.

We are investigating the various effects of using a later-learned language in psychotherapy. We are interested in the effects of language when the language employed in therapy is a later-learned language either for the therapist or the client.

If you agree to participate in this study, you will be interviewed by the researcher.

The answers which you provide will be recorded through notes taken by the interviewer and audio recording.

All information collected will be kept securely and will only be accessible by myself and my supervisor.

Data will be anonymized, and if the data you provide is used in any publications or reports, then a participant number or pseudonym will be used and identifying details will be removed. A list may be kept linking participant numbers or pseudonyms to names, but this will be kept securely and will only be accessible by myself and my supervisor. A copy of the information which we record about you, but not other participants, will be provided, free of charge, on request.

You are free to withdraw from the study at any time, without giving reasons and without penalty, even after the data have been collected. However, if publications or reports have already been disseminated based on this data, these cannot be withdrawn.

We would be very grateful for your participation in this study. If you need to contact us in future, please contact me (md19203@essex.ac.uk) or Dr Renos Papadopoulos (renos@essex.ac.uk). You can also contact us in writing at EBS, University of Essex, Colchester CO4 3SQ.

Yours,

Mehmet Demir

<u>Statement of Consent</u>	<u>Please initial each box.</u>
<ul style="list-style-type: none"> I agree to participate in the research project, <i>“The Varieties of Effects of Using a Later-learned Language in Psychotherapy: A Psychoanalytic-Linguistic Investigation with Particular Reference to Involuntarily Dislocated Persons”</i>, being carried out by <i>Mehmet Demir</i>. 	<input type="checkbox"/>
<ul style="list-style-type: none"> This agreement has been given voluntarily and without coercion. 	<input type="checkbox"/>
<ul style="list-style-type: none"> I have been given full information about the study and the contact details of the researcher(s). 	<input type="checkbox"/>
<ul style="list-style-type: none"> I have read and understood the information provided above. 	<input type="checkbox"/>
<ul style="list-style-type: none"> I have had the opportunity to ask questions about the research and my participation in it. 	<input type="checkbox"/>

Participant’s signature

Date

Appendix B: Interview Schedule

Questionnaire:

1) Demographics:

- a. Gender
- b. Age
- c. Language spoken
- d. Education
- e. Professional since...
- f. Therapeutic Orientation

2) Multilingual Therapy

- a. How do you feel when you see a client whose first language is not (English)?
- b. Do you find any difference between working with clients whose first language is English and whose first language is not English? If yes, can you describe the differences?
- c. How do you deal with the difficulties of working with multilingual clients?
- d. What are the advantages/disadvantages of working with multilingual clients?
- e. Do you talk about the language while working with multilingual clients?
- f. Have you received any training on working in multilingual settings?
- g. If English is your first language, do you think it creates a further power imbalance between you and your client?
- h. Do your multilingual clients use code-switching? If yes, what do you do in such cases?
- i. (If the therapist is also multilingual and matches with clients' languages) Do you conduct bilingual therapy? Why?

- j.** If you are disclosing your mother tongue to your matching clients, when do you do that? How do you do that?

Appendix C: Advert

Dear Invitee,

My name is Mehmet Demir, and I am a doctoral student at the University of Essex,
Psychosocial and Psychoanalytic Studies Department, Refugee Care Program.

I am kindly requesting your participation in a doctoral research study that I am conducting.
The title of my research is: The Varieties of Effects of Using a Later-learned Language in
Psychotherapy: A Psychoanalytic-Linguistic Investigation with Particular Reference to
Involuntarily Dislocated Persons. My research aim is to understand the effect of a later-
learned language on both therapists and clients during the psychotherapy process.

For more information, please refer to the attached document.

Sincerely,

Mehmet Demir

Appendix D: Approval Letter from Ethics Board

05/04/2021

Mr Mehmet Demir

Psychosocial and Psychoanalytic Studies

University of Essex

Dear Mehmet,

Ethics Committee Decision

Application: ETH2021-0799

I am writing to advise you that your research proposal entitled "The Varieties of Effects of Using a Later-learned Language in Psychotherapy: A Psychoanalytic-Linguistic Investigation with Particular Reference to Involuntarily Dislocated Persons" has been reviewed by the Ethics Sub Committee 3.

The Committee is content to give a favourable ethical opinion of the research. I am pleased, therefore, to tell you that your application has been granted ethical approval by the Committee.

Please do not hesitate to contact me if you require any further information or have any queries.

Yours sincerely,

Susan Kegerreis

Appendix E: Participant Information Sheet for Interviews

Project title

The Varieties of Effects of Using a Later-learned Language in Psychotherapy: A Psychoanalytic-Linguistic Investigation with Particular Reference to Involuntarily Dislocated Persons

My name is Mehmet Demir, and I am a PhD student in the Department of Psychosocial and Psychoanalytic Studies at the University of Essex. I would like to invite you to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve.

Please take time to read the following information carefully.

What is the purpose of the study?

This is a doctoral research project with the aim of understanding the effect of using a later-learned language in psychotherapy. I will conduct semi-structured interviews with therapists who have/had clients using a later-learned language while having the session and therapists who are using a later-learned language themselves during the therapy. This research is doctoral research, and the data will be used in my doctoral dissertation.

Why have I been invited to participate?

You have asked to participate in the research because

1. You are providing therapy to refugees and asylum seekers, and among those, there can be clients who are eligible for the purpose of the current study.
2. You are providing therapy in a language which is not your first language.

Participation in this research is completely voluntary. It is up to you to decide whether or not you wish to take part in this research study. If you do decide to take part, you will be asked to provide written consent. You are free to withdraw at any time without giving a reason. In order to withdraw, you can contact me at any time via e-mail md19203@essex.ac.uk. Any information you have provided till then will be deleted and not used for the research.

What will happen to me if I take part?

If you accept to be a part of the study, you will be helping to understand the dynamics of conducting therapy with those whose first language is not the one employed in therapy. One of the aims of the current study is to develop a set of guidelines for therapists who work with clients whose first language is not the one employed in psychotherapy and therapists who are providing therapy in a language which is not their first language. You will be part of a semi-structured interview which will take approximately an hour. If necessary, you might be asked for a second interview. The interviews will be audio-recorded.

Keeping in mind the pandemic and current lockdown, the interviews will be held online, either via telephone or video call.

Your demographic information will be asked for. You will also be asked to talk about the therapy process with your clients whose first language is not the one employed in therapy. You are encouraged to share as much or as little as you want during the interviews. It is important you understand that it is completely your wish to share your experience.

The information you provide will be anonymized in the research. That means your name, age, gender, and country will all be changed. You can even decide for yourself what you would like it to be changed to.

What are the possible disadvantages and risks of taking part?

During the interviews, you will be asked about the therapy process with your clients whose first language is not the one employed in therapy. Thinking about those clients and the sessions with them might trigger some negative emotions and memories.

What are the possible benefits of taking part?

By sharing your experiences, you will be helping to understand the various effects of using a later-learned language in psychotherapy. You will also be helping to create a set of guidelines for future therapists who wish to work in multilingual environments.

Will my information be kept confidential?

Your data will be stored electronically. All data files will be encrypted and stored in a password-protected laptop. Your data will be retained for ten years after the completion of my dissertation. The transcriptions will be done by the researcher. The supervisors will have access to these transcriptions after they are anonymized.

What is the legal basis for using the data, and who is the Data Controller?

The data controller is the University of Essex, and the contact is Sara Stock, University Information Assurance Manager, dpo@essex.ac.uk.

What should I do if I want to take part?

If you want to be part of the research, please contact me via e-mail:

Md19203@essex.ac.uk

What will happen to the results of the research study?

The results of the study will be shared in the doctoral research paper, which will be submitted to the University of Essex. None of the information in the research will be identifiable to any participant.

If you would like to read the results and the research, you can contact me at the details given below, and I can provide you with a copy.

Who has reviewed the study?

This research study has gained ethical approval from the Ethics Review Board at the University of Essex.

Concerns and Complaints

If you have any concerns about any aspect of the study or you have a complaint, in the first instance, please contact the principal investigator of the project, Mehmet Demir, using the contact details below. If you are still concerned, you think your complaint has not been addressed to your satisfaction, or you feel that you cannot approach the principal investigator, please contact the Director of Research for this project, Renos Papadopoulos (e-mail - renos@essex.ac.uk). If you are still not satisfied, please contact the University's Research Governance and Planning Manager, Sarah Manning-Press (e-mail sarahm@essex.ac.uk). Please include the ERAMS reference, which can be found at the foot of this page.

Contact Details for the Researcher

Mehmet Demir, University of Essex, Department of Psychosocial and Psychoanalytic Studies.
E-mail – md19203@essex.ac.uk

Appendix F: Information Sheet

Dear Invitee,

My name is Mehmet Demir. I am a doctoral student at the University of Essex Refugee Care program in the Department of Psychoanalytic and Psychosocial Studies. I am kindly requesting your participation in a doctoral research study that I am conducting. The title of my research is: The Varieties of Effects of Using a Later-learned Language in Psychotherapy: A Psychoanalytic-Linguistic Investigation with Particular Reference to Involuntarily Dislocated Persons. My research aim is to understand the effect of a later-learned language on both therapists and clients during the psychotherapy process.

The study involves an interview in which there will be some basic demographic questions and some particular questions with regard to conducting therapy in multilingual settings. The interview will take around an hour.

Participation is completely voluntary, and you may withdraw from the study at any time.

Your participation in the research will be of great importance to understanding the effect of later-learned language on therapists and clients.

Further information can be found on the Consent Form below.

For participation and any questions, please send an e-mail to:

md19203@essex.ac.uk

Thank you for your time and participation.

Sincerely,

Mehmet Demir