

INTERACTIONS AND MEDIATION BETWEEN MULTILINGUAL CLIENTS AND THEIR PSYCHOTHERAPIST

Le présent article se penche sur les défis auxquels peuvent faire face les psychothérapeutes et leur clients multilingues qui utilisent une langue étrangère (LE). Les psychothérapeutes doivent se rendre compte des obstacles visibles et invisibles dans leurs interactions avec leurs clients. Les obstacles à la communication des émotions peuvent être linguistiques, sociopragmatiques et culturels et peuvent avoir des conséquences sur le sens de soi et l'identité des clients. Un processus de médiation est donc nécessaire. Nous concluons que les professeurs de langue peuvent se trouver dans une situation similaire avec leurs étudiants et que la communication de l'émotion en LE fait non seulement une partie intégrale de la compétence communicative (Compagnon du CEFR, 2018) mais peut contribuer au futur bien-être mental des étudiants.

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Introduction

The editors pointed out that all interactions require some degree of mediation. In other words, a common ground needs to be established on which communication can be based, and when difficulties emerge mediation will be required. In this paper, we will argue that there are contexts where the assumption of common ground is stronger or weaker depending on the training, experience and disciplinary background of those involved in the interaction. The need for mediation may thus be greater in contexts where the assumption of common ground is over-optimistic, and where the consequences of not spotting the potential misunderstanding, and hence skipping mediation, may be serious. Language professionals are very much aware of variation in language proficiency and are less likely to assume complete common ground with fluent Foreign Language (LX) users than professionals from other backgrounds for whom language is merely a technical tool that does not merit special attention. Thus, consider-

ing an interlocutor who can talk easily about the weather in an LX, a Foreign Language teacher is less likely to assume complete linguistic common ground than a psychotherapist whose main concern is to locate the source of a client's issues. The language teacher has been taught that students may have linguistic and cultural gaps that are not immediately apparent and that meaning may need to be negotiated in the classroom. The psychotherapist has been trained to try to understand the client's worldview, but frequently that training ignores their clients' linguistic profiles and experiences. Negotiation about meanings and across differences and power differentials, which goes to the heart of psychotherapeutic communication, often ignores the linguistic gap. In particular, psychotherapists (especially monolingual ones) may be less aware that multilinguals can have different levels of proficiency in different discourse domains (Grosjean, 2016). In other words, the ability to converse fluently in the LX about certain everyday topics does not necessarily imply an abil-

ity to convey subtle, complex emotions in that language. Clients themselves may be unaware of this.

The aim of the present paper is therefore to highlight the need for extra awareness among psychotherapists about both visible and invisible linguistic and cultural obstacles to emotion communication that will require mediation with their LX clients, using appropriate strategies.

Research on multilingualism and emotion

One striking finding that has emerged from studies on multilingualism and emotion is that multilinguals have clear preferences for specific languages to communicate emotions and that these correspond to the perception of emotional resonance of these languages. Languages that are acquired early in life (and which are usually the dominant languages) are typically felt to be more emotional, more authentic and more powerful, while languages acquired later in life tended to feel less emotional, less authentic, more detached and more distant (Dewaele, 2010; Pavlenko 2005). In reviewing this literature, Pavlenko (2012) argued that the difference in emotionality between early languages (L1s) and LXs comes from the fact that they are differentially embodied. L1(s) feel more embodied because early childhood is a period of intense affective socialisation. Children go through a process of "integration of phonological forms of words and phrases with information from visual, auditory, olfactory, tactile, kinesthetic, and visceral modalities, autobiographical memories, and affect." (Pavlenko 2012: 421). They are told off by parents, carers or teachers for using swearwords or taboo words and they may enjoy a "frisson" in using them with peers, out of earshot of the adults. This integration of language and emotion is less likely to occur in a language classroom, where opportunities to use the language in interaction are limited and where certain topics are off limits. A consequence of this relatively artificial

and decontextualised language learning is that the LX words feel disembodied. Swearwords in the LX may seem to lack the punch of their L1 equivalents (Dewaele, 2010). Because LX emotion words and emotion-laden words may not be accurately calibrated, LX users risk pragmatic failure. Another challenge that LX users face is that semantic and conceptual representation of emotion words may differ in their different languages (Pavlenko, 2005), rendering certain words and expressions untranslatable. Apparent translation equivalents may also have subtle differences in meaning and in emotional power.

Emotional communication in therapeutic relationships

Psychotherapists who are unaware of the multilingual and multicultural nature of their clients might not realise that when using the client's LX, they may in fact be skating on very thin linguistic ice, potentially misjudging the strength of the client's emotion, which could in turn lead to misunderstandings requiring ample mediation. Thus, insufficient awareness of the client's use of an LX may lead to inaccurate or incomplete assessments. An investigation into the beliefs, attitudes and practices of 101 monolingual and multilingual therapists in their interactions with their multilingual patients revealed significant differences between both groups in Costa and Dewaele (2012). Multilingual therapists were found to have increased attunement with their clients, helping them to reduce their sense of isolation. In a follow-up study on 182 multilingual clients, Dewaele and Costa (2013) found that they valued being able to express themselves in their different language(s) with their therapist, including by code-switching, which typically happened when the emotional tone was raised, confirming previous research on multilinguals (Dewaele, 2010). Clients reported strategic use of code-switching when discussing traumatic episodes, creating the necessary proximity or dis-

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tance. They agreed that the therapist's multilingualism promoted empathy. In Rolland's (2019) and Rolland, Dewaele and Costa's (2017) study of 109 multilingual clients, nearly two thirds of participants reported code-switching, whether the main therapy language was an L1 or LX. This was most frequently attributed to the need to regulate emotional intensity and to access language-specific concepts, memories, relationships and selves. Where the additional language was not understood by the therapist, clients then conveyed the meaning through a post hoc translation or summary. Asked to reflect on the therapeutic implications of their language use in therapy, some clients highlighted the lesser emotional resonance of the LX (Rolland, 2019). This was variously framed as an obstacle to self-expression, a welcome analytical 'third' space or a refuge from difficult feelings. The latter illustrates the defensive potential of an LX, which tended not to be acknowledged or discussed with the therapist, as in the following quote about a therapy conducted in L3 English: "ID28: this intellectual discussion does not have any effect, in my opinion, on the emotions, which may be behind hiding myself in English" (p. 126). Another dimension impacting on emotional expression, which emerged from qualitative accounts, was that of the language of retelling: clients felt closer to their emotions when this matched the language of the experience. Elena, for example, had disclosed childhood material using short written excerpts in her L1 and discussed the associated feelings in the LX in order to manage their intensity. She developed this strategy with her therapist's support after reflecting that telling these memories in L3 English was a false representation: "translation is a kind of like betrayal of my experience because these experiences were in another language" (p. 150). This led to productive discussions with her therapist about her past language choices and avoidance. The use of an LX in a therapeutic setting was found to have both negative effects and unexpected positive consequences for the therapeutic outcomes of 15 refugees from around the world who had settled in London (Cook, 2019), including three participants who had endured sexuality persecution (Cook & Dewaele, 2020). Using Interpretive Phenomenological Analysis (Smith, 1996), the authors found that

the use of the LX could lead to a feeling of frustration at being inarticulate, coupled with exhaustion:

Maya: in English I am always getting stuck- because if I say I am so sad today- that's not enough for me- I have got more to say and I don't know how to say that- the word sad is not enough - if I can talk in [my L1] then I can explain about me (Cook, 2019: 159).

Raymond: I don't know exactly I don't want to point to anything but I imagined like a balloon- when you are talking (English) you put air in it and you just want to fill this balloon but in the balloon there is some holes and when you put the air in, the air goes from the holes so the balloon never gets filled...and you just get tired (p. 159).

Yet, the use of English as an LX also facilitated the disclosure of trauma in individual therapy sessions and allowed clients to [re]invent and 'perform' a new self:

Dian: ...the English language is my place of safety it is that sense of safety which enables me to 'visit' my pain (p. 177).

Purity: ... when I came here, I wanted to change my life, so I completely switched my language (p. 181).

The LX was perceived as a liberating force, allowing them to circumvent the shackles of shame deeply embodied in their L1, and enhancing their self-awareness, self-esteem and confidence. The use of English as an LX may enable clients to begin to talk about a traumatic experience which occurred in another language without being overwhelmed by their emotions. The LX may be just one step in the healing process. Being able to speak about the trauma in the "traumatised" language in a later stage of therapy can help some clients to process and integrate the traumatic experience at an embodied level as well as cognitively. As one participant put it:

C168: I remember being given permission/being asked to express a traumatic incident in the language in which it happened. This I found very liberating (Dewaele & Costa, 2013: 44).

Conversely, in situations where the trauma is associated with an LX setting, the L1 may offer a protective distance (Tehrani & Vaughn, 2009). An interpreter might take on the work of a spoken translator between a client and a therapist if the client's knowledge of the LX is too weak to communicate with the therapist. An interpreter acts like a bridge between the client and therapist. In that sense they mediate between the two individuals. But unlike a mediator, the interpreter

does not negotiate between the parties. Some psychotherapists may feel anxious about incorporating a third person into the intimacy of the dyadic therapeutic relationship but others welcome working with an interpreter (Boyles & Talbot, 2017). Costa (2017, 2020) pointed out that the presence of an interpreter adds an extra layer of complexity and requires careful preparation. A pre-briefing meeting with an interpreter is crucial in order to establish a collaborative working relationship with the interpreter based on mutual professional trust. Such a meeting allows the therapist and the interpreter to exchange information about working methods and to agree on the ground rules that will need to be established from the outset. It is particularly important for the therapist to establish their authority, their presence and trustworthiness in the room because the initial, natural alliance might emerge between the client and the interpreter. Triangular relationships tend to create power dynamics that can lead to patterns of inclusion and exclusion. These patterns are amplified when only one member of the triad shares all the languages spoken in the room. It is thus crucial that therapist and interpreter have done their own preparatory work about these dynamics before the session begins.

Raising awareness about multilingualism in psychotherapy

A lack of awareness about the nature of multilingualism, coupled with a monolingual bias, persists among therapists. An overwhelming majority of the multilingual clients surveyed by Rolland (2019) had never discussed which languages (or dialects) were allowed in their therapy sessions. This contributed to a feeling of inhibition with regard to code-switching for some, however other participants reported a more inclusive linguistic environment where they were encouraged by the therapist's interest in their language, invitation to code-switch and exploration of personal meanings (Rolland et al., 2017). Such behaviours were often, but not exclusively, attributed to multilingual therapists. For example, one participant wrote: "I was pleasantly surprised when my therapist asked me to say it in French. It felt she wanted that part of me not to be neglected or suppressed" (p. 81). Martinovic and Altarriba (2013)

came to a similar conclusion in their overview of research, namely that multilingual clients benefit from a therapeutic environment where multilingualism is appreciated, and where code-switching is possible. It is possible to raise awareness among psychotherapists about LX use by clients as an intervention study by Bager-Charleson et al. (2017) showed. Quantitative and qualitative data collected from with 88 therapy trainees and qualified therapists who attended a training course on the importance of multilingualism, showed a significantly increased awareness about the danger of making assumptions, emotional expression and identity. Code-switching emerged as a central theme in interviews, especially with regard to allowing therapists to address, challenge and sometimes combine clients' different emotional memories. Costa and Dewaele (2019) argued that this type of training (talking about the talking) is absolutely crucial.

Conclusion

We argued in the introduction that mediation for the negotiation of meaning in the context of psychotherapy with multilinguals merits attention. Indeed, due to a lack of training about multilingualism, psychotherapists faced with clients who seem fluent in an LX tend to assume that the common linguistic ground is sufficient for communication. Yet research on emotion communication in various settings, including psychotherapy, has shown that emotions, memories and relationships may be differentially embodied and experienced in different languages, so that interactions with multilinguals benefit from being viewed through a multilingual lens. We suggest that a key mediation strategy is for therapists to have metalinguistic discussions with their clients in order to identify the therapeutic implications of language choices. In particular, with the right encouragement, clients may adopt strategies such as code-switching – followed by a translation or summary where necessary – in order to convey affective and semantic meanings accurately. Alternatively, a thoughtful collaboration with an interpreter may be necessary to bridge the linguistic gap. Raising awareness about how to work therapeutically across languages can teach therapists to look beyond superficially successful interactions and provide tools

for mediation where necessary. This is important since, where misunderstandings in the language classroom have few repercussions in the “real world” outside, misunderstandings between therapists and clients that remain unnoticed and unmediated may have adverse effects on the mental wellbeing of the client. In fact, ignoring the multilingual experience of clients may deprive them of the opportunity of using their linguistic repertoire as an asset in psychotherapy. The creation of “shared spaces that facilitate creativity, openness and mutual understanding” (Piccardo et al., 2019: 23-4) in order to mediate communication is just as relevant in the therapeutic setting as it is in the language classroom. It is thus the responsibility of the therapist to reflect on the talk about the talking and to avoid thinking that language is only a minor technical issue. Finally, this review also suggests that future LX users would benefit from language teaching which foregrounds the communication of emotions, allowing students to explore cross-linguistic differences, since

affect is integral to human interactions. Such teaching should include not just a focus on emotions words and expressions but should incorporate both the paraverbal (tone, pitch, volume, speech rate) and the non-verbal aspects (facial expression, body language and gestures) of communicating emotions in the LX. It would also have to be complemented with sociopragmatic and sociocultural information about the appropriateness of expressing certain emotions with certain interlocutors in certain contexts (Companion to the CEFR, 2018; Dewaele, 2010). A great way to teach emotional communication is analysing short film extracts of emotional interactions in the LX, followed by role play by students mimicking the actors.

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