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Sofia Rosenblum
The Role of Language in Therapy:
How Bilingual/Multilingual
Therapists Experience Their Work
with Bilingual/Multilingual Clients

ABSTRACT

Bilingualism and multilingualism have not been afforded adequate exploration in clinical social work practice. This exploratory study examined the experiences of bilingual/multilingual therapists working with bilingual/multilingual clients. Utilizing interviews with twelve bilingual/multilingual therapists who were linguistically diverse, this study looked at the process of language switching in therapy, the effects of shared versus different languages on countertransference experiences, the interview subjects' conceptualizations of linguistic identity and how these identities have come to influence professional development, as well as the role that language plays in academic and training settings for mental health practitioners.

The findings of the research showed the natural occurrence of language switching in multilingual therapy. A wide range of countertransference experiences, including feelings of intimacy and closeness as well as distance, were discussed in the context of diverse languages. The vast majority of the participants reflected on their language-related self experiences. They explored how these self experiences have impacted the way that they have approached language issues in therapy and how they have integrated language dynamics into their therapeutic interventions. The majority of the participants found that their academic and professional training excluded discussions of linguistic competency.

The results of this study have several implications for multicultural and multilingual clinical social work practice. The study explores the complexities of the concrete and the symbolic aspects of language. It underscores the importance of including language related

dynamics into therapeutic work. Recommendations are offered for language-related curricula as well as discussions about language dynamics in supervisory relationships.

THE ROLE OF LANGUAGE IN THERAPY: HOW BILINGUAL/MULTILINGUAL
THERAPISTS EXPERIENCE THEIR WORK WITH BILINGUAL/MULTILINGUAL
CLIENTS

A project based upon an independent investigation, submitted in
partial fulfillment of the requirements for the degree of Master of
Social Work.

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2011

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	ii
TABLE OF CONTENTS.....	iii
CHAPTER	
I. INTRODUCTION.....	1
II. LITERATURE REVIEW.....	4
III. METHODOLOGY.....	28
IV. FINDINGS	39
V. DISCUSSION.....	68
REFERENCES	89
APPENDICES	
Appendix A: Human Subject Review Approval Letter	96
Appendix B: Recruitment Letter.....	97
Appendix C: Demographic Questionnaire.....	98
Appendix D: Interview Guide.....	99
Appendix E: Informed Consent Form	100

Chapter I

Introduction

Language contributes greatly to the formation of a person's identity, their memories and their experiences. Enveloped in language is a person's history(ies), culture(s), racial, ethnic, socioeconomic, spiritual and sexual identity(ies) and experiences. These identities are felt, understood and conveyed differently depending on the language(s) chosen to communicate. In addition, diverse affective and verbal communication is present when the intersubjective space in therapy flows between languages. Language is central to therapeutic work because it is language that therapists rely on to build alliances, establish rapport, and understand the inner worlds of their clients and themselves. As psychotherapy continues to become more widely available, it is vital that we develop our understanding of how languages describe concrete as well as symbolic meanings and experiences.

The purpose of this study is to explore the experiences of bilingual/multilingual¹ therapists when working with bilingual/multilingual clients. I am interested in understanding different dynamics that arise within the therapeutic frame with regards to language use and language switching (i.e., when a client moves freely between two or more languages in a therapy session). Furthermore, I am curious about clinicians' conceptualizations of their linguistic identity and how this part of their identity has influenced their professional growth and

¹ I will use both "bilingual/multilingual" as well as "bilingual" throughout this work. When I use "bilingual/multilingual" I am including the participants from my study who speak more than two languages. The literature reviewed focuses on bilingual individuals. For this reason, when referring to the literature I use the word "bilingual."

development. What are the countertransferential experiences of the bilingual/multilingual therapist who works with a bilingual/multilingual client? Does a countertransference experience shift or change dependent on the language being used in a particular therapeutic moment? What differences, if any, arise when the bilingual/multilingual therapist shares the same two languages with the client as opposed to when they share only one language? How do therapists experience and understand their client's choice of language during different moments within and throughout the therapeutic relationship?

There have not been many studies that have relied on qualitative data collected from clinicians describing their experiences as bilingual/multilingual therapists working with bilingual/multilingual clients. Historically, the focus has remained more so on the client and the therapeutic reasons for language switching in sessions. When the focus has been on the practitioner, several studies have used personal clinical case examples and vignettes, but few have discussed the experiences and the professional and academic needs of bilingual/multilingual therapists. This study is unique in that it brings together the voices of linguistically diverse clinicians who reflect on their work with clients, their linguistic identity(ies), and their professional development specific to language. This study helps us to better understand the phenomenon of countertransferential experiences with regards to language in the therapeutic framework and the ways in which language can be used as a therapeutic intervention in itself.

In order to provide culturally and linguistically competent work to diverse client populations, bilingualism/multilingualism must be considered as one of the many rich aspects of someone's culture(s). By exploring bilingual/multilingual therapists' experiences, the field of clinical social work practice can continue to develop more comprehensive ways of understanding

the role that different languages play in terms of how a practitioner works with and provides services to clients. Furthermore, the field of social work education can expand its understanding of the needs of bilingual/multilingual therapists by developing more inclusive language-related curricula and supervisory methods. While the focus of this study is on bilingual/multilingual therapists, many of the recommendations for professional growth are applicable for both monolingual and bilingual/multilingual clinicians alike. I believe that it is essential for all therapists to think about ways to include discussions about language use and discuss the personal language histories of our clients and ourselves in order to better understand, serve and support an ever-expanding globalized world.

Chapter II

Literature Review

The following literature review compiles important works in the fields of psychoanalysis, psycholinguistics, and psychodynamic frameworks to discuss how language in therapy has been conceptualized and where gaps exist in the literature. The first section offers the reader an overview of some seminal early works that have carved out important paths in the study of language within a therapeutic frame. Immediately following, there is a brief section on early as well as current conceptualizations of how the mother tongue has been understood in the literature. The next section describes contemporary conceptualizations of language dynamics in therapy. The section on psycholinguistics discusses the psychological and neurobiological factors that enable humans to acquire, produce, comprehend and use languages specifically in a bilingual framework. The section on the exploration of language dynamics in treatment brings together empirical and theoretical works that seek to unpack the varying dynamics produced when bilingual clients and bilingual therapists work together. The research looks at the experiences and reactions that are produced for both the client and the therapist when they work, think and feel in different languages. A brief section on language in academic programs and in the workplace is presented in the final section of the literature review.

Early Writings on Language in Therapy

One of the earliest mentions of language in the context of psychoanalysis came about in 1916 by the analyst Szandor Ferenczi who observed in his paper “On obscene words” that

obscurities spoken in a patient's² mother tongue produced a stronger emotive response than when spoken in a second language (as cited in Amati-Mehler, Argentieri, & Canestri, 1990). He hypothesized that those who avoided voicing obscurities in their mother tongue created a greater distance from their infantile sexuality which in turn, greatly affected the analysis. This was the first time in which observations were made with regards to the use and power of language in a therapeutic context. Ferenczi's conclusions began to demonstrate how an individual had different emotional experiences and reactions to words depending on what language they were spoken in. He also raised the question of whether the unconscious is tied to a particular language or not. In looking at language and the unconscious within psychoanalysis, Amati-Mehler et al. (1990) argued that during the late 1930's the central part of what would become one of "the most radical theoretical psychoanalytic controversies" (p. 570) was the establishment of two schools of thought: those who believed that the unconscious is ordered as a language and those who thought that language yields to the mechanisms of the unconscious. In other words there were those who believed that the unconscious did not take place in any specific language or linguistic structure, while others did assign the unconscious a particular structure dependent on a language (usually the mother tongue/native tongue/first language). These three terms are used interchangeably in the literature and will similarly be interchanged throughout this work.

Almost half of a century later Buxbaum (1949) and Greenson (1950) reintroduced language issues and psychotherapy by using their own case material to draw conclusions about language and treatment. Buxbaum discussed her psychoanalytic work with patients who spoke English and German specifically focusing on the ego and the superego in relation to language

² Note: Throughout this text I employ both client and patient to refer to the individual seeking treatment. I respect the word choice within each text that I am reviewing.

acquisition and language use. Buxbaum postulated that her clients chose to speak in the language that would grant them greater distance from the emotional content that was being uncovered and worked through. She saw this as a link between the control of the superego, repression of certain memories, and the language in which the therapeutic work took place. Furthering this idea, Greenson continued to explore the meaning of language in the therapeutic context. In his work analyzing a bilingual German and English speaking woman, Greenson introduced the idea of different representations of self organized by language. His patient disclosed that, "In German I am a scared, dirty child; in English I am a nervous, refined woman" (p. 18). With this statement and others he began to introduce how language can organize a person's sense of self and their representation to others. Krapf (1955) wrote extensively on his work with polyglot patients (himself a polyglot) and continued Buxbaum's explorations of defense mechanisms and language usage. He went further than Buxbaum to portray language switching as a positive defense employed by a patient to reduce anxiety.

Expanding upon Greenson's (1950) understanding of how language influences a person's sense of self, Brown and Lenneberg (1954) discussed the way in which the world is experienced differently in varying linguistic communities. They noted that linguistic communities can perceive reality in differing ways dependent on the language used to define and understand this reality. Hakuta (1986) concurred with Brown and Lenneberg and added that language was not solely a collection of symbols, but rather a template with which people of a cultural group organized and patterned their environment and subsequent cultural products. Brown and Lenneberg and Hakuta introduced a new way of understanding how language operates as its own filter through which we understand our inner and outer world. This idea is extremely relevant

today in terms of culturally competent work and the idea that our client's construction of reality is based on their cultural context which indeed includes language.

Mother Tongue

When speaking about bilingualism, it is necessary to discuss the role of the mother tongue, or, in other words, “the language in which the child first learns to speak and to think” (Amati-Mehler et al., 1990, p. 569). This is a bit of a problematic definition in that there are some individuals who learn multiple languages simultaneously when they are infants. Nonetheless, people in the fields of psychoanalysis and psychodynamic theories have focused on one language and emphasized the different and crucial relationship that people hold with their mother tongue. For this reason I deem it necessary to briefly discuss how the mother tongue (or the first language) has been conceptualized. The mother tongue was named the language of the id by Krapf (1955) because it served as an “intrapsychic registry” (p. 344) for words and sounds that encoded and could trigger memories and fantasies from early infancy. The process and experience of learning to speak the mother tongue is deeply influenced by the relationship between the mother (or the primary caregiver) and the infant (Buxbaum, 1949; Greenson, 1950; Krapf, 1955; Javier, 1989; Pérez Foster, 1998). Pérez Foster emphasizes the emotional lives of individuals narrated by their first language and how the meanings of words are inextricably linked to the texture of the relationship between the child and their mother. In their article, Canestri and Reppen (2000) discuss clinical vignettes presented by four panelists at the 41st congress of the International Psychoanalytic Association. They discuss the calming effects that the mother's voice has on the baby from as early as *in utero*. Canestri and Reppen note the powerful connection between the relationship of mother, child and language acquisition in stating: “When the mother's relationship with the child is disturbed, the mother tongue is

disturbed and this makes it particularly difficult for the child in a bilingual or multilingual home to become fluent in the mother's language" (pp. 153-154). Canestri and Reppen went further to discuss that the process of learning a new language can aid in repairing inner relationships by offering new tools with which to process painful memories and experiences. For the purposes of this study, I will focus on the therapeutic relationship and the manner in which the flow between languages by both therapists and clients can be a reparative tool in itself.

Contemporary Conceptualizations

Bamford (1991) revisited Greenson's (1950) ideas about different representations of the self and discussed the dual sense of self among bilingual patients, and I would argue, among therapists as well. Depending on the language spoken, one sounds and acts differently and interprets and understands things using different lenses. Not only can there be a sense of duality but also affective splits can occur leading individuals to over-intellectualize emotional content because the language they are using in therapy is not their native tongue, and thus may not be the language corresponding to the emotions being described or accessed. Marcos (1976) and later Rozensky and Gomez (1983) understood this as the "detachment effect" (p. 152) wherein verbalization of a feeling becomes an intellectual task in the second language and thus an emotional detachment from the content occurs. Marcos and Rozensky and Gomez uphold Buxbaum's (1949), Greenson's, and Krapf's (1955) view that the utilization of a second language can act as a defense against intense emotion, and provide protection against the effects of triggering certain memories. Marcos upholds Krapf's earlier argument that "linguistic detachment" (p.556) can offer the patient a safe linguistic space to discuss intense material while protected by their second language. Rozensky and Gomez suggest that the second language also

provides a new framework from which to understand past events and a new way of conceptualizing these experiences.

Other contemporary writings on mental health and language have identified the interplay between memories and language choice. Javier (1995, 1996) eloquently describes patients' processes when uncovering traumatic memories and describes the inability of his patients to access certain experiences without returning to the "linguistic state of mind" when the experience occurred (Javier, 1996, p. 235). Javier, in reflecting on his own clinical work, observes what occurs when a bilingual individual has more than one language to organize past experiences and memories. Javier (1989, 1995) expands the notion of repression in analysis when he presents the possibility of a patient who is able to access traumatic memories in one language but not in another. How then is repression understood? Should it be considered in terms of the patient's own process of accessing and processing memories and events, or in terms of the analyst and their language use and subsequent limitation in reference to their patient? Javier (1995) concludes that analysis with a bilingual individual is exceptionally complex and successful treatment requires "a transforming dialogue or retrospective construction of the past in the present with a perspective toward the future in the context of their linguistic realities" (p. 436). Repression and linguistic accessibility must be considered continuously by the analyst in order for both persons to move freely between different language-related selves. Furthermore, the work that Javier (1996) has contributed to memory studies is extremely relevant to clinical practice in that he offers therapists a greater understanding of how memories are recalled and how language influences the ability to access experiential material.

Pérez Foster (1992, 1996a, 1996b, 1998) has contributed immensely to the body of literature on language use within the therapeutic framework. Pérez Foster (1998) valued the

significance of understanding what role language plays in a person's psychic processes and development. She also highlighted the need to provide recommendations for clinical practice to enable clinicians to think about and work with different languages in the room. In response to this gap in the literature, she offered guidelines for practitioners on how to include a "Psycholinguistic History" within a psychosocial assessment in order to contextualize the development of language for individual clients (Pérez Foster, 1996a, p. 255). She explores language through the lens of object relations and understands language's role as that of an organizer of experience that is intimately linked to relationships, memories, experiences, tastes, smells, and sounds. As we have many different relationships with language these relationships can be expressed and felt on a multitude of levels. For instance, we may feel pleasure differently in each language, we may describe pain to a greater or lesser degree, and we may feel more or less defensive. The richness of these differing feeling states in direct response to language choice can enhance therapy when they are explored within the therapeutic frame.

In the context of object relations theory, Pérez Foster emphasizes the centrality of social relationships in the development of language meaning, poignantly stating: "Different languages, when learned in a separate context within unique object relationships and conditions, might later evoke distinct object-related venues of self experience and self expression" (Pérez Foster, 1996b, p. 105). She highlighted the idea that bilingual individuals experience dual senses of self and have different language codes that help them think about themselves, express emotions and ideas, and interact with others. Pérez Foster and Aragno and Schlachet (1996) expound upon Javier's (1989, 1995, 1996) work and state that memories that are recalled in the actual language of an experience, whether or not it is the dominant language, are explored and discussed more deeply than when they are relayed in another language.

Psycholinguistics

In the following section I briefly highlight important works from psycholinguistics, cognitive psychology, psychodynamic and psychoanalytic theories that have contributed to our understanding of language acquisition, code switching (another term for language switching), and coordinate and compound bilinguals. This is in no way an exhaustive review, but rather offers the reader a context within which to think about language acquisition and development and the subsequent influence that these processes have on clinical practice with bilingual/multilingual therapists and bilingual/multilingual clients.

When thinking about the process of learning how to speak (whether it be your first language or your fifth), one must consider that language is not only comprised of learning words and phrases but it is also influenced by psychodevelopmental milestones, varied social contexts and meaning producing interactions with important others (Wilson & Weinstein, 1990). To this effect, it is interesting to consider Dore's (1974) findings of his quantitative study with two infants who he concluded had two separate lines of development based on their rate of language acquisition. He created two categories, "word-babies" and "intonation-babies," (p. 349) and found that these were different strategies that the infants utilized in order to acquire the syntax of language. These strategies, Dore concluded, were linked to the central role that relationships had on the process of language learning and acquisition for his subjects. One subject appeared to use language to declare things about the surrounding environment, while the other subject's verbalizations appeared to involve people by requesting something, calling for someone, or any other manner that evoked a direct response from the listener. Dore found that these different styles were in direct connection to the communication style of their caregivers. The link between relationships and language acquisition will be revisited throughout this section.

Between the 1950's and the 1970's a great deal of work emerged in psycholinguistic and cognitive literature about "compound and coordinate bilingualism" (Pérez Foster, 1998, p. 35). Weinreich (1953), a linguist, initially introduced the concepts of *compound* and *coordinate* bilingualism. A compound bilingual was understood as someone who had only one representational meaning system which can be accessed in two different languages. This would correspond with an individual who grew up learning two languages simultaneously in the home. A coordinate bilingual was defined as someone who has developed two independent language systems each with their own meanings and experiences. Generally speaking, this individual learned one language first and then another later on in life (Kolers, 1963). In the field of psycholinguistics, Ervin and Osgood (1954) were pioneers in their theoretical application of Weinreich's categories. They underscored the significance of the context in which the language acquisition occurred; Ervin and Osgood concluded that compound bilingualism signified that alternative symbols in different languages have a single meaning for the individual because the context in which they learned the languages is identical, whereas for coordinate bilinguals there are separate meanings because of the distinctiveness of language acquisition. Lambert, Havelka, and Crosby (1958) were interested in looking at how associations and meanings differed for coordinate bilinguals who learned their respective languages in culturally distinctive environments. Furthermore, they were interested in exploring whether or not being a compound or a coordinate bilingual would affect an individual's facility to language switch. Lambert et al. found that coordinate bilinguals who learned two languages in culturally diverse environments demonstrated far greater "semantic diversity" (p. 241) than their coordinate counterparts who learned different languages in similar cultural regions. Hoffman, Rogers and Ralph (2011) define semantic diversity as: "[W]ords that tend to appear in a broader range of linguistic contexts and

have more variable meanings” (p. 2). Lambert et al. did not find any difference between coordinate and compound bilinguals in terms of ability to language switch (language switching will be explored further in the following section). A contemporary study focusing on coordinate bilinguals found that identical words activated different chains of associations, meanings, and affective experiences (Katsavdakakis, Sayed, Bram, & Bartlett, 2001).

Presently the strict division between coordinate and compound bilinguals is no longer popularly upheld; rather the focus more recently is on the interdependence between the bilingual’s language systems and the notion that at whatever age or context there are certain universal linguistic principals that help the individual ascribe meaning to words (Bucci, 1994; Kim, Relkin, Lee, & Hirsch, 1997; Pérez Foster, 1998; Silva, 2000). There is indeed no way of saying that a bilingual individual’s languages are either completely independent or interdependent, rather it is the subtleties, associations, contexts and social relationships that help to shape language acquisition and development. With that being said, Kim et al. (1997), with the use of sophisticated MRIs, found that indeed there were areas in the brain where various languages were stored and stimulated interdependently. However there were also areas apart from those that were activated separately in coordinate bilinguals. These varying studies demonstrate the textured layers of language; they help provide a greater context outside of psychodynamic frameworks through which to understand the processes of language production and use for bilingual/multilingual individuals.

Contemporary works in the fields of psycholinguistics and psychodynamic clinical practice by Altarriba (2003), Heredia and Altarriba (2001), and Santiago-Rivera and Altarriba (2002) infer that the age of acquisition, dominance and proficiency play key roles in differentiating different language structures within a bilingual mind. Heredia and Altarriba state

that after a certain level of fluency and frequency of use is attained in a second language, a shift in language occurs wherein the second language behaves as if it were the bilingual's first language. In other words, the second language becomes more readily accessible than the first language, and the bilingual comes to rely more on it. Altarriba, and Santiago-Rivera and Altarriba discuss emotion words and how they are stored and processed differently than other concrete or abstract words. Words such as love and hate which are emotionally charged were found to have distinctly different streams of associations depending on the language they were uttered in (Rodriguez, Lessinger & Guarnaccia, 1992; Kitayama & Marcus, 1994). Altarriba, and Santiago-Rivera and Altarriba introduce the specificity of autobiographical memories (memories specific to the recollection or description of an autobiographical event) in reference to emotion words. They describe the different representational patterns that emotion words have in Spanish and in English for bilingual individuals whose native tongue is Spanish. As discussed previously, when individuals learn emotion words in their first language, those words are stored at a deeper level of representation than their second language counterparts.

These findings and theories beg the clinician to be aware of his/her own complex cultural and linguistic histories and how these places of understanding and knowing can be vastly different from or similar to their clients. In considering an object relations viewpoint in reference to language acquisition, one can think about word meanings as complex compounds of cognitive, affective and social components that lend to a person's understanding and use of the word or phrase (Pérez Foster, 1998). This adds another layer to transference and countertransference in that each word bears the weight of history and memories in multiple languages and spaces. In order to provide culturally competent work and embrace these subtleties, language acquisition,

development, language switching (code switching), processing and associations must be part of the clinical work.

Language Dynamics in Treatment

In this section I review the literature related to the experience of both clients and therapists as they work together through multiple feeling states in different languages. My main focus is on countertransference and how the clinician experiences clinical practice in multiple languages. My review of studies on transference and countertransference includes writings about language switching in treatment.

Language switching. The anthropologist Ervin-Tripp (1964) explored language switching in the context of sociolinguistics in a study performed with Japanese immigrant women who migrated from Japan to the United States. Ervin-Tripp hypothesized that as language shifts content will shift; she argued that no bilingual, however fluent, had exactly the same experiences in both language communities and thus content will shift as language choice changes. In her study, Ervin-Tripp found that when forced to speak English to another Japanese woman, the participants had difficulty only when discussing Japanese topics. A change in the topic and the listener had a discernible effect on the formal feature of speech. Fishman (1965) wondered why there are language shifts within an intralingual group. In other words, within a single population that makes use of two languages, when do language shifts occur? He found that language shifts are mainly due to content as well as situational styles such as informal-formal, intimacy-distance, and equality-inequality. Similar to Ervin-Tripp, Fishman noted that in great part language switching occurred due to contextual shifts and topic shifts. It is interesting to keep these findings in mind as we move closer to the present in contemporary research and continue to look at why, to whom, and when bilinguals code switch.

The late 1970's marked the first attempts at studying the potential therapeutic value of language switching as a treatment strategy (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera & Altarriba, 2002). Marcos and Alpert (1976) provided therapists with tools for treatment with bilingual patients who use language switching in sessions. They considered situations where the therapist is monolingual or bilingual him/herself, ultimately considering it best for a bilingual patient to work with a bilingual therapist who shares the same two languages. Marcos and Alpert reached this conclusion because they found that a bilingual therapist would be able to understand their client's language switching and uncover important clinical material in ways a monolingual clinician may not. With regards to language switching, they concluded that it may have both inhibitory as well as facilitatory effects, as Buxbaum (1949), Greenson (1950) and Krapf (1955) stated decades before. While Krapf focused on the positive aspects of language switching as a means to distance a patient from highly anxiety-provoking material, Marcos and Alpert found language switching throughout the course of treatment to introduce repression, compartmentalization and denial in an ineffective and detrimental manner. Marcos and Alpert believed that the therapist should be in control of when there is a shift in language during clinical work; they found that language switching can be used by the therapist to uncover specifics about a person's personality in reference to specific diagnoses. For example, they noted that when working with an obsessive patient who intellectualizes often, it could be beneficial to encourage the patient to switch to the language that is more emotionally charged.

Language switching was observed in a pilot study by Pitta, Marcos and Alpert (1978). Pitta et al. suggested that language choice can be used and observed strategically by both therapist and client within the therapeutic framework. They found that there is a greater range of feeling states in a patient's dominant language, allowing for a richer experience and subsequent

analysis. Yet on the other hand, in the dominant language the person may feel dangerously close to the material and unable to process and learn coping mechanisms without switching to their less dominant language. Rozensky and Gomez (1983) provided four clinical examples of language switching for therapists who share two languages with their clients as well as therapists who have one language in common. They observed that the therapists encouraged their clients to switch languages as a way of tapping into richer emotional content by matching tonal affects with corresponding physical expressions such as crying and rage. Rozensky and Gomez also looked at examples of language switching to enhance a temporary regression to return to earlier modes of thinking and experiencing. Rozensky and Gomez highlighted important information that the therapist should consider with regards to language switching such as the amount of time that each language is used in the client's daily life and in what contexts these languages are utilized (i.e., professionally, intimately, etc.). This information can help the therapist understand the meaning and use behind language switching in sessions with their clients.

Ramos-Sánchez (2007) focused on Mexican American individuals in counseling in her study which looked at the effectiveness of language switching in therapy with regards to emotional expression and disclosure. The study focused on two groups of therapists, Mexican Americans and European Americans, who were all bilingual Spanish and English speakers. Interestingly, Ramos-Sánchez found that upon hearing the European American clinicians speak in Spanish, there was greater emotional expression on the part of the clients. She inferred that this was the case for multiple reasons; perhaps there was a lack of language matching, meaning the switch from one language to another was not initiated by the client and thus the client was less forgiving to the Mexican American clinician for this misattunement than they were for the European American therapists. Furthermore, it is possible that the clients had lower expectations

for the European American clinicians specifically with regards to their language capability, so upon hearing their Spanish the clients were pleased and honored that the clinician would make such an effort and thus opened up to their therapist. It is possible that it was assumed that the Mexican American therapists would speak Spanish and thus the clients were not impressed by their movement between languages. Perhaps the cultural proximity in this case could have taken away from the honesty and self-disclosure of the therapy.

Sprowls (2002) conducted a study where she interviewed nine bilingual Spanish and English speaking therapists. Among others things, the therapists noted that they often switched languages when they could not remember a word or a phrase. Also, the therapists would switch to their first language when they were angry or when they wanted to convey something with deep meaning. Furthermore, the therapists interviewed in this study emphasized the difficult and mixed views towards language switching in the field by identifying differing messages that they received from supervisors and colleagues throughout their career, portraying language switching in both a negative and positive light.

Santiago-Rivera (1995) wrote an informative guide for therapists working with bilingual clients placing language as the focal point of her work. Regardless of the language proficiency of the therapist, Santiago-Rivera emphasized the importance of empowering the client to use their two languages in the room. She found that this helped to underscore the client's ability to free associate and tap into emotional material when flowing between languages. In addition, Santiago-Rivera made it very clear that the therapist should be finely attuned to when and how clients move between languages. In her opinion, if the client seems to be facing a difficult moment in the clinical work, the therapist should certainly encourage a switch in language in order to make the client feel less stuck. Santiago-Rivera and Altarriba (2002) expanded on earlier

works that have been mentioned here; they emphasized the significance of viewing bilingualism as a strength rather than as a site of resistance and distance from core material. They stressed that the role of language in assessment and treatment planning is crucial in understanding the whole person in order to enter their world, a world filled with a multiplicity of emotions, experiences, phrases, words, and sayings that bring these emotions to life. Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, and Cragun (2009) performed a qualitative investigation that looked at therapists' use of language switching with their bilingual clients to bond with clients, promote disclosure, increase client self-understanding and awareness, and establish trust. They spoke to the importance of clinicians being mindful of their client's choice of their native or non-native language when discussing different topics. It is important for the therapist to weigh the benefits of language switching depending on the emotional significance of the subject matter and the client's presenting issues.

Transference and countertransference. While transference and countertransference are essential aspects of the therapeutic process, there exists a gap in the literature around countertransferential experiences of bilingual/multilingual therapists working with bilingual/multilingual clients. Gottesfeld (1978) and Comas-Díaz and Jacobsen (1991) used clinical examples to describe countertransference experiences when a therapist and a client share the same two languages and seem ethnically similar. Gottesfeld used her own case material to demonstrate how she colluded with her client with whom she shared a great deal of similarities (including their mother tongue) to the detriment of the client's progress and the deeper exploration of the client's defenses. Comas-Díaz and Jacobsen discussed intraethnic countertransference similar to the experiences discussed in Lijtmaer's (1999) text that will be discussed below. Comas-Díaz and Jacobsen described experiences such as: overidentification

with the client to the point of cultural blindness (including language culture); an *us* versus *them* approach with *them* being the dominant powerful culture speaking English and *us* referring to the client and the therapist who share a native tongue other than English; and/or a sense of distancing when the overidentification can feel overpowering and the therapist may encounter a lack of boundaries within the therapeutic framework. They identified interethnic countertransference experiences ranging from the therapist's denial of any cultural difference, to a sense of guilt and at times aggression for not sharing a native language. This guilt and aggression at times caused feelings of inadequacy with regards to the interpretation and exploration of feelings and experiences with the client.

Kitron (1992) eloquently identified the countertransference experience as it relates to language and culture as a mixture of guilt and aggression, "When [the therapist is] expected to represent or embody the sense of control, belonging and integration inherent in living in one's native country and mastering its language" (p. 236). On the other hand, Kitron discussed a sense of nostalgia that the therapist can experience when they over-identify with their patient's language and the self that they embody when speaking in their shared native language. He pondered the differing motivations that a client has in choosing the language therapy will be performed in. Kitron contemplated the idea of a simple desire on behalf of the client for a higher degree of communication and closeness, but also a desire to connect with unconscious material and establish a relatively superior position of power and control (in the case of a client and a therapist who do not share the same native tongue). Power dynamics are very real in therapy; therefore an ability to express oneself in a language that the therapist does not know can provide an opportunity to feel competent and more powerful than the therapist.

Clauss (1998) specifically drew from case examples in her own work to perform a theoretical analysis of countertransference experiences. She highlighted the importance that we as clinicians have of exploring our own relationships to language and the ways in which those relationships introduce themselves into the therapeutic space. Clauss believed that the interplay between the therapist's and the client's language-related self experience must be explored and written about by researchers in order to add another dimension to the therapeutic relationship. Clauss discussed aspects of timing and self-disclosure in reference to a therapist's discussion with her/his own client about being bilingual. She stressed the unique and nuanced experience of each client and therapist and their language frameworks. Similar to Clauss, Lijtmaer (1999) used case examples from her own work to further understand different dynamics that arise depending on whether or not the client and the therapist have one or two languages in common. Lijtmaer expanded on Kitron's (1992) ideas of countertransference by dividing countertransferential experiences into two categories: "different language countertransference" and "same language countertransference" (pp. 614-615). In working with a client who had a different language base, Lijtmaer agreed with Kitron that the therapist may feel out of control due to their lack of common languages with the client and thus may feel aggression towards their client or a loss of authority and knowing - "clinicians can feel anger because they have to work harder to communicate" (p. 617). Lijtmaer found that same language countertransference may produce a fear of losing a neutral stance or a need to prove oneself to the client.

Pérez Foster (1998) wrote beautifully about her own experience as a bilingual Spanish and English speaking woman. She eloquently described the different contexts and expressions of self that she has experienced in different languages stating: "Spanish was for loving my father, English was for anger with my mother, Spanish was for political discourse with everyone and

English was for witty sarcasm with my aunts” (p. 53). These worlds of meaning that her family had created together formed a dictionary not only of words and their definitions but also contexts and family members to use them with. This provides the listener and the reader with such a rich history of language and culture, and demands a place within the greater clinical picture of treatment. Antinucci (1990), a polyglot analyst himself, observed that fluency in foreign languages has supplied him with a special lens through which he can explore his mother tongue and his acquired tongues from both the inside and the outside. Furthermore, with regards to transference and countertransference, Pérez Foster noted that when language switching occurred in treatment, a shift in her countertransference experiences happened as well. Understanding these shifts in the here-and-now of the intersubjective space between the patient and herself, Pérez Foster observed that the “Immersion in the patients’ new language space probably rendered me more accessible to identification with the patients’ projections, because it created fresh points of intersubjective contact on new sensorial and symbolic levels” (p. 54). As described by Pérez Foster, the interplay between language switching and transference and countertransference emphasizes the emotionally palpable language-related self experiences that emerge in bilingual/multilingual work.

Wilson and Weinstein (1990) expanded on the idea of transference in the context of object relations theory by noting that transference recreates some aspects of the earlier relationships and the defenses mobilized during the act of word acquisition. Pérez Foster (1998) agreed with their analysis of transference by arguing that, “[W]ords may be seen as the *in situ* carriers of the transference; they are the symbolic containers of the self and other at a developmental moment in time” (p. 27). It is fascinating to think about words as transporters of experience pregnant with memory and experience spoken in a specific language.

Connolly (2002) and Jiménez (2004) emphasized the importance of nonverbal communication in therapy for those relying on a second language to conduct therapy, understanding that affective attunement becomes the binding process of the therapeutic relationship. Connolly and Jiménez both argued that one of the many advantages of speaking more than one language is that it forces the individual to become intensely aware of language as a poetic and sonorous experience rather than just as an experience of meaning.

Linguistic identity. Numerous authors have discussed the way in which the therapists' otherness or foreignness in relation to their client can help to facilitate transference experiences and feelings to the benefit of the treatment (Antinucci, 1990; Jiménez, 2004; Skulic, 2007; Williams, 1999). They argued that the linguistic foreignness of the therapist may assist in the emergence of rejected parts of the client's psyche that have been pushed away. In other words, the foreignness of the therapist acts as a catalyst for the expression of material that is experienced by the patient in treatment as foreign or unknown. A sense of joining around this otherness can help the patient immerse themselves with the support of the therapist in this unknown realm.

Sprowls (2002) and Biever et al. (2004) published two important qualitative studies that focused on the experiences and needs of bilingual Spanish and English speaking therapists working with bilingual Spanish and English speaking clients. These in-depth interviews brought together the voices of various therapists who felt pride in their linguistic abilities and also shared their fears, frustrations and limitations. Similar to Comas-Díaz and Jacobsen (1991), Gottesfeld (1978), Kitron (1992), and Lijtmaer (1999), both Sprowls (2002) and Biever et al. (2004) noted varying themes expressed by therapists when working with their bilingual clients. Among other themes, therapists noted problems with translation and the ways in which these time consuming tasks could influence a therapist's sense of self confidence; a lack of technical language in

Spanish because their learning and training was in English; a strong cultural connection to their clients producing in them a strong desire to help “*mi gente* [my people]” (Biever et al., 2004, p. 165) out of a sense of familiarity and assumed connection; in terms of physical space, many therapists observed that they sat closer to their Spanish speaking clients finding a greater sense of intimacy; an “us versus them” connection of jointly experiencing what it is like to exist in a dominant White culture; more porous boundaries, observing that there were more gifts exchanged, and topics such as religion and gender roles were talked about more freely with Spanish speaking clients; and more self-disclosure and involvement with the client’s family members in treatment. I was interested to see if the interview subjects in my study would offer similar observations in terms of their experiences with language related countertransference. I wondered if there would be shifts in the countertransference depending on the language and culture. Do certain languages encourage greater proximity and self-disclosure over others? Or is that dependent more so on one’s upbringing and personal history?

In an exploratory study looking at the subjective experience of living in more than one language, Burck (2004) observed that in their first language individuals felt a greater sense of comfort, belonging, and authenticity. In their second language, people generally felt more formal and constrained. Burck used research interviews as well as autobiographies written by some of her participants as her data; unlike other literature reviewed here her participants were not therapists. Burck made an important connection between language and colonization writing that instead of seeing the language in which therapy is conducted in as a neutral medium, “the effects of colonizing language on the ways individuals position or reposition themselves benefit from explicit attention” (p. 334). This valuable observation reminds both client and therapist to explore the politicized meanings embedded within language that can have deep psychological

impacts on a person and their culture. Unfortunately Burck does not offer technical suggestions for how to initiate these conversations which would be important to explore in order to be more culturally competent as a therapist.

Mirsky (1991) was interested in using Mahler's separation-individuation theory (Mitchell & Black, 1995) as a lens through which to observe the process of immigration. She argued that the loss of the mother tongue during migration is often accompanied by a deep sense of loss of self and internal objects of those who assisted in language acquisition. Furthermore, learning a new language requires the internalization of new objects and can reactivate the internal process of separation. Mirsky observed that this process, just as in development, is necessary to support autonomy and self exploration. But what occurs when the therapist and the client are coming from different cultural backgrounds. Does this difference negatively affect the clinical work? Flegenheimer (1989) was one of the first writers to think about and collect qualitative data from his analytic colleagues about the process of choosing to work in a language that is not one's mother tongue. He was interested in understanding the consequences of this choice and the limitations that it presented for the analytic process. Flegenheimer argued that it was important to have a common basis of cultural understanding between the patient and the therapist in order for there to be similar cultural references to provide more accurate interpretations. I argue though that a common cultural basis could lead to assumptions that are not based in clinical material but rather an assumed knowing that may not be accurate. With a common cultural basis there can be a false sense of knowing and a lack of curiosity that could be more detrimental to the clinical work.

I have found in my review of the literature that there are few qualitative studies that bring together the voices of linguistically diverse bilingual/multilingual therapists in discussing their

work with bilingual/multilingual clients. More specifically, there are few current studies that explore language choice and language dynamics in the therapeutic frame. There has not been a great deal of focus on how the therapist's language-related self is understood and played out with clients who are similarly moving between linguistic worlds. Within this gap in the literature, some researchers have asked for training that specifically focuses on the role of languages in therapy. Below, I highlight a few of these findings.

Language in Academic Programs and the Workplace

In their work, Pérez Foster (1996, 1998) and Santiago-Rivera and Altarriba (2002) suggested that during the initial evaluation process specific attention should be paid to: an assessment of when each language was acquired, “the type of relationships with people from whom languages were learned” (Pérez Foster, 1998, p. 108), and an assessment of current usage factors. As Pérez Foster (1998) referred to it, a therapist should take a “Psycholinguistic History” (p. 107) within their psychosocial assessment in order to get a clearer understanding of the contexts in which each language was learned and developed. Santiago-Rivera and Altarriba, Biever et al. (2004) and Verdinelli and Biever (2009) all pointed to the lack of language discussions in training programs and the need for specific programs and classes that address working with different languages in treatment. In Verdinelli and Biever's qualitative interviews with thirteen therapists from a variety of mental health fields, all the participants complained that they were often the only ones in their agencies who spoke Spanish and thus were given huge case loads and very little support. In addition, the participants noted that they needed to translate for their supervisors which took away from actually discussing clinical material. They all spoke about learning how to be bilingual clinicians through “trial and error” (p. 236), rather than from training programs and supportive and relevant supervision. Verdinelli and Biever's interview

subjects suggested that training programs should offer classes taught in different languages or bilingually. Furthermore, they proposed that bilingualism and psycholinguistics should be discussed as part of a diverse curriculum in order to support culturally competent clinical work.

Aguirre, Bermudéz, Parra Cardona, Zamora and Reyes (2005) emphasized the active role that supervisors must play in the training of bilingual therapists. They suggested that a concerted effort should be made to be aware of their trainee's culture. In addition, bilingual supervisors should encourage open discussions about language specific topics, struggles and accomplishments beyond translation and word choice. Small steps can be taken to include language within our social work education as we work to become witnesses of our client's rich experiences. If a training program seeks to educate culturally competent clinicians, language cannot be excluded from that equation.

A wide range of crucial texts have been reviewed here that span numerous decades and fields. They serve to position language acquisition, development, and experiences as necessary foci within clinical practice. Explorations of language between therapist and client offer greater richness and depth to the work and an opportunity to enter into our clients' worlds through a different avenue in varying cultural contexts. A greater sense of intimacy and understanding can lead to more profound connections and associations for both participants. I deem it necessary to include language within our discussions about our client's and our therapist's experiences working within the mental health field.

Chapter III

Methodology

This exploratory study was an investigation of the experiences of bilingual/multilingual therapists working with bilingual/multilingual clients. More specifically, the focus centered on how the therapists experienced language issues and dynamics within the therapeutic frame and how they navigated the countertransference reactions that were produced and transmitted through different languages. Furthermore, I was interested in exploring language use and switching for both the therapist and the client and the ways in which the therapist understood this movement between multiple languages. In addition, my curiosity lay in how the therapists understood their own linguistic identity(ies) and how these identities influenced and affected their work with diverse clients.

It was necessary to use a qualitative, *grounded theory* research design for this exploratory study in order to account for the rich and diverse data collected through the interview process (Rubin & Babbie, 2010). Furthermore, as Rubin and Babbie note, grounded theory relies heavily on looking for patterns, themes and observations in the data without approaching the information with “preconceived ideas or expectations based on existing theory and research” (p. 224). As my study was exploratory in nature I wanted the data to lead me to greater understanding and exploration, rather than commencing my research with a pre-established theory that may have deterred me from unearthing some of the richness and complexity of the material gathered during the interview process.

There is a gap in the literature surrounding the experiences of bilingual/multilingual therapists and their work with linguistically diverse populations. The focus has remained more so on the client and the therapeutic reasons for switching languages in sessions. When the focus has been on the practitioner, several studies have relied on valuable personal clinical case examples and vignettes, but few have brought together the experiences of a variety of bilingual therapists and their countertransference experiences. The use of a qualitative exploratory research design supported the examination of this underrepresented topic by allowing for exploration of the topic in greater emotional depth and with more flexibility to investigate unexpected responses.

This study utilized semi-structured open ended questions to gather rich narrative data from participants. An *interview guide* approach was used in creating the interview questions (Rubin & Babbie, 2010; see Appendix D for complete interview guide). The *interview guide* was detailed in that the set of questions and their sequence were exactly the same for all twelve interviews but it also allowed for probing and follow-up questions when further clarification or exploration was necessary. In addition, my thesis advisor, Dr. Rachel Burnett, reviewed the interview guide and offered feedback. I performed a *pilot study* using the complete interview guide to practice the flow of the questions, the wording and the allotted time provided for the interview (Rubin & Babbie, 2010). As the purpose of the study was to understand the experiences of individual therapists, the use of personal narrative best captured the participants' accounts and offered a diverse understanding of the bilingual/multilingual experience.

Sample

The sample size for this study consisted of twelve bilingual/multilingual mental health providers who were either licensed clinical social workers or psychologists providing individual, insight-oriented counseling services. Selection criteria included clinicians who were

bilingual/multilingual who had experience working in multiple languages with clients.

Furthermore, the clinicians had experience with bilingual/multilingual clients who either had both or just one language in common with the therapist. This research focused on individual therapy and did not include other modalities such as couples counseling or family therapy. Other exclusion criteria included non-licensed clinicians, monolingual therapists, and those who worked in other modalities besides individual adult work.

Participants were recruited through several networks throughout the Northeast and the Washington, D.C. metro area. Recruitment was specifically not limited to one city in order to have a diverse sample of participants. There was no exclusion criteria established with regards to languages used in practice which invited a breadth of languages representing Central and South America, Europe, the Middle East and Southeast Asia. Furthermore, the sample was made up of immigrants as well as individuals who were born in the United States, offering diverse social, cultural, historic and academic backgrounds. I limited the sample to clinicians who were already licensed because of my desire to obtain participants who had multiple years of clinical experience to reflect upon. The diverse geographic locations that were represented in the sample size allowed for a range of diverse client populations and agency settings.

Participants were recruited through my internship at an outpatient mental health treatment facility in Washington DC and their respective colleagues. A bilingual/multilingual colleague of my faculty field advisor was contacted as well as two clinicians who were colleagues of a family member. One individual was located through the use of a national listserv. I wrote the “call for participants” and one of my interview subjects posted it. Potential participants were contacted in-person or through email, they were informed about the purpose of my study, the selection criteria, and they were made aware that participation was entirely voluntary (see Appendix B).

The potential participants emailed me, phoned me, or responded in person informing me of their decision to participate or decline participation in the study. If they expressed an interest in participating, I verified that they were licensed, bilingual/multilingual, and had experience doing individual, insight-oriented therapy with bilingual/multilingual clients. A short demographic questionnaire and the list of interview questions were emailed to the participants or a hard copy was provided (see Appendices C and D). A date and time was then established for the interview to take place. The final sample included individuals practicing in the Washington, DC metro area, Massachusetts and New York City.

Formal and Operational Definitions of Concepts

The evolution of the definition of bilingualism as it has been constructed in the psycholinguistic literature was outlined in Chapter II, but I will provide a brief definition here which corresponds with my personal view of the definition of bilingualism. In order for the definition of bilingual to be applicable to the diverse experiences of those in my study and beyond, I find it necessary to define one who is bilingual in two ways: 1) as someone who has a very high knowledge and usage of two languages allowing them to use either language interchangeably, or 2) as someone who is “frequently using a second language to communicate with others, either out of necessity or choice” (Ali, 2004, p. 343). I believe that it is relevant to offer both a stricter as well as a broader definition of bilingualism in order to include issues of: fluency, comfort in different languages, and the context(s) in which the language(s) was acquired. For the purposes of this study I interviewed people who were bilingual as well as multilingual; I use the word multilingual to identify those who utilize more than two languages. Language switching, which is also known as code switching, occurs when a bilingual or multilingual individual switches from one language to another in conversation (Ramos-Sánchez,

2007). This switch may occur for many reasons, some of which may include a desire to communicate a memory or an experience in the native tongue, a need to distance oneself from painful affect, or the expression of a cultural or mainstream reference in another tongue.

For the purposes of this study I use the following definition of transference and countertransference put forth by Berzoff (2008): “*Transference*, thoughts and feelings for a therapist that have their roots in earlier relationships and in subsequent emotional experiences with others; *countertransference*, thoughts and feelings and reactions to the client rooted in one’s own history and current world” (p. 27). Same language countertransference is understood as countertransference that is experienced when the therapist and the client share two or more languages that are used in therapy. Different language countertransference is understood as countertransference that is experienced when the therapist and the client have only one language in common. Generally speaking, in the latter they do not share the client’s native tongue (Lijtmaer, 1999).

I utilize Pérez Foster’s (1998) idea of a language-related self experience to signify that, “[...] language evokes that self construction with the other in all of its affective, cognitive, behavioral and imagistic elements... [and these] self experiences may have been lived and coded in a particular language” (pp.64-65). In other words a bilingual or multilingual individual may associate different experiences of the self that are ordered around their particular languages.

Data Collection

I collected narrative data from open-ended questions through phone calls or in-person interviews. Before data collection began, the Human Subject Review Board at Smith College School for Social Work was presented with the procedures to protect the rights and privacy of participants. The approval of the project can be found in Appendix A. An informed consent form

(Appendix E) was provided to each participant prior to the interview; the participants and the researcher each kept a signed copy of the informed consent form for their records. The participants were able to ask questions about the researcher and the study before the interview was conducted. Furthermore, the participants were encouraged to ask questions and/or provide any additional recommendations or comments after the interview was completed. The participants were asked if they could be contacted if further questions should arise regarding the content of the interview.

The interviews were audio-recorded using a Sony Standard Cassette Voice Recorder. When interviews were conducted over the phone, the conversation was conducted on speaker phone using a land line. To help protect the participants' confidentiality, no one else was present during the taping of the interviews. A limited form of *prolonged engagement* was used in that I interviewed each participant for a significant amount of time, 45-60 minutes, to help foster a "trusting relationship" (Rubin & Babbie, 2010, p. 232). The interviews were conducted in therapy offices either in the outpatient mental health facility where I was working as an intern, or in the participant's private office. The interviews took place between February 10th and April 14th 2011. When the interviews were complete, I transcribed each of them in their entirety. Upon completion of the transcribing process all data was removed from the computer and transferred to a password secure USB which was stored in a locked cabinet.

The interview was semi-structured in order to allow for follow-up questions dependent on the participants' responses. The questions were open-ended encouraging reflection, examples and reactions from the participants. In accordance with the recommendation made in Rubin and Babbie's (2010) work, a concerted effort was made to avoid asking leading questions that would

elicit specific responses from the participants. I asked the questions in such a way as to allow for responses that would either confirm or disconfirm the findings of other studies.

The demographic questionnaire that was distributed prior to the interview included the following questions: age, gender, race and ethnicity, mental health degree, years in practice, languages spoken, languages used in practice, when the respective languages were learned (at what age), and in what context were the languages learned (e.g., in school, at home). All of the responses were voluntary and the participant had the option of leaving any question blank. The seven interview questions could be broken down into the following categories: exploration of language switching, countertransference and transference reactions specific to same and/or different language shared between therapist and client, an exploration of the participant's linguistic and cultural identity in direct correlation with their role as a therapist, and an exploration of supervision and training programs in the context of linguistic competency. In order to enhance the study's validity, my thesis advisor who is a clinical psychologist reviewed my list of interview questions and provided feedback on the flow and the content of the questions. A pilot study involving a run-through of the interview questions was performed with a fellow Smith College School for Social Work student to work on flow and determine an adequate time frame.

I took a number of measures to protect the participants' confidentiality as well as minimize any potential risks to them. This was a low-risk study by design in that participants were seasoned clinicians reflecting on their clinical work. I stressed that each clinician's identity and confidentiality would be fully respected; the measures that I took to ensure their confidentiality were discussed at the outset of the interview. By providing the questions beforehand, the clinician was given time to think about particular clinical cases and also did not

feel surprised by any material asked of them. Furthermore, in order to help participants feel more at ease, I began the interview with more general questions and then continued with questions of a more personal and/or emotional nature. The participants were asked not to use client names or the names of specific agencies or hospitals where they currently or previously worked. If any of the above was stated during the interview the information was removed during the transcription process. All demographic information, research notes, transcriptions and audio tapes were identified numerically rather than by name or other identifying information. As stated above, the interview questions began with more general questions about language switching and proceeded to questions of a more personal nature regarding countertransference experiences and linguistic identity. There was a slight possibility that the participants would feel discomfort in discussing their countertransference experiences or their linguistic identity. As a preface to the more intimate questions, I stated that the participant should feel free to divulge whatever information they felt most comfortable disclosing. Also, if at any point the participant felt uncomfortable they could ask to stop the recording and the interview. During each interview *member checking* was used wherein each participant was asked if my understanding of what they said matched what they had intended to say (Rubin & Babbie, 2010). The interview subjects were receptive to the questions asked of them and offered insightful and eloquent responses. Participants were made aware in the informed consent form that data, audio tapes, notes and consent forms would be kept secure for three years as indicated by federal guidelines, after which time they would be destroyed or maintained as needed in a secure place.

There were numerous possible benefits to participating in this study. This study provided participants with the unique opportunity to discuss their experiences working with bilingual/multilingual clients with a specific focus on countertransference experiences and their

linguistic identities. There exists a gap in the literature in this subject area and this study gave the participants an opportunity to provide a voice and a diverse perspective on bilingual/multilingual work in the mental health field. Furthermore, because of this gap, participants were encouraged to provide recommendations and suggestions for the field of social work education, policy and practice with regards to training programs, supervision, agency sensitivity and policies. The recommendations were not only limited to bilingual/multilingual therapists, but also included monolingual therapists working with bilingual/multilingual clients. Participants were made aware that their experiences and their suggestions would help support and guide mental health providers and educators alike in their work with linguistically diverse communities.

Data Analysis

After personally performing the transcriptions of all interviews, I used an *open coding* (Padgett, 2008) system using grounded theory to help me break down my data into smaller analyzable chunks. I read through each transcription and assigned preliminary code labels to relevant portions of data. My coding process followed an inductive research design in that the code labels were organically produced in response to the categories and topics introduced by the interview subjects. Alongside the coding process I utilized *memoing* to take notes about my reactions, thoughts and ideas in response to the information conveyed in the interviews (Rubin & Babbie, 2010). As Padgett (2008) suggests, after coding three transcriptions I had a “start-list of codes” (p. 153) that were recurring themes which I then applied to the remaining transcriptions. In addition to these recurring themes, unique and relevant aspects of the interviews were assigned their own codes. These included results from the *negative case analysis* strategy wherein disconfirming evidence was looked at in addition to confirming evidence (Rubin & Babbie, 2010). In order to increase rigor my thesis advisor and I independently coded the first

three transcriptions and then met to discuss our findings and ensure that we were arriving at similar codes and conclusions. These meetings were used as *peer debriefing* sessions (Rubin & Babbie, 2010). Because we did not read through all of the interviews together, we only partially used *analytic triangulation* to understand and discuss the codes and explore my reflections about the content (Padgett, 2008). In addition, my thesis advisor and I are from different disciplines within the mental health field, clinical psychology and clinical social work respectively, so we used an *interdisciplinary triangulation* strategy to collaborate on this study (Padgett, 2008). As I coded all twelve interviews I relied on *constant comparative analysis* in searching for both similarities and differences throughout the data collected (Padgett, 2008). In other words I was looking for patterns as well as disconfirming data to help me make sense of what was significant in the data.

Upon completion of the coding process for all of the interviews I transferred all of the codes and their corresponding quotes to a Microsoft Excel spreadsheet. This spreadsheet helped me to recognize patterns and create themes from the data collected. In order to enhance the trustworthiness of my process, I used the *auditing* strategy and kept all of my memo notes, transcriptions, coding notes, and final spreadsheet in order for other researchers to be able to assess and clearly interpret my process (Rubin & Babbie, 2010).

Limitations and Biases

The generalizability of the data gathered was limited mainly because of the small sample size. In addition, the opinions expressed in the interviews by no means expressed the experiences of all bilingual/multilingual therapists. For example, the recruitment process did not yield a random sample, and it is possible the participants self-selected to be in the study due to their own biases or personal experiences related to language. Furthermore, the participants were all

practicing in the Northeast and the Washington DC metro area which did not allow for a great deal of geographic diversity within the United States. The participants all utilized insight-oriented and/or relational approaches in their therapeutic work which potentially narrowed the focus in terms of interventions and approaches to their clinical work and the subsequent understanding of their client's behaviors and reactions. The fact that a number of the interviews were conducted over the phone might have also limited my ability to interpret their responses, as I was unable to infer from their body language. Being that the interview questions were self-developed it is possible that they were subject to assumptions and researcher bias. Researcher bias might have also limited my exploration of any divergent or disconfirming responses. However, every effort was made to approach the data with an open mind and follow the open coding method in order to extrapolate meaning from the data present rather than from preconceived notions, ideas, or pre-established theories.

Researcher bias may have influenced the creation of the interview questions and the approach to the subject of language dynamics within therapy as a whole because of my own background as a bilingual clinician in training. The study assumed that clinicians would have a different reaction to clients who had both languages in common with their therapist versus those who had just one in common. The study assumed that participants would have a powerful identification with their language-related self experience. Lastly, the study assumed that participants would have little or no opportunities to discuss language in supervision. With all of these assumptions stated, divergent data was noted and discussed in the findings as it was expressed and understood by the interview subjects.

Chapter IV

Findings

The following chapter presents the findings from interviews that were conducted with twelve bilingual and multilingual clinicians who had experience working with bilingual or multilingual clients. The interview consisted of seven interview questions and addressed the following areas: exploration of language switching in session; countertransference reactions; personal and professional identity; supervision and training; culture and language; and relevance for practice.

The interview began with questions about language choice for treatment as well as whether language switching occurred in sessions with bilingual/multilingual clients. After offering clinical reflections on language switching, the participants were asked about same language and different language countertransference. These questions invited the participants to discuss their experiences working with bilingual/multilingual clients who either shared both languages with their therapist and/or who only had one language in common. The participants were asked about the dynamics produced specific to language such as the emotions, reactions, experiences and memories that were triggered in correlation to the language(s) spoken in the session. Furthermore, if the therapists had experience working with both same and different language clients, they were invited to reflect on the varying ways that they experienced these respective therapeutic relationships. The participants were then asked about their language-related self experience. This self experience is described as the participant's language history or their "language-bounded experiential systems" (Pérez Foster, 1996b, p. 64) that may be made up

of associations, memories, experiences and feelings. The interview subjects were invited to describe the way their self experience affected and influenced their work with bilingual/multilingual clients. The topic of professional identity was not explicitly stated in the interview questions in connection to a language-related self experience. However, the participants expounded upon the relationship between their linguistic and professional identities and I found it essential to include their reflections here. The last portion of the interview was dedicated to supervision. The participants were asked if they had been afforded the opportunity to discuss language dynamics pertaining to their clinical work with their supervisors. For those participants who were supervisors themselves, they were invited to discuss whether or not language dynamics were explored with their supervisees. While the topic of training programs was not included in the original set of questions, a follow-up question asked of the first participant led to rich material about education and training programs which resulted in its inclusion in subsequent interviews.

Demographic Data

Demographic data was collected on all of the participants in the form of a questionnaire. The information gathered included: age, gender, race and ethnicity, mental health degree, years in practice, languages spoken and languages used in practice, when the respective languages were learned (at what age), and in what context were the languages learned (e.g.: in school, at home).

Participant demographics. There were a total of twelve interview subjects who participated in this study. The participants ranged in age from 36-86 (one participant did not provide information for this question). Nine females and three males participated in the study. The races and ethnicities as defined by the participants were: Caucasian; Latino; Asian;

Caucasian (Russian/German/Irish/Portuguese); Black and Puerto Rican; White Puerto Rican; Multicultural and Hispanic; Jewish; White and Jewish; Caucasian and Jewish (two participants did not respond to this question). Seven participants were foreign born. The participants either had an MSW, a PhD in clinical psychology, a PhD in counseling/psychology or a PhD in social work. The years in practice ranged from 4 to 54. The participants spoke the following languages: American Sign Language, Arabic, English, French, German, Hebrew, Hindi, Hindko, Portuguese, Punjabi, Spanish, and Urdu. The languages used in practice were: American Sign Language, Arabic, English, French, German, Hebrew, Hindi, Portuguese, Punjabi, Spanish, and Urdu. In response to the inquiry about when the participants learned the languages they spoke, the following responses were provided: school; living abroad; at home; since childhood; at different ages between 2 and 30; Spanish age 14, Portuguese age 23; English native tongue, Spanish growing up at home, French and German in school; Spanish at home with parents, English at school and on TV; Spanish in 1999; German at home, English at age 12; English and Spanish as a child, English as a late adolescent. With regards to the contexts in which these languages were learned the majority noted that they learned them at home and in school, a few participants noted that they learned certain languages while living abroad, and one person noted that they also learned certain languages at work.

Exploration of Language Switching in Session

Numerous participants described the way that they defined and established the therapeutic frame with their bilingual/multilingual clients. Included within this discussion was an exploration about language use demonstrating awareness on the part of the therapist that switching occurs naturally, at times spontaneously, and is inevitably part of the work that will be

explored in sessions. The following excerpts describe the way different participants broached this topic with their clients:

When we have our first meeting I will basically say you can speak in whatever language you want, you can go back and forth as you want and I will also be aware of when you are switching because sometimes that is relevant to the work.

During the first session I always ask which language they are more comfortable doing therapy in. Also, I will tell my clients, if there is anything that I ever say that you don't understand or you find it offensive please stop me and let me know so we can talk about it, so that's an additional challenge.

In the beginning of the treatment there is a conversation about what would be most comfortable for them and then I would go according to that plan.

Two of the participants did not use one of their languages as often anymore so they would make sure that their clients were aware of this before their work began. This reality was introduced as an invitation to discuss how the client and the therapist would navigate through periods of understanding and misunderstanding one another; on a deeper level, this not only spoke to verbal comprehension but also emotional understanding as well. Two participants describe their disclaimer below:

I don't speak Portuguese everyday now and so my Portuguese has waned, so I always have a discussion with my Brazilian clients or my African clients that speak Portuguese about that.

What I very often say in a first session is 'look I don't speak French as much as I used to' and, this is if people have the English if they are bilingual, I say 'I don't speak French as much as I used to and sometimes I will say something in English if I am having difficulty finding a French word, and obviously you're free to do the same thing.'

These conversations explicitly and implicitly recognized the importance of language and how our experiences are transmitted and filtered through language. They underscored the awareness that these clinicians had about how language plays such an integral part in therapy and the therapeutic relationship. Moreover, openness about the fluency or lack of fluency in a certain

language helped to create a more equal playing field between the clinician and the client in terms of issues of authority, power and empowerment.

While most participants noted that they would follow their client's lead when it came to switching, three participants described situations where they either initiated the switch or would continue to use one language while the client would switch back and forth. Two participants' reflections are included below:

Sometimes, they might call me and speak English and I can see their English is very halting, they're having trouble and so I recognize that either they speak French or Spanish, so I decide right away to switch to the other language.

She herself will start in English and then move into French. Very often I will continue to speak to her in French because I know that it is a more comfortable language for her to communicate with me in.

One participant had a unique experience with a client whom he saw in one agency where the treatment was conducted in English, and later in another agency where Spanish was used for treatment. In both instances, the choice of language for treatment was initiated by the client. The participant described his difficulty conducting treatment in Spanish after having built a therapeutic alliance in English with this client.

It was actually hard for me to make that transition because I knew him only in English, and I actually struggled to be able to make that switch with him because all my experience with him had been in English. What's even more interesting is that he would say things in Spanish and I would immediately respond in English.

This speaks to the participant's reaction that in Spanish this client was a new person presenting new material and new experiences; the participant struggled to switch into a different language with this client because of his experiences that were initially created in English.

The majority of the participants shared the ways in which they explored language switching in session with their clients. The exploration was often described as an opportunity to be curious and wonder with the client why the switch occurred in the context of the manifest and

latent content. One clinician observed switching but did not bring it to the fore during the work. Whether it was explored or observed, language switching occurred throughout the work and was often used as another opportunity to go deeper with the client and their self expression.

And then once I notice that one of us switched, I say something about it.

We would try and decode it together.

I would be patient with him trying to kind of speak English and identify terms and kind of work towards establishing vocabulary to be able to communicate so he would say 'well in my language it's this' and I would say 'well tell me more about what's it's like and kind of what is the word' so he would bring the word into the room so he could feel a little bit more integral um and then I guess there was an implication of flexibility and of empathy around the code switching and also the multiple identities and the different meanings attached to the different languages.

So it gives them, you know they can continue or not I won't push from that point, but when I notice there is some emotion or feeling or thought that's strong that they might be avoiding or hesitant to look at then I'll ask them to try and stay in Spanish...there is so much to observe, how they move, what they say, if their breathing changes.

It is a delicate dance of when to push them to stay in the difficult language or when it might be appropriate to back off, but usually asking them helps. You know suddenly if I get shifting and averting eyes.

It presented an interesting issue for me because I kind of knew if I broke into Spanish that I was very consciously becoming more intimate, trying to get closer kind of approaching her and I would kind of go back and forth depending on what the issue was or how I experienced her presentation at any given moment at any given session before I did that. But generally what I did with her was I'd stay in English so as not to threaten her, unless she was on a roll, if she was on a roll in Spanish then I could kind of with short phrases kind of keep it rolling by not making myself too much of a presence in Spanish because I thought that may make it too overwhelming.

In speaking about the process of exploring switches with their clients, one of the participants quoted above spoke about her experience doing infant observation and how that training has helped her immensely with her adult clients. Her ability to tune into non verbal cues and expressions enables her to be more sensitive to the affect associated with the particular language. With this additional observation she is able to gauge her use of the more triggering language in a

particular moment and tread lightly around switches and shifts depending on the client's verbal and non verbal reactions. For the participants the choice to switch was used as an intervention technique or as another form of therapeutic communication.

The mother tongue. There were two participants who recognized that at times they were unaware of the shifts between languages because they were so immersed in the session and they comfortably lived in both languages being used in treatment.

You know I'm so used to switching languages myself I have to make an effort to notice sometimes because it is so easy for me to just go back and forth.

When it flows I may not, when we both we have, when we are both what you consider bilingual, I am not always conscious of the flow back and forth unless it is about a highly charged issue.

When the participants reflected on their experiences with clients with whom they only had one language in common, all of them expressed great pleasure in hearing the client introduce their mother tongue. They recognized the importance of inviting the client to use the words with which the affect was initially experienced or produced in, knowing that it would be powerful, at times overwhelming, but most certainly significant. The participants spoke to the fact that not only does the person open up a different part of themselves with their language, their body language shifts, their tone is altered, and their affect changes-all things that would not be observed if they tried to translate into English. Some of these reflections about the invitation to introduce their mother tongue are described below:

He told me something and then I said 'what did you say' and he said 'can you help me' which I thought was so poignant.

I encourage them actually to say it in their language because I think it's more, especially when you talk about childhood memories I think the words have a lot more concreteness. I observed once someone and during the interview she asked her a question about the *zahlappell* which is the, where they have to stand in the thirds in Auschwitz, I don't know how to say this in English but it was so strong that she said this word in the original language, as it was, it kind of brought everything back. But it kind of stayed with me, the

power of the original word as opposed to the same word in Hebrew which is kind of neutral and clean.

‘Why don’t you say the word in your own’ you know in that other language and obviously it was the language that was native to them and it was not a word that I would have known but I was interested in the affect and charge around that word.

The invitation to introduce their mother tongue creates an opportunity for the client to re-create a sense of home and a sense of validation in a way that English does not. English may feel removed and distant from the original affect which at times is useful but at other times does not enable the therapist and the client alike to explore the experience and the emotion in greater depth in its original tongue.

The significance of English. Five participants spoke to the meaning of using English for some of their bilingual/multilingual clients, especially in the context of pride, significance and approval. While their choice of English could initially be based on a need to be accepted and welcomed by the therapist, as the alliance was built more often than not those clients would mainly work in their native tongue and shift to English when making a cultural reference or speaking to something more technical or “business-like.”

I live here in America; I’m learning English and I want to speak English with you.

I can imagine that English is the dominant language here so it might be that you want to say ‘well I do speak English and I don’t want to be treated less well than someone who speaks English’ which of course is distancing because you’re not talking about your own thing, but I think it also has to do with what you think your status is going to be if you use your language, so I think that’s part of it.

I usually greet everybody in English and sometimes I’ve had word beforehand that a client isn’t as comfortable in English as they are in another language, but I always give them the benefit of the doubt and greet them in English, you know sometimes there is a pride piece involved and I’ve found over the years that some clients really want to show that they can try to speak English and do fine once they do, so I just think it’s more polite really to start in English.

When someone is struggling to speak in English and their kind of unwillingness or their hesitance and I don’t know if it’s a *vergüenza* [Spanish for embarrassment] or they’re

ashamed, I mean it depends you know people have different reasons or their attempt to be appropriate, or meet authority, or they're reading something into me.

Patients will sometimes start in English I think to perhaps let me know how much English they've learned, I'm thinking about one person in particular who had no English at all when we started, and who clearly was proud of what he was acquiring and we commented some on that but then would go back to French.

The participants had a range of opinions and reactions to the significance and use of English.

Often the interview subjects were more sensitive to the meaning of using English in sessions when they were able to reflect on their own immigrant experience, or that of their parents. Also, giving the clients an opportunity to be seen and heard in language(s) that felt most comfortable for them was an essential part of the therapy.

A handful of participants talked about their clients' use of switching to English at the end of a session in order to regain composure before re-entering the outside world. During the session the client could have been discussing painful affect using his/her mother tongue but a switch back to English at the end of the session could serve to create distance from that which was being explored. The participants describe this process as follows:

When someone is talking about some great level of pain um or something that has really profoundly affected them yeah they do switch into Spanish or French, whatever their native tongue is but always have to reconstitute and do that in English so that the session almost would always end in English where there was a profound part of the session that took place in the mother tongue.

And then I've noticed they also can, you know to pull themselves together they'll switch to English, because it is more distant and not as close to the initial affect of the language in which the discussion or whatever happened in.

And then I think as we moved forward I was gentler, more cautious about if she felt like she could hold it together to go there or if we had enough time in the session so that she could kind of pull herself back together and regroup before leaving.

This idea is fascinating to consider as a healthy defense that the client is utilizing. The therapist in turn is supporting them in their transition back into the present moment. It is a tool that the participants were aware they had at their disposal to help transition to the end of the session.

Countertransference Reactions

Intimacy and closeness. An overarching theme of intimacy, closeness and sameness was raised for the majority of the interview subjects as they discussed their countertransference experiences while working with clients with whom they shared both languages. Often participants spoke about feelings of closeness from the moment that they began working with a bilingual/multilingual individual who introduced their other language into the treatment. If a client was using English primarily at the beginning of treatment, once a shift was made to their mother tongue participants understood this shift to be in direct reference to the therapeutic alliance and to a greater trust in the work and the relationship. Eight participants' observations detailed below demonstrate the strong reaction that another language can produce in the therapeutic relationship.

It is a warming experience. It is almost like a secret life...there is a magical quality, an element of intimacy.

I feel like an immediate sense of intimacy with this person. Intimacy or familiarity, or being on the same side or almost like being buddy-buddy, you know that kind of feeling. There is a sense of, as if we knew each other already, a kind of a familiarity that we can place each other, and even in the use of the language, jokes about pronunciation, all kinds of things that make us almost like partners in crime, it's very powerful.

Empathy and intimacy in terms of really feeling like what clients are saying resonates, in terms of my wanting to sometimes convey just how much I understand what it is that they're saying.

I feel at home, like a sense of comfort.

I felt like I just immediately knew him; it allowed for a kind of trust.

When she started to use French, I felt it was really when the alliance started to build. She started to, in other words she used the common between us, the sameness, the twinship.

At first it was difficult to stand and then we came to feel so in concert with another and the familiarity was so powerful that it actually changed the way that I felt about myself; it was very a powerful experience.

I think in the beginning there is a lot more formality and you're trying to build that relationship and at times it seems the client tries utilizing the other language and I think the alliance is somehow related to the emergence of that second language.

As the participants discussed these feelings of closeness and familiarity during the interview their manner shifted and their tone of voice changed to communicate their feeling of ease and trust with the clients they sat across from.

These intense feelings of kinship and affinity that same language use produced in the participants could at times become overwhelming or unexpected as well. One participant described his struggle in figuring out how to navigate the intimate feelings that had been triggered for both the participant and the client in Spanish rather than in English. Would this same sense of intimacy have been produced if the feelings were communicated in English? This question cannot be answered in hindsight but the participant spoke to the intimacy evoked and his subsequent confusion and disorientation in trying to respond to these potent feelings. He described that,

When they shifted they were talking about some very intimate feelings, like even sexual feelings. There was certainly a connection there. And all of a sudden I'm feeling like 'ok, wow, what is going on here?'

For three participants these countertransference feelings of kinship brought them back to childhood memories and relationships. Similarly to the way that clients slowly let the therapist in and make the therapeutic space feel more like home, the introduction of the mother tongue or the other tongue created a sense of home for the participants.

Growing up bilingually myself I think that there is a transference based on, if a client is bilingual I will tend to see them maybe as someone that I grew up with, maybe in the neighborhood, or a family member.

There are times with somebody, let's say they speak Spanish and they might say something and it totally brings me back, it could be a word, a specific word that I haven't heard or used in a long time and suddenly it brings me back to something. In French same thing, a word I haven't used, sometimes even a reference to some book or a children's book or some poem or song, and it totally brings me back, it's immediate. It is mostly pleasurable, sometimes uncomfortable, sad and uncomfortable, but most of the time it's kind of fun like 'oh my God she knows that!' Sometimes like 'eew, I didn't want to remember that.' But definitely language does that.

Being brought back to early family ties is one way the participants demonstrated how they embodied the languages that they spoke. With their responses to same language countertransference, the interview subjects described the way that their personal sense of self and self understanding was reflected upon depending on the language(s) used to communicate in any given moment. In some ways the participants described the process of figuratively being transported back to another country or another time when they used that language in their past.

One participant discussed her same language countertransference experiences with the French language. This interview subject shed light on formality and informality within the French language dependent on the pronoun used. *Tu* indicates a more informal, familiar manner of addressing someone, while *vous* denotes more formality, social distance or politeness. The participant discussed her work with French-speaking individuals and spoke about a sense of intimacy or distance in the context of the pronoun choice. When was it appropriate to shift from the *vous* to the *tu* form?

What I said to her after a lot of thought at a certain point was 'you know there is something in the way that we deal with each other that is so formal, so that even when we are talking about these very intimate things I feel as if you keep me at a distance.' I said I am going to suggest that we *tutoie* [first person singular form, indicates more informality]. And it completely changed the nature of our interaction.

This introduced a subtle and unique addition to same language countertransference with respect to inviting a deeper level of communication and closeness with the help of pronoun choice. As the participant indicated above, even while her client spoke about emotionally charged material there was a remoteness to their communication that in part was addressed with the participant's encouragement to become more informal and relaxed in their manner of addressing one another.

Distance. As same language countertransference can create a sense of intimacy, familiarity and closeness, the participants also described the ways that same language can create a sense of distance and removal from one another or from the topic being discussed. Often this distance can be created by shifting away from the mother tongue and into English. It can be understood as a linguistic defense that is used by both the therapist and the client when something feels too close or too triggering. One participant made a connection between using language to distance and the process of growing up; she observed in her clients the re-introduction of English at times when they did not want to feel so close or dependent on her or the therapeutic work. Her comments as well as other interview subjects' reflections can be found below.

Sometimes what happens after a while is they start switching to English because they want to feel more separate and they don't want to be so cozy. It's almost like growing up, like you know I don't want to be so symbiotic or whatever and sometimes there is even a resistance to going back to your own language, like it would be too close. I find myself doing it probably for the same reason. All of a sudden I feel like 'ok you know, enough of this! Let's move on.'

Certain things I think I wouldn't want to talk about in German, because then it would get too close, you know things to do with the war or the holocaust or things like this, I would try to avoid that and in English it's one removed.

Eventually she was able to say it's easier for me to do it in English because it is less intimate and I don't feel like I could be that open in here yet. It was real cool because she was able to verbalize it.

Working on a really difficult theme there is an avoidance and we'll be doing English...And usually we end up switching back and sure enough a feeling comes up and I'll observe, 'maybe you didn't want to go back today or did that feel too abrupt?'

I feel in fact that she probably is trying to distance me at that moment...she will sometimes keep up that English and then I do feel more that we're not establishing what is familiar between us. I feel a part of this woman is being held back from me, I felt I am being kept out of a part of her life.

I think language is connected to the emotional state in that moment and the way it is expressing the relation to you as a clinician.

Language switching can serve as a tool for both the client and the therapist to detach themselves from difficult affect and painful memories. Not only the act of language switching but also the language chosen appears to automatically create an affect shift in relation to the content. The participants were aware of the countertransference experiences produced in response to this sense of detachment or removal from intense affect and used their reactions to continue to guide the treatment.

Regional differences. Several participants provided an additional layer to the topic of same language countertransference when discussing the diversity of Spanish and Portuguese across countries and continents. Depending on where the participant and their client were from, the accent, word choice, slang, intonation and expression were incredibly varied; these variations inspired differing reactions from the participants. The significance of these regional differences presented instances of joining around similar cultural identities, and additional conversations with clients about slowing down and exploring the significance of material presented. The participants were mindful that these linguistic differences can elicit diverse understanding.

The assumption is that everyone speaks Spanish and it's all the same all over the place and it's not, so for me it is understanding what that might mean for that particular person, it's actually a great opportunity to learn.

Yeah I mean there is a difference, if someone is from the Caribbean our Spanish is closer and there is a certain kind of identification I have. If someone is from Spain and they are

speaking with *la zeta* [in reference to the particular accent of a Spaniard], buttons gets pushed for me around ethnocentrism, racism, elitism.

I have to explore a lot with clients from countries that speak faster or slower or different words that I don't know what they mean, so I explore that.

Caribbean Spanish is something that I still have trouble with, so if I have a client who is Puerto Rican then we are going to have to speak a kind of Spanish that is slower and terminology that is understood by both and then what does that do to them because they can't talk to me like someone from the *barrio* [neighborhood] or someone from their family.

These observations introduce the way that accent variations can affect the participants' countertransference experience towards certain clients. The participants talk about different frameworks of understanding that can be present depending on the type of Spanish or Portuguese being used. Furthermore, a countertransference experience can be rooted in the historical, political and social significance of language as it is used and associated with particular countries and regions. This is highlighted by one participant whose family was from an island with a long history of colonization by Spain and other Western powers. The sound of the Castilian accent triggered a reaction in response to a history of subordination and racism that was communicated through the accent, tone and word choice associated with the colonizer's language. Regional differences play an important role in language related transference and countertransference reactions which can be overlooked by outsiders who are not familiar with linguistic diversity within the same language.

Assumptions. A number of participants identified the fleeting nature of the connection that can be established at the beginning of treatment around same language. These participants noted that they had to be wary of the assumption that if they shared languages then they would automatically understand everything without a need for further investigation and reflection.

Furthermore, some participants identified a similar process for their clients who presumed an

understanding and a connection with their therapist because they spoke in the same language or had similar accents.

I think there is almost the illusion that things are going to be easier or faster because you feel like you have more in common and then after a while it wears off because it doesn't matter how many languages we have in common there are certain issues, you know you get to the same resistance and the same repetitions, and to the same problems.

I would be maybe too understanding reflexively and not explore or examine. I think I understand quickly as if we don't need more. That is a negative point, because you need to explore.

I have to be cautious in thinking, 'I'm getting everything' that I am.

It's superficial and there is no exact base in reality but there is an assumption made that we'll be similar to this person just because they're speaking a similar language with us. They have an automatic sense of closeness assuming that we've had similar experiences and backgrounds which could be very different.

The same language does not always make the connection you think you are making.

These observations were important to make in the face of strong countertransference reactions of intimacy, joining, familiarity, as well as distance and removal. The participants were mindful of their own assumptions and those that could be felt by their clients in the context of same language; they used their awareness to deepen the work and use their self more effectively.

Different language countertransference. When discussing different language countertransference, four participants did not have a specific reaction to the fact that their client spoke a different language. They did not find anything special about those client interactions nor did they find that the work was influenced in any particular way due to a lack of commonality with the mother tongue or the other tongue. One participant noted that he was unable to say that language dictated the transference at any given moment in the therapeutic frame. Several interview subjects observed a connection with clients with whom they only had one language in common around an immigrant identity. Although the participant may not come from the same

country of origin as their client, they did identify an unspoken connection based upon the immigrant experience.

It was part of the therapy that we both are foreigners and a lot of times they would complain about American culture and there was more respect for the land of origin.

They are foreigners; they are in a strange land, so this place becomes more like home. There is a lot of joking about how different Americans are, you know especially at the beginning, a lot of emphasis on that. A little bit of us against them but we're like on the same side, and it's very strong.

She relates to me I think because we have the immigrant experience together, I think that her commitment was originally because I was an immigrant too.

The immigrant experience, knowing that this person has probably had to struggle with certain similar issues, language issues, culture issues, so there might be some degree of connecting a little bit more easily on that level probably.

Language I think is related to an assumption and an understanding of where the person is culturally, how assimilated they may be to their new culture versus the old one and I think everybody has a reaction in terms of comparing themselves to where the other person may be and how long they've been here, what their language represents, all this sort of historical information.

The immigrant experience thus becomes either an overt or an underlying connection made between the participant and their client. It can create a sense of joining or twinship for some participants as well as awareness and sensitivity to the migrations and transitions that both their clients and they have made. These countertransference experiences evoke a commonality around bilingual/multilingual identities in addition to multicultural identities.

Personal and Professional Identity

This section of the interview provided the participants with a space to reflect on their linguistic and cultural identity and the ways in which these identities have come to influence their professional identity and development. The interview subjects reflected on the different ways that they experienced the languages they spoke and how this affected treatment with clients.

I think the experience of speaking more than one language is very particular, it is a different experience from someone who only knows one language; it makes you look at the world very differently. Not only having been elsewhere but also having thought in a different way, with different words.

Some participants expressed sensitivity around using their native tongue in treatment and poignantly shared a sense of privacy around the part of them that spoke a language other than English.

It's like opening a drawer and taking my other identity out. I felt enormously anxious because I felt that, you know I was dealt with lightly, in other words like I was treated like it was obvious, you know you use language like you use any tool, it is an instrument. In some ways it is but for me it's like an identity that I put in a drawer and I had to open that drawer and take it. Because when you do therapy it is not just the words it is the sound of your voice, the tone, how you say, how you are. I would have needed a different way of talking almost.

Others compared speaking in a language other than your mother tongue to communicating through "a screen," as if your words were continuously filtered or once removed.

You speak like through a screen when you speak, because you never really capture the intimacy.

One participant discussed the way that relational styles differed between languages and how this difference affected the exploration of his professional identity.

And that was also part of my growth, what is professional? How much do you emote? How much do you become impassioned, versus kind of staying back and being rational? That was always attached to language for me as well, I mean it's a cultural thing but it's also attached to language.

These reflections underscore the multiple identities that help to create the professional identities of the participants. Their professional identity is by no means stagnant but rather shifts and changes as they have come to understand different parts of their linguistic, cultural and professional selves. The participants ask themselves important questions about the nuances of their professional identity dependent on the language(s) they are speaking in treatment and the relationship that they have established with their clients. Furthermore, the interview subjects

recognize and appreciate how being bilingual/multilingual offers a different approach and understanding of the world that a monolingual individual may not experience.

Self-disclosure. Some participants spoke about self-disclosure linked with the establishment of the therapeutic frame in the context of their linguistic and professional identities. The participants had differing reactions to self-disclosure, some finding certain disclosures appropriate depending on the content and the timing, while others did not think that any form of self-disclosure was necessary for the work to progress. One participant presented certain therapeutic impasses in relation to the question, “where are you from?”

They base that question on the fact of my accent. So how did I respond to that was a trauma for two patients and it happened at a critical phase of the alliance and you know you can lose a patient at that time; I didn't but you could. One patient was francophone and invariably she asked me where I was from. I am very private with this regard, I don't reveal anything about me in therapy, some therapists are more flexible, but I am not. So I just said, ‘is it important?’ and she said ‘no no, I just wanted to know,’ I asked if she wanted to discuss it and she said no. But after that she went to the director of the agency, very upset, and said she didn't want to see me again. The director encouraged her to talk about it with me and we did. I told her that I think it has a meaning why you ask me, it is very intimate, you are curious about me, however at this stage of the therapy it's better that I don't talk about myself. She did understand, I mean we continued therapy.

This participant hated that question and struggled in order to put the client's curiosity into perspective and address the question adequately and appropriately in reference to the therapeutic frame. Other participants found that the boundaries were slightly looser or different when working with a client with whom they shared more than one language. One participant described this difference in relation to the initial introduction that he provided upon first meeting with a client. He noted that the first session was framed differently when he worked with Latino clients who used Spanish in treatment.

I will divulge a little more information, like I will do the small talk... I understand that there is a different way of relating so there is this *personalismo*, [referring to a way of relating that is a bit more familiar] you know we talk so it isn't just cold you have to kind

of talk about ok so where is your family from, you know kind of warm it up before you get down to business in a sense whereas in English the expectation is different...you know kind of inverting the process.

These examples demonstrate the differing ways that the participants disclosed parts of themselves depending on the language(s) used in treatment, and the ways that their clients approached the treatment in relation to their linguistic and cultural background. These differing approaches to self-disclosure suggest, among other things, a need to discuss the connections between linguistic and professional identities in academic programs. Conversations in academic settings should support therapists in understanding how self-disclosure is approached in different therapeutic modalities with a particular emphasis on language dynamics and culture.

Relational styles. It is interesting to consider self-disclosure as it relates to relational styles and boundary setting based on linguistic and cultural identities. As numerous participants reflected, they found that their other languages were warmer, more affectionate, while their associations with English were colder.

If it is in Spanish it feels warmer, it feels closer. I think the relating style is different. It's warmer than in English, English can be kind of clinical and cold.

English is colder, more technical. Spanish is more emotional, more poetic.

One participant did not agree with these differences in relational style in reference to warmth and frigidity.

I don't have these ideas about Spanish as more affectionate. It depends on the person and the relationship built, not the language spoken.

Two participants made connections between boundaries and gift giving, finding that some of their bilingual/multilingual clients expressed gratitude through gift giving.

They want to give me something, so they'll cook me something and I'll accept it.

I have a lot of experiences where people will actually bring you a gift or bring you some food or you know will go out of their way to tell you how thankful they are and how appreciative they are.

One participant noted that even if one of her bilingual Spanish English speaking clients spent the entire session in Spanish and would switch to English to close the session, her thank you was always uttered in Spanish.

And somebody might as they're standing up to leave look at me and say again in Spanish 'thank you so much, I'll see you next week.' And that could be in Spanish but again I think that's conveying a different kind of thanks and a more profound kind of thanks that is not just a thank you for your time but is a real, you know there is a different quality to the thank you.

Participants spoke about relational styles and boundaries in relationship to the language(s) treatment is conducted in. While not all of the participants identified a difference between their therapeutic frame and the boundaries established dependent on the language used for treatment, the observations of some appear relevant. These differences in the participants' therapeutic approach speak to yet another influence that language dynamics have on clinical work.

Professional development. One aspect of professional development that was mentioned by the participants was the issue of language specific terms for treatment. Two participants specifically identified their preference to conduct treatment in English and candidly shared their struggles earlier in their careers when they were asked to use their native language or their second language. Several participants described needing to make a conscious effort to learn mental health terms in other languages as their training was done in English. This effort was supported through the help of peer supervision, listservs, agencies, supervisors and mentors.

Further elements of the participant's professional growth and identity were linked with social justice ideas as well as an attraction to certain therapy modalities and intervention techniques. One participant described a link between her rich cultural history and the importance

of story-telling in her family background with her interest in narrative therapy. Enabling people to tell their stories in various languages was an important aspect of her work. Another participant spoke about the meaning of giving people a voice and a space to tell their story in the context of her professional responsibility as a social worker as well as her personal ties to issues of access and representation.

The social justice piece played out for me in the personal realm because I can't help but think about other family members and other people who have been in my life who are, you know in case of the Spanish speaking who are Latino and who have struggled in all kinds of ways in terms of social justice and access and lack of advocacy and lack of having a voice so that piece for me is a piece that I feel there is a direct link with language.

The participants shared a great deal about their professional journeys in the context of language and identity. The majority of the participants conveyed a sense of responsibility, pride and honor when reflecting on the multicultural and multilingual work that they have offered throughout their careers. All of the participants eloquently discussed the profound explorations of their individual linguistic identities as it continuously influenced and affected their professional growth and development.

Supervision and Training

This section of the interview consisted of discussions about the supervision that the participants received as therapists in training, as well as the type of supervision they offered to their supervisees. They were asked if discussions about language were introduced in supervision and if so, in what way was it explored? Also, their experiences in academic programs and post graduate training programs were explored specifically looking at whether or not issues of language were included in their learning.

Supervision. Nine participants explicitly stated that they were not given the opportunity to discuss language dynamics, language related countertransference, their linguistic identities and/or other relevant aspects within supervision. Four participants addressed the additional work that bilingual/multilingual therapists had to perform when working with bilingual/multilingual clients in terms of translating process recordings and other clinical material for supervision. They all shared that this additional workload was not recognized or talked about with their supervisors who were sometimes bilingual themselves. In addition for some participants, having to translate created a sense of distance and removal from the content and process within the session.

I remember being seen, this one kind of sticks in my mind, by a supervisor who spoke German and spoke English and we never spoke about language and I was seeing a Spanish speaking patient, so I had to record the session in Spanish, translate it into English so that I could present it to her for our supervision in English and we never talked about ‘what is that process like?’ Or ‘how do you feel about that?’ And it was kind of bizarre because she was bilingual but it never came up.

At times my supervisees have said that in fact those more profound and painful parts of a session are in Spanish then they have to interpret that, translate that, and it loses something when they discuss it in English

One of the participants who was multilingual spoke to an experience of “role reversal” in supervision wherein her supervisors were so intrigued and fascinated by her ability to speak multiple languages and use them in practice that the supervision at times became less about the client material, transference and countertransference, and more a forum for the participant to educate the supervisor about language dynamics.

All through supervision I feel like I have to take the role of educating the other, the supervisor, that is where the roles, I mean whenever it’s about language I feel like it’s hard, I have not encountered too many supervisors, actually only one in all of my years of practicing who would understand my experience or be a bilingual supervisor. But even the bilingual ones have had a different experience than me because I am not bilingual, I am speaking five or six different languages, so I think there is a part of them that is interested in learning and understanding that, but not necessarily relating to that and I think that is one part of supervision where the roles between a supervisee and a

supervisor switch because it allows the learning opportunity in the opposite direction to take place.

This participant did not ascribe a specifically negative or positive reaction to this role reversal but deemed it important to note that it occurred. Five participants spoke about how language switching occurred within supervision and how important that experience was for them and how it deepened their analysis, observation and interpretation of their work with clients. Six participants were currently supervisors themselves and all of them stated that they encouraged discussions about language dynamics with their supervisees. They encouraged explorations about language specific countertransference and transference reactions, language switching, regional differences and other language specific dynamics with their supervisees.

It really furthers their learning to be able to use other languages and allows them to feel like they are understanding what is going on psychologically if they're able to do that in Spanish.

Sometimes the students want it in Spanish because they don't have a whole lot of experience getting supervision in Spanish and that speaks to the whole 'how do I sound professional as a therapist if the only Spanish I got was at home.' ... It's a big responsibility as well when I have a bilingual trainee to be aware that all this stuff is in the room, just about the patient and their issues but also all of these other kind of cultural factors, 'what it pulls for you when somebody could be your mother and what does it mean when she is kind of saying words that you don't understand, is it ok for you not to understand something and ask for clarification?' Does it mean that you're insecure or that you're competent as a therapist?'

They noted that almost all of their supervisees welcomed those discussions and were appreciative of them. All of the participants said that discussions about language should most definitely have a place within supervision.

Training. Three participants noted that they spoke about language issues and dynamics in their graduate programs and/or in post graduate training programs. The remainder of the participants stated that language was not included at all within larger discussions about cultural competency. One participant who was a clinician in addition to being in academia spoke about a

new graduate program that he had recently created where language was included within cultural competency discussions. He, along with several other participants, noted that the lack of diversity in training programs was a barrier to having interactive, relevant and engaging discussions about linguistic identity and linguistic competency.

Well one of the difficulties I had with this particular class is it's not as diverse as I would like because it is a very new program. So there are, it's, there aren't that many bilingual individuals, I have one bilingual student. So the discussion, it is hard for me to get them to talk about it in kind of ways that make sense to them because it's always talking about the other.

All of the participants thought that it was essential to have discussions about language in mental health training programs, as one's linguistic identity is but one of many parts that make up a person's uniqueness.

The participants offered numerous recommendations for enhancing training programs and providing adequate and relevant services for bilingual/multilingual clients. Some participants suggested additions to the psychosocial assessment that were more language inclusive such as "when did you acquire each language" and "in what context and why did you learn these languages?" One participant felt that:

This is one where people are incredibly marginalized when they are stronger in one language versus in another so I think we have to keep it more on the fore. I think we also have to do a lot of work around our own self, and our own biases and our own worldviews because people still get really annoyed when their clients don't speak English well enough and it's astounding to me in this day and age and thinking that it is an inconvenience to them without thinking about what that means in terms of self esteem and pride for the client.

The lack of discussion about this form of marginalization was addressed by another participant who offered an example from a curriculum that she had previously implemented.

I would have people in the room all of a sudden as if they can't talk, let's say you have lost your voice and you needed to interact with another person, and you're understanding what they are saying but you can't say back the same thing in a language, what would

you do, like gestural? And when they are doing those gestures recognize how difficult it is to do that, without words. Were they moving forward, what was their body language associated with that? I think that gives them a taste of what it could be like for another person, who's not able to exactly communicate in a language that some of us can actually converse in.

Another recommendation for mental health training programs was the implementation of language courses as part of the requirement to graduate. This participant spoke about the need to re-structure and re-think international placements:

I think we are targeting the wrong places and we need to be targeting Spanish speaking countries where people can have international placements where they are learning Spanish and looking at culture, and can bring it back and then use it.

These recommendations reflected the participant's sensitivity and awareness about language dynamics and emphasized the present gaps in supervision and training programs for mental health providers.

Culture and Language

Ideas about culture and language were discussed throughout all of the interviews. Several participants felt that the crux of the discussion lay not so much in issues of language but rather in terms of cultural background and the culture "behind" the language.

The transference will be generally more based on I guess the cultural experience that I have had with that particular group of folks. It is kind of hard, I can't really say that the language dictates the transference, at least that hasn't been my experience, I think in general if the person is say Latino background I will um, the transference will just take place based on the issues that they are bringing to me, or based on the personality dynamics that that person is displaying.

There is a culture behind the language that we need to capture...So I think that the culture, I cannot say that it is more important than the language, I don't know, but it is as important. It is not the language; it is the culture behind it.

I guess I am curious to know your thoughts [referring to me] about not only the bilingual piece but the cultural piece because I think that there are different ways that the bilingual piece can be really interesting and helpful in terms of language *and* culture.

Other participants found that language was the transmitter of culture and thus could not necessarily be separated or looked at as separate entities.

I am aware about how you're experience sifts through language, it rests in language. Words aren't just what they mean but what they evoke. It's something that I find very powerful. I'm aware of the fact that words are like triggers, they make you go places. Kind of like music, it carries you.

I am very aware that I grew up in a different culture, it maybe is more of a culture than always the language, but the language is-but when I say that I'm not sure that that's true because the language is so much part of the culture.

There was indeed disagreement as to what appears to affect and influence language related countertransference and transference experiences. The participants had differing opinions about how to conceive of language alongside, race, ethnicity, socioeconomic status and social history. For some it was important to make clear that language existed within the greater context of cultural background and could not be understood singularly. Others were more comfortable identifying specific reactions and experiences that were linked to language and linguistic identity. A central question here focuses on whether it is even possible to differentiate between linguistic and cultural influences

Relevance for Practice

The participants provided profound observations about their experiences as bilingual/multilingual individuals; they reflected on the ways in which language use and ability play such quintessential roles in therapy and therapeutic relationships. Several participants touched upon the fact that speaking in another language requires a lot of energy and as a result can be very tiring. As one participant reflected on her own experiences,

I couldn't speak freely, it made me tired...it's not just the culture shock it's also the difficulty to talk, to express, you feel lonely, it's making you very tired, you don't enjoy social interactions so much because you have to think all the time what people are saying, so it's really, I think it's very crucial.

Another participant added to this description by expanding upon what is often left out of discussions about language use and linguistic identity. She shared that,

I think people forget and don't realize the fact that associated with language is this whole history and way of being, that doesn't get talked about; it is not just a language. When I speak a different language, my distancing and spacing to another person is different, my eye contact is different, my way of being around is different and my understanding is different. Associated with language, it is not just a language, it is a history, and it is a way of being. It is memory, associations, an understanding, a way of thinking that is different.

With this additional sensitivity and awareness clinicians and clients alike could deepen their work and become more mindful and culturally competent clinicians in all senses of the term. In the context of this heightened sensitivity three participants offered poignant reflections about how they have found their awareness about bilingual/multilingual issues to have strengthened their abilities as clinicians, mentors and teachers in the field. Two of their reflections are included below:

They know they can express themselves in both because there are so many things that don't translate well and even if somebody is really fully comfortable bilingually, there are just some emotions and situations that feel better and make more sense in one's native tongue and so for people to be able to feel that they can take their work to another level and feel like they can bring all of themselves and really grapple with and struggle with things and go back and forth in this kind of code switching way, I think that that really can help people at an incredibly helpful and much more profound level than when they're not able to do that.

My interest lies within multicultural perspectives, so it is very affirming for me just to be in those moments. To kind of be able to see what they mean and be able to go back and forth and help people understand what code switching is about and the attachment to it in terms of you know what language goes with what attachment or association.

All of the participants spoke openly about their experiences, struggles, identities, successes and failures in their work with bilingual and multilingual clients. They demonstrated awareness and a curiosity about their own relationship to language and how they embody different selves dependent on the language being used, and, in turn, how they can invite their clients to explore those issues in a safe space. The participants were receptive to the study and appeared eager to

discuss language dynamics, finding the gaps and silences in the literature to be a disservice to the mental health field.

Chapter V

Discussion

The focus of this exploratory study was to better understand the experiences of bilingual/multilingual therapists in their work with bilingual/multilingual clients. The qualitative study, comprised of interviews with twelve bilingual/multilingual therapists, sought mainly to explore the countertransference experiences produced in sessions with bilingual/multilingual clients. Did it appear that transference and countertransference were dictated in part by the language being used by both clinician and client? Furthermore, my interest lay in the participants' conceptualization of their language-related self and how that conceptualization has helped shape their professional identity and development. The participants offered rich accounts of their diverse experiences with bilingual/multilingual clients; they offered reflections on specific case examples as well as anecdotes from their personal and professional journeys. The findings are discussed in relation to psychoanalytic and psychodynamic literature specific to: language-related self experiences, language switching (code switching), transference and countertransference experiences in relation to language usage, as well as current inclusions and exclusions of language dynamics in the mental health fields with a particular focus on clinical social work. The results are explored in the following order of central findings: language-related self experience, language switching, same language countertransference, different language countertransference, the impact of cultural background and language, linguistic identity, language issues in academic programs, language in the workplace, and recommendations.

Language-Related Self Experience

All of the participants interviewed had ample experience working with bilingual/multilingual clients. The majority of the interview subjects had worked both with clients who they shared two or more languages with and those with whom they only had one language in common. Numerous participants were multilingual and had experience using their multiple languages in treatment. I wondered whether there was a difference between their felt experiences in one language versus another. If there was a difference present, how was this understood by the participants? Of the six multilingual participants interviewed, three spoke directly to this topic. While two participants found that it would be difficult to differentiate between their countertransference experiences in one language versus another, one participant did describe a difference that she found in her work with French and English speakers versus Spanish and English speakers:

I don't have that lived experience [in French] in the same way that I do in Spanish so I feel like I embody Spanish in a way that I don't embody French.

This observation speaks directly to language-related self experiences that have been conceptualized in the literature mainly in the context of object relations theory (Javier, 1989, 1995, 1996; Pérez Foster, 1996, 1998; Wilson & Weinstein, 1990). As this interview subject described, she embodied different languages in the sense that not only was language a vehicle through which to describe meaning, but it also represented the emotional, relational and historical experiences unique to each individual. By historical, I am referring to a person's ethnic and racial background in the context of their family's history of migration. This participant described a lived experience in relation to language that is connected to her cultural and linguistic identity which is brought forth differently when her client speaks to her in Spanish.

Another participant described how English was her adult language and German was her childhood language. This separation is relevant in the context of language-related self experiences because it speaks to the power of associations, memories and identities that bilingual/multilingual individuals connect to in different languages.

The idea of a language-related self experience was first introduced by Greenson (1950) when he described that bilingual/multilingual individuals have different representations of self that are organized by language. The awareness and sensitivity to these different associations that can be triggered or brought on either in hearing another language or being asked to reflect on a memory are powerful tools that the therapist has for therapeutic work. The participants were responsive to this awareness that different lived experiences were connected to diverse languages and they encouraged their clients to bring these experiences into the work. The participants' reflections on their own language-related self experiences allowed for an added level of compassion towards their client's process. I was reminded of Javier's (1996) idea of being attuned to the bilingual/multilingual client's "linguistic state of mind" (p. 235) in reference to accessing different memories and experiences. The recognition of different mind states associated with language is crucial to dynamic therapy in encouraging a movement between languages in order to access and uncover varied experiences.

Language Switching

Unlike in the study performed by Sprowls (2002), the participants did not mention mixed views associated with language switching in the field. On the contrary, all of the participants noted that language switching occurred with their clients and found it to be a natural occurrence; at times the switch was spontaneous while at other times it was announced (by both the participant and their client). The participants were accustomed to switching in their daily lives

and almost all of them would follow their client's lead rather than initiating the switch. While Marcos and Alpert (1976) wrote that the therapist should always be in control of switching in order to manage their client's avoidance and defenses, most of the participants agreed with Krapf (1955) and found that switching could be a positive defense when necessary in order to allow for emotional distance from painful affect. Numerous participants made note of the use of switching back into the client's second language towards the end of a session in order to be able to recompose themselves before going back into the outside world. In this way the switch was seen as a positive defense that should not be discouraged. Furthermore, a reliance on a switch back to a second language at the end of the session was yet another tool that the bilingual/multilingual participants had at their disposal for more effective clinical work.

A few participants did not follow their client's lead in switching because they wished to maintain a level of intimacy or continuity in their communication and intervention technique with their client; however they were mindful of the linguistic disconnect between themselves and their clients in those moments and found appropriate opportunities to explore these switches or refusals to switch during the session(s). As Pitta et al. (1978) and Santiago-Rivera (1995) found in their work, the participants highlighted the benefit of observing and exploring language switches with their clients. By exploring language switches the participants normalized the act of switching and encouraged the client to be more self aware as to why they decided to switch in the moments that they did. Their awareness could lead them to a deeper connection with the material being presented and could highlight the idea that affect may differ depending on language choice and content.

Often in establishing the therapeutic frame with their clients the participants would specifically identify language switching as something that would occur within the work; they

would inform the client that these switches would be discussed within the sessions. I thought that this was an incredibly valuable inclusion because it suggests sensitivity and acceptance on the part of the therapist of the natural flow between languages. It underscores how the exploration of these switches can add to an understanding of different language-related experiences within clinical work. It is empowering for the client and the therapist to feel open to using their different languages in order to tap into emotional content and experiences (Santiago-Rivera, 1995). In addition, as Santiago-Rivera et al. (2009) noted, the use of language switching helps to promote disclosure, establish trust, and increase client self-understanding and awareness. A majority of the participants understood language switching as an intervention technique wherein the use of one language or another could, among other things, serve to bring them closer or farther away from the client in a particular moment of the therapy.

The sensitivity to language choice in connection to emotional content and affect empowered the participants to view language shifts as a “delicate dance” between themselves and their clients. The dance in this context is the therapist’s use of language and language choice as a means of finding different ways of entering into the client’s reality - coming closer, farther away, or establishing a neutral stance dependent on the client’s reaction and the therapist’s use of self. This “delicate dance” can be understood as one facet of the varied nonverbal communication that occurs in therapy. Connolly (2002) and Jiménez (2004) emphasized the significance of affective attunement when discussing nonverbal communication specifically for therapists using their second or subsequent language(s). The participants did not limit their observations about nonverbal communication to their second or subsequent languages. Some of their observations included shifts in their client’s tone, posture, breath and movement when another language was utilized. All of these nonverbal shifts offered the participants another

opportunity to explore affective changes and reactions that appeared to be linked to language choice. This can be understood as a different side of the client being brought into the room; the subtleties that come with verbal expression in different languages such as relational style and body language are yet another layer that can be explored in bilingual/multilingual work (Biever et al., 2004; Sprowls, 2002).

Same Language Countertransference

When addressing same language countertransference experiences, the majority of the participants described feelings of intimacy, connection, sameness and commonality with their clients. I found it very useful to use Lijtmaer's (1999) distinction between same and different language countertransference in exploring these dynamics. This sense of intimacy was usually welcomed and categorized as positive countertransference. Also, along with a sense of intimacy, participants became nostalgic at times and found themselves brought back to earlier memories from their personal lives. The literature identified comparable reactions towards same language countertransference in Biever et al. (2004), Comas-Díaz and Jacobsen (1991), Kitron, (1992), and Sprowls (2002). Furthermore, these authors identified a phenomenon that was discussed by the participants as well wherein the therapist and the client join around an "us versus them" mentality. This mentality can be connected to a shared foreigner identity and/or a joining around a critique of the dominant English speaking culture. The sense of safety and intimacy that is introduced can be powerful for both the therapist and the client. The clinician is faced with the task of figuring out how to navigate these feelings of intimacy and connection that are created because of language (among other things). A greater awareness of these language-related countertransference experiences is essential to the field of clinical social work in order to better

support bilingual/multilingual clinicians and ensure that bilingual/multilingual services are adequate and sensitive to these nuances.

Self-disclosure. Within the structure of the therapeutic frame that was defined by the participants, several interview subjects provided disclaimers about their fluency and use of second or subsequent languages before beginning their work with clients. It is interesting to understand this disclaimer as it connects to forms of self-disclosure by the therapist. Clauss (1998) believed it to be essential for the therapist to explore their own relationship to language (outside of the therapy space) and think about how their language-related self experience would in turn present itself in their work with clients. Two participants reflected on self-disclosure in very different ways. One of them struggled with numerous clients' curiosity of where she was from, specifically focusing on the timing of the question and the subsequent response, as well as the amount of information she felt comfortable sharing in the context of the therapeutic relationship. Another participant discussed self-disclosure in the context of relational styles across languages. He noted, as several other participants did, that there were different types of boundaries that were established and respected when the participant and the client were using languages such as French, Spanish or Portuguese rather than English. As Biever et al. (2004), Lijtmaer (1999), and Sprowls (2002) found, therapists observed more porous boundaries in their work with those they shared more than one language with. Self-disclosure and boundary issues are brought up in the literature and they are reflected upon in my study leading me to believe that this is an important aspect of bilingual/multilingual work that needs to be considered in educational and training contexts. I find that offering support for bilingual/multilingual clinicians in understanding how to navigate and understand these different boundaries in the framework of language dynamics could be extremely valuable for professional growth and development.

Boundaries. Same language countertransference can produce a sense of intimacy and connection for the therapist but can also cause the therapist to feel too close and need to re-establish a distance from the client. While language switching can also be used to create a distance by the client, my focus here is on distance introduced by the therapist. As some of the participants described, when using their first language with clients they could reach a point of feeling too close with the client and too familiar in terms of their linguistic and cultural identity, so they would switch back to English to, in a sense, regain their distance. While Kitron (1992) and Lijtmaer (1999) advised therapists that same language countertransference can produce potential feelings of aggression or guilt due to the assumed representation of belonging, integration and control, none of the participants expressed aggression or guilt as part of their countertransference experiences. Lijtmaer (1999) went on to describe the potential for the therapist to fear losing their neutral stance or the need to prove oneself to their client. While the latter was identified by a couple of participants, the majority did not identify proving themselves as part of their same or different language countertransference. Some of the participants observed the loss of a neutral stance when referring to boundaries, the establishment of distance in response to countertransference reactions, and/or countertransference experiences of intimacy and closeness. However, the participants did not associate fear with their loss of a neutral stance. It is possible that since the vast majority of the participants had been in practice for well over ten years they may face fewer roadblocks or doubts in their professional self confidence. It is possible that earlier in their careers they struggled more with boundary issues and needing to prove themselves to their clients. It is also possible that the participants may not have felt comfortable enough to express their doubts or insecurities in the interview. Perhaps if the participants had fewer years of experience some of their countertransference reactions may have

been more in line with Lijtmaer's findings. The relevance of these same language countertransference experiences for clinical social work practice have a direct bearing on the role of the supervisor in providing a space to discuss language related dynamics and offer tools to navigate these inevitable reactions. This topic is explored in greater detail below.

Linguistic similarities and differences. Assumptions of understanding and misunderstanding were also brought up in discussions about regional differences within the same language. Many participants spoke about linguistic diversity within the same language across different regions and countries. Countertransference reactions including intimacy as well as distance were expanded upon by participants with regards to regional differences. Several clinicians discussed how powerful a sense of joining could be around regional similarity, and, in turn, how isolating and triggering regional differences could be. One participant who spoke Spanish discussed his reactions to Spanish from Spain which elicited thoughts of racism, elitism and ethnocentrism. Burck (2004) raises the connection between colonization, language use, and dominant and subjugated languages. For the participant, his experience was with a dominant and subjugated form of the same language tied to his country of origin's political and social history in relation to Spain's colonial rule. The depth of these differences is provocative and important for conversations in the context of the therapeutic relationship. This level of self reflection on the part of the participants regarding language dynamics within therapy seems essential to clinical social work practice in order to provide more comprehensive, inclusive, culturally and linguistically competent care. Furthermore, none of the literature that I reviewed explored regional differences in the context of therapy and language dynamics which seems like a glaring gap needing to be filled with further research.

Different Language Countertransference

When discussing different language countertransference experiences, all of the participants found it important to encourage their client to introduce their other language in the therapeutic space. The involvement of the client's first language brought in a different part of the client with its own memories, associations and experiences which allowed for deeper exploration with their therapist. The participants were able to emphasize the importance of the first language and demonstrate a flexibility and openness to a language not their own and thus an understanding that was not their own. As Pérez Foster (1998) found, many of the participants described a sense of pleasure or excitement while hearing a different language embracing the sonorous and sensual nature of languages. In addition, as was noted earlier, the participants gained a great deal of knowledge from observing the client's nonverbal communication while using their native tongue in the room. Subsequently, the participants and their clients used this additional material to discuss affect and experiences linked with memories as processed through the native tongue. Kitron (1992) noted a feeling of empowerment that the client may experience when they introduce their native tongue that is not shared with their therapist. Some participants indeed reflected that these moments created a sense of being on an equal plane with their clients, for example, when a different language or a shared language was used and the client was able to correct an error or feed their therapist a forgotten or unknown word. In this way the client can feel in control and empowered by their ability and their competence; they can find support and assurance in imparting knowledge to their therapist which is openly received and encouraged. This dynamic can offer important moments of growth and reflection for the therapeutic relationship. A significant part of a client's self would not be present in the work if they were unable to introduce their native tongue, and thus I find it essential to encourage the inclusion of

their other languages in whatever way feels safe and appropriate for the client. If the client does not wish to use their first language it does not need to be a requirement for the treatment but regardless of the decision it should be explored as the alliance is built. The introduction of a different language is not limited to work with bilingual/multilingual therapists. Monolingual therapists can deepen their work with their bilingual/multilingual clients by inviting the introduction of other languages into the treatment in order to observe nonverbal communication, affect changes, as well as different language-related self experiences that manifest themselves in languages other than English.

The Impact of Cultural Background and Language

The majority of the participants emphasized a sense of connection with their clients with whom they only had one language in common around the immigrant experience or being a foreigner. Beyond languages spoken, the participants found that they were able to join with their clients around this otherness. As Antinucci, (1990), Jiménez, (2004), Skulic, (2007), and Williams, (1999) describe in their work, twinship can be felt in connection with otherness which may help the clients immerse themselves in their treatment and the different parts of themselves. One participant explicitly noted that one of his clients, with whom he did not share a native tongue, sought him out as a bilingual therapist because he had assumed that the participant would be more patient with him. The participant went on to describe that the client believed that the participant would be more sensitive and aware of language dynamics by working to create a joint vocabulary to enrich their communication and connection. This ability to create a vocabulary unique to the treatment is not only limited to bilingual/multilingual therapists, but is also relevant for monolingual therapists. Monolingual therapists can demonstrate their sensitivity towards communicating in varied languages by being patient with their clients and communicating an

understanding that their emotions and experiences may not always be best communicated in their second or subsequent language(s).

Some participants recognized that the initial affinity that is felt for those with whom they share languages is fleeting and the issues brought forth in the treatment move past language connections or disconnections. Intimacy, connection, distance and other countertransference experiences linked with language enter and leave the therapeutic space as do other reactions present throughout treatment. Other participants argued that language cannot be looked at singularly without considering racial, ethnic, socioeconomic and ethnocentrism issues. In other words, these participants found that countertransference reactions are a response to the cultural background as a whole rather than the transference being dictated solely by language. Hakuta (1986) understood language as a template whereupon people of a cultural group organize and pattern their environment. Ali (2004) noted that language is not only a medium of a culture but it comprises it as well. Burck (2004) considered language to be “culture soaked...language is the suture between the individual and the culture” (p. 315). I do believe that language is the interconnection between a person and their culture. It is not only the meaning carried through the words but the symbols, the history, and the associations that are tied to the language itself. I certainly agree that language cannot be looked at without taking into account the other intricacies that make up someone’s identity. With that being said, for the purposes of this study I chose to focus on language because I don’t think that it is focused on enough in the field of clinical social work. Not only should academic and training programs include discussions about cultural competency but also linguistic competency. If we do not include language in clinical social work curricula then we are excluding essential aspects of an individual’s identity and the way that they conceptualize their world.

Linguistic Identity

Pérez Foster (1998) emphasizes the vital role that social relationships play in the development of language meaning and its usage in understanding our language-related self experiences. Many of the participants discussed their upbringing in the context of their linguistic and cultural background when reflecting on their language-related selves and spoke to an awareness of how experiences are “sifted through language.” When approaching this subject I was interested in finding out more about how therapists understood their linguistic identity and how that influenced their professional development. I thought it was important to provide a space for the participants to reflect on these identities in the context of language dynamics in their therapeutic work as there is a silence in recent literature with regards to this subject. The participants offered poignant reflections about: their relationships to the different languages they communicated in; the difficulties that they encountered in a second or subsequent language that did not allow them to capture certain intimacies and subtleties; the unique experiences of understanding the world through multiple linguistic lenses rather than one; the unjust misconception that language is just a tool or an instrument rather than an identity in itself; the question of being *good enough* in a language; and the emotional places that language takes us to. These rich reflections communicated the varying representations of self (Bamford, 1991) that come to be reflected in different languages. Moreover, the participants’ sensitivity and awareness regarding the powerful relationships that individuals have toward their different languages has been incredibly influential to their professional growth and development. I believe that their personal awareness creates an environment of curiosity in the therapeutic frame. Furthermore, their compassion is communicated through their respect for the power of language, linguistic identity, and self exploration which is necessary for sound clinical social work practice.

Santiago-Rivera and Altarriba (2002) highlight the importance of perceiving bilingualism/multilingualism as a strength rather than as a site of resistance. All of the participants were in accordance with this belief and found it essential to include language in their assessment and treatment plans for bilingual/multilingual clients.

Language Issues in Academic Programs

Similar to Biever et al. (2004), Santiago-Rivera and Altarriba (2002), and Verdinelli and Biever's (2009) findings, the vast majority of the participants did not discuss language within a greater context of cultural competency in their academic programs. There were either no language discussions in their training programs or, if there were, they were part of one course or one class within an entire graduate level program. The findings of Verdinelli and Biever (2009) regarding recommendations for academic programs were very much in line with some participants' views that clinical social work programs should offer courses in different languages and should include discussions about bilingualism and multilingualism in the curriculum. A link can be made between this lack of discussion in academic programs and many participant's struggles around a lack of mental health terms in their languages other than English (all but one participant received their mental health degree and academic training solely in English). Their struggle to find appropriate vocabulary and terms to adequately communicate with their clients was also expressed in the findings of Sprowls (2002) and Biever et al. (2004). One participant addressed the lack of international field work placements for clinical social workers in diverse areas of the world. She felt that there was a disconnect between the clinical work that social work students perform abroad with their clinical work upon return to their home country. It appears that often upon returning home, students are not sufficiently supported in making connections between the cultural and linguistic backgrounds that they learned about abroad, in order to

provide adequate and inclusive services to those same immigrant communities in their home country. This is an area where future research could be incredibly beneficial for social work education programs that offer international field placements. It is indeed alarming that there are few conversations focusing specifically on language dynamics within mental health academic programs. This lack of discussion is an injustice to clinical social workers and their ability to provide adequate and accessible services that are inclusive of their linguistic needs and identities.

Language in the Workplace

In the passage from academic settings to agencies and other work places, many participants reflected on their experiences as the only provider of bilingual services within agencies. As found by Verdinelli and Biever (2009), this put an intense pressure on the participants and often burdened them with larger caseloads. In addition, the participants would often have to translate process recordings for supervision and usually this additional work was not processed in supervision or recognized in the agency context (Biever et al., 2004; Sprowls, 2002). One participant engaged in advocacy work within agencies encouraging them to re-define their recruitment strategies in BSW and MSW programs in order to streamline the process of training and hiring bilingual/multilingual individuals. The majority of the participants did not receive language related supervision during their time in training. Language related supervision can be understood in terms of discussions about language dynamics, same and different language countertransference and transference, as well as professional development linked to language use and linguistic identity. Many participants found support in peer supervision groups which were: helpful in acquiring language specific technical terms, welcoming spaces to discuss language related countertransference and transference experiences, and useful venues for discussing regional differences and relational styles as they connect to language dynamics in therapy.

However, most of the participants had supervisees and actively encouraged conversations revolving around language dynamics as well as discussions about their professional identities in relation to the languages used in treatment. Often the participants worked with supervisees who were bilingual as well, which introduced another layer to the supervisory relationship regarding what language(s) would be used in supervision and in what contexts. Often, the participants' supervisees were grateful for a place to finally use their native tongue or their subsequent language(s) in a professional setting. The question was presented by some participants about how one can sound professional in a different language when their training has been in English. This was indeed a powerful question and one that tied into the supervisor's responsibility to their bilingual/multilingual supervisees to explore these and other questions in order to encourage discussions that go beyond literal translation and word choice (Aguirre et al., 2005).

In thinking about their own linguistic identity, the participants discussed the ways in which language dynamics and linguistic identities were relevant for clinical social work practice. Many participants highlighted important details about the processing and experiencing of a bilingual/multilingual individual that can often be overlooked. A few participants spoke about how exhausting it can be to speak in a second or subsequent language, which can at times cause a sense of loneliness or a lack of desire to socialize. The participants were able to empathize with their clients who spoke to issues of social isolation in relation to learning new languages. They underscored that this sense of isolation may go unnoticed or be misinterpreted by a monolingual clinician if the treatment does not include conversations about language use in different social contexts. Existing in different worlds and moving between them through language is an important part of the bilingual/multilingual experience and should not be ignored. Furthermore the participants recognized how important it was for them to offer bilingual treatment for their

clients because they were sensitive to the fact that certain emotions and experiences cannot be translated. To be able to provide a therapeutic space where the client could shift back and forth between languages, identities, and worlds truly deepened the work for both the therapist and the client.

Some participants struggled with what Marcos and Alpert (1976) first presented as the belief that bilingual clients should ultimately work with bilingual therapists who share their two languages in order for the treatment to truly be beneficial. One participant stated explicitly that she would not work with clients with whom she did not share their native tongue if there was another provider whom she could refer them to. Other participants, when working with those with whom they only shared one language, wondered if there was material that was being avoided or that was not being accessed due to language barriers. While I do indeed think that bilingual/multilingual treatment where the languages are shared can be exceedingly important, fulfilling and more intense than in treatment with a single language, the reality is that there is a lack of accessible and adequate mental health services in diverse languages. This lack of resources often leads to monolingual treatment, or work with bilingual/multilingual therapists who know languages other than that of their clients. This in no way discounts the efficacy of this work; it is being stated more so to emphasize the importance for all clinicians to include discussions about language and language dynamics in their work whether or not they are fluent in the language(s) their client speaks in order to bring the client's entire self into the treatment.

Recommendations

Pérez Foster (1996a) recommended including within a psychosocial assessment what she called a "Psycholinguistic History" (p. 255). This history includes questions about when the bilingual/multilingual client acquired their languages, in what context, who taught them, and

why they learned the language(s). She also includes questions about the client's current use of their different languages including to whom they speak their respective languages, what language(s) they dream in and what language(s) their fantasy or "self-talk" is in (Pérez Foster, 1998, p. 108). I think these are exceptionally important questions for a clinician (monolingual and bilingual/multilingual alike) to include in their psychosocial assessment with a bilingual/multilingual client. This history would offer a great deal of information about the client's upbringing, family history, current and past social contexts, migration history, their relationship to their language(s), and possibly how they conceptualize their linguistic identity. As a clinician, performing a psycholinguistic history would demonstrate a sensitivity and awareness of how essential language is to someone's identity and their experiences. The process of collecting information about a client's linguistic history should by no means be limited to the initial evaluation process but should be present throughout the work. Furthermore, it should be considered with regards to language switching and the amount of time that each language(s) is used on a daily basis in the client's life (Rozenky & Gomez, 1983). I think that academic programs should include discussions about psycholinguistic histories in the context of sound clinical interviewing and psychosocial assessments. In addition, agencies that serve bilingual/multilingual communities should include this linguistic history in their initial evaluation process in order to more adequately serve the entire client rather than just their English speaking self.

One participant offered valuable recommendations for academic programs from her own teaching experience. As is discussed in the previous chapter, she recommended an exercise wherein students rely on their nonverbal skills to communicate their understanding of important information to fellow classmates- how can they use their body and other forms of

communication to interact with this person? This experiential exercise shows just how challenging it is for a non-native English speaker to attempt to communicate and be understood in different contexts without being able to use their words. This exercise would be a great addition to a curriculum addressing linguistic competency. Two participants discussed relational styles in the context of conducting treatment. One participant found that he inverted the initial introduction process with his Latino clients, having a lot more “getting to know you” discussions before the treatment began. He found, culturally speaking, that he would be perceived as a cold and stand-offish clinician with his Latino clients if he did not approach treatment in this way. When thinking about culturally competent work, this distinction in terms of diverse therapy techniques and interventions seems essential for curricula in academic programs.

Similar discussions should be encouraged in supervisory settings and can be further expanded to include explorations of a supervisee’s linguistic identity as it interplays with their professional identity. For example, how do I understand my professional identity as it is communicated in Spanish versus in English? As mentioned above, supervision should include conversations about language dynamics in the context of transference and countertransference in addition to discussions about diverse intervention techniques. Supervisors can play an important role in encouraging their supervisees (monolingual and bilingual/multilingual alike) to be sensitive and aware of language dynamics. They can provide a safe space where supervisees can process their own linguistic identity as it is experienced through countertransference with their clients. Supervisors should act as a bridge between their supervisee and the agency to ensure that the bilingual/multilingual therapist is supported in his/her work. An agency should be sensitive to the fact that language is not merely a tool used to convey meaning, nor is bilingual/multilingual work solely about translation. Language delves into the experiences

symbolized and evoked by the words and the social contexts within which they were/are uttered. Furthermore, peer supervision can be an invaluable option for bilingual/multilingual clinicians in and out of agency settings. In agencies where a bilingual/multilingual therapist has a monolingual supervisor, a peer supervision group comprised of other bilingual/multilingual colleagues can be encouraged as an alternative to discussions with their supervisor.

As delineated throughout this discussion, many of my findings support the literature reviewed, while also providing unique additions to the subject of language dynamics within therapy and therapeutic relationships. Clinical social work education would greatly benefit from more inclusive curricula that encourages language awareness and sensitivity and discusses linguistic competency within the larger subject area of cultural competency. It would be extremely meaningful to offer language courses in social work programs that would include, among other things, technical terms in diverse languages for treatment. It is essential for clinical social work students to consider language dynamics in order to provide more adequate and accessible services to their clients and to welcome and support bilingual/multilingual therapists to use their diverse linguistic identities in their clinical work. In this way, clinical social work practice can be greatly enriched by exploring language switching with bilingual/multilingual clients, recognizing same and different language countertransference experiences and truly appreciating the implications of different languages as they communicate and represent a bilingual/multilingual individual's experiences, associations, memories, feelings and identities.

I believe that future research should look at creative ways of including linguistic competency into social work curricula. What tools and techniques can be offered to social work students who are both monolingual and bilingual/multilingual in addressing and understanding the complexities of language in their work with diverse clients? Future research should also

explore the gap in the literature around language related supervision. How can supervisory training programs better support supervisors in encouraging discussions about language with their bilingual/multilingual supervisees? How can we better understand the dynamics that arise when the supervisory relationship exists in multiple languages, such as where language switching may occur and regional differences between supervisor and supervisee exist? As we continue to serve diverse communities it is essential that we as social workers and mental health providers create a space for deeper discussions about language and where we welcome explorations of linguistic identities and “linguistic state[s] of mind” (Javier, 1996, p. 235) as they connect to memories and experiences.

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Appendix A
Human Subject Review Approval Letter



Smith College
Northampton, Massachusetts 01063
T (413) 585-7950
F (413) 585-7994

January 20, 2011

Sofia Rosenblum

Dear Sofia,

Your amended questionnaire has been reviewed and it is fine. We are glad to now give final approval to your project.

Please note the following requirements:

Consent Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your interesting study.

Sincerely,

A handwritten signature in cursive script that reads "Ann Hartman" followed by a flourish.

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Rachel Burnett, Research Advisor

Appendix B

Recruitment Letter

Hello,

I am a student at the Smith College School of Social Work, and I am currently working on my Master's Thesis. As part of my thesis I am planning on interviewing clinicians (licensed clinical social workers, psychologists or counselors) who are bilingual and have had the experience of working with bilingual clients who either have both or just one language in common with their therapist. I am interested in understanding different dynamics that arise within the therapeutic frame with regards to language use and language switching. Please let me know if this is something that you would be interested in participating in. Participation in this study is entirely voluntary.

I do not plan to limit the study to specific languages. I do, however, plan to limit the study to clinicians working with individuals, not families or couples. My goal is to interview clinicians for approximately 45 minutes. I will be audio recording the interview.

The findings of this study will be included (with identifying information removed and in aggregate) in my Master's Thesis, in presentations, and will possibly be submitted for publication.

If you would be interested in participating please email me or call me. This is my personal voicemail so you can feel free to leave me a confidential message. Also, if you have any questions or concerns please do not hesitate to contact me. If you know of any other clinicians who might be interested in participating in this study, please let me know and I will be happy to contact them.

Thank you so much for taking the time to read this. I look forward to hearing from you!

Sincerely,

Sofia Rosenblum
Smith College School for Social Work
MSW Candidate, 2011

Appendix C

Demographic Questionnaire

Sofia Rosenblum
Smith College School for Social Work
MSW Candidate, 2011

*The Role of Language in Therapy: How Bilingual/Multilingual Therapists Experience Their
Work with Bilingual/Multilingual Clients*

Please answer the following questions:

If there is any question that you do not feel comfortable answering, please feel free to leave it blank

1. Age: _____

2. Gender: _____

3. Race and Ethnicity: _____

4. Mental Health Degree: _____

5. Years in practice: _____

6. Languages spoken: _____

7. Languages used in practice: _____

8. When did you learn the languages that you speak? _____

9. In what context did you learn them (e.g.: in school, at home, studying abroad)?

Appendix D
Interview Guide

Sofia Rosenblum
Smith College School for Social Work
MSW Candidate, 2011

*The Role of Language in Therapy: How Bilingual/Multilingual Therapists Experience Their
Work with Bilingual/Multilingual Clients*

1. How do you decide what language treatment will be conducted in?
2. Does language switching occur with your clients?
 - 2a. If so, could you tell me more about that process?
3. When working with a client who shares the same two languages as you, can you reflect on some of the dynamics [such as same language transference/countertransference] that occur during sessions.
 - 3a. Have you experienced same language countertransference?
4. When working with a client who does not share the same two languages as you, can you reflect on some of the dynamics [such as different language transference/countertransference] that occur during sessions.
 - 4a. Have you experienced different language countertransference experiences?
5. If you have worked with individuals who have shared both languages, as well as with individuals who you have shared only one language with, can you reflect on the different ways that you have experienced these respective therapeutic relationships?
6. How do you feel that your own language-related self experience effects and influences your work with bilingual clients? Language-related self experience is understood as a person's language history encompassing a culture with its own associations, memories, experiences, and feelings.
7. Is there a need for language-related supervision for bilingual clinicians?
 - 7a. If so, what would that look like for you as either a supervisee or a supervisor?

Appendix E

Informed Consent Form

Dear bilingual therapist,

My name is Sofia Rosenblum. I am completing my master's degree at Smith College School for Social Work. I am conducting a qualitative study to explore the experiences of bilingual clinicians when working with bilingual clients, in particular understanding different dynamics related to language use, language switching, and countertransference. The data will be used for my MSW thesis, presentations and possible publication.

I am interviewing licensed clinical social workers, counselors, and psychologists providing individual, insight-oriented counseling services for this study. All participants are bilingual clinicians who have clinical experience with bilingual clients with whom they share one or both languages. The research questions focus on individual therapy experiences and do not include other modalities such as couples counseling or family therapy. As the participant, you will be asked a set of interview questions. The interview will be audio-recorded and will last approximately 45 minutes. I will be performing the transcription of the interview.

The potential risks of participating in this study are that discussing your countertransference experiences might cause you to experience some difficult emotions. My hope is that by providing the interview questions to you beforehand, you will have time to think about particular clinical cases and will not feel surprised by any material asked of you.

You might benefit from participating in this study by having the opportunity to share your language-related experiences as a therapist and gain a new perspective on your work. More broadly, your participation may contribute to a new perspective or outlook on treatment methods when working in a bilingual context.

As a participant, you will not be stating your name during the audio recorded portion of the interview. Furthermore, you will be asked not to use the name(s) of any treatment centers or agencies in the interview. You will be asked not to use the names of your clients for the purposes of this research. If such information is disclosed by accident, I will ensure that it will be appropriately removed from the transcription. To help protect your confidentiality, each tape will be labeled with a code letter rather than with your name. Furthermore, the interview tapes, the list connecting your name to code letters, and the signed informed consent form will be kept in a locked cabinet in my home office. All transcribed interviews will be stored on an encrypted flash drive.

I will be the only one transcribing the interviews. My research advisor, Dr. Rachel Burnett, will have access to the audio recorded interviews after the identifying information has been removed.

In presentations and publications themes from the data collected will be presented so as not to identify specific participants. Illustrative vignettes and quoted comments will be disguised so as not to disclose any identifying information such as your name, your age or the place(s) where you practice.

All data will be kept secure for three years as required by Federal regulations. After that time, they will be destroyed or continue to be kept secured as long as they are needed. When no longer needed, the data will be destroyed accordingly.

Participation in this study is entirely voluntary. You may withdraw before the study

begins. You may stop participation in the interview at any point as well as refuse to answer any question(s). You can withdraw from the study until April 15th, 2011. All materials related to participants who choose to withdraw from the study will be destroyed immediately. You will be provided with a copy of this Informed Consent form. Should you have any additional questions, if you wish to withdraw, or if you have any concerns about your rights or about any aspect of the study you are encouraged to call me or email me. You can also contact the Chair of the Smith College School for Social Work Human Subjects Review Committee.

Your signature indicates that you have read and understand the above information and that you have had the opportunity to ask questions about the study, your participation, and your rights and that you agree to participate in the study.

Participant: _____ Date: _____
Researcher: _____ Date: _____