

**What are the Unique Clinical Experiences of Bilingual Couple  
Psychotherapists whose Mothertongue is not English but who Work in  
their Mothertongue in an English-Speaking Professional Environment?**

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## ABSTRACT

This phenomenological qualitative study arises from the context of the contemporary globalised field of couple psychotherapy and highlights unique clinical phenomena in an under-researched area.

The aim is to identify the ways in which bilingual couple psychotherapists who have been trained and work in English professional environments, make sense of their clinical experiences when they use their mothertongue to conduct couple psychotherapy.

Some literature addressing the issue of working in the mothertongue exists regarding individual psychotherapy. However, in the field of couple psychotherapy, attention has not been paid to the clinical implications resulting from the use of a language in which the practitioners have not been professionally trained.

In accordance with the exploratory nature of this study, semi-structured interviews were specifically designed and conducted with nine English-trained bilingual couple psychotherapists. The emergent data was analysed using Interpretive Phenomenological Analysis.

The analysis identified four major themes: 'Dualness'; 'Embracing English Speaking Identities'; 'Clinical Advantages of working in the mothertongue' and 'Clinical Challenges of working in the mothertongue'.

Unconscious elements of the bilingual participants' subjective processes connected to each language are identified, lending themselves to the creation of a symbolic space. This space is understood through the development of the concept of 'Internal Linguistic Liminality'. This concept illuminates key clinical issues relating to the bilingual participants' unique internal emotive associations to the experience of the sound of their mothertongue and their impact on the therapeutic process.

The ways that the use of the mothertongue influences moments of connection or disconnection between the participants and their same-mothertongue patients are explored.

Innovative findings from this small scale study, generate clinical questions for the research field. It alerts the couple psychotherapy community of the need for appropriate training, supervisory and policy provision.

## DECLARATION

I hereby ascertain that this thesis is my own original work.

Eleonora Tsatsas

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## DEDICATION

This Thesis is dedicated to  
John  
and to our children  
Nicholas, Mariana and Despina,  
with whom  
I exist bilingually

**Publication note:** Some of the concepts presented in this Thesis were originally published following my MA Dissertation.

Tsatsas, N. & Hewison, D. (2011). Living in Two languages: A Bilingual Couple Psychotherapist's Experience of Working in the Mother tongue. *Couple and Family Psychoanalysis*, 1, 97-116.



## CHAPTER ONE

### INTRODUCTION

*As you set out for Ithaka  
hope the voyage is a long one,  
full of adventure, full of discovery...  
May there be many a summer morning when,  
with what pleasure, what joy,  
you come into harbours seen for the first time;*

*Ithaka*, C.P.Cavafy, (1992)

#### 1.1 Introduction

Our society is multilingual, multicultural and globally mobile. People with diverse first languages need to find ways to communicate effectively. Despite different linguistic, ethnic and cultural norms, this often means using the dominant acquired language of the environment, in order to assimilate and belong. For some foreigners settling into new host environments, there is a risk, over time, of loss to idiomatic characteristics of their individual original languages, their mothertongues.

This applies particularly to those living and working in London, UK, the most linguistically diverse city in the world (Burck, 2004). The latest data regarding net migration to the UK, shows that immigration has outstripped emigration continuously since 1993 (Migration Watch UK, 2018). According to the most recent Census, in 2011, 22.1% of Londoners list a language other than English as their 'main language' (ONS, 2011). This comprises a total of 1.73 million people. The first language of 43.9% of pupils at state funded primary, secondary and special schools in Greater London is known or believed to be other than English (School Census, January 2012). In multi-ethnic and multilingual communities, access to the "talking therapies" has raised awareness of the need to consider the efficacy of therapeutic services offered (Costa and Dewaele, 2012).

The implementation of the IAPT programme (Improving Access to Psychological Therapies) across the National Health Service since 2011 has focused on accessibility to psychological therapies in clinical settings where the acquired language (English) is used. However, an increased awareness of the

need for linguistically-sensitive training and supervision policies led to an informal evaluation conducted to measure how multilingual psychotherapists experience their “core skills and sense of confidence” (Costa and Dewaele, 2018, p.19).

In the psychoanalytic field, there has been a tradition of reflection on the clinical implications of the language spoken in the consulting room setting. Those writers who have evoked deeper reflection have done so by inviting the reader into a live account of clinical process (Buxbaum, 1949, Greenson, 1950, Perez Foster, 1992, Gowrisunkur et al., 2002, Tsatsas and Hewison, 2011, Costa and Dewaele, 2012, Homayounpour, 2012, Sizoo, 2012, Costa and Dewaele, 2018, Gulina and Dobrolioubova, 2018). Given the linguistic profile of the UK population, due consideration to this issue is critical in order to serve the current needs of the workforce, providing linguistically appropriate services to the community.

Data on therapists registered with the UK Council for Psychotherapy in 2012, indicates that 1.85% of psychotherapists (1298 out of a total active membership of 70085) were able to conduct psychotherapy in more than one language (Costa and Dewaele, 2012). This raises clinical questions concerning the possible issues raised for bilingual couple psychotherapists who are able to conduct psychotherapy both in the dominant English language and in one other, particularly when they choose to offer psychotherapy to patients who share the same linguistic background as themselves.

The impact of the role of the mothertongue on the couple psychotherapists themselves and the understanding of their clinical experiences as these emerge through the therapeutic process, is an area which has received too little attention. In particular, the specific circumstances of the impact these clinical experiences might have as they emerge through the process of couple psychotherapy offered in English-speaking professional settings, is a field which has not yet been considered by the psychoanalytically informed research community.

Cross-cultural dimensions in the individual psychotherapy field have already attracted attention (d'Ardenne and Mahtani, 1999, Eleftheriadou, 2010, Lago, 2011). Georgiadou (2013) has explored the needs of foreign counsellor trainees practicing in English-speaking environments while Christodoulidi (2010) has addressed the ways that psychotherapists' needs are challenged by their move to foreign countries. More recently, Cottle (2014) has identified bilingual therapists' experiences of their sense of linguistic self, relating to their cognitive and psychological processes. However, there is a dearth of research focusing on the unique linguistic aspects between couple psychotherapists and their patients when particular linguistic factors are in place.

As societal changes respond to the diverse linguistic needs of communities, this study addresses the importance of attending to the particular issues relating to the specificity of providing couple psychotherapy in the mothertongue. It aspires to fill a gap in the literature and to contribute to the crucial but under-researched area of particular clinical experiences. It foregrounds the clinical needs of bilingual couple psychotherapists and highlights the pertinence of understanding the impact on them when they practice in the mothertongue while being in their host-country professional environments.

Illumination, reflection and attention to these matters inevitably contribute to practitioners' self-awareness and competence and ultimately leads to an improvement in the linguistically sensitive provision of services, thereby benefitting the wider therapeutic community.

## **1.2 The Research Question**

This study arose from within the context of clinical practice. The researcher's purpose was to examine bilingual couple psychotherapists' clinical experiences working in the mothertongue with patients who share the same linguistic background. Moreover, this phenomenological study focused on unique situations when this work was conducted in English speaking professional environments.

The participant couple psychotherapists themselves were professionally trained and received supervision in English - yet had received no such training in their mothertongue. They were experienced professionals who had settled in host countries and able to offer couple psychotherapy in both English and their mothertongue.

The intention of this study was to gain a better understanding of the ways in which the presence of the sound of the mothertongue raised unique clinical issues and the way these impacted upon the couple psychotherapists themselves during the course of the therapeutic process.

### **1.3 The researcher in the research question**

This study is motivated by my own personal, intellectual and professional understandings contextualised through a) my family of origin, b) my professional learnings as a bilingual couple psychotherapist and researcher in London and c) my personal experiences as a migrant and foreigner.

I offer this section to provide some insight into my subjective relationship to the research question and to disclose the essence of my own investment in the focus of this study.

As such, this study is concerned with making sense of the interplay of external and internal responses, at conscious and unconscious levels, to the mothertongue.

*Perhaps only migrating birds know -  
suspended between earth and sky -  
the heartache of two homelands.*

“Pine” by Leah Goldberg, (1970)

I come from a family of migrants. My maternal background lies in the diaspora of the Greek communities of Asia Minor, driven away and relocated to the other side of Europe. The necessity faced by my grandparents to survive the psychological trauma and to re-build their lives in host linguistic and cultural settings, informed the ways they made sense of their existence in their subsequent lives. Long after the family had later safely established itself in



Greece, I observed, as a second generation witness, the ways that collective history was enacted and verbalised in the everyday life.

My paternal background tracks a different trajectory but also one of migration. Islanders from one of the most arid and inhospitable islands of the Aegean, my forefathers left their meagre livelihoods behind in order to carve out a better future in the big cities of the mainland. In a way, they, too, became migrants - albeit in their own homeland.

Even though Greek was the mothertongue spoken at home, 'foreign' turn of phrases, words, mannerisms and facial expressions were used to punctuate daily communication. The paradox was that the 'other' did not only have to necessarily come from outside the homeland geographical boundaries, but was also from within. I can retrospectively reflect upon my embeddedness in an environment in which individuals in my immediate family were guided at a conscious and an unconscious level to understand their subjective reality through the experience of other linguistic and cultural contexts.

For myself, the centrality of these reflections in the formation of my own inner world would not become apparent until decades later.

The learning of foreign languages was compulsory in my primary and secondary education. By the end of my school years, I could converse fluently in English. I left Greece to pursue further academic studies in London.

I was professionally English-trained as a psychodynamic couple counsellor and over more than twenty years have provided therapy in that language in London. Even when working with Greek patients, English was the language of my professional identity. Therapy and Supervision was all in English. Any gained self-reflection and learnings from further specialised learnings was, in what I now understand, all undertaken in the safer medium of the acquired language. The paradox seemed to be that although it felt internally as if my Greek-ness was overt, I mostly experienced a kind of external admiration for my ability to adapt to the cultural and linguistic norms of my peers. I could blend in. I was accepted. There was no temptation either to bridge the two worlds or to join contextual meanings in both my linguistic selves. It seemed that operating in a split reality between the two languages, where the existence of my Greek

mothertongue self could live in its domestic and social sphere, and yet be totally unquestioned and almost invisible in relation to my professional life.

My professional interest in the role of the mothertongue as a clinical language began when I was asked to work with a Greek-speaking couple using our shared mothertongue. During those early times of being confronted by the clinical issues which emerged, I was often reminded of the words of Hungarian psychoanalyst Judit Zsekacs–Weisz who, reflecting on the bilingual, acquired-language trained therapist, commented “Like an idyllic state, one feels proud and relaxed, the illusion is that you have managed not only to arrive in your new world but that you own the words and grammar again, and this blissful moment lasts until the time the first patient comes who speaks your mother-tongue”(Szekacs-Weisz and Ward, 2004, p.25).

Couple psychotherapy in the Greek mothertongue began with the ease of familiar cultural and linguistic nuanced exchanges. Not only was the language known between us in concrete terms but it provided a symbolic space from where deeper, more sensory memories emerged. These were linked to the acoustic elements carried by the mothertongue sounds but not able to be identified and named.

Despite the sense of connectedness, soon challenges presented themselves; not so much related to language communication with my patients but more related to communication within myself. It felt as if, in addition to the patient couple in the room, the shift into a mothertongue clinical language revealed another couple. This was a couple inside me; that of my two language selves, engaged in trying to find a creative way of communicating with each other. My English-speaking self, fluent in couple psychotherapy vocabulary and concepts, needed to find a way of coupling with my Greek-mothertongue self – the one which kept involuntarily stumbling on the emotional, intricate context of subtleties and inner images, evoked by the mothertongue sounds.

The sense of disorientation made the work of analytic interpretation a challenge. It was difficult to distinguish what belonged to my own encounter with the internal experience of the mothertongue and what belonged to my patients’ material. I was aware that my capacity to reflect on the clinical process had

given way to a preoccupation with the effect of the mothertongue on my countertransference in the “here and now”.

Gradually, I became gripped by the dynamic energy of the specific subjective influences throughout the clinical interaction to which the sound of the mothertongue profoundly contributed and the implications for clinical process which it raised.

Curious about my experiences, I realised that my feelings and my sense of linguistic self were different depending on the language spoken during the therapy. I began searching for relevant professional literature. The dearth of existing material in the field of couple psychotherapy, relevant to the clinical phenomena I had experienced, gave rise to a developing curiosity. My own sequence of thoughts culminated in my undertaking MA studies at Tavistock Relationships. An edited version of my MA dissertation: “Living in two languages: A bilingual couple Therapist’s experience of working in the mothertongue” was published in “Couple and Family Psychoanalysis” (2011),

Completing my Masters has opened up the possibility of exploring further the wider context of clinical language and focusing specifically on the choice of the mothertongue. My decision to pursue a Professional Doctorate is linked to the acknowledgement that on-going learning has made a contribution to my professional practice and to my developing self-awareness. The research topic has enabled me to continue an immersive engagement with a field of particular clinical importance. A psychoanalytic lens applied to the focus of the research investigation of giving prominence to the experiential world of the psychotherapists themselves, particular conscious and unconscious processes to emerge.

Being part of a growing migrant workforce, trained and educated in the language environment of a host country, affords me a unique position to explore the meaning of the fundamental aspects of the choice of clinical language. These aspects relate both to the external professional environment and to the internal, psychic environment of the bilingual self.

This exploration informs my clinical practice and enables a more creative approach to therapeutic engagement. The split I originally encountered in

myself can now be named. This thesis has led me to identify it as the concept of Internal Linguistic Liminality. This connects and makes conscious that linguistic couple inside me.

#### **1.4 Outline of Thesis**

This thesis is presented in six chapters.

**Chapter One: Introduction** presents an overview of the context in which this study is situated. It identifies professional mobility within the field of psychotherapy. It focuses on the specific circumstances of bilingual professional therapists who have migrated from other homelands, have received training in their acquired language and are practicing in host countries.

The research question is outlined. The aim of exploring and understanding more about unique clinical phenomena in a particular professional context is presented.

This chapter also offers some insight into the researcher's own linguistic and cultural background in order to provide both a transparency to my own personal lens as a migrant bilingual therapist, as well as to illuminate the ways that my life experiences have informed and coloured the undertaking of this research.

A summary section concludes this chapter.

**Chapter Two: Living between languages** states the purpose of the chapter. It provides some background thoughts on the question of the use of language in the clinical process. Conceptual variables of bilingualism and of the mothertongue are introduced,

An evaluation of the broader topic of bilingualism in psychoanalytic writing regarding work with individual patients leads to a more specific examination of the ways that clinical language has emerged as a topic of particular importance in the therapeutic process.

The role of the mothertongue in the clinical space emerges as a fundamental component of clinical examination particularly for those clinicians who have migrated from their own homelands and have established themselves

professionally in host linguistic and cultural environments. This chapter tracks the relationship between clinical language and the therapist's engagement with his/her own subjective experiences.

Sub-sections in this chapter point to conscious and unconscious dynamics emerging as a result of the contribution of the mothertongue in enabling points of connection and disconnection during the therapeutic process. The specialised field of interest of this study i.e. the use of the mothertongue in couple psychotherapy, is unrepresented. This study seeks to address that absence.

A summary section concludes the chapter.

**Chapter Three: Methodology** offers the theoretical and methodological foundations of the research methods. This chapter opens with a detailed 'map' of the contents, so that the reader can more easily navigate through its various sections. It offers an account of the evolution of the research choices made and provides justification for utilising Interpretive Phenomenological Analysis (IPA) as a method of analysing data generated from semi-structured participant interviews.

The nature of the relationship between my methodological choices, IPA, my epistemological position and its relationship to my framework for practice is explicated. The study's design section presents a) sampling b) recruitment strategy and c) demographics of the participants. The chapter tracks the process of transcribing, the detailed analysis of interview data and the iterative procedures which lead to ascertaining the emergent themes. Quality criteria are elucidated and ethical considerations explicated.

To add transparency to the research process, sections on reflexivity, on self-reflexivity and diary entries are provided.

A summary section concludes the chapter.

**Chapter Four: Findings** present the four super-ordinate themes linked to clinical phenomena, as they have been identified through the IPA idiographic and detailed analysis of semi-structured interview data. Diagrammatical

depictions of the themes reveal the relationship between super-ordinate and their sub-ordinate themes (figure 3, figure 4, figure 5 and figure 6).

Direct illustrative quotes allow the voice of the participants to be heard in an idiographic manner. Some interpretive commentary accompanies the interview quotes. No existing literature is used in this chapter in order to give primacy to the participants' own voices. This allows the reader to follow the participants' insights. Of particular interest is the relationship between the experience of the sound of the mothertongue in the therapeutic process and the meaning provided by the bilingual participants themselves. Subsections allow for a clarity through the plethora of rich findings.

A summary section concludes the chapter.

**Chapter Five: Discussion** organises a coherent synthesis of the findings and presents the essence of the participants' experiential insights.

Psychoanalytic concepts enable exploration into the participant narratives so that unconscious elements can emerge.

In an effort to depict how the mothertongue is internally positioned in a seminal space and is in a constant, dynamic relationship with the acquired language, the chapter provides an original conceptualisation of the bilingual individual's two linguistic selves. Subsections track the internal emotional responses, as the participants move from their professional linguistic selves to their mothertongue ones, during the therapeutic process.

Clinical phenomena identified in this study are considered in the light of the research question and are reflected upon. Implementation of this study, implications for training policies, and future research suggestions are proposed.

A summary section concludes the chapter.

**Chapter Six: Conclusion** summarises the thesis as a whole. It revisits the original aim of the endeavour, reiterates the research question and the methodological ways in which it has been addressed. The place of this qualitative, small scale study in the broader field of couple psychotherapy and the changing global landscape of its migrant workforce is considered. The chapter concludes with some final thoughts.

## **1.5 Summary of chapter**

This chapter presents the broad context within which this thesis is located. It identifies the relevance of the research question in today's globalised professional environment. It presents information on my personal and professional background and its relevance to the motivation for conducting this study.

An overview and explication of the structure of the study concludes this chapter.

## CHAPTER TWO

### LIVING BETWEEN LANGUAGES

*We know the world by naming it. We know the world through the language we name it.*

*Dialogues in the Diasporas*, Nikos Papastergiadis (1998, p.86)

#### 2.1 Introduction

The purpose of this chapter is twofold: firstly, to identify and appraise areas of literature that inform and enrich the field of the practice of bilingual psychotherapy and secondly, to make novel contributions that advance clinical insights in the under-researched field of the use of the mothertongue in couple psychotherapy.

The literature chosen is contextualised within clinical practice and, therefore, relevant to this study's research question. The focus has been the selection of existing clinical texts which explore general issues concerning the role of clinical language and, more specifically, its impact on the therapeutic process.

Aspects of bilingualism and the ways that it relates to clinical language, are explored from a variety of perspectives. These evidence the extensiveness of the ways that these perspectives have been understood to influence the clinical endeavour.

This chapter also addresses a gap in the professional literature concerning unique clinical elements in couple psychotherapy, which arise when the mothertongue, rather than the acquired language of the professional training and the working environment, is chosen as the clinical language between bilingual couple psychotherapists and their bilingual patients.

The literature presented here considers the ways that the links between language and clinical experience have been understood by bilingual/multilingual psychotherapists. The increasing globalised movements of diverse populations away from their homelands have required both psychotherapists and their patients to work across languages, often in the dominant language of the host



countries in which they settle. Developments relating to multilingual sensitivity have resulted in an acknowledgement of the value of linguistic diversity in the field of psychotherapy (Santiago-Rivera and Altarriba, 2002, Imberti, 2005, Costa and Dewaele, 2012, Dewaele and Costa, 2013).

However, lack of empirical research regarding the impact on the psychotherapists themselves following the provision of services in a language other than that the one in which they have been professionally trained, namely the mothertongue, has resulted in a topic of particular clinical importance which remains under-explored.

To this end, this chapter illuminates and advances the understanding of specific aspects of the impact of the mothertongue on psychotherapists' own clinical experiences when they are engaged in a therapeutic process with patients from the same linguistic and cultural backgrounds.

## **2.2 Chapter Overview**

Section 2.1 provides an introduction and states the purpose of the chapter. It contextualises the chosen literature and traces the emergent interest in understanding the impact of the clinical language on the therapeutic process. Throughout the chapter, important issues relating to the impact of bilingualism and the mothertongue are identified through a historical overview.

Section 2.3 presents some background thoughts regarding language as evidenced in early psychoanalytic thinking.

Section 2.4 presents the ways in which bilingualism and the mothertongue have been conceptualised and explored.

Section 2.5 traces the emerging recognition of bilingualism in the field of individual psychotherapy. The section's subdivisions detail how clinical language emerged as the focus of interest in the psychoanalytic field. The growing awareness of the sense of a linguistic self is evidenced.

Section 2.6 presents the mothertongue as a focus of clinical enquiry. This section tracks the psychoanalytic writing concerned with the relationship

between the emotional aspects of the mothertongue and early life experiences. The link between the use of the mothertongue and the emotional impact on bilinguals who have migrated in host countries is elucidated.

This section's subdivisions illustrate the emotional components live in the mothertongue. The complexities of the psychic processes which are contained in the mothertongue are considered.

Section 2.7 presents the single existing case study to date where the impact of the mothertongue on the acquired-language trained therapist is examined.

Section 2.8 identifies the relevance and timeliness of the research question in the current globalised psychotherapy field.

Section 2.9 summarises this chapter.

### **2.3 Background thoughts on language**

The conscious and unconscious aspects of language create a space in which the participants in the consulting room engage in the "talking cure", a term coined by Josef Breuer's patient Anna O and later embraced by Freud (Freud and Breuer, 1895).

Quoting Freud, Homayounpour and Movahedi posited that psychoanalysis makes use of words as "the essential tool of mental treatment" (Freud, 1905, p.283). This essential tool presents a window to the patient's psyche during the therapeutic process and is "the subject of analysis and subject to analysis" (Homayounpour and Movahedi, 2012, p.114)

The process requires the development of "a metaphorical language adequate to the creation of sounds and meanings that reflect what it feels like to think, feel and psychically experience...." (Ogden, 1997, p.5). The psychotherapist's awareness of his/her own relationship to the language spoken in the consulting room enhances understanding and interprets patients' narratives. This can pave the way for better communication in the clinical interaction.

Most of the literature presented in this chapter features bilingual psychotherapists' experiences during clinical sessions where the focus has

been the patients' experience. As Heimann reflected, early psychoanalytic thinking of bringing unconscious phantasies to consciousness followed Freud's suggestion that the analyst's function is "to act as a mirror to the patient" (Heimann, 1956, p.306). However, a new appreciation of the analytic process evolved, illuminated by Heimann's concepts (1956).

Heimann (ibid.) posited that "A mirror has no self, so to speak, no independent existence; it is there to reflect the patient. Thus the analytic process is carried out by a team of two persons acting as a functional unit in which separate roles are accorded to each" (Heimann, 1956, p.306). The analyst's inevitable experiential contributions impact both on the process and on the analyst himself/herself. These contributions, described by Heimann as "reciprocal...prompted responses" (ibid.) require the analyst to be "aware of himself, his personal peculiarities" (ibid.). Self-reflection and awareness is therefore "one part of the analytic situation" (ibid.) and creates the backdrop of the ways that the analyst understands and interprets the clinical material.

The selected literature in this chapter endeavours to illuminate instances where *the mirror* (as described by Heimann) has reflected something of this and where the impact on the bilingual psychotherapist has been identified. Some of the earlier literature addresses the clinical impact on the analyst more subtly whereas, over the last few decades, the experience of the analyst during the clinical process has been foregrounded as an area of clinical importance.

Some PhD published studies have provided backdrop reading while compiling this chapter. Broad aspects around clinical language and the psychotherapist's own experience were encountered in Sella (2006), De Medeiros-Ducharme (2000), Buyson (2010), Cottle (2014), Salsberg (2015). Although this study was not concerned with the particular angle of the Greek mothertongue, linguistic and cultural echoes were found in Christodoulidi (2010) and Georgiadou (2013). None of the above studies were located in the field of couple psychotherapy.

## **2.4 Conceptual Variables of Bilingualism and Mothertongue**

What exactly is meant by the words *bilingualism* and *mothertongue* in the context of this study? What is the linguistic framework in which these terms are used?

These terms, bilingualism and mothertongue, speak to the linguistic realm examined in this study in which couple therapists' clinical occurrences take place. These occurrences, which are uniquely linked to conscious and unconscious processes, have been described by Perez Foster as the "living dynamics of speech" (1998, p.15).

The definitional details of bilingual competency would be relevant to wider developmental aspects of any bilingual couple psychotherapist who was trained and who practiced in his/her acquired language environment. For the purposes of this study, however, what was of interest was the specific impact that bilingualism had on the clinicians who used their mothertongue as their professional language.

#### *2.4.1 Bilingualism: some conceptual variables*

The Concise Oxford English Dictionary defines bilingualism as "1: the ability to speak two languages fluently 2: the ability to express oneself in two languages" (2011)}. Dewaele suggested that the term bilingual was "ubiquitous yet abstruse" (Dewaele, 2009, p.103), meaning that there is an often-assumed understanding of the term by readers. As a consequence, no clarification or definition is offered or feels needed by the reader. Dewaele observed that, as a result, some studies in second language acquisition, language teaching, sociolinguistics or psycholinguistics "may all be applying different definitions and readers may be applying yet other ones" (p.103).

Broader aspects of bilingualism variables were examined by Marcos and colleagues in a number of empirical studies (Marcos and Urcuyo (1976), Marcos (1976a), Marcos et al. (1977)). Bilingual individuals were identified as "specialised" and "unspecialised", where specialised bilinguals employed "exclusively one language in specific domains", for example one language in their home settings and another in their work environment etc. (Marcos, 1976a, p.349).

This clarification linked directly to this study's explicit field of investigation which is concerned with identifying clinical circumstances in which this delineation may not be so clear. According to this "specialised" variable, the study refers to bilingual couple psychotherapists who received professional training in English and who have English language proficiency in their specialised field. For those couple psychotherapists, mothertongue is usually used in non-professional, familial/social settings.

#### 2.4.2. *Mothertongue: some conceptual variables*

The Concise Oxford English Dictionary defines mother tongue as "a person's native language" (2011).

Amati-Mehler *et al* posited " 'mother tongue', 'madre lingua', 'alma mater' are some of the more verbal images suggesting that the function of language is 'taken in' and learned at the mother's breast together with her milk" (1993, p.68).

Homayounpour & Movahedi presented a similar concept when they cited Anatole France, the French writer, (1844-1942) who put forth "Our language is our mother and our wet nurse, we must drink at the source" (Homayounpour and Movahedi, 2012, p.114).

In the course of exploring the lived experiences of multilinguals, Burck (2005) coming from the field of systemic psychotherapy, suggested (citing Volosinov, 1986) that children are constituted as *native speakers* because they are invited into linguistic and cultural practices from babyhood. She posited "By the time they can speak, language is already there in the shape of words" (Burck, 2005, p.11). She highlighted that the term 'mother tongue' prevailing in Western societies, "is still very much associated with mothers, despite attempts to alter and acknowledge other parenting arrangements" (*ibid.*). She has chosen to refer to "first language" both in her research work and in her investigations around language choice for parenting.

Psychodynamic orientated clinician Perez Foster has conceptualised clinical issues around the choice of the mothertongue. She proposed that this language

is deeply intertwined with the internalised representation of the important adults from whom the infant learns the first verbal sounds and thus becomes “integral to the aspects of self-experience and expression that evolve within those language specific object relationships” (Perez Foster, 1998, p.16). This study advocates in favour of the potency of a language and its associations with the evocation of an infant’s earliest experience of linguistic sounds. It argues that the most basic attempts towards learning to communicate by the spoken word takes place within a creative shared space between an infant and those carer adults present in his/her early environment where emergent sounds convey the emotionality of the particular language spoken.

In this research study, the use of the term *mothertongue* implies a world of evocative enveloping sounds into which a pre-verbal, physical and psychological entity (a baby) emerges.

The use of the word *mother* in *mothertongue* should, by no means, be interpreted to imply an exclusion of the father. Rather, it speaks to all of what is encompassed during the earliest language exchanges when an infant is immersed in a matrix of influences, be it mother, father, family society etc.

Interestingly, the etymology of the word *matrix* comes from the Latin word for *mater*, meaning mother. The Oxford English Dictionary defines it as a “place or medium in which something is bred, produced or developed; a setting or environment in which a particular activity or process occurs or develops; a place or point of origin and growth.” (2002)

It is for this reason that the conceptualisation of the indivisible connectivity between mother and tongue is represented throughout this study by joining the two words *mother* and *tongue* into one: ***the mothertongue***.

## **2.5 Bilingualism in psychotherapy**

### ***2.5.1 An absence of Mothertongue reflection on early psychoanalytic language***

In Sigmund Freud's Vienna, at the start of the 20<sup>th</sup> century, linguistic dexterity, bilingualism or polyglotism, were the norm. For Freud's contemporaries and followers – Karl Abrahams, Alfred Adler, Margaret Mahler and Melanie Klein - being well versed in many languages and moving between European cultures and capitals was an everyday experience. For the emigrant “border crosser” (Shapiro, 1996) linguistic dexterity was the academic and professional currency that enabled traveling and practicing psychoanalysis away from their homelands. Despite the fact that, as émigrés and/or exiles, many psychoanalysts practiced in polyglot environments and hardly any analysis was conducted in the mothertongue either of analyst or of patient, this did not seem to be considered a feature of clinical importance in psychoanalytic writing (Amati-Mehler et al. (1993), Kadryov (2002), Dewaele (2004a), Sella (2006)).

The analytic language used in Freud's earlier clinical cases was German, the second language for most of his patients. However, in the years immediately following the First World War, his choice of patients was heavily conditioned by his economic situation (Amati-Mehler et al., 1993, p.25). The change in the patient base necessitated that English took precedence in his clinical work. This was not without challenges. He privately noted that he found English “strenuous” (Akhtar, 1995, p.132). In private communication he wrote “I listen and talk to Englishers 4-5 hours a day but I will never learn their d - d language correctly.” (Amati-Mehler et al. 1993, p. 27).

Anna O, the patient in one of Breuer's and Freud's early cases (1895) was a speaker of many languages. During her analysis, unable to express herself in her German mothertongue, she “laboriously gathered together” (Amati-Mehler et al., 1993, p.83) words from other languages in which she was fluent. Her various ailments (paralysis, contractions, anaesthesia and a vivid speech disorder) seemed somehow to find representation in the fluency of the different languages she had at her disposal: English, French, Italian (spoken) and Latin (written).

For Freud, what was of clinical importance was the psychotic disorganisation of spoken and written language. As Amati *et al* posit, no “specific observation” was made in classic psychoanalytic literature on the subject of the clinical languages and an individual's childhood experiences. (Amati-Mehler et al., 1993, p.82).

In their book "The Babel of the Unconscious", Amati-Mehler *et al.* introduced the concept of the myth of Babel as a metaphor to explain how various forms of speech "splintered from the fragmentation of the primordial language" used by Adam (Amati-Mehler *et al.*, 1993, p.4). Citing *Genesis* (2:19) the authors present the biblical world where God scattered Adam's children and "confounded their language so that they may not understand each other" (p.5). Thus, based on the synonymous myth (*Genesis*, 11:1-9), the use of the word Babel is a figure of speech to describe how human beings appear to experience the confusion and fragmentation of the diversity of languages. "Confusion invokes Babel and Babel plays on confusion" (Amati-Mehler *et al.*, p.5) The conceptual link is with the complexities of the internal sounds and unconscious associations that continuously live in the linguistic processes of people who conduct their lives in more languages than their mothertongue" (p. 18).

Amati-Mehler *et al.* have given consideration to this period of psychoanalytic history in the light of the myth of Babel to describe linguistic confusions which existed. As Freud often observed, his patients returned to their familial dialects in their dreams. At the time of early psychoanalysis, analysts and their patients might have spoken in such complexity of languages that "it was difficult to work out which was the mothertongue of each" (p. 23). However, it is known that in the small group of his contemporaries, hardly anyone underwent analysis in their own mothertongue (*ibid.*).

Looking back and having considered the cultural, linguistic and social setting of those Vienna times, Akhtar (2006) posited that a possible explanation for the lack of interest in language by the early theorists of psychoanalysis might have been twofold: a) the theoretical focus at the time was on the individual's early intrapsychic life and b) the linguistic dimensions of the external environment as well as the historical and sociological factors in adult life were not considered to be universally relevant.

Sandor Ferenczi's work is an exception to the paradox of the absence of the neglect of the significance of language and particularly, bilingualism in the clinical setting. Born in Hungary to a Polish mother, Ferenczi emigrated to Krakow and later to Vienna where he was accepted for training analysis by Freud. Of all the polyglot writers of the time, Ferenczi was a forerunner of



subsequent interest in bilingualism in the clinical process, writing specifically about the impact of each language on the patient. His seminal paper “On Obscene Words” (1911) described how sexually explicit expressions had a greater emotional impact when uttered by the patient in her mothertongue rather than in her second language.

Akhtar has pointed out (2006) Ferenczi’s contribution to the understanding of the way that the second language provided a distance from the patient’s “strong superego retribution” (p.1333). The superego, the mental facility that has the power to prohibit aspects of the individual’s psychological organisation, allowed for a safe distance from the patient’s difficult areas of psychological life.

Ferenczi’s (1911) clinical observations on the connections between language and the internal world pioneered the centrality of bilingualism as part of clinical phenomena identifying the links between language and the internal world. Most notably, what was particularly highlighted was the emotional valence of the individual’s mothertongue.

### *2.5.2 An emerging psychoanalytic interest in bilingualism*

The emergent field of clinical interest followed the flight of a body of psychoanalysts and other intellectuals from Europe in the 1930s. Regardless of the reasons that caused these professionals to leave their homelands, the impact of the migrations had an effect on the individuals, forcing them to confront numerous difficult linguistic transitions.

In the 1950s, three influential psychoanalytic papers authored by Buxbaum (1949), Greenson (1950) and Krapf (1955) emerged from these transitions. Written as case studies, they paved the way for a systematic focus on the question of bilingualism in the clinical process. Not only did the papers explore how individual patients’ choice of language elucidated the psychic links to their linguistic internal worlds but, more importantly, the papers revealed glimpses into the writers’ inner relationship with their own bilingual selves.

The three papers presented novel subjective elements relating to their authors’ interest in how language explicitly affected clinical experiences. They also

revealed a breadth of themes which, in subsequent decades, underpinned much of the analytic understanding of the impact which the clinical language had on some of the therapeutic processes.

Some brief details about the authors' linguistic origins have acted as a lens, through which a better understanding of their clinical interest in bilingualism can be achieved.

Like Ferenczi before them, the three psychoanalysts emphasised the interplay of the patient's psychological processes which related to their choice of language for the purposes of psychotherapy. All three papers argued that the choice of the second language had important clinical implications due to its defensive nature. The writers suggested that the patients' links to oedipal conflicts relating to early repressed sexuality would have been more pronounced and might have elicited more powerful associations had the mothertongue been the clinical language of choice.

The three writers explored the relevance of language because of their first-hand experiences with their patients. What became apparent were the complex ways in which bilingualism affected the clinical process.

In her seminal paper "The role of a second language in the formation of ego and superego" (1949), Viennese-born bilingual Seattle psychoanalyst Buxbaum, suggested that the use of the second language facilitated treatment with bilingual patients because it circumvented the superego, thus allowing more of the patient's material to emerge. Her clinical case material referred to four bilingual patients, two of whom, boys, 6 and 8 years old, belonged to families of German origin who had recently migrated to the US, Buxbaum's host country.

In her observation about the boys' heavy German accent - which was never discussed in their analyses - the analyst also revealed something important about her own sense of self and the subjective experience of her own language intonation. She commented that "...an identification with my way of talking could not have improved their speech. It is therefore more remarkable that despite my own faulty pronunciation these children should have improved theirs" (Buxbaum, 1949, p.279).

Buxbaum linked her young patients' accent to an attempt to hold on to their past experiences and to their German speaking families. As an analyst using her acquired language, she experienced herself as belonging to those who "retain an accent and, although they may be unable to speak their own language, they never learn the new one perfectly. They are thus foreigners in both languages. ..." (Buxbaum, 1949, p. 279). This begs the question of whether by raising the matter of her patients' accent, she also may have been holding on to her linguistic roots.

On this issue, Amati Mehler *et al* (1993) have reflected on the role played in the therapeutic relationship by the analyst's own attitude to "both the meaning and the prosodic aspect" of speaking with a heavy mothertongue accent. Links with preverbal, emotional ties were suggested, closely connected to issues and difficulties of "separation-individuation from parental figures" (p.48).

In 1950, Greenson, a physician of Viennese origin, who had trained in the USA, presented the analysis of a bilingual female patient who used both English and German at the start of the clinical process. However, when the material progressed to themes around the relationship with her mother, the patient's unwillingness to use German revealed her feelings associated with unresolved infantile conflicts. "In German I am a scared, dirty child; in English I am a nervous, refined woman" (Amati-Mehler *et al.*, 1993, p.19). For this patient, bilingualism offered a flight from painful experiences and circumvented her resistance. Greenson elucidated how the second language offered a chance for the establishment "of a new self-portrait" (*ibid.*, p. 20). He suggested that "the auditory incorporation of words" (*ibid.*, p. 22) was a critical factor in the ego maturation of an individual's early years and described it as "speech is on the one hand a means of retaining a connection with the mother as well as a means of becoming separate from her" (*ibid.*, p. 22).

These two papers paved an important way of clinical considerations around both the individual's psychic investment to language as well as the powerful constancy of oral pre-oedipal connections to the patient's inner linguistic selves.

Krapf, who was forced to migrate from Germany to Argentina in 1951, introduced himself in his 1955 paper as a multilingual "able to psychoanalyze in Spanish, English, German and French [with] a working knowledge of Italian and

Portuguese” (Krapf, 1955, p.355). He practiced in a polyglot environment where “the cultural value of second or third language is keenly felt” (ibid., p. 345). As a result, although he commented that passing from one language to another during psychoanalysis might have often been a matter of patient choice, he nevertheless warned, “I do not say “free” choice because this paper will show to what extent it is, in fact, unconsciously determined” (ibid. p.345).

He posited that it was the patient’s ego which unconsciously influenced the choice of language in the clinical process. The second language was used “to resist analysis or to weaken it from the strength of a paralysing prohibitive superego” (ibid., p. 345) whereas the mothertongue was named as the language of the id, a register of sounds and words that could evoke early childhood experiences, wishes and memories.

Krapf highlighted that “the meaning of the choice for the ego is always the same: the ego is protected against intolerable anxiety caused by the superego” (ibid.p.354).

In order to understand the wish to keep away from painful material related to psychosexual infantile conflicts with parental figures in early development, Krapf acknowledged the impact of the mothertongue on the individual’s psychological development and linked this impact with both Buxbaum’s investigation into the psychopathology of the “foreign accent” (ibid, p. 343) as well as Greenson’s (1950) concepts that the use of a second language enabled the avoidance of painful memories as well as aspects of clients’ self-knowledge which might have been contained in the mothertongue.

With a view to illustrating the links between language choice and “the defences against the old infantile impulses” (ibid., p.347), in a clinical example, Krapf’s patient is understood to be resisting speaking about sexual matters in his English mothertongue, possibly because of the power of the linguistic transference where “he treated his psychoanalyst like a mother, fearing her punishment” (ibid., p. 345).

Perhaps because of the multiplicity of languages in his consulting room, Krapf was particularly sensitive to his own linguistic and auditory contributions. For example, while describing one of his female patient’s resistance to the German

mother tongue, he wondered whether “it had something to do with my speaking German like her mother by whom she had feared she would be poisoned or otherwise destroyed” (ibid., p. 352).

Krapf drew attention to what he described as “the exceptional ... auditory sphere” (ibid., p. 355) of early language. In this clinical example, the mothertongue sounds spoken by the psychoanalyst, had evoked something akin to what decades later Anzieu described as “the bath of speech in which a baby is immersed” (Anzieu, 2016, p.229).

The original interest in the subject of bilingualism around the middle 1950s was followed by years of psychoanalytic literary paucity. Only in the last quarter of the twentieth century, clinical interest began to expand (Marcos and Urcuyo, 1976, Marcos et al., 1977).

The understanding of clinical phenomena which evidence a link between the sounds of a language to a bilingual patient’s relationship to emotional aspects of their inner worlds, has more recently been scrutinised and defined.

Psychoanalysts who have contributed to broader fields of enquiry include Pavlenko who investigated concepts of “linguistic relativity” (Pavlenko, 2006, p.13), Perez-Foster, who studied the arousal of “language-related self-schema” (1998, p. 2018) and Tsatsas & Hewison who identified clinical possibilities of “creative linguistic intercourse” in mothertongue couple psychotherapy (2011, p.113).

A growing recognition emerged, suggesting that similar phenomena which were originally observed in bilingual patients only, also applied to bilingual therapists. This opened up important and far-reaching implications for the clinical field Perez Foster (1992), Perez Foster (1996), Gowrisunkur et al. (2002), Antinucci (2004), Iannaco (2014), Walsh (2014), Czubinska (2017) Carra-Salsberg (2017). As psychotherapists’ own clinical self-awareness began to develop, reflections upon their inner worlds highlighted the ways they made sense of themselves in relation to clinical processes.

### *2.5.3 The bilingual therapist’s language- related sense of self.*

An example of a particular challenge faced by bilinguals who acquired their second language in adulthood, as a result of their migration to another host country, was provided by Hungarian-born Margaret Mahler. Upon immigrating to America in 1939, she was one of the few psychoanalysts to write openly about the immigrant's shifting sense of identity during the process of adapting to a new linguistic environment. Difficulties with the English language and speaking "with a Viennese accent" led to feelings of alienation not only from her English-speaking environment but also from her Hungarian colleagues (Stepansky, 1988, p.103). She described the impact of the relationship between linguistic inadequacy and accent/pronunciation on her sense of self. This challenge which she faced when she was invited to speak in English, resulted in her having a sense of a *different* self; one that lacked effective communication or a sense of agency. She reflected "Many of us - including me - spoke so little English that we could never hope to be understood" (ibid., p. 103).

A conscious awareness of the experience of feeling like two different persons with different levels of linguistic confidence, of "hearing themselves as two distinct individuals" or "not being the same person" was also suggested by Marcos, Eisma & Guimon (1977). When examining their work with bilingual patients who learned their two languages in distinctly different cultural contexts, the authors identified their patients' alternate, and not necessarily congruent, experiential inner worlds according to the language spoken. The importance of this language-specific, auditory feedback was thought by the authors to be a crucial component for the development of an enhanced sense of identity. The bilinguals' response to sensory awareness was the development of "self-observation, self-evaluation and self-regulation" (Marcos et al., 1977, p.286).

These observations were closely linked to earlier writing by both Buxbaum (1949) and Mahler (Stepansky, 1988). The experience of the analysts' hearing of their own voice became a subject of clinical reflection. The impact which the sound had in the consulting room opened up clinical interest in subjective experiences linked to clinical language. Whilst these were explored extensively with particular emphasis on the bilingual patients, they also exposed the impact of the clinical language on the psychoanalysts themselves.

As interest grew concerning the links between language, cognition and emotions (Javier, 1989a,, Javier, 1995 #270), the implications of clinical language between bilingual psychotherapists and bilingual patients emerged as a focus of clinical consideration. The focus centred on the analyst's sense of empathic connectedness with the material as well as to the feelings elicited in the patient regarding the clinical dynamic. As a result, the realisation emerged that clinicians themselves needed to be "working through" towards an understanding of their own responses (Javier, 1989b, p.89).

Consequently, there was a growing awareness of the profound relevance of clinical language and its ability to facilitate a metaphorical space in which to respond, relate and analyse what was being communicated in the consulting room. Patients and therapists who could communicate closely in two languages were presented with the opportunity to explore how their bilingualism and related cultural contexts informed the clinical process. In addition, the clinician's language-related self-experience came to light as a new component of interest in the field of clinical communication (Perez Foster (1996); Clauss (1998))  
Psychotherapists reflected on their personal experiences during the therapeutic exchanges in the consulting room. This paved the way for a more nuanced understanding of the ways they understood and made sense of their own clinical language-related interventions. For example, professionals who had Spanish as their mothertongue but migrated, and subsequently worked in an English-speaking host country, continued to associate their mothertongue with family and private life while the acquired English language facilitated the path towards a different sense of a professional self (Verdinelli and Biever (2009)) .

The ability to switch languages during therapy was examined as an area of clinical interest from the perspective that the choice of a second language could be understood as a defensive posture linked to psychic repression. However, as Greenson had posited several years earlier, the presence of defensive processes also offered the "establishment of a new self-portrait" (Greenson, 1950, p.20). The use of two languages was understood as offering bilinguals new possibilities towards a less conflicted identity. This concept, in turn, opened up new related areas of clinical investigation.

Over the second half of the last century, bilingual therapists themselves began examining their own sense of their linguistic needs in relation to the professional languages they were speaking. It became necessary for therapists to develop different levels of fluency within their languages as a result of different types of migrations (economic, educational, and political) and the need to meet their own professional requirements. These developments were “domain specific” (Grosjean, 1996, p.2), i.e. bilingual individuals would a) would have had differing levels of literacy between their languages or b) might have reduced speaking fluency in one of their languages, namely that only spoken with family and friends or c) would have developed a greater fluency in a particular aspect in one of their languages.

Perez Foster (1996), extensively explored the notions of language-related self-representation in the clinical process when drawing together concepts concerning bilingualism from the fields of psycholinguistics and psychoanalysis (1998). The case material in her studies illustrated that each language could be understood as a “characterological organizer of experience” (Perez Foster, 1998, p.102) meaning that the bilingual’s languages were represented in clearly distinct (as well as some overlapping) areas of the mind (ibid.). She proposed that the linguistic associations of the bilingual therapist and his/her client impacted on the clinical process by affecting the enactments of past experiences and feelings between them. This clinical dynamic was described by Perez Foster as the “phenomenon of experiential and psychic duality” (ibid., p. 99).

A wealth of contributions emerged from the Spanish-speaking field of bilingual psychoanalysts through empirical and theoretical studies (Marcos, 1976a; Marcos & Alpert, 1976; Marcos & Urcuyo, 1979). Later, Mirsky and Kaushinsky (1988) further developed concepts relating to psychological processes inherent to immigration. They asserted that, in the process, in addition to language, the new country and the homeland could also become the objects of intense ambivalent emotions (Mirsky and Kaushinsky, 1988). Under the sway of this ambivalence, either country could either become all good or all bad.

Perez Foster further creatively conceptualised complexities related to the process of immigration as “meanings of interiorised versions of the self” (1998,



p. 63). She identified two sets of internal experiences, of expressions and of memories for the bilingual individual. The experience of their two linguistic part-identities lay in whichever language was spoken at the time.

Psycholinguistic studies of bilinguals' narratives evidence how self-experiences were presented differently in each language (Koven, 1998, Koven, 2001). What emerged when French and Portuguese bilinguals described their feelings as they narrated the same events in each language, was how differently they experienced their sense of self and how they were subsequently experienced by their peers in a broader social context.

It would not be difficult to imagine then, that just as bilingual patients unconsciously become involved in psychic structures and defences, depending on which language they use, in the same way different languages open different linguistic senses of self to bilingual psychotherapists. Internal movements between the early-acquired mothertongue and any subsequent intellectually-bound second language would have pointed to contrasting experiences and social identities Koven (1998).

A contribution by Movahedi, an Iranian analyst, pointed a similar analytic lens to the ways that both analysts and patients experience their differing linguistic selves. He examined multilingual and fluent same-language analytic dyads, who enter into a clinical relationship in professional environments where an acquired language is spoken. The author posited how both the choice of a particular language as well as changing from one language to the other during the clinical process is driven by "unconscious fantasies and memories of early childhood experiences" (Movahedi, 1996, p.837). These, built into the mother tongue and defended by the speaker's flight into the "auxiliary world" (p. 846) of another language, create a greater emotional distance from the individual's internal anxiety-provoking linguistic representations.

Movahedi's particular understanding of clinical dilemmas relating to language choice in the consulting room, illuminates the connection between either the patient's eagerness or the refusal to speak with the "analysts' feelings and dispositions" (p. 857). He conceptualised language as "a kind of reality trap" (p.859) with sets of distortions, delusions and arrays of social truths.

He argues that it is the bilingual analyst's conscious or unconscious communication that often sets the tone for the basic ground rules of the therapeutic encounter. Given that the choice of a particular language contains "personal affective and experiential psychic baggage" (p. 842) his thesis is that the mothertongue is the appropriate medium through which early childhood conflicts can ultimately achieve "freedom from the control of personal and conventional schemas that shackle one's feelings and thoughts (p. 860).

Movahedi's understandings directly relate to the core of this study which places the mothertongue at the centre of clinical examination in host language environments. When speaking the mothertongue in the consulting room, the therapist has to internally balance both the language that retains and can immediately recall early life experiences as well as experiences linked to another language.

Studies from the field of linguistics have encouraged systematic analyses of the connections between the bilingual speaker's emotions and his/her sense of self. The outcome of these studies present information on the emotional impact on bilingual individuals when they switch from one language to another.

A web-based questionnaire concluded that bilinguals behave and respond differently depending on whether they speak their mothertongue or an acquired language (Dewaele, 2013). Participants were asked whether they experience themselves differently according to the language spoken and 65% answered affirmatively.

Extensive studies on bilingualism, theories and understandings related to the emotional expression and representation in each language revealed rich accounts of the ways that speakers feel like a different person when switching languages (Pavlenko, 2006).

In a personal account, Wierzbicka posits that each language contains its own words for specific emotions. "Emotions are central to human life and bilingualism provides a new perspective on emotions, which promises to lead to new insights" (Wierzbicka, 2004, p.94). Not only emotions, but concepts transferred from one language to the other may well stir particular feelings for the speaker in one linguistic context but not in the other. By way of illustrating

her point in the context of her own Polish-English languages, she notes that it is her whole linguistic identity which changes, so much so that she does “not only project a different persona” but is “in fact a different person” (ibid., p.98) in the two languages. She emphatically suggests that although this position cannot be scientifically proven, it is the testimonies of bilinguals that attest to the different feelings attributed to the mothertongue and acquired languages.

Consideration is given to the themes raised in this section by the above bilingual writers and the link this has with this study’s research question. The mastering of the language of a host country has been shown to be important, because it assists assimilation into the new environment through the development of a new linguistic identity. This then begs the question as to whether the training in the host language could provide a satisfactory alternative professional sense of self when it comes to working in the mother tongue. The very essence of this study attempts to address this question.

#### *2.5.4 Recent contributions on bilingualism in the clinical field*

Research in the fields of neurophysiology and psycholinguistics have expanded the field of inquiry related to bilingualism in the clinical process. The significance of clients using their second language to undergo therapy, has been examined in relation to language-switching and the ways that the defensive detachment, facilitated the access to emotional material. (De Medeiros-Ducharme, 2000, Burck, 2004, Sella, 2006).

More recently, the bilingual psychotherapist’s language-related clinical experiences have been explored (Sprowls, 2002, Sella, 2006, Verdinelli, 2006, Tsatsas and Hewison, 2011, Czubinska, 2017). Two parallel challenges faced by the bilingual psychotherapists who practiced in a language different to their mothertongue were a) the acquisition of a new language proficiency and b) professional language fluency. Areas of personal struggles related to these challenges have been broadly studied by numerous writers in the field.(Stepansky, 1988, Verdinelli, 2006, Verdinelli and Biever, 2009, Buyson, 2010, Cottle, 2014).

Sprowl’s (2002) study focussed on bilingual psychotherapists’ sense of professional selves and the link to their two languages. Their self-experience of

language barriers between Spanish and English revealed important themes for the field. Primarily, what was explored, was the ongoing inner translation of words and their meanings, as well as the difficulties arising out of the non-translatable meaning of certain words between the two languages.

The importance of the findings of Sprowl's study was how the clinical interventions of the participating interviewees were reportedly enhanced, when they had a better sense of the relationship between a language and its cultural context. The study concluded that the link between working in a second language and a sense of a professional self, was considerably improved through knowing more about the cultural domain of the patient's language.

Verdinelli (2006) examined some of these linguistic dimensions. Research concerning the experience of Spanish–English bilingual therapists focused on the ways that the process of therapy was affected by the use of two languages. The therapists self-reported on the degree of professional integration they perceived, when dealing with issues of cross-linguistic and cross-cultural clinical issues. The research systematically tracked how the participating therapists felt self-conscious about their fluency in their patient's language. What was highlighted was that the difficulties in pronunciation and a lack of confidence in the therapists' clinical interventions led to a sense that their bilingualism was negatively affecting the therapeutic relationships with patients.

Byford examined issues around the choice of clinical language when a bilingual patient and a bilingual psychotherapist share access to two languages. Clinical case material presented the differences between the patient's first language "learned and spoken in early childhood" and the second language "learned post childhood" (Byford, 2015, p.333). Supported by earlier psychoanalytic case studies and experimental research (Buxbaum (1949), Rozensky and Gomez (1983), Perez Foster (1992), Movahedi (1996), Aragno and Schlachet (1996)). Byford's case material corresponded to findings that the first language contained intrapsychic elements which may not have been available for clinical analysis while the second language allowed sufficient emotional distance from charged material (Schrauf, 2000, Santiago-Rivera and Altarriba, 2002, Santiago-Rivera et al., 2009).

Through the use of case material Byford specifically addressed the clinical question as to the different levels of emotional correlation between the two languages. She identified the different cultural factors which contributed to patients' language choices in the clinical setting. Moreover, she highlighted how bilingualism provided a particular kind of access to patients' choice of language, linked to deep layers of psychic conflict. Such conflicts surfaced in the bilingual and bicultural field of the clinical setting between therapist and patient.

## **2.6 Mothertongue in psychotherapy**

When considering the mothertongue as a focus of clinical examination, the literature contributed rich material. Krapf (1955) highlighted the importance of the mothertongue as the intrapsychic register of sounds and words which evoked the individual's earliest experiences. However, he also pointed out that relational conflicts with early mothers/carers were the determining factors of the emotions still evoked by the use of the mothertongue in the present. The influence of past memories and their impact on present experiences have been explored by Buxbaum (1949) and Greenson (1950).

Exploration of clinical material by Javier (1989a, 1995) illustrated how mothertongue retained and resonated with interpersonal emotions with others in the context of early-life situations. He suggested that in that way, the mothertongue was the more likely language to gain access to difficult early life experiences.

Perez Foster (1992) elaborated further by positing that mothertongue words were characterised by the emotional environment to which the individual was exposed and in which mothertongue early sounds were learned. "Condensed within each language are both the verbal symbols and the important other who offered those symbols" (1992, p.63). Elucidating on the word *symbol*, she suggested that words include both a semantic meaning as well as the individual's internal sense of the emotional quality of how those words were heard and received in childhood.

Additionally, in 1996, Perez Foster posited that, in the bilingual mind, the mothertongue was the repository of unconscious wishes linked to infantile

times. As such, the mothertongue could have a key role in releasing the patient's unconscious material which was an intricate part of mothertongue linguistic environment.

Akhtar(1995) explored the direct links between the use of the mothertongue and the emotional backdrop of early language-learning specifically in the context of bilingual individuals who had migrated and settled in host countries. The phenomenon of idealisation between the languages, where the old language (the mothertongue) was idealised and the new acquired language was devalued was understood as part of the developmental process of the move from the linguistic context of the mothertongue to the linguistic context of becoming bilingual and living in two linguistic worlds.

Psychoanalytic writing which has explored the complexities of the acquisition of a new language and the struggle to negotiate new and unfamiliar surroundings in a foreign country, has revealed instances where clinging to the mothertongue was understood as "the link to the earliest maternal imago" (Akhtar, 1995, p.1069).

For example, Kristeva (1988) extensively expanded on the direct connection between the mothertongue and an unconscious, idealised internal sense of someone, the *mother representation*, which remains painfully alive and influences the individual's sense of self. She describes a break in the connection thus: "Not to speak your own mother tongue. To live with sounds, logics, that are separate from the nocturnal memory of the body, from the sweet-sour sleep of childhood. To carry within yourself like a secret crypt or like a handicapped child - loved and useless - that language of once-upon-a-time that fades and won't make up its mind to leave you ever". (Amati-Mehler et al., 1993, p.264-5).

Grinberg and Grinberg (1989) suggested that the connection to the mothertongue is "never as libidinally invested" (Grinberg and Grinberg, 1989, p.90) as when a move into another linguistic context is undertaken. The authors noted that all childhood memories, experiences and feelings are "embedded" (ibid.) into that first language.

Hoffman has identified key elements linked to the development of her own new linguistic identity when moving from her native Polish mothertongue into English, the language of her host country. Commenting on her own experiences in therapy in her second language, she conceptualised how her acquired language enabled her to “retell my whole story back to the beginning, and from the beginning onward, in one language, that I can reconcile the voices within me with each other; it is only then that the person who judges the voices and tells the stories begins to emerge” (Hoffman, 1989, p.272).

The process of an inner connection between the two languages facilitated for Hoffman a key element of an inner linguistic fluidity. This, in turn, enabled the retrieval of memories. This she has described thus: “I use English to as a conduit to go back and down, all the way down to childhood, almost to the beginning.” (ibid, p. 173).

Dewaele (2004b) has also examined the wide ranging effects of the emotional content of mothertongue words on an individual’s internal world. In some instances, bilingual patients reported that a subsequently acquired language was experienced by them as being the carrier of emotional distance. This distance was described as a useful way to manage mothertongue words with emotional meaning which did not have a direct translation into the second language.

An increased interest in the emotionality of the mothertongue and the ways in which bilingual patients retrieved and reported childhood memories, was presented through clinical case reports from psychoanalytic therapy with bilingual patients Schrauf (2000). Examination of autobiographical memories of older Hispanic patients, revealed that patients’ dual cultural and linguistic internal sense of themselves enhanced the detailing of memories when retrieved in the mothertongue.

An empirical study by Eilola et al. (2007) expanded the understanding of the ways that the emotional component of the mothertongue impacted on Finnish-English bilinguals who had acquired a second language later in life. Participants were presented with neutral, positive, negative and taboo words in both languages. Their findings focused on the ways that words were processed in

the two languages and examined whether words in the mothertongue had stronger emotional links.

### 2.6.1 *Mothertongue as a repository of fantasy*

The choice of the mothertongue as the clinical language, invites the bilingual psychotherapists to enter a field where an individual's earliest infant experiences remained linked to the words and the environment into which that infant first found herself/himself. (Segal, 1986).

The world of very early attempts to use sounds and babble, represented the infant's interpretation of the maternal use of a word or phrase. The mirroring which takes place while sounds/ babble travel between the two, develops into words at later stages. Words are used to enable the infant to make sense of the world around him/her (Anzieu, 2016).

The infant's unconscious fantasies and memories of early childhood, acquired and built into that early language sounds, remain embedded and can later be brought to life by its use (ibid). Words, acting as containers of meaning, were learned and remain as links of the infant's early experiences to significant others (mother, carers) in his/her environment.

Anzieu (1986) commented upon Freud's expressing his attachment to his "beloved mother-tongue" (Freud, 1915, p.138). It was in the mothertongue that Freud fantasized while his fluency in other languages enabled his scientific work (ibid).

The power of the early links which are contained in the mothertongue, has been identified by Homayounpour and Movahedi, who conducted a phenomenological inquiry into the role of language in psychoanalysis, based on the experiences of 16 bilingual patients. These individuals had been in psychoanalysis both in their mothertongue and in their second language.

The findings of the inquiry revealed a number of patients' responses. Firstly, the mothertongue "harbours substantial preverbal bodily and emotive experiences" (Homayounpour and Movahedi, 2012, p.123). Secondly, the presence of the "if only" fantasy of being completely understood only by an analyst of the same



mothertongue (ibid., p. 123), Thirdly, the feeling that mothertongue is “sexualised” and the second language “de-sexualised” (ibid., p. 124), Fourthly, the mothertongue nuances are not translatable (ibid., p. 125), Fifthly, a sense that the mothertongue was able to touch on primitive feelings, leading to anxiety (ibid., p. 125), Finally the fantasy that the mothertongue is the language of the soul (ibid., p. 126).

Katsavdakis et al. (2001) used specialised therapy research measures (Thematic Apperception Test) to identify differences and similarities in the way that individuals expressed themselves in the mothertongue as compared to the acquired language. Mothertongue accounts evoking inner world thoughts and wishes, fantasies, ambiguities and self-in-relation-to others were examined in relation to each participant. The authors established that participants told their individual stories differently in each language and expanded on Koven’s (2001) earlier findings.

### *2.6.2 Mothertongue as transitional object and carrier of idealisation*

Akhtar (1999) suggested that, depending on the migratory experiences of some individuals, the phenomenon of idealisation might emerge during the clinical process. When this occurs, the homeland and/or the mothertongue become all-good while the host country and/or the acquired language became all-bad.

This could be understood as a result of post-migratory regression and splitting, processes which would take place within the ambivalence of assimilation in the individual’s new host country. The drastic change in external environment “causes dysregulation [...] the country of origin is idealised, the new culture devalued” (1995, p. 1058).

In those instances, the sound of the mothertongue becomes part of the experience of the therapeutic safe environment. This provides the patient with a space to bear the pain of the separation *from* and the loss *of* the original setting where the mothertongue was first heard – the homeland.

The intense emotional impact of changing cultural and linguistic environments has been linked to the symbolic association between the loss of the feeling of

safety and connectedness to a safe mother figure and the trauma of the internal changes migration brings (Lijtmaer, 2001).

The transitional object, conceptualised by Winnicott (1953), has been understood as a symbolic psychological bridge, “a containing mother” (Grinberg and Grinberg, 1989, p. 13) between past and present experiences, particularly in situations of change where a sense of trauma and loss is involved. In the field of developmental psychology, the transitional object specifically related to those objects of affection from which the child might seek soothing in the absence of a mother.

In the case of the therapeutic experience, the mothertongue has a literal and metaphorical role. In clinical situations, the mothertongue can be understood to carry the role of a soothing transitional object when patients are confronted and attempt to come to term with their experiences of loss.

The therapeutic space provides the opportunity to address “the vicissitudes of disorganisation, pain and frustration” (Grinberg and Grinberg, 1989, p. 70). Feelings of dependency and fear can be given voice in the language that originally contained and soothed some of these same feelings. If these vicissitudes are worked through, there is the possibility of true psychological growth (ibid.).

In 1972, Volkan coined the term “linking objects” and “linking phenomena” as mourning processes used by individuals who were facing painful change or loss of their homelands (Volkan, 1999). The mourners internalised the mental representations of what had been lost. These, in turn, became matters which resided internally and with which they could have an on-going relationship.

The process described above would be likely to have an effect on an individual’s “intense ambivalent emotions”, to use a term used by Mirsky (Mirsky and Kaushinsky, 1988, p.620), who reflected on patients’ conscious and unconscious linguistic processes. For example, Volkan (1999) explored how nostalgia could be used “to recapture the idealised version” of what was lost (p. 170). Additionally, nostalgia offered the representation of a “nurturing mother figure” (p. 174).

Akhtar (1999) has posited that the retrospective idealisation of lost objects helped the immigrant defend against aggression arising out of the potential frustrations encountered in the new host environment.

When the mothertongue became the clinical language, could it function as a linking object? Perez Foster has suggested that words are in situ carriers and symbolic containers of the self and of others at developmental moments in time when “sensual presymbolic states can be aroused by the simple prosody of the therapist’s speech” (1998, p. 27).

### 2.6.3 *Mothertongue: Transference/ Countertransference*

The sound of the mothertongue “invites the original self-representation” into the clinical process (Perez Foster, 1998). When all the participants in the therapeutic endeavour share the same linguistic and cultural background, the sound of the language may carry idealised projections towards the therapist who might be the “ideal bilingual immigrant” (Kokaliari et al., 2013, p.101).

In omniscient-omnipotent transference, particularly among “ethnic minority groups who have experienced hardship and oppression within the larger society” (Comas-Diaz and Jacobsen, 1991, p.395), the therapist’s accomplishments contributed to the “mythology” of the ethnic minority person who “made it” (ibid.).

The process of devaluation of the therapist was understood as the converse to idealization. In this transference reaction, the patient’s resentment and envy at the therapist’s seeming success, was understood as a betrayal of the original, shared culture (ibid).

Exploring transference and countertransference implications with a same-mothertongue patient, Lijtmaer (1999) identified instances of idealisation and devaluation in the transference. Clinical material illustrated how an unconscious splitting in the patient presented ambivalent feelings linked to an unwanted migration from homeland. Yet, at the same time, there was also a recognition that the host country provided new possibilities. Splitting between dependency and autonomy, the patient’s internal processes resulted in a transference enactment where the therapist, and what the therapist was able to provide, was

experienced as being “all good” (p. 615), as well as a signifier of “success in the new environment” (ibid).

In instances where patients and therapist were all recent immigrants to the host country, Lijtmaer’s work alerts to the therapist’s possible fear of over-identification with patients. The therapist’s ongoing examination of his/her countertransference feelings during the clinical process is necessary so that an internal emotional stance to the material can be accessed. The author gives an example of an unconscious emotional distancing being activated through the therapist’s own memories of the “mother country” (p.619) For fear of feeling “feeling too much nostalgia” (ibid.). .

Presenting psychosexual work between a couple psychotherapist and her same-mothertongue patients, Tsatsas & Hewison (2011) explored instances of the transference/countertransference dynamic. During the clinical process, the mothertongue facilitated an early ease with which experiences of perceived shared linguistic and cultural points were examined (p.112). The material evidenced an initial shared need for an idealised “fusion with the mother figure” (ibid.). However, unconscious anxieties in the patients were enacted in the transference/transference. The therapist experienced an uncomfortable linguistic “impotence” (ibid. p.113). Mothertongue words became unavailable to her in addition to a sense of a professional confusion. Through the transference, the therapist became the carrier of the patients’ more ambivalent primitive feelings. In turn, these feelings blocked the therapist’s own linguistic and professional competence.

Transference/countertransference blind spots when the mothertongue is the clinical language were conceptualised by Shapiro and Pinsker as “Shared Ethnic Scotoma” (Shapiro, 1973). In those instances, an unconscious collusion between the therapist and the client might prevent a deeper understanding of the material. Indeed, Akhtar has given clinical instances where difficult feelings which emerged in the clinical process, made exploration of the material untenable and in danger of being displaced “onto ethno culturally different others” (Akhtar, 1999, p.178).

Skulic (2007) posited that when therapist and patient “form a match” in a cultural and linguistic context, (Skulic, 2007, p.26) issues of identity could be

more problematic to recognise and address. In particular, difficulties around distinguishing issues of cultural stereotyping in the transference have been identified. Additionally, the analyst's unconscious attitudes towards a new shared host environment might be perceived by the patient as a compromise of his/her neutrality.

However, even when the bilingual therapist was using the patients' mothertongue, the linguistic and cultural "otherness" (ibid) was "an unavoidable aspect of his or her presence" (ibid).

The strength of transference/countertransference issues linked to a shared linguistic and ethnic background were brought to light in clinical material by Czubinska. Her exploration of the links between identity and the experience of migration illustrated how live they were in the associations with language. Citing Colman (2015) who emphasised the necessity of understanding the patient's social and cultural context, Czubinska highlighted some "moments of meeting" (2017, p.170) where clinical shifts were enabled through a shared understanding of the vicissitudes of attempting to create a post-emigration robust identity in the ever-changing shifts between an individual's internal and external interactions.

When considering the unconscious qualities of language in the analytic space, Czubinska understood the impact of the Polish mothertongue on the transference, in the following way: "I obviously provided a sense of continuity and constancy through the language we spoke" (ibid.) Moreover, powerful imagery was also evoked in the countertransference. "I felt I was entering into a black and white scene often depicted in films portraying Eastern Europe..." (ibid., p. 165).

A detailed examination regarding issues pertaining to particular aspects of transference/countertransference in the clinical experience when both analyst and patient belong to ethnic minorities was presented by Gowrisunkur, Burman and Walker (2002). Their clinical paper illustrated the ways that the shared mothertongue (Urdu) enabled a safe exploration of the diversity hidden behind ethnic and racial terms. Initially, the patient's negative transference to the female therapist was a projection of his feelings for his wife. Coming into the therapy he felt himself to be "an object of white prejudice and white views"

(p.55) and carried a negative self-image within the social institutions he was battling against. Issues of gender (male patient, Asian female therapist) contributed to the feelings in the therapist that, although on the face of it the patients and the therapist “were all south-Asian” (p.54) the therapy illuminated cultural complexities and “diversity of relations hidden behind such a term” (ibid). The therapist’s awareness that she carried great power as “someone who was part of the system” (p.52), contributed to her being unconsciously identified with the patient’s “inner persecutory objects and yet another potential external oppressor” (ibid.).

The authors of this paper highlight the significance of the mothertongue tongue which enabled the communication to be “at a deeper level “(p. 54). Moreover, the mothertongue enabled the therapist “to operate as a transitional object between past and present contexts” (“bid.). The clinical process illustrated how the loss of the mothertongue for both the migrant patient and migrant analyst was somewhat mitigated by the clinical experience of a mothertongue “sonorous envelope” (p. 55).

#### *2.6.4. Mothertongue locked in early states*

Language is learned during the early part of an individual’s life. When words are associated with trauma and/or discord, the sounds of the words which construct the mothertongue, continue to retain the power of that implicit memory. Linguistic and cultural habits, closely associated with the mother/carer environment, dominate and become part of the individual’s understanding of the world around them.

The power of words, linked to the mothertongue, was illustrated by Casement (1982) His detailed examination of the complicated relationship which the playwright Samuel Beckett had with his Mother, his Irish mothertongue, his self-exile in France and his flight into the French language demonstrated how the powerful impact of mothertongue words blocked creativity. The second literary language (French) provided the emotional space in which the darkest parts of his inner self could be expressed. Casement posited that “by leaving his motherland and by finding another language, he had found freedom to write...I believe that even in the French, we can foresee the time when Beckett would

find his own mother's son - the son who was that Self which, for most of his life until then, he had not been able to be" (Casement, 1982, p.37).

The ability to find self-expression and creative play in Beckett's writing followed the escape from a "half-life choked by the mothertongue" (ibid. p. 42).

Casement drew a parallel with Winnicott's 1971 notion of the facilitating environment where a psychological space is a prerequisite for an individual's capacity to play, i.e. to be resourceful and imaginative.

The question of a creative inhibition caused by the mothertongue blocking psychological space has been examined by Antinucci-Mark. She has posited that "the analyst is the language-giving-mother and therefore the language of analysis is a mothertongue" (Antinucci-Mark, 1990, p.377). She maintains that the clinical space becomes the place where the patient learns to have a language in the way that an infant learns to have a language from the mother/carer. But what if, in the process of creating *language* in the clinical space, the associations with early traumatic experiences evoked through the sounds of the mothertongue, somehow unconsciously inhibit therapeutic creativity and personal growth?

The profound impact of the emotional components carried within and evoked through the sounds of the mothertongue have been the focus of clinical research (Pitta et al., 1978, Javier, 1989a, Santiago-Rivera and Altarriba, 2002). Observations of the dynamics in the consulting room have identified that it is the emotional components which lead participants to language-switching between mothertongue and subsequently learnt languages. Variance in the patterns in the usage of mothertongue and second languages in bilinguals depended on the level of anxiety carried in the mothertongue in relation to the intellectual defences in subsequent languages.

For example, taboo words or words which were charged with deeper emotional expressiveness because they were stored in the earliest learnt language, created more anxiety than words in the second language. Moreover, emotionally laden words in the mothertongue were identified as being stored at a deeper level of an individual's earlier stages of development than the counterpart words learned later, in another language (Greenson, 1950, Krapf, 1955, Javier, 1989a, Aragno and Schlachet, 1996, Eilola et al., 2007).

## **2.7 Mothertongue in Couple Psychotherapy: A case study**

To the best of my knowledge, there is, to date, only one case study, that focuses on the mothertongue in the field of couple psychoanalytic psychotherapy. This case study has explored the work of a bilingual Greek-English couple psychotherapist and her Greek mothertongue patients (Tsatsas & Hewison 2011). The focus of the study was the detailed examination of the subjective, clinical experience of the therapist within the matrix of a shared cultural and linguistic background. It made note of the fact that within the professional environment in which the couple psychotherapy took place, English was the dominant language.

The complex migratory experiences of all the participants highlighted the therapist's understanding of how transference/countertransference issues were revealed through the use of the mothertongue in the clinical exchanges. The clinical material illustrated how, during the therapeutic process, careful consideration was paid to areas concerning cultural assumptions. These might have been in place due to a perceived sameness between the patients and the therapist. In those instances, it was necessary to reflect upon the clinical exchanges, so that linguistic and cultural unconscious boundaries could be clarified.

For example, during the first few moments of mothertongue introductions at the initial session, all three participants simultaneously extended their arms and shook hands while the couple addressed the therapist in the formal plural pronoun "as is the Greek linguistic mark of respect for someone of an older generation" (p. 106). Reflecting upon the Greek cultural norms of shaking hands and using singular or plural pronouns to address others, the therapist posited that something was unconsciously recognised and experienced as "...a meaningful symbolic holding space framed by mothertongue sounds" (ibid.). The immediacy of connecting with a "representation of something of the same country and the sense of a 'shared back then'" (ibid) suggested a cultural transference/countertransference dynamic. A linguistic connectedness that went beyond the actual meaning of the spoken words revealed the role of the



mothertongue both on a semantic level as well as a symbolic and metaphorical meaning.

Comas Diaz and Jacobsen (1991) have explored cultural transference/countertransference instances which can be manifested in the form of over-friendliness between migrant therapists and their patients. In this case study, the initial ease with which the patients and the therapist engaged with each other in the consulting room, possibly related to a cultural dynamic where “ethnic aspects of behaviour often make the evaluation of transference and countertransference difficult.

A shared defence against pain such as the loss of the homeland and a deep need to belong to the new environment with others who had, possibly, had a similar journey of migration were understood as factors influencing and characterising the ambivalent feelings of all participants in the clinical process.

Clinical vignettes illustrated how the therapist’s own robust vigilance and self-reflection identified emotional occurrences of collusive idealisation between “a good Greek mother” and “a good Greek couple” (Tsatsas & Hewison, 2011, p.114). The defensive use of culture could be understood as a nostalgic yearning. Akhtar has proposed it is as a “psychic ointment to soothe frustration and rage in the external reality as well as in the transference” (Akhtar, 2004, p. 127).

Pertinent issues around the patients’ gender identity were understood to be part of an unsafe early attachment environment within a patriarchal culture. The clinical material linked the couple’s anxieties regarding their developmental fantasies with questions around their difficult adult intimacy. The presence of the mothertongue enabled the therapist to use playful colloquial words in an effort to introduce the possibility of a livelier, more light-hearted engagement which the couple could imagine for themselves.

The scrutiny of the clinical “micro processes” (Hewison, 2008, p.243) revealed how primitive experiences, fantasies and expectations were carried by the sound of the mothertongue and the associations it evoked in all involved. The therapist’s simultaneous accessibility to both a Greek and an English language system illustrated the phenomenon of “language independence” (Javier (1989),

p. 87; Marcos (1976) p. 175). By a continuous internal movement she was able to have “intimate knowledge of the couple’s idiomatic lexicon” while simultaneously accessing her own English-language based field of professional expertise (Tsatsas & Hewison, 2011, p. 114).

The bilingual migrant therapist’s ongoing examination of her own unique linguistic, cultural bias and stereotyping enabled the address of professional dilemmas that required careful consideration (Tang and Gardner, 1999) (Eleftheriadou, 1993).

This case study highlighted the dearth of clinical contributions focusing on the role of the mothertongue in couple psychotherapy. Clinical material illustrated linguistic and cultural technical issues which deserve to be examined for their individual uniqueness linked to the languages spoken. Additionally, their uniqueness could be understood within the context of their universal human elements.

## **2.8 The current relevance of the research question**

In attempting to weave together the threads which the literature has revealed and their relevance to this study in today's globalised psychotherapy communities, I will return to the beginning of my thesis (1.2) and the relevance of the question under investigation.

The importance of the process by which clinical experiences can be understood as containing stimulating insights for those bilingual therapists who choose to work in their mothertongue while in English-speaking professional environments, inevitably leads to broader considerations in the field.

The literature already presented in this chapter has privileged issues around clinical language as explored by writers who, in individual psychotherapy, have themselves been presented with relevant professional dilemmas. It is therefore within the context of this study to give thought to the ways in which the writers have considered the relationship between language and clinical phenomena.

Their work is directly linked to this study because the particular focus on the mothertongue can attempt to enable bilingual practitioners to generate ideas about their own contributions to their work with their patients.

The ongoing debate about the provision of appropriate therapeutic services in a variety of mothertongues, places the research question at the centre of societal requirements.

## **2.9 Summary of chapter and a gap in the literature**

In emphasizing the key role the clinical language plays in the process of psychotherapy, in this chapter I have provided insights by reviewing relevant literature that informs this study. In the process I have identified the absence of relevant exploratory studies concerning couple psychotherapy and the use of the mothertongue in acquired language professional settings.

At the start of the chapter, an introductory section (2.1) is followed by the chapter overview. In order to be transparent in relation to key terms used in this

study, I include a section which presents conceptual variables of the key terms included, namely bilingualism and mothertongue (2.4, 2.4.1, 2.4.2).

Three main bodies of literature follow: Bilingualism in Psychotherapy (2.5), Mothertongue in Psychotherapy (2.6), and Mothertongue in Couple Psychotherapy: a case study (2.7).

Subsections provide more detailed attention to the ideas presented.

Both the more contemporary and the earlier literature illuminates the internal psychic processes that are part of the linguistic experience of bilingualism and language related self-experiences. It also highlights the ways that these impact on the therapeutic process and underscores the particularity of migrant clinicians, professionally trained in an acquired language, who then use their mothertongue to conduct psychotherapy.

Emphasis on the implication of the choice of language when couple psychotherapy takes place in the mothertongue expands the field of clinical enquiry.

In conclusion, the relevance of this chapter is that it has identified a gap in the literature linked to clinical language in the field of couple psychotherapy and of its effect on the therapist. This study aspires to redress this omission.

## CHAPTER THREE

### METHODOLOGY

*Research is formalized curiosity. It is poking and prying with a purpose.*

*Dust Tracks on a Road, Zora Neale Hurston, (1942, p.143)*

#### **3.1 Introduction**

In order to address the aim of this study and having identified a gap in the relevant literature, this chapter presents the methodology utilised and the rationale for the choices made. A detailed account of the research process is presented below.

Sections 3.2 and 3.3 explicate the rationale behind the chosen research methodology. Section 3.4 compares methodological choices and makes a case for the particular phenomenological and hermeneutic characteristics which guide my choice of Interpretive Phenomenological Analysis (IPA). Section 3.5 outlines the philosophical underpinnings of IPA in detail. Section 3.6 identifies its strengths and limitations. Section 3.7 presents my epistemological position. Section 3.8 presents this study's criteria for quality and validity. Section 3.9 addresses ethical issues.

Section 3.10 introduces the design choices made. Section 3.11 presents my sampling and recruiting strategy. Section 3.12 introduces the Interview Schedule and the process of interviewing. Section 3.13 states the frame within which data was collected while 3.14 details the process of transcribing. Section 3.15 outlines the steps undertaken during data analysis in detail. Section 3.16 offers insight into my reflexivity and provides examples of my reflexive diary. The chapter is summarised in Section 3.17.

#### **3. 2 Choice of suitable research methodology**

The choice of methodology for this research was influenced by two factors: firstly, the absence of any comparable research in the field and secondly, the identification and considerations of the in-depth processes relating to the clinical phenomena which the research question seeks to address.

While there are a number of research studies focusing on the clinical language from the perspective of patients in individual psychotherapy (Marcos, 1976a, Pitta et al., 1978, Santiago-Rivera and Altarriba, 2002), there has been no systematic research concerned with the therapist's clinical experiences concerning the mothertongue in the couple psychotherapy field.

### **3.3 Qualitative Approach**

Barker, (2003) emphasizes that the qualitative approach is ideally suited for the research of in-depth situations of people's experiences, especially in novel areas of research.

Consistent with the questions to be explored in this study, McLeod highlights the major contribution of a qualitative approach to be that it enables a "hearing" (McLeod, 2011, p.49) of the voices of the participants.

A strong link between psychoanalytically-informed research and qualitative research has been acknowledged (Midgley, 2006). The psychoanalytic perspective suggests that individual's emotional responses and the ways that they understand the world is guided by the unconscious. This perspective provides access to subjective experiences not immediately available through conscious processes.

Hence, a qualitative approach is deemed appropriate for the focus of this research and the specific context of the external world in which it is situated.

### **3.4 Comparison of methods and the choice of IPA**

Past research projects in the field of early language which have touched on the theme of bilingualism have been carried out in a variety of methods. For example, Dewaele & Costa (2012) have used a mixed method approach to understand the links between early memory encoding and language; Christodoulidi (2010) has utilised a heuristic approach using the researcher's own reflexivity as a means of analysing data from foreign psychotherapists' lived experiences practicing in host countries; Cottle (2014) has used a transcendental phenomenological method focusing on describing bilingual

counsellors' experiences of their professional selves without using researcher's interpretive skills.

At the onset of this research, three other qualitative methods were considered. These were Grounded Theory (Corbin and Strauss, 2008), Discourse Analysis (Wetherell et al., 2005) and Narrative Analysis (Emerson and Frosh, 2004).

After careful reflection, these methods were not considered appropriate for this particular study for the following reasons:

Grounded Theory was not considered appropriate because of its emphasis on theory building. Given this study's commitment to the individuality of people's subjective experiences, Grounded Theory may have led to theoretical-level accounts, which might have been useful if the aim was to generate large scale research data. However, in this small-scale study, the focus was to draw on theory already in use, in order to understand the uniqueness of clinical circumstances.

Discourse Analysis was a strong contender for this study, given its interest in language and the links to social experiences (Willig, 2013). Particularly attractive was the concept that language significantly contributes to the construction of social realities and the meaning individuals attach to their experiences. However, this method privileges linguistic interaction, i.e. *how* people talk about their experiences rather the emotional *content* of what they are saying.

Given that this study is committed to the individual's own understanding of their unique lived clinical experiences rather than a more general approach about how linguistic interaction functions (Smith et al., 2009), Discourse Analysis was finally ruled out.

Narrative Analysis, similarly to Discourse Analysis, initially seemed an appropriate choice for this research. It would have utilised the collection of participants' narratives to construct a sense of order and meaning-making to their experiences (Murray, 2008). This method's wide use in research was originally also encouraging because it privileges self-narration and self-perception. Accordingly, the researcher listens to the participants' narratives in order to understand the relationship between them and their social framework.

However, I felt that the emphasis on the method's reliance on 'the narrative' as the investigative focus (rather than what the participants' understanding of their experiences) might have guided this study to assumptions rather than allowing new insights to emerge.

Although Narrative Analysis is very valuable in exploring individual experiences, IPA offered a particularly suitable method to allowed new understandings to be revealed.

After conversations with the supervisory team, I concluded that the most appropriate method of generating data was through semi-structured face-to-face interviews. Following that, a decision was made to analyse data using Interpretive Phenomenological Analysis (IPA). This decision was based on IPA's commitment to individual experiences (Larkin, M., Watts, S. & Clifton, E., 2006; Malik, Fateh & Haque, 2009; Kvale & Brinkmann, 2009).

Additionally, IPA's principle concern of providing a detailed understanding of the ways that individuals relate to the world through their own meaning-making, concurs with this study's interest of the ways that couple psychotherapists understand their own relationship to the unique clinical phenomena which they experience in their consulting rooms.

The exploratory angle of this study is assisted by IPA's inductive approach (Marshall and Rossman, 2010, p.82), which, in turn, supports the study's process to build patterns, categories and themes from the "bottom up" (Cresswell, 2013, p.45). Free from pre-set theory (Grounded Theory) or pre-existing ways of understanding (Discourse and Narrative Analysis), IPA allows the unexpected to emerge. By bringing people's experiences (their "objects of concern" and their "experiential claims" (Smith et al., 2009, p.46) to the forefront of the study's investigation and by expanding the interpretive process while, at the same time, taking into account the researcher's reflexivity, new perspectives can emerge.

### **3.5 The particular psychological interest of IPA**



As a research methodology, Interpretive Phenomenological Analysis (IPA) (Smith *et al.*, 2009) is an approach to qualitative analysis, particularly concerned with the exploration of human experience. IPA requires the involvement of the researcher in drawing together, analysing and reflecting on the research participants' first-hand narratives.

Particularly relevant is IPA's openness to "giving voice" to subjective experience and "making sense" (Larkin and Thompson, 2012, p.101) by the possibility of offering an interpretation of data through the use of psychological concepts.

Three theoretical underpinnings characterise IPA: Phenomenology, Hermeneutics and Ideography (Smith *et al.*, 2009, Willig, 2013). IPA's commitment to each one of these areas is consistent with the aim of this study which is concerned with particular experiences of particular individuals who are aiming to understand particular phenomena in clinical settings.

### 3.5.1 *IPA and Phenomenology*

IPA's first theoretical underpinning is Phenomenology, a philosophical approach concerned with the study of human experience. It closely focuses on describing the phenomenon (i.e. an event, a situation, a process) and attempts to understand the experience of it through subjective reports by bracketing off of presuppositions, rather than linking it to existing/objective accounts and theories (Smith *et al.*, 2013)

As a research methodology, IPA adheres to the phenomenological principles, rooted in the work of three 20th century German philosophers: Edmund Husserl (1859-1938), Martin Heidegger (1889-1976) and the French philosopher Maurice Merleau-Ponty (1908-1961).

Husserl's own method of inquiry was based on the premise that an individual's reality consists of objects and events (phenomena). These can be perceived, experienced and questioned through phenomenological reflection, a conscious setting aside of bias or previous knowledge.

Husserl named two phenomenological procedures or epoches (Wertz, 2005). The first epoché of the natural sciences (Husserl, 1936/1970) requires the investigator to abstain from or to bracket off the theories, hypotheses or

preconceptions of the natural sciences regarding the conceptualisation of an everyday subject matter which is under consideration. Thus, priority is given to a natural attitude (Finlay, 2011, p.47).

This research study, privileges the second epochè of the natural attitude (Finlay 2011) which requires the researcher to bracket off, a consciously setting aside of prejudice and bias in order to be guided towards a psychological understanding. Husserl invites a new way of being “the gaze made free by the epoché must likewise be ...an experiencing gaze” (Husserl, 1936/1970, p.153). This can be achieved via a reflective, subjective and empathic “attitude of wonder“(Wertz, 2015, p.172). In phenomenological research this can be either towards the researcher’s own experience or within an intersubjective horizon-of-experience that allows access to the experience of others (Husserl, 1936/1970). Thus, the researcher can achieve meaningful ways in which the essence of what appears in the lifeworld can be understood without the impediment of societal constructs or taken-for-granted positions linked to the researcher’s own perspectives and history.

The possibility of consciously bracketing off preconceptions in order to concentrate on the world of the participants without the researcher’s own subjective views, links directly with the question which this research study aims to investigate i.e. to encounter the clinical phenomena in the world of the participants’ psychological realities – the meaning of their subjective lived experiences.

### 3.5.2 *IPA and Hermeneutics*

IPA’s second theoretical underpinning comes from hermeneutics (Smith and Osborn, 2008). Hermeneutics is the theory of interpretation. IPA’s interpretive commitment focuses primarily on understanding the link between an individual’s personal involvement in the world around him/her and the perspectives and meanings, which that particular person attributes to that involvement.

This focus concurs with this study’s concern regarding participants’ clinical experiences and the meaning assigned to them. Broadly agreed, hermeneutics involves the appreciation of a particular “perspective”, takes place from a position within history, requires sensitivity to the use of language and leads to a

shift (or learning) on the part of the person making the interpretation (McLeod, 2001, p. 28).

IPA's hermeneutic commitment charts how knowledge becomes relational (Finlay, 2002), acknowledging that an individual's experiences are not only deeply personal but also, at the same time, are being influenced by the way that individual relates to their world in general.

Heidegger, starting out as Husserl's student assistant, moved on from Husserl's commitment to themes of perceptions into sponsoring a new language of concepts (Finlay, 2011). Contributions to phenomenology and hermeneutics, presented in his magnum opus "Being and Time" (Heidegger, 1927), raise the question of the meaning of Being - *Dasein* - literally as 'there-being' or 'being-in-the-world'.

Importantly, his take on the hermeneutic circle, requires the researcher to begin by adopting a pre-understanding, "a rough and ready approximation" (Finlay 2011, p. 53) and moves on to having an open stance with the aim of discovering something new. In the hermeneutic circle, there is continuous movement between implicit pre-understandings and explicit understanding, between parts and whole where the researcher examines the parts in order to reach an understanding of the whole and vice versa (Finlay, 2011). By going around in circular movements, the aim is to deepen understandings, eventually reaching new findings regarding the phenomena under investigation.

In IPA research, this iterative process requires the researcher to revisit the language of interview transcripts in detail, with the aim of revealing new themes while continuing the process of scrutiny until a hierarchy emerges. Eventually, the on-going analysis reveals the possibility of groups of themes which can be organised into clusters. Heidegger invites approaching something to be understood carefully and systematically through its language – "it is only through language (and thus interpretation) that our Being - in-the – world becomes manifest and can be understood" (Finlay, 2011, p. 52).

Heidegger created a new language of concepts (Finlay, 2011 #396). One of Heidegger's aims was to articulate the case for the "constitutive power of language" (Finlay, 2011, p.52). He posited that "language and understanding

are inseparable” (ibid.). The introduction of the idea that language encourages a narrative to emerge which, in turn, supports the process of meaning-making echoes the IPA hermeneutic principle.

In his etymological definition of phenomenology, Heidegger identified that the word phenomenology “was made up of two parts, derived from the Greek words *phenomenon* and *logos*” (Smith *et al.*, 2013, p. 23).

In the first part, the word *phenomenon*, has the meaning of something “appearing” (ibid.). In the verb form, the concept of an appearance suggests a perception or intuited image of something coming forth; of something presenting itself.

In the second part, the word *logos* can be translated as discourse, reason or judgement (Smith *et al.*, 2009). Heidegger posits that *logos* promotes an analytic quality, useful in illuminating, interpreting and examining what the phenomenon in question is.

In more recent times, the importance of the concepts promoted by the word *logos* and the links that it has with language have been identified by {Raval, 2003 #207@@author-year}. Their study has illustrated the usefulness of IPA in researching psychotherapists’ experiences by showing how the centrality of language has a direct and profound connection to individuals’ ability to make meaning.

In a not too dissimilar process, the couple psychotherapists participating in this study, are invested in using and reflecting on the role of language in order to understand their patients’ couple relationships both between each other and with the world around them.

The relevance the hermeneutic concepts have to this study, lie in the way that the research is informed by the participants’ descriptions, which reflect their interpretations of their clinical experiences. Words (*logos*) are used by the participants in their narratives so that their clinical phenomena can be imbued with meaning.

*Logos* is also used by me who, although not a participant, am nevertheless central to the research process. My only access to the experiences reported by

the participants is through their narratives. However, at the same time as I am attempting to understand and make sense of their experiences, I am also engaged in the process through my own “experientially-informed lens” (Smith et al. 2009, p. 36) This is known as “double hermeneutics” and describes two interpretive processes which take place simultaneously (ibid.)

The third visionary in the field of Phenomenology is the French existential philosopher Merleau-Ponty, who brings the concept of embodied understanding because the role of perception is rooted in a lived and bodily-engaged world. In “Phenomenology of Perception” (Merleau-Ponty, 1945/1962) he argues that it is through a holistic combination of sensory possibilities which can give clues to interpretations, “The body is the vehicle of being in the world “(1945/1962, p.82). It is the “horizon latent in all our experience ...and anterior to every determining thought” (1945/1962, p. 92).

For Merleau-Ponty, the body not only connects a person to the world they live in, but also gives clues as to how to understand the lived world – in other words, the body is inextricable from the lived experience.

These concepts are particularly relevant to this research study because couple psychotherapists draw on their sensory and bodily responses to clinical exchanges in order to gain insights to their clients’ experiences. Additionally, the process of interviewing in this research study and the focus on the sound of the mothertongue, offers the opportunity to both researcher and participants to attend to their own reflexive responses to the issues raised.

### 3.5.3 *IPA and Idiography*

IPA’s third theoretical underpinning is idiography, which is concerned with the individual, the distinct and the detailed. Smith *et al.* (2009) suggest that it is through nuanced analyses of particular instances that psychological research can do justice to the complexity of the more general characteristics of human nature.

The idiographic focus elucidates insights explicitly gained from individual experiences of a particular phenomenon. These can provide a deeply detailed, distinct aspect of an individual’s perspective. To follow, personal reflections and rich descriptions can “cautiously move to an examination of similarities and

differences” (p. 38) across small groups of other individuals, who are experiencing the same phenomenon.

Smith *et al.* (2009) locates the idiographic component of IPA in “the perspective of particular people in a particular context” (p. 29). Idiography encourages reflections of shared experiential elements with others in similar circumstances to emerge while retaining the uniqueness of individual experiences.

This adheres to this study’s concerns of identifying particular phenomena (clinical experiences), exploring them from the perspective of a small sample of particular psychotherapists (bilinguals who are using their mothertongue) in particular circumstances (English-speaking professional environments).

### **3.6. IPA strengths and limitations**

The principal strength of IPA is its dedication to human individual experience. This qualitative research approach is particularly suited to the exploration of the ways that people make sense of their life experiences (Smith *et al.*, 2009).

IPA’s emphasis on the personal, allows for unexpected components to emerge out of everyday experiences rather than be driven by pre-existing understandings and theories. By encouraging research to privilege human experience, IPA recognises how complex human experience can be and allows for novel and unique insights to be gained.

However, these same strengths can be perceived as part of IPA’s limitations, because the exploratory and open nature of IPA very much depends on its participants being able to articulate and create narratives, which will be suitable for research reflection and analysis. The relationship between the phenomenological (giving voice to participant concerns) and the interpretive aspects (the level of interpretation which a researcher can reach, in order to make sense of participant narratives), has, on occasion, been considered as an impediment to clarity (Larkin *et al.*, 2006). This was a consideration when undertaking this particular study, as it presupposed that both the researcher and the participants had an acceptable command of English, which was the common acquired language.

Scepticism about IPA's ability to set clear methodological guidelines has focused on its privileging a subjective emphasis, which cannot meet criteria of research objectivity (Giorgi, 2011). However, in defence of IPA, Smith (2011) posits that following guidelines does not in itself guarantee quality outcomes in interpretation.

As with all qualitative methods, another limitation associated with IPA is the length of time taken to analyse the transcripts, because of the detail and depth required. Smith *et al* (2009) suggest that seven hours of researcher engagement are required for each hour of narrative but add that "this is a personal process and people work in different ways" (p.54). Moreover they warn that a first transcript "can take anything from between one week and several weeks to analyse" (*ibid*).

### **3.7. The qualitative method, IPA and the researcher's epistemological position**

This qualitative research study aims at exploring the couple psychotherapists' subjective experiences of clinical phenomena, describing them in detail in order to understand them. "Qualitative research uses language as its raw material" (Barker, Pistrang & Elliott, 2002, p. 73). Indeed, just like psychotherapy is a profession where human verbal interaction (dialogue) between therapist and patients is used to describe and understand individuals' thoughts and feelings, in a similar way, qualitative methods rely on ordinary language as linguistic data in order to give deep and sometimes complex information, "rich descriptions" (*ibid*), of human experiences.

The link between the chosen qualitative method and IPA, is that the latter is also committed to explore personal lived experiences and particularly the ways that people make sense of them. The formation of the research question has an obvious connection to a phenomenological stance, one of IPA's theoretical underpinnings (3.5.1) and its commitment to understanding human experience. The phenomenological stance supports the qualitative enquiry into participants' experiences of their world. The qualitative interview is a "research method

giving privileged access to people's basic experiences of the lived world" (Brinkman & Kvale, 2014, p. 32).

As McLeod (2001) reminds, psychotherapy is a profession where human interaction is at the heart of practice. "The aim of any research into therapy is to inform practice and not to construct general scientific laws" (p. 46).

This stance is also similar to the one that I adopt as a psychoanalytic couple psychotherapist because I aim to understand my patients' experiences that are, as far as they are concerned "true". The diverse cultures and mothertongues carried into my consulting room provide me with an inquiring position, which links to the object of this study.

In seeking a balance between the chosen methodology, IPA and my epistemological position, i.e. what the basis of what I consider to be my knowledge of the world is, I offer the following thoughts.

IPA is concerned with individuals' subjective experiences and the ways that these same individuals understand those (Eatough & Smith, 2008). My patients' beliefs are born within particular social, cultural and linguistic contexts; in other words, they hold a 'subjective reality', experienced as real by them. I too, hold as knowledge what has been born contextually by reflecting upon varied experiences throughout my personal history, professional training, clinical work, research studies and my own therapy.

I therefore acknowledge that what I seek to understand is subjective and requires my own reflexive understanding and interpretation of the data. Because IPA does not aim to generate an objective evaluation of the participants' accounts, I recognise that I can never seek to understand others' experiences objectively or understand them in the same way that they do. Indeed, as an IPA researcher, I listen to participants' accounts and "strive to see the world" as they see it (Larkin *et al.*, 2006, p. 110).

This study has identified that IPA has been utilised in qualitative methodology in two additional research areas which are relevant: firstly it has been employed to elicit understanding regarding the use of language in a mental health context



(Raval, 2003) and secondly, to explore questions around cultural identity (Sinclair, 2005).

My interest in exploring the relationship between the qualitative method, IPA and my own sense of human interaction and understanding of mothertongue experience, links with my own cultural background as a Greek-born researcher in an English-speaking professional environment. In my role as a researcher, this link provides an opportunity to privilege questions around the conceptualisation of the understanding of couple psychotherapists in relation to their clinical choices.

### *3.7.1. My epistemological position: Critical Realism*

I support a critical reflection and an interrogative stance regarding the ways that knowledge can be gained, particularly about a world which exists independently of an individual's beliefs and personal constructions. My sense of how the world is made-up led me to choose a critical realist position. This position accepts that the concepts, the feelings and the beliefs of individuals are those that make their worlds real. Maxwell (2012) suggests that "no position or theory can be complete, accurate representation of any phenomenon, including research itself, and that we should view every theory both from the believing and doubting perspective" (p. ix) For the participants of this research, their experiences were real in the sense that they captured some important perspectives of their reality.

Knowledge is more than what can be measured directly – it is thus often socially constructed. Meanings are fluid and their contexts are important. Contexts reflect the nuances of subjective perceptions which often exist underneath what presents as phenomena - in this study, the clinical experiences of the research participants.

I also recognise the significance of research data when it reflects something of the human subjectivity. There is not one answer when it comes to human perspectives because individuals live in a world constructed by their concepts and perspectives.

I hold that there is no “unmediated” access to what is deemed to be real beyond us and into the world of others (Willig, 2013, p.16). Investigating how life events are understood and given meaning involves my personal interpretative activity, whether I am in my role as couple psychotherapist or researcher.

I am aware that I am in a fluid position between two extreme notions: on the one hand, the notion of scientific realism, which suggests that reality is entirely independent of human ways (Tebes, 2005, Braun and Clarke, 2006), on the other, the notion of relativism which posits that reality is entirely dependent on human interpretation (Finlay and Clarke, 2003).

I therefore hold a dynamic, open and flexible stance concerning any event that is to be investigated, either at the very start of any clinical practice engagement or during this study. Eatough (Eatough and Smith, 2006) posits that there is a dynamic interaction involved between the positions of practitioner/patient and researcher/participant. Additionally, the relationship between the external world and my interpretations of it, makes me aware of continuously processing the insider/outsider position on which I stand. For example, meeting patients who, like me, are immigrants and share the same linguistic and cultural homeland, puts me in an insider position. Meeting patients whose race, culture and religion is very different to mine, puts me in an outsider position.

In this study, I am committed to the participants’ experiential narratives and to the search for ways of giving them meaning, based on their own individual world. My stance seeks to further understand the diversity of these narratives, not by presenting their unmediated voices but by including an interpretation from my personal and professional perspectives, values and pre-understandings (Smith et al., 2009).

### *3.7.2 My pluralistic framework for practice*

Professional involvement within multilingual and multi-ethnic communities in north London for more than two decades, has exposed me to a wide variety of languages and cultural practices. These I have learned to respect and accept as equally valid as my own Greek-speaking upbringing. Significant demographic shifts have brought not only a diverse population of couples into the consulting

room, but have also increased the number of culturally and linguistically distinct colleagues in the field.

Acknowledging multiple perspectives, each giving validity to an individual's perceptions, positions my Epistemological Pluralistic stance in the phenomenological frame. "Central tenets of phenomenology are the objects of study of people's experiences" (Barker, Pistrang & Elliott, 2003, p. 77).

As part of a community of couple psychotherapists and researchers, I align myself to those who believe in the value of promoting ways that facilitate meaningful knowledge to be generated. Open-ended dialogue, central to my profession, facilitates my inquiry into my patients' experiences. Dialogue enables me to study the content of what patients report as distressing events (phenomena). To this end, understanding and interpreting their perceptions, perspectives and their particular situations is part of a therapeutic alliance through which I aspire to provide appropriate forms of interventions to ease couple distress.

As well as being part of this ever shifting field of practitioners and now in my capacity as a researcher, I believe that it is particularly helpful to openly contextualise clinical issues in the field specific to the foreign-born psychotherapist (Akhtar, 1995, Akhtar, 1999, Akhtar, 2006). The pluralistic framework promotes the value "of otherness" (Cooper and McLeod, 2007). Through this prism, developing an awareness that reflects cultural diversity, provides varied insights and a more informed way of thinking about the complexities of the experiential trajectories of this study's participants.

I was originally trained as a psychodynamic couple psychotherapist. This was followed by a psychosexual training and later by a psychoanalytic couple psychotherapy training. All my training was in English. I now work with both English-speaking and Greek-speaking patients and draw from all my theoretical sources. In addition to valuing an individual's language as a key to conveying meaning, my own path has taught me that there is no "right" way to address patient difficulties, either in the linguistic or the cultural context. "Different people are helped by different processes at different times" (ibid.) Being open to critical examination of my practice (for example in supervision) and empirically exploring the therapeutic engagement with patients, offers creative possibilities.

### **3.8. Quality and Validity**

This section will address the quality criteria which have been adopted in this study. In order to establish the standards, which assess validity, Yardley's (2000) four principles have been observed. These are:

- Sensitivity to context
- Commitment and rigour
- Transparency and coherence
- Impact and importance

#### *3.8.1 Sensitivity to context.*

Yardley's first principle requires that the study be set in the context of existing theoretical and academic parameters of knowledge. In this way, sensitivity towards current literature and prevailing social and cultural findings in the field is presented (Chapter Two), affirming the study's relevance.

Additionally, the study should contribute and advance existing knowledge in the qualitative research field. In order to achieve this, in-depth methodology and detailed analysis of data need to adhere to chosen methodological principles.

The interpersonal relationship between myself as the researcher, the process of the research and the participants, needs to be set out with clarity and transparency. With a view to achieving this aim, this study has presented the process of adhering to ethical standards in all the stages of engagement with participants.

The process of my reflexivity as an instrument of contextualisation and reflection is illustrated in a subsequent section (3.16.1).

#### *3.8.2 Commitment and rigour*

Yardley's second principle argues that the researcher needs to demonstrate in-depth engagement with the research question. A development of competence needs to be illustrated.

This study has evidenced commitment and understanding of the methodological concepts of IPA. Decisions such as the process of sample selection, sample size, data collection, analysis and interpretation of narratives have necessitated an ongoing dedication to developing this study's objectives.

Regular meetings between the researcher and with a two-member doctoral supervisory team at Tavistock Relationships have taken place throughout the research process. The overall development of the ideas in the study were assessed yearly by the Director of Tavistock Relationships (TR) and the Director of Studies. The attendance of monthly Research Practice meetings with other doctoral candidates at TR enabled an ongoing live engagement with general research issues. Additionally, regular attendance of the London IPA Forum, meant that the research benefitted by the shared learning arising from peer discussions.

Demonstration of rigour in the process of data collection, and analysis is evidenced in the Methodology chapter. The Findings chapter will demonstrate how the researcher identified and expanded the coherence of the participants narratives provided insights in the way that concepts could be developed.

The issue of rigour has been addressed. Epistemological and theoretical questions pertaining to the methodology have been considered. The strengths and limitations of the method chosen have been presented.

### *3.8.3. Transparency and coherence*

Yardley's third principle requires the research process to be open to scrutiny of its procedures and to evidence the way that they have evolved into the concluding thoughts and recommendations.

Proof of substantiation of all the IPA stages has been shown in the Methodology and Findings chapters. Verbatim extracts retrieved from the participant narratives have been used to illustrate the credibility of my assertions. Appendices support the systematic process of this study.

Researcher reflexivity illustrates how personal perspectives and interests underpin this study.

### 3.8.4 *Impact and importance*

Yardley's fourth principle asks whether the research study will have an impact and will be of use to its target field.

However much the researcher claims to have followed professional and ethical guidelines, the key to the successful appraisal of the research endeavour is whether it adds something original and meaningful to the field.

This study is committed to offer important and novel insights, thus expanding the potential for deeper knowledge not only in the field of bilingual practitioners who work with same-mothertongue couples but also to invite others who are engaged in psychological work with cross cultural and diverse linguistic communities to increase their awareness of their own internal processes.

Internal Linguistic Liminality, the novel concept which this study has brought to the field, is a trans-theoretical conception that can assist therapists of whatever modality to understand more about the ways in which diverse upbringings and the linguistic environment affect individuals, couples, families and communities.

According to Levitt et al. (2017) a research study may become a "catalyst for insight" (ibid., p. 15). The concept of catalyst is used as a potential for the research data to become an opportunity for insights and a vehicle for change, supporting fresh thinking regarding psychotherapeutic practice.

This study, born out of clinical experiences of bilingual couple psychotherapists, offers original findings which validate clinical knowledge in a novel field of enquiry.

Additionally, the study's findings will be disseminated in professional settings and publications where the research topic is of relevance.

### **3.9 Ethical Issues**

Before this research commenced, a Fieldwork Risk Assessment was conducted. This indicated that this research had a low risk to participant well-being (Appendix VII).

Following that, ethical approval was sought and obtained by The Ethics Committee of the Tavistock Centre for Couple Relationships. (Appendix VIII)

This research has taken place within the field of couple psychotherapy by an experienced clinician in the field, an accredited member of the British Association for Counselling and Psychotherapy (BACP), abiding by its ethical guidelines concerning practice.

In order to design and conduct this qualitative research in an ethical manner, the welfare of the participants was considered throughout as well as the possibility that ethical issues might surface, during both the planning stages and later, as the different phases of the research process developed (E. and M, 1995, Cresswell, 2013).

For example, the importance of the “research alliance” (Grafanakis, 1996) and well-being of the participants during the recruitment phase (Section 3.11.4) was considered. Questions regarding the general purpose of the research were encouraged before the participants consented to being interviewed.

In order to meet ethical standards around equality and sensitivity to issues of diversity (BACP 2016) during these communications, attempts were made to glean information about any cultural, religious or gender issues that needed to be respected. This study did not include vulnerable adults (Cresswell, 2013) or participants with particular disabilities. All participants fully consented to this research study and no distress was expected. The Participant Information Sheet stated that participants had the right to withdraw from the interview up until analysis of the contents of interviews took place (Appendix III).

Following consultation with my research supervisory team, it was deemed safe to agree that the interview venues would be decided by the participants.

Throughout this endeavour, three key areas of ethical considerations, which merited particular attention were identified:

- To ensure confidentiality and anonymity for the participants
- To attend to any sensitive issues or adverse reactions which might cause emotional distress to the participants
- To offer support prior and post interview should any issues arise which needed attention

### *3.9.1 Participant confidentiality and anonymity*

All interview data was handled in accordance with the guidelines of the Data Protection Act (1998). Transcribing details (3.8) respected any participant identifying markers. Signed consent forms were securely stored away from any interview notes. Audio recordings were stored in a password secure computer file. Transcripts were kept in a locked filing cabinet in a secure setting. No names or places which were mentioned in interviews were retained. Additionally, for reasons of anonymity, the transcripts contained no identifiable mothertongues. Instead, “[mothertongue]” was inserted whenever the participant mentioned their specific mothertongue.

Because no study like this had been previously conducted, there was a possibility that participants might be identified. Thus, anonymity could not be totally achieved. Because of the possibility of future professional relationships in shared psychotherapy settings, the issue of internal confidentiality (Tolich, 2004) became an ongoing awareness during the research process.

In order to safeguard against this concern, a variety of professional bodies were invited to participate, thus securing a wide pool of participants.

This action was relayed to the participants before the interviews were conducted.

### *3.9.2 Attending to participant sensitivities, possible adverse reactions or emotional distress*

A risk assessment was completed and informed consent was obtained.

Although the participants were not deemed to be vulnerable adults, there was an awareness that all research “has implications for those involved” (Floyd and Arthur, 2012, p.3).

### *3.9.3 Support prior and post interview*

In order to further reduce participant anxiety, I took the following steps:

- To be available before the interview to answer relevant questions
- To build trust during the course of the interview by not using leading questions and being sensitive to the participants’ body presentation and sense of ease



- To offer time at the end of the interview to reflect together with the participant on the experience of the interview.

Even though the participants were all experienced couple psychotherapists who had undergone their own personal therapy and would have been able to reflect on their experiences, they were offered the personal details of the researcher as well as information regarding appropriate organisations. As Floyd and Arthur have rightly posited, “ethical commitments are not time limited” (2012, p.5) and attention to the possibility of deeper-level dilemmas which might arise after the completion of the research has been ongoing. Since all who were engaged in the research were “in the field” (p. 3) prior to, during and after the completion of the study, there was ongoing awareness that the possibility of insider knowledge might conflict with the anonymity of the participants.

During the course of this research, I maintained an ethical responsibility towards myself, both emotionally and physically (Grafanakis, 1996). For example, during the stage of interviewing participants, I adopted the guidelines of lone working ([www.hse.gov.uk/pubns/ling73.pdf](http://www.hse.gov.uk/pubns/ling73.pdf)) and took responsibility for ensuring personal safety and let a professional contact know the address where the interviews were conducted.

### **3.10 Design**

This is a small-scale qualitative research study using a small number of participants. The research question aims at understanding explicit clinical situations (phenomena) from specific participants’ own meaning-making.

In order to generate data which would be suited to analysis by IPA, the options available needed to elicit narratives which would reflect something of the intimate focus on an individual’s subjective experiences yet, somehow encapsulate them in a professional, purposive research manner (Smith et al., 2009).

So that “rich data” pertaining to first-person accounts can be generated (ibid. p. 56) IPA has been suited to focus groups (Flowers et al., 2001), participant diaries (Smith, 1999) or in-depth interviews. In the case of considering a focus

group, there was a concern that something of the freedom and the reflexivity necessary to achieve detailed engagement with personal stories might have been compromised. This was attributed to the complexities of “multiple voices to be heard in one sitting” (Smith et al., 2009, p 71) and the possibility of “a smaller number of data” collected (ibid.).

Diaries, electronic questionnaires, personal documents etc. can also be used in qualitative research studies (McLeod, 2011). Whatever method is used to gather data will “position the researcher in a particular manner” (p. 71). Some of these methods require the researcher’s retrospective engagement. This might be limiting to the kind of data that will emerge. Additionally, the researcher might have little opportunity to expand on ideas in the way that the phenomenological aspect requires i.e. the researcher’s direct and immediate “attentive listening” (Finlay, 2011, p. 209) allowing for a spontaneous and fluid engagement with the research “field” (ibid.p.200).

Regarding qualitative research, although there has been some questions raised pertaining to the frequency of the use of semi-structured interviews as if “semi-structured interviews were the method of choice in all circumstances” (McLeod, 2011, p.71), in this particular study (as already explained in section 3.7) the qualitative interview has purposefully been a research tool and a method of choice because it gives “privileged access” (Brinkman & Kvale, 2014, p 32) to people’s experience of the lived world.

### **3.11 Sampling and recruitment**

#### **3.11.1 *Sampling***

The fundamental feature of Interpretive Phenomenological Analysis is the idiographic attention on the individual case because, in this way, greater emphasis and deeper understanding of a phenomenon can take place (Osborn and Smith, 1998).

IPA focuses on the particular of individual accounts rather than the general. It requires a small enough sample of participants so that that every individual’s detailed experience may be taken into account.

Thus, in order to conduct this research, a purposeful, small, homogenous group of participants was recruited. The aim was to gain insights into their experiences from the stance of a “person-in-context” (Larkin and Thompson, 2012, p.102) in order that the meaning of these experiences could be understood in depth (Smith et al., 2009).

Importantly for this study, participants were recruited from different cultures and different mothertongues. The research did not seek to discover outcomes specific to one particular language but rather to gather accounts and draw insights from different mothertongue speakers engaged in the practice of providing couple psychotherapy in their mothertongue within the professional framework of an English-speaking environment.

The research question guided the recruitment process. As Smith *et al.* (ibid.) have suggested, the homogeneity of the sample “depends on the study” (p. 50). The original design was to recruit both male and female couple psychotherapists. However, during the course of the recruiting process, two male couple psychotherapists who had originally expressed a willingness to participate, decided to withdraw without giving specific reasons. I subsequently turned to other couple psychotherapists who had originally expressed an interest in participating. All were female. Two applicants satisfied the inclusion criteria and were selected to be interviewed.

### 3.11.2 *Inclusion Criteria:*

There were nine inclusion criteria for participation in the study. These were:

1. Participants to be bilingual, where one of their languages was English.
2. Participants to have had a childhood mothertongue which was not English.
3. Participants to have been clinically trained in couple psychotherapy in English.
4. Participants to be members of a professional body e.g. BACP, UKCP etc. as well as abiding by their Ethical Framework for Good Practice. .

5. Participants to be presently using or have, in the past, used that childhood mothertongue to conduct couple psychotherapy in an English-speaking professional environment.
7. Participants to have undertaken their own individual therapy and have own Supervision in place.
8. Participants to give their written consent to participate in an audio recorded interview in English.
9. Participants to verify that there is no dependent relationship between themselves and the researcher.

### 3.11.3 *Sample size*

Whilst there are no rigid guidelines for studies using IPA as a method of data analysis, Smith *et al.* (2013) have suggested three to six participants. On one hand, this small number could offer the security of maintaining the idiographic commitment by delving deep into narratives and producing rich data from participant accounts. However, since it was important to have a wide-ranging enough spectrum of mothertongues where diversity of data could offer “meaningful points of similarity and difference” (p.51), three to six participants might have been too small a number.

A good balance had to be maintained so that the depth of emergent data and subsequent process of analysis would not leave the researcher overwhelmed (Eatough and Smith, 2006, Finlay, 2011). What was essential was that this research did not seek higher numbers of participants believing that this would be “better work” (Smith *et al.* 2013, p.52) but, that concentrating instead on a pragmatic sample size which took into account the combined limitations of word restriction, time allocation and researcher resources.

For Professional Doctorates, Smith *et al.* (ibid.) have set a higher number of ten interviews and a lower number of four. For the purposes of this particular research, what was important was to enable a broad spectrum of perspectives to emerge from the research question. Thus, the focus was on the “interviews rather than participants” (ibid.). In consultation with the research supervisory team, a final number of nine participants was arrived at. Participation and discussions in the London IPA Group meetings supported this decision.

The importance of this decision was twofold: a) That participants be offered the possibility of adequate time and space to explore and reflect on their own clinical experiences; b) that the study was afforded the possibility of a variety of clinical data to be understood and further analysed.

#### 3.11.4 *Recruitment*

This research study was conducted and supervised by Tavistock Relationships. It was advertised by a poster (Appendix I) and an announcement was placed in "Therapy Today.net" - the online magazine of the British Association of Counselling and Psychotherapy. Online announcements were sent to the membership of NAFSIYAT (The Intercultural Therapy Centre) and MOTHERTONGUE (Multi-ethnic Counselling and Listening Agency). Additionally, I was open to being contacted by couple psychotherapists from other organisations who had heard about the research. In this way, through snowballing, news about participant recruitment spread through the couple psychotherapy community by word of mouth.

Originally, thirteen potential participants during a period of roughly six months came forward. Throughout this process, thought was given to minimising the risk of skewing emerging data through the risk of any professional or personal relationships between participants and the researcher.

Following an initial telephone or email communication with potential participants, I sent an introductory letter to them outlining the research study and its aims and informing potential participants of conditions concerning participants' confidentiality and anonymity (Appendix II).

Initial meetings followed the introductory letter and any queries were answered. Participants were asked to sign a consent letter form (Appendix III) before the interviews began. The consent letter made participants aware that anonymised sections of their interview transcripts would be looked at by academic and professional bodies in order to assess the quality and the validity of this research study before the findings were made public. Finally, participants were given the right to withdraw their consent as well as to withdraw the information they had given during the interview but only up to a particular point of the

process. This point was stipulated by in the consent letter as being “before analysis of the interview content begins” (ibid.).

This research was situated in London, the most linguistically diverse city in the UK (ONS, 2011). Whilst there might have been an argument for recruiting participants from a wider geographical area in order to achieve a broader diversity of mothertongues, for the purposes of this research, London, was deemed to provide adequate variety.

### 3.11.5 *Demographics*

Out of the thirteen couple psychotherapists who came forward over a period of six months, nine satisfied the inclusion criteria and were selected to be interviewed. The range of mother tongues which were represented in the final selection were: three Middle Eastern language, two Central European languages and two far Eastern languages.

Consideration was originally given to the provision of a demographic diagram showing participants' ages at time of the research, linguistic backgrounds, length of English-speaking trainings and length of couple psychotherapy practice. However, because of the uniqueness of this research in the field of couple psychotherapy and because of the relatively small sample, it was paramount to protect the anonymity of the participants by giving no information that could identify them. To that end, limited demographic information has been provided in this thesis.

None of the participants had the same mothertongue as mine. This was not intentional but happened by chance. Although originally both male and female candidates came forth, nine female candidates satisfied the research inclusion criteria and were hence selected.

- The participants' ages were between thirty seven and sixty five years.
- The average hours of Couple Counselling in the mothertongue were six hours weekly.

The average years of the participants' experience of providing Couple Psychotherapy in the mothertongue were eight.

### 3.12 Interview Schedule and the process of interviewing

#### 3.12.1 *Collecting the data: The Interview Schedule*

It is central to phenomenological principles and to the qualitative research stance, to get as near as possible to human experience. Face-to-face semi-structured interviews were therefore the most suitable way to explore the participants' personal frame of reference. They provided the rich, first person accounts that were compatible with the research aims. In this way, detailed data were collected directly from the bilingual couple psychotherapists themselves, the "experiential experts" (Smith et al., 2009).

A purposive Interview Schedule was designed aiming to address the research question. The questions were worded so that they followed IPA's idiographic stance and produced individuals' "'meaning' (rather than 'difference' or 'causality'" ((Smith et al., 2009, p.47). Additionally, the questions were open and expansive not loaded with assumptions or the researcher's expectations thus avoiding "a priori theoretical constructs" (ibid. p. 61) (Appendix IV)

The structure of the Interview Schedule consisted of three key areas of questions:

- Area A: This contained four opening questions aimed at providing background information about the participants' childhood linguistic environment and the reasons that they considered themselves bilingual.
- Area B: This contained eight questions focused on professional training and clinical experiences. The main questions opened with "how" or "what" to facilitate the participants' narrative and to situate the participants within their clinical experiences. Prompts were used to encourage more detailed explanations and reflection focused on specific couple issues related to the use of the mothertongue with couples. The prompts centered on insights related to the participants' feelings in the context of the therapeutic engagement when the mothertongue was used.
- Area C: This contained five questions related to the participants' English-speaking professional environment. These included explorations related to the experience of Supervision and writing of case notes.

A final question in the interview invited participants to raise any topics that they themselves considered important which had not been included in the Schedule. In the event, no specific additional topics were raised.

Based on IPA guidance, questions were designed to “allow the researcher and participant to engage in a dialogue whereby initial questions are modified in the light of the participants’ responses and the researcher is able to probe interesting and important areas as they arise” (Smith and Osborn, 2008, p.57).

### 3.12.2 *Piloting the Interview Schedule*

The Interview Schedule was used to conduct an initial pilot face-to-face interview before the subsequent eight interviews took place.

There were four reasons for this: Firstly, to ascertain whether the Interview Schedule was coherent and comprehensible; secondly, to ensure the questions echoed the research aims, thirdly, to enable reflection on my own oral presence in the audio tape and fourthly, to familiarise myself with the interview experience which has been described as the “evolving situated interaction” (Kvale and Brinkmann, 2009, p.51).

Having transcribed and analysed the pilot interview data, I incorporated it into the body of findings bringing the total number of interviews to nine.

The reason for this was that, post analysis, the pilot interview transcript provided rich data illustrating how the participant made sense of her specific clinical experiences. Additionally, it provided a nuanced vein of particular linguistic perspectives specific to the participant’s cultural background. This was consistent with the study’s aim of contributing relevant and novel concepts to the field.

Following Brinkman & Kvale (2014) proposition that “interview knowledge is something constructed in the interaction of interviewer and interviewee” (2014, p.342) pluralistic frame of practice consistent with my beliefs (3.7.2). Following discussions with my supervisory team, I decided to include the transcript in the study’s body of data.



### **3.13 Data Collection**

The individual, semi-structured face-to-face interviews were conducted over the course of eight months, between March and October 2015. Each interview lasted a minimum of 50 minutes and a maximum of 75 minutes. A digital recorder was used. The interview language was English.

### **3.14 Transcribing**

The nine audio recorded interviews were transferred to online files, protected by a password. Over the course of eight months of interviewing they were transcribed and saved on a memory stick. No participant details were included in the transcribed audio tapes.

The verbal interaction between myself and each participant was the focus of the process of repeated listening to the audio tapes. Initial written notes, which were different to the notes made during the later stages of the transcription process (3.7), enabled me to return to the emotional aspects of the interview. IPA does not require the detailed analysis of the “prosodic” aspect of the interviews (Smith et al., 2009, p.74) i.e. the length of pauses or all non- verbal utterances. Instead, the primary concern is the content of the participants’ accounts. Additionally, I retained the awareness that IPA’s concern with meaning-making is “conceptualised at the level of person-in-context” (Larkin & Thompson, 2012 p.101). I therefore focused my attention on the semantic record of all the words that were spoken, specifically, what every word meant. These semantic transcriptions were “crucial” (ibid.) not only because they retained the subjective and spontaneous freshness of the participants’ narratives but also because they offered a full spectrum of the interview interactions. This, in turn, facilitated later stages of the interpretive data analysis.

Brinkman & Kvale (2015) have suggested that concepts contained in any oral conversations between researcher and participants, which would later become constructed into written texts, could be influenced by the researcher’s choice of positioning commas, periods and italics. I was, therefore, mindful of the fact that

the reliability of the transcripts would be increased by my keeping close to the content and noting any specific information that was relevant to each interview. For example, attention was paid to understanding whether specific and significant pauses in the interview narratives were at the end of a sentence or whether the participant was just pausing to gather her thoughts. In this way, from that early stage of the research process, punctuation marks (whether to insert a comma or a semicolon) became an interpretational activity.

In addition, linked to what my own voice brought to transcript reliability, there was an ongoing awareness of my own presence during the audio recordings. This was particularly important given the hermeneutic component of IPA where subjectivity inevitably had a presence and affected the interview flow. Any projections or assumptions linked to my own clinical experiences in the research field were noted and reflected upon.

Transcription validity was understood to be more about whether the transcripts were useful for the purposes of this particular research. Concurring with the phenomenological stance in research, the transcripts were empirically grounded in the narrative content (Finlay, 2011) and participants' words were "utilised" (p. 231) to illuminate their experiences. In addition to commas and pauses, I made note of particular instances where the tone of voice or long hesitations highlighted nuances which led to the development of interpretive meanings, explored later on in the data analysis.

### **3.15 Data analysis**

In order to begin the process of analysing data following the IPA idiographic commitment to focusing on the particular rather than the general, (Larkin and Thompson, 2012) each of the nine interview audio recordings was transcribed verbatim and analysed separately.

Each participant was allocated a number according to the chronological sequence of the interviews. Thus, the numbering refers exclusively to the order in which the participants were interviewed and carries no other meaning.

In phenomenological research studies, interviewees are often given pseudonyms perhaps to give a human feel to the experiences described in the narratives. However, the sample in this research study, which reflects the multi-lingual and multi-ethnic psychotherapy community, could not be given pseudonyms if the researcher was to adhere to the additional phenomenological principle of detaching from any prejudice or assumption that a name might carry. Thus, although identifying participants by number loses some immediacy, numbering was felt to be the best solution.

A line-by-line procedure identified particular data, which described experiential points of “meaning-making to the person-in-context” (ibid, p. 102), i.e. data, which had specific meaning to the specific participant. An organised and transparent reporting of observations, detailed annotations and comments have guided the analytic endeavour towards the development of *codes* or *themes*.

With the aim of entering “the participants’ world” (Smith et al., 2009, p.82), the analysis endeavoured to not only ensure meticulous closeness to each participant’s detailed verbatim account, but also to keep a connection to their vocal characteristics thereby continuously maintaining a sensitivity to their “important cues” (p.81). The “general flow or rhythm ...that shapes the tone of the transcript” (p.82) was kept alive by repeated hearings of the audio recordings. My own memories of each interview, experiential responses and initial thoughts were documented in a reflexive diary (see example in section 3.16) and explored during research supervisory meetings.

Smith (2004) suggested that, in this initial stage, IPA analysis moves away from attempting to examine data in a prescriptive manner as if “following a cookbook” (ibid, p. 40). Instead, I sought to develop a close link with the hermeneutic aspects of this method, given that IPA permits a more interpretive stance. This perspective, on the one hand, grounded my attention in the participant narratives while, on the other hand, also allowed for a more open-minded and reflective attitude to bear on the work. Thus, a gradual emergence of a reconstruction of the participants’ perceptions of their world was enabled while, at the same time, an endeavour to locate their perceptions within the context of “psychological concepts to extend beyond them” was encouraged (Larkin & Thomson, 2012, p. 101).

Given that IPA involves a “double hermeneutic” stance (Smith & Osborne, 2003, p.35) where, in order to make sense of the participants’ experiences, the researcher analyses data which refer to the participant’s own attempts to make sense of a particular experience. The dual role of the researcher requires, on one hand, the process of the analysis to engage in exploring what it is like for someone to have those experiences while, on the other hand, “analysing, illuminating and making sense of something” based on the researcher’s own experientially-informed lens (Smith *et al.* 2009, p. 36). The researcher’s contribution requires a careful consideration of any assumptions and personal circumstances, which might inform and shape the analysis. The process of standing back, “interpreting one’s own interpretations, looking at one’s own perspectives as interpreter and author” (Etherington, 2004, p. 32) requires a reflexive awareness and a transparent acknowledgement of the researcher involvement in the analytic process. Consequently, IPA commands a *centre-ground position* (ibid) where interpretive work is appropriate as long as it serves to draw out or disclose the meaning of experience (ibid). It has been described as a “situated activity...while descriptive in its inclination, it can only ever be interpretive in its implementation” (Larkin and Thompson, 2012, p.102).

The iterative process of going over and over the transcripts during this initial process of analysis facilitates a creative dialogue between the researcher, the data and the insights that relate to the context of the participants words and ideas. Attention needs to be focused on the ways in identifying what “matters” to the participant and then exploring “what it means” for the participant (Larkin & Thompson, 2012, p. 105) it is in this way that the IPA process of analysis aimed to serve both the principles of phenomenology and of hermeneutics.

### 3.15.1 Stage One: *initial noting. Step A.*

When considering the initial noting stage, Smith *et al.* (2009) propose that because IPA analysis aims primarily to interpret the meaning of the *content* of the participant’s account, it does not require a particularly detailed transcription of the prosodic aspects of the recordings. It therefore does not require a direct record of the exact length of pauses, or of all nonverbal utterances as favoured by conversation analysis. Step A “requires a semantic record of the interview”

(ibid., p. 83), primarily focusing on the participant's use of language through which the researcher will begin to develop a growing awareness of the ways in which the participant talks about and understands a particular issue. For the novice researcher who has never conducted interview analysis before, listening repeatedly to some of the recordings may prove necessary in order to "keep the participant as the focus of the analysis" (ibid) and to find ways of becoming immersed and staying engaged with this process.

This process is illustrated below with a brief excerpt. The transcript sheds light on how language evidences the difficulty of getting hold of something that concerns the participant and the struggle to describe something specific about the use of the mothertongue. Initial noting of this interview involved a time consuming, line-by-line meticulous listening. Close attention paid to the hesitant delivery and broken utterances, allowed for some understanding of the participant's "key objects of concern" (ibid, p. 83) to emerge.

Participant No. 2: *...but I also realise that when I speak [mothertongue] there is ...there...there..., you know...there's something else that I touch...you know...I touch something very deep as well...hmmm...almost painful...hmmm almost multidimensional as I said , it's... it's...just different. It's like, hmm, how do I explain to somebody...and I find it...you know hard to explain in words. Because how do you explain to somebody what it's...hmmm...and I remember someone saying to me "it's really hard" hmmm...it's not pleasant ...hmmm... it's not comfortable.... (262 – 269)*

Yardley's (2008) metaphor of a researcher as a 'bricoleur', a maker of patchwork, may facilitate an open stance to the text by enabling the researcher to approach this process as a visual and audio multi-layered montage through which a meaning can eventually be constructed and conveyed. In the same way that any patchwork-maker begins their work, all scraps of cloth are to be salvaged. Matching and creative use comes later.

The initial coding stage examines semantic content and the way that the participant uses language in order to describe their experience. In this detailed and time-consuming phase, Smith *et al.* recommend that "there are no rules about what is commented upon and there are no requirements" (Smith et al. p.83). It is the task of the researcher to identify what matters to participants and

to try to understand what meaning the participants themselves give to their experiences. In order to sustain the personal involvement in the process, keeping an open mind and noting every detail enhanced the future development of the analysis.

### *3.15.2 Stage One: Initial noting - Step B*

Moving on to Step B and continuing to follow Smith *et al.* (2009), a hard copy of each transcript with numbered lines allowing for wide margins on either side was printed. The data analysis then proceeded to identify three distinct processes with three “levels of coding” (ibid, 83). These processes provided a constructive framework, which enabled me to navigate and categorise the data. It also provided rigour to the research process. The three levels were distinguished as:

*A Descriptive Level*: to include only key words or phrases that describe what the participants had experienced and what mattered to them. This level mostly takes things at face value and highlights whatever it is that shapes each participant’s experiences and thoughts.

*A Linguistic level*: to include specific use of language i.e. pronouns, pauses, metaphors, hesitant or confident descriptions etc. The analytic process examines how the participant uses language to reflect “the ways in which the content and meaning are presented” (ibid).

*A Conceptual level*: to deal with data in a more interpretive way. This level can take an interrogative form where the researcher poses questions, which might reveal other questions as the process continues. Some of these questions may lead nowhere whereas others may lead to tentative answers in a more abstract form. The researcher makes use of their personal reflections and understandings, drawing on their own experiences.

In order to facilitate the analytic process, I used three colours in order to distinguish between the three levels. The descriptive level (green) and the linguistic level (red) were positioned on the left-hand side of the transcript. The conceptual level (blue) was positioned on the right-hand side of the transcript.



### 3.15.3 Example of Step B: Coding in Coloured Columns

Interview 5: lines 60 – 63

Linguistic	Transcript	Descriptive	Conceptual
<p>The pronoun “it” is used instead of the noun “English”. It is the subject in some of the sentences. Then the subject changes and becomes “I” and then “you”. Does this shift suggest a recognition that I, too, might understand what she is trying to articulate? The verbs “speak” and “think” are heavily emphasised in the audio recording. This is appropriate because, in this text, they are the two important functions she is describing that relate to language. There are points where the speaker uses ‘uh-huh’ and “I – I ” ... fairly hesitantly.</p>	<p>59 <b>Interviewer:</b> How was it to be trained in English? 60 <b>Participant No 5:</b> Uh, well <b>it wasn't easy. It</b> was for me, <b>it was a great challenge,</b> uh... <b>it was – I felt – I felt it is a</b> 61 <b>very important thing</b> for my <b>development. I</b> learned a lot , <b>I – I – the most important things that I</b> 62 <b>understood or realised is that language is a culture</b> and that the way you – the way you... if you don't 63 <b>don't have, I mean that you can <u>speak</u>, but that you can <u>think</u> only through the words you have.</b></p>	<p>1. Training in English was difficult and challenging but also very important. 2. She places great value on the relationship between language and culture. 3. While focusing on the absence of words, she emphasises and describes words as something through which thinking happens. The language acts as an enabler of thought.</p>	<p>1. Recognition of the contribution of training in English to the concept of her development. How might she have seen herself before the training? What kind of development does she mean? Only professional or on other levels, too? Development has not come easily to her. 2. Comparison with not having the whole cultural aspect through thinking about the language but only speaking it. Is this how it might have been for her in the past?</p>

Table 1: Coding in coloured columns



**Int:** Yes. How was it to be trained in English?

**Participant No 5:** Uh, well 1.it 1.wasn't easy. 1. It was for me, 1.it was 1.a great challenge, uh... 1.it was – 1.I felt – I felt it is a 2.very important 1. thing for my development. I learned a lot , I- I – the 2.most important things that I understood or realised 2. is that language is a culture and that the way you – the way you... 2. if you don't have, I mean that you can speak, but that you can think 3.only through the words you have. Uh-huh. So it was something - it 3. really opened up a lot for me to do it in English. Yes, I – language – this is something that I learned that uh, 2.that language is actually a culture and that you can only think through the words that you have so uh... 3. and you can't experience it by, by all the translation processes. I realised that you can't just - can't just you know 3. change the word and keep the meaning. With lots of meanings, 3. when you don't have the language you lose something. 4. I mean, 3. so when you need to move from English to (mothertongue) something gets lost.

#### 3.15.4 Stage Two: Working out and developing emergent themes

This stage of the data analysis is often described as *heuristic or heuristic inquiry* (McLeod, 2011). The word comes originally from the Greek *heuriskein*, (*εὐρίσκειν*) which means to discover or to find. The process of discovery is accomplished through the willingness of the researcher to sufficiently “surrender to the research question” so that the process of exploration eventually leads the research to a “creative synthesis” of the participants’ personal experiences (ibid, p. 207).

Adopting the heuristic ideas of Moustakas, (1994), Finlay described the stage where there is a fluid merging of introspection, data collection and analysis, as a precise methodological process, specific to the aim of perspective discovery {Finlay, 2011 p. 163}. The heuristic approach diverges from other empirical, descriptive phenomenological approaches in “its shift and focus on researcher self-search, self-dialogue and self-discovery” (ibid). In this way, the researcher’s own experience is brought into sharp focus, shifting the research lens from the external to the internal.

In this research study I do not lay claim to having strictly followed Moustakas’ heuristic research concepts. I have used the heuristic understandings as a

backdrop to sensitive complexities and emotional hues that emerged. While engaging in supervisory conversations and reflecting on the impact of the research process on a deeply personal level, I sought to expand my own development by expanding my reading of relevant texts, increasing the time used for self-reflection and writing my research diary. In this way, and subsequent to the Stage One period of *immersion* into the transcript data (Finlay, 2011, p. 170), I followed the Stage Two requirement of researchers to be “travelling on their experiential voyage while exploring both the participants’ and their own inner responses” (p. 163).

This part of the analysis required me to develop an introspective and subjective engagement with the data. Despite the availability of relevant computer programs such as NVivo (a software program that helps cluster data into themes and subthemes). I felt that any external interference that was programmed to search, categorise or/and thematically analyse the transcript might influence my intimate closeness to the data. Instead, immersion in the text enabled a revisiting of the experience of the interview in order to hear the participants’ voice through their own words without the risk of compromising the recollections of any of the vital qualities of the interview experience.

At this point, the analytic process also necessitated time for *incubation* when I had to put on hold working on the transcripts in order to allow space to reflect and let implicit understanding to emerge. Taking time off from the analytic process facilitated extensive reading around the subject as well as attending the regional London IPA Forum. Related articles {Eatough, 2006 #392; Ryan, 2003 #248; Ryan, 2003 #248} and database searches regarding articles on associated topics further enriched my contextual thinking. The time during which the researcher was systematically attending to the transcripts has been described by McLeod as an ongoing “passionate involvement of the researcher which will enable a depth of sustained examination that will go beyond what could be achieved through mere use of the methods...” (McLeod, 2011, p.206).

The period that followed revealed new levels of understanding and enabled a return to the data with renewed perspectives so that Stage Two could begin. Smith *et al.* (2009) describe this stage of the analytical process as “a dialogue between the researcher, their coded data and their psychological knowledge

about what it might mean for participant to have these concerns” (p.79). To this end, a brief transcript example has been chosen (Table 2) in order to show how detailed analysis eventually can lead to the development of emergent themes.

At this stage of the analysis, I drew no distinction between primary and secondary themes. Instead, my primary engagement was to become acquainted with the text. For the purposes for this particular research study which focused on clinical practice, the only exception I made was the identification of “clinical issues” as they emerged through the data. These would eventually become part of a comprehensive master map of themes (Appendix V) all directly linked to the research question.

#### *3.15.5 Example of Stage Two: Developing emergent themes Interview 1*

In the transcript excerpt below, I identified three possible clinical issues. All pertained to the specific participant’s own sense of her bilingual linguistic identity.

The central column contains the transcript text. The numbers indicate the position of the lines in the overall interview. My own noting of sounds (utterances) have been retained so that the associations to the interview experience be kept alive.

The left-hand side column contains the “phenomenological core of the data” (Larkin and Thompson, 2012, p.108), outlining possible future themes which were identified as they emerged from the participant’s verbatim statements. On the right-hand side column are my interpretive comments, musings, ideas and thoughts.

Emergent Themes	Original Transcript	Exploratory comments
Direct link between language and culture.	<p>277 ... Language and 278 culture are very linked. [Int: yes] and the [mothertongue] are</p>	<p>A position of certainty and a generalisation of a whole social grouping (the mothertongue speakers) encapsulated by the language.</p>
Positioning “self” within this mothertongue group (“if I’d said”)	<p>279 very deep thinkers [Int: uhm] and they like to think</p> <p>280 and they like to philosophise and they like to talk</p> <p>281 about ‘what is the meaning of this?’ and when</p> <p>282 you’re saying that ‘what you mean?’ and if I’d said</p>	<p>By identifying the generalisation in more detail, is it an attempt to emphasize what the mothertongue brings with it?</p>
The identity of her English speaking self is not emotionally attached to the acquired language.	<p>283 that, and you know, it’s all very...whereas English is</p> <p>284 all very practical, very logical and, and, frankly I’m</p>	<p>Shift from external (<i>the mothertongue speakers</i> to internal (<i>and if I said</i>). <i>It’s all very ...</i>What does the time lapse signify? Hesitation? Is there an underlying difficulty in making a shift between the internal mothertongue-self and the English-speaking self?</p>
She cannot conceal that side of her.	<p>285 not very interested in that kind of thing, you know.</p>	
Clinical Issue 1. She has a sense that her lack of interest is visible.	<p>286 And I think that shows. [Int: uhm] you know, that</p> <p>287 I’m not very interested. And a lot of times, a lot of</p>	
Clinical Issue 2. Clients referred on.	<p>288 the couples I work with, English couples, I actually</p>	

<p>Possible projection of her own sense of English onto clients: <i>it's more practical for you...</i></p> <p>Clinical Issue 3. English – speaking self <i>can't think</i>. How does that impact the work? Does she see her English speaking self in a negative light?</p>	<p>289 refer them onto someone else. That happens a lot</p> <p>290 when I just say, you know, 'I just thought that</p> <p>291 maybe it's more practical for you to see my</p> <p>292 colleague' but I just can't think that am I that</p> <p>293 bothered to see these people? [Laughs] It's awful!</p> <p>294 But that's how I feel. [Int: uh] You know. Yeah.</p>	<p>If she is <i>not that bothered</i> and <i>can't think</i> what is she protecting herself from? Is this a defensive comment?</p> <p>Although <i>it's awful</i>, there is a split that does not allow a feeling to be registered or <i>the awful</i> to touch. Inter-psychic process. What is so difficult to engage with?</p> <p>Purpose of laughter? Does the lack of further exploration of comments 293 – 294 reflect exactly what has been stated: English is practical, logical. Parallel process might be going on here because this interview is in English?</p>
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**Table 2: Developing Emerging Themes: Interview One.**

### 3.15.6 Stage Three: Keeping track of emergent themes

This stage in the process required me to shift away from the transcripts themselves and to focus on the interpretive provisional notes that have emerged from the preceding stages. The interrelationships, connections and patterns between the participant accounts were identified, refined and mapped.

Following that, I divided each transcript into sections. IPA guidelines specify “breaking up the narrative flow of each interview in order to work on portions” (Smith *et al.*, 2009, p. 93). These portions of each of the transcripts were brought together and analysed individually. I identified some themes as being more frequent, thereby having prominence, while others appeared less often and seemed to be of secondary importance.

Smith *et al.* suggested that “themes are usually expressed as phrases which speak to the psychological essence of the piece and contain enough particularity to be grounded and enough abstraction to be conceptual” (2009, p. 92). In other words, the themes contained the participant’s original words as well as my interpretation, thereby combining both description and understanding. IPA requires the researcher to adopt a dual role namely, both to be like and unlike the participant. The focus had to be on understanding the participant’s narrative, who – in turn – is making sense of his/ her specific experience. This process, described as “double hermeneutics” (Smith and Osborn, 2003, p.53) characterises IPA.

This necessary shift from the handling of data, so far participant-led, to a researcher-led innovative organisation of the themes, allowed for the emergence of groups of lists, which contained the most important and interesting aspects of each participant’s account.

An example is provided below which has been distilled from the brief excerpt of Interview 1 (already used as an example in Stage Two) showing how I kept track of the themes as they emerged from the data. What stood out was that the emergent themes were not given specific positions of importance, but instead were kept, provisionally, close to the participant’s verbatim account.

In this example, I identified the themes as they emerged from the transcript, reflecting: a) issues that matter and b) the meaning that the participant attached to them.

### 3.15.7 *Example of Stage Three: Keeping track of emergent themes*

**Example of Stage Three: Keeping Track of Themes Interview 1 (lines 277-294).**

Link between language and culture.

Mothertongue contains conceptual and philosophical elements.

Comparison between mothertongue and acquired language.

The relationship of self with the mothertongue/ Linguistic identity.

The relationship of the self with the acquired language/ Linguistic identity.

Lack of attachment to acquired language.

Lack of interest regarding the acquired language.

The acquired language linguistic identity and elements of lack of interest renders the participant visible to the outside world.

Clinical practice of referring on.

Projection of feelings on to clients.

Clinical impact as a result of the relationship to acquired language – referrals.

### **Figure 1: Example of Stage Three: Keeping Track of Emergent themes**

#### 3.15.8 *Stage Four: Connections between themes*

This stage of the analysis required me to find connections between themes. This non-prescriptive stage required flexibility and creativity on my part in handling the themes in such a way that best reflected the exploration and the scope of the research question. Capturing the themes in a flexible manner provided a useful platform for later interpretive work when the analytic process

would enter the level of cross sectional manner, integrating themes from multiple transcripts (Smith *et al.* 2009).

### *Section A: Organising emergent themes*

I created separate lists of themes for every transcript. As illustrated in the example of Stage Three, I initially only listed the themes as they emerged. Now, returning to the transcripts again, through a circular and iterative process, I began to transform the transcript content into more detailed specific themes, making sure the source of each theme was accurately tracked back to the transcript via line number and quotation. At this point in the process, I did not attempt to make any interpretive statements when identifying the themes.

In order to better organise each transcript's emergent themes, I created an online Word document, divided into four columns, where I entered all the themes from all nine transcripts. I gave each column a temporary title conveying the conceptual nature of the themes. This enabled me to keep a mental track of possible ways that the themes could fit and connect with each other (Appendix VI).

While carrying out this procedure, I realised that certain themes recurred. I noted that some were "expressed at a broad level" (Smith *et al.*, p. 107), appearing in more than one column. For example, themes around feelings and experiences associated with the use of the mothertongue, could be linked to clinical experiences both in Column 2 - titled "anxieties" - as "*want to rescue*" (interview 2, line 510) or "*a collapse of boundaries*" (interview 2, line 511) as well as in Column 4 – titled "potential advantages" - as "*enriching*" (interview 1, line 444) or "*familiar*" (interview 1, line 185). Others were expressed less often, for example themes around gender differences.

Because of the large number of themes generated through this process, I drew up a Master Plan of Themes (Appendix V). This was the outcome of IPA's iterative process ensuring the integrity of the data retrieved so far. The themes were revisited over and over in order to enable a more refined access to the verbatim references in the transcripts. Afterwards, my attention was focused on



illustrating and distilling the themes further, by repeatedly going over all quotes that best captured the experiences of the participants.

By reflecting continuously on the data, “The themes become developed to an in-depth level to examine the relationship between them” (Crowe, M., Inder. M. & Porter, R., 2015, p. 3). Following that, I considered how they might be drawn together into a narrative, “because this is the beginning of the interpretive process, it is useful to remember that potentially any set of data can have multiple interpretations” (ibid.). The importance of this part of the analysis was that In order to remain close to IPA’s commitment “from the part to the holistic” (Smith *et al.*, 2009, p. 104) I was required to continuously monitor the relationship between the commonality and the individuality of themes which began to emerge.

#### Section B: *Identifying connections across emergent themes: Clustering.*

At this point, I continued to consider how the connections across the emergent themes could be grouped. According to Smith *et al* (2009, p.96) themes could be drawn together utilising a number of techniques:

- Abstraction: identifying patterns of “like with like” and creating super-ordinate themes with new titles
- Subsumption: one emergent theme being given super-ordinate status as it brings together other related themes
- Polarization: focusing on differences across themes instead of on similarities
- Contextualisation: identifying contextual key events or “temporal moments “as they are shaped by elements in the participants’ narratives
- Numeration: frequency of emergent themes in the interview
- Function: themes are identified by the specific meaning they have in the transcript

A cyclical approach, reading and re-reading through the lists of themes, enabled some connections between the themes to become readily apparent because participants described recurrent concepts and ideas which were shared throughout their experiences. So, no matter what actual words were used or how they may have presented their understanding, I began to identify how “a

prevalence for a superordinate theme could allow for considerable variation” (ibid., p. 107).

At this point I used the technique of subsumption. This enabled me to identify an emergent theme, which “itself acquires a super ordinate status as it helps bring together a series of related themes” (ibid., p. 97). I took the decision as to whether a theme was given a superordinate or a subordinate position, based on its importance as an accurate elucidation and as having an ability to capture salient nuances of the ways that the participant used their own words to make sense of their experiences. These matters were discussed extensively in Doctoral tutorials, during which I presented a number of hierarchical lists in order to show how the themes were identified.

For instance, the theme of Dualness regarding bilinguals’ emotional experience of both a mothertongue linguistic identity and an acquired language linguistic identity, carried wide significance across the transcripts. This theme emerges time and again from the participants’ narratives and refers to the different senses of self they hold according to the language spoken in their external world.

Burck (2005) has identified the way that “Individuals constructed quite different meanings within each of their linguistic/cultural concepts” and has referred to this concept as “doubleness” (p.5) in the context of a “doubled world” (ibid., p. 57).

Due to the psychoanalytic stance of this research, which emphasises the internal over the contextual, I have selected the word “dualness”. This choice is intended to illustrate the existence of two internal linguistic processes, separate to each other and existing alongside each other, yet always in dynamic interaction.

Classified, therefore, as a super-ordinate theme, it contained a number of subordinate themes which illustrated how some of the participants seemed to have a more polarised stance to that internal sense of themselves whereas others were comfortably holding a more reflective balanced internal viewpoint. The importance of this theme was evidenced by its presence in all the narratives although the participants took different positions in relation to it.

For example, Participant No 7 said: “...*the majority of my work is in English with little [mothertongue]...and that I find more difficult than English because I’m always a bit, uh, nervous to start with...because the intricate things that one needs to talk about...would I have the words? Am I familiar enough with the language?* (49 - 53).

### 3.15.9 Stage Five: Identification of Super-ordinate themes

In this stage of the analysis, the in-depth iterative process continued. As the focus moved from transcript comments to interpretation, ongoing further crosschecking of the subordinate themes for commonalities and differences as Smith *et al.*(2009) suggest, eventually led to arranging and re-arranging them “until the relationship with one another are adequately expressed by way of a visible structure” (p. 111).

The process of engagement continued and I retained open and flexible labels while attending to the conceptual nature of the themes. The labels reflected the best way to evoke “the content of the material within them and the meanings that are attached to the content by the participants” (Larkin and Thompson, 2012, p.111).

Identification of super-ordinate themes depended upon a) evaluating their significance for the participants and b) measuring the recurrence of each theme across the transcripts. In IPA, a theme can be identified as super-ordinate based on its recurrence of at least a third of the participant interviews. “Counting like this can also be considered as a way to enhance the validity of the findings” (Smith *et al.* 2013, p.107).

Subordinate themes reflected and illuminated the links between the super-ordinate themes with the corresponding, variant experiences of the participants. In an effort to remain close to IPA’s commitment to what is common and what is divergent, I noted instances where themes appeared only once. These “outliers” (Osborne and Overbay, 2004, p.1) validated the legitimacy of the variability of the findings. Their presence in the data reinforced the trustworthiness and accuracy of the process at this point (Lincoln and Guba, 1985).

Ultimately, a map containing a graphic depiction for each super-ordinate theme and its attached subordinate themes emerged, albeit not in a hierarchical order.

These maps demonstrated the transparency of the process (Yardley, 2000) in a clear and traceable manner, therefore accessible to someone who “does not know the data” (Larkin & Thomson, 2012, p. 112). (See Figure 2).

Four super-ordinate themes were identified. These are presented in the following chapter, Chapter Four.

#### 3.15.10 Stage Six: *Presenting the Findings*

The final stage of IPA analysis was the presentation of findings “in a full narrative account which is comprehensible, systematic and persuasive” (Smith *et al.*, 2009, p 109). At this point I was aware that the analysis of the data, which had so far explored the experiences and the sense-making of the participants, could only be of value if the reader of this research could also make sense of the findings.

The focus at this stage was twofold: Firstly, I gave an overall account of the themes that emerged. Secondly, I provided an interpretation of the data in order to “make a case for what it all means” (*ibid.*). This required that any interpretation made, had to be supported by my close engagement with the quality and texture of the participants’ experiences (Willig, 2013) through verbatim transcript extracts.

### **3.16 Reflexivity in qualitative research**

Qualitative research acknowledges the relationship between the researcher and both the research subject and the research process (Willig, 2013). This relationship underpins the use of the researcher’s self on the pathway between the start of a research idea and any personal input which impacts upon the research outcome (Etherington, 2004). In general terms, researcher reflexivity explores the capacity of the researcher to acknowledge how their own experiences and context, inevitably influenced and informed the process (McLeod, 1999, Etherington, 2004, Willig, 2013).

Willig (2013) has identified epistemological reflexivity, which requires the researcher to challenge and explore the implications of how the research question may have defined and limited outcomes. It invites the researcher to conceptualise the research design. Moreover, it calls upon the researcher to consider how the choice of method and analysis of data might have informed the understandings of the phenomenon under investigation.

I have presented aspects of epistemological reflexivity in section 3.7. These aspects outline the different options which I originally considered and the justification for my choices regarding the research design, the methods of analysis and the ways that the data and findings could be best conceptualised and set out.

#### *3.16.1 Self-reflexivity and the researcher's motivation*

This qualitative study was conducted within a particular institution. The participants were not colleagues of the same organisation. The nature of the data is very personal. My self-reflexivity is a key component of the transparency of this study.

Self-reflexivity is concerned with the ways in which research processes are influenced by the researcher's values, knowledge, experiences and beliefs. As a couple psychotherapist, who is sensitive to psychoanalytically informed understanding of unconscious processes, I could evaluate the researcher /participant dynamic as being inexorably linked to the issues arising from the participant narratives and from the ways they echoed through my own history as a bilingual migrant, who has a professional training in the acquired language. Issues around countertransference have been intrinsic in my own training experiences and clinical practice.

Through the countertransference processes, began an awareness of seeing myself from a metaphorical distance, where the 'I' (as a subject) sees the 'me' (as an object). Stimulated by the participant processes, it was important to distinguish my own unconscious processes - stimulated by the participant narratives, from those of the research participants. Personal bias and prior professional knowledge in the couple psychotherapy field was, therefore,

identified and evaluated. My countertransference, originally demonstrated by my responses during the interview processes and later during the ensuing immersion in the transcripts, guided me through the essence of self-reflexivity.

During the development of this research project, I maintained an awareness about my own impact on every course of action taken. Aspects of my presence were identified and processed in a number of ways: by personal reflections entered into the reflexive diary; by writing detailed notes from tutorials; by participating in the Research Group Meetings at Tavistock Relationships; by repeated listening to the recording of the interviews and, finally, from reflecting on different ideas from the regional London IPA Forum discussions.

The process of self-reflexivity highlighted how important it was that preconceptions were contextualised and bracketed off when taking into account that both the research participants and the researcher were all migrants. It also accentuated my personal investment in the process. Eventually, this became a framework which could be appraised as a legitimate source of knowledge in the overall outcome of this research.

Finlay (2011) has suggested that qualitative phenomenology research “begins in silence as a way towards *intuiting* in which the phenomenologist researcher attempts to be open to understanding instinctively so as to meet the phenomenon in as fresh a way as possible” (p.23). She reminded readers that researchers use their own experiences to examine the “quality and essence” of a phenomenon” (p. 150).

In this study, I had to maintain a fine balance between being in two conceptual worlds simultaneously: in the familiar world of clinical reflection as an ‘insider’ in the field of couple psychotherapy as well as in the world of critical engagement with the data as researcher (Vickers, 2002). Being in these two positions required me to adopt both an active, in-depth relationship with clinical issues emerging from the interview narratives, as well as, to survey the different aspects of the research process as a whole from a distance, while also positioning myself in it. Moreover, I was conscious of the fact that the sharing of my own personal information, the exposition of research diaries and the “clumsiness of research” (Drake 2009 p. 87) could open up “scrutiny by the establishment, often to the individual’s disadvantage” (ibid.).

Notwithstanding the anxiety and the concern about “who might read this” (Vickers, 2002, p. 608), the belief of writing about “what we know” (ibid.) agrees with my epistemological position (3.7) and the critical exploration of the frames of reference which inform my understanding. These are relevant to my linguistic and cultural experiences as well as to my clinical work. Moreover, I have considered the methodological and ethical aspects of positioning myself within the voices of the participants. Accordingly, I have taken ownership of this study’s “authorial understanding” (Drake, 2002, p. 96) and have been open to scrutiny of my insight into those sections of the data, which I “chose to make visible” (p. 88).

Consequently, in the introductory chapter (1.1, 1.2) I have used the neutral third person singular i.e. “the researcher” while all other sections have been written in the first person.

Several years of experience as a couple psychotherapist have motivated me to engage with the exploratory dimensions of this study, as a means of reflecting on clinical phenomena, which have remained unaddressed in the field. Referring to doctoral research, Drake (2002) has offered the analogy of “map-reading along the coastline” (p. 97). This is a way of conceptualising the researcher’s “distance” in relation to the research data. She posits:

“looking at a map allows us to understand the detail of the coastline, to navigate, by taking a step away from the actuality of the shore and the events that happen there, for example sculptural forms formed by the tidal movements or social activities ... the scale of the map depends upon our distance and speed and it is this map which is the metaphor for empirical positioning. But to see or build the sand castles or participate in the games we must be there at the time” (p. 98).

The above metaphor also reflects my pluralistic stance within a globalised world of psychotherapy (3.7). The metaphor depicts the need for attention to specific clinical data as described by patients, while simultaneously locating myself and making creative links with different perspectives of broader linguistic and cultural issues.

### Reflexivity example A – on preparing to conduct an interview

April 2015

*What is the way I will come across? Will I be stilted? Having said how long the interview will be, I don't want to be looking down at my watch to keep time. The choice of venue will probably be noisy. And public. I am anxious about the level of noise and how it will interfere with the recording. I am also troubled about her choice of venue in connection with the issue of confidentiality. How can I conduct an interview offering a confidential space if all of London is walking by where we are sitting? I have so many questions in my head to ask her but I will have to hold back and stick to what we are meeting for: To conduct an hour's interview for my PD.*

*These questions are preoccupying me. I wonder whether this preoccupation will take something away from the experience because I might not be able to be totally present.*

### Reflexivity example B

August 2016

*Before I began writing, I thought that writers are in control of what they write, the thoughts and images they describe, the events they talk about, and the people they are preoccupied with; I thought all the thoughts and their ideas came from a clarity which was based on conscious sequences. But this is not true. Many times, it is the thoughts and the images that chase the writer's mind, the stories that demand to be brought to light. The more I disappear in my writing, the more thoughts and ideas grace me with their presence.*

### Reflexivity example C

November 2016

*Trying to compose my thoughts while writing the Discussion, time and time again I had to struggle to put some order to my thinking and make a connection with the text which was in front of me. Only afterwards, having read it multiple times, was I able to look back and retrace my path in order to understand where I had been.*



### **3.17 Summary of chapter**

This chapter opened with an introductory section detailing the methodological choices made. I have reviewed a number of methodological approaches and have presented the rationale for locating this study into the qualitative research field. The relationship between my methodological choices made and the question under investigation, have guided the appropriate ways of data collections. The method of analysis of data using Interpretive Phenomenological Analysis has been explicated and the theoretical underpinnings explained.

I have provided evidence of addressing questions concerning quality and validity. I have adhered to an ethical framework throughout.

The design section of the chapter offers details about the process of recruitment, sampling as well as information about the processes involved in transcribing of interviews.

I have stated my epistemological stance and I have acknowledged the ways in which my subjectivity has impacted on this study. Excerpts from my reflexive diary conclude the chapter.

## CHAPTER FOUR

### THE FINDINGS

*An old photograph in a cheap frame hangs on a wall of the room where I work. It's a picture dating from 1946 of a house into which, at the time of its taking, I had not yet been born.*

*Imaginary Homelands*, Salman Rushdie (1991, p.9)

#### 4.1 Introduction

This chapter details the qualitative data (the 'Findings') gathered from nine transcribed interviews. These focused on and highlighted bilingual couple psychotherapists' clinical experiences when they use their mothertongue with their clients in clinical sessions conducted in settings where an acquired language was used. Following the process of detailed Interpretive Phenomenological Analysis as outlined in Chapter 3, four super- Ordinate themes and twenty sub themes emerged.

The four super-ordinate themes covered broad spectrums of participants' experiences. These were gathered together, separated and each was given a title which conveyed their essence.

The four subordinate themes and related subthemes were explored, in turn, each supported by verbatim extracts from participants' interview transcripts. Smith *et al.* (2013) stated that it is important to include evidence for each theme from each participant in order to ensure rigour and validity

Participants are numbered 1 – 9. Accordingly, each transcript excerpt is introduced by the participant number and is followed by numbered transcript lines.

**SUPER-ORDINATE THEME ONE: Dualness.** The title of this theme conceptualises the bilinguals' internal linguistic senses of self. It encompasses the ways in which verbal changes affect and differentiate specific perceptions of the relationship between language and self.

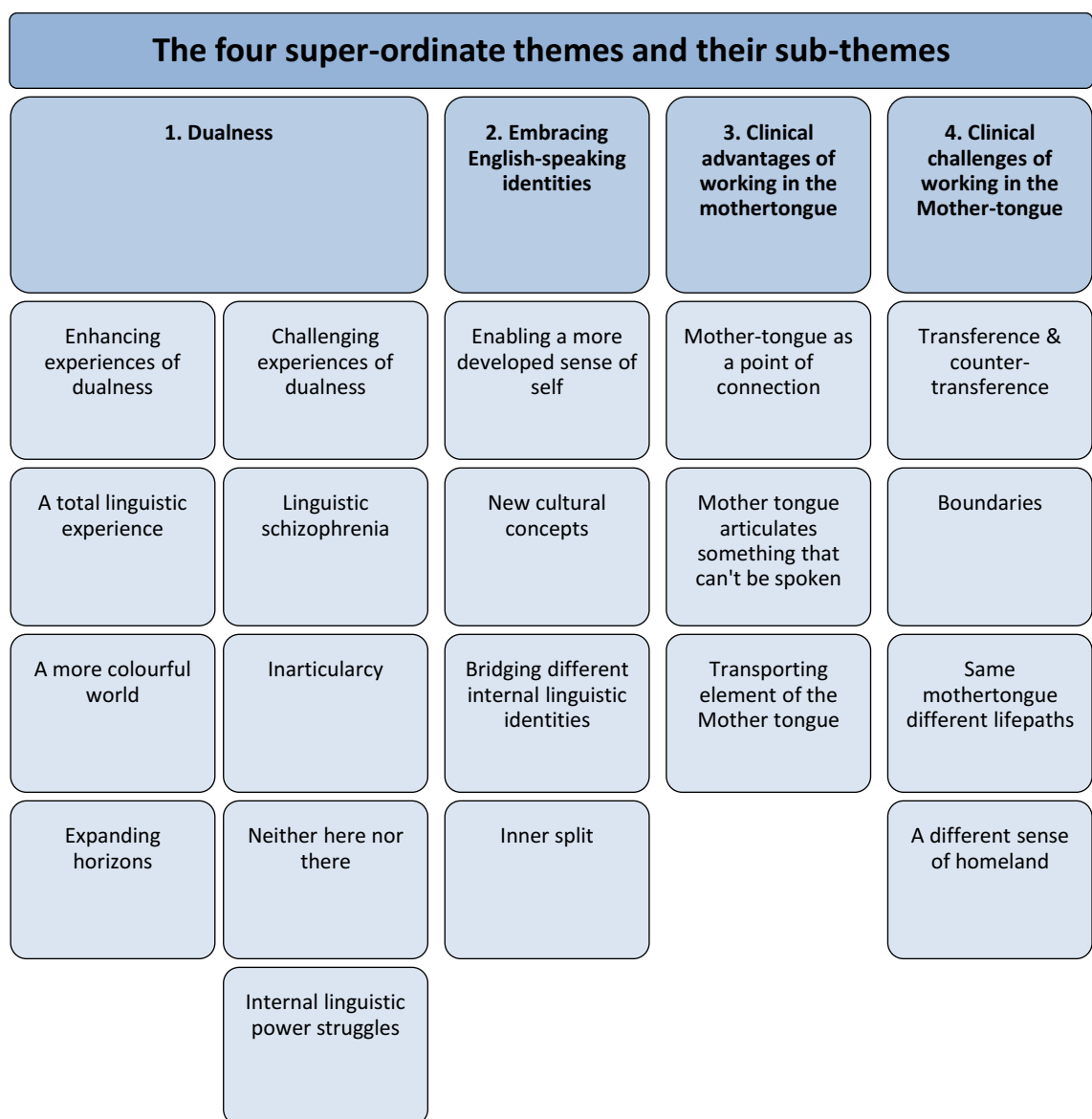
**SUPER-ORDINATE THEME TWO: Adopting English speaking identities.**

The title of this theme reflects the ways that participants experienced a sense of

how the different parts of their identities functioned in relation to speaking in their acquired language, English, rather than in their mothertongue.

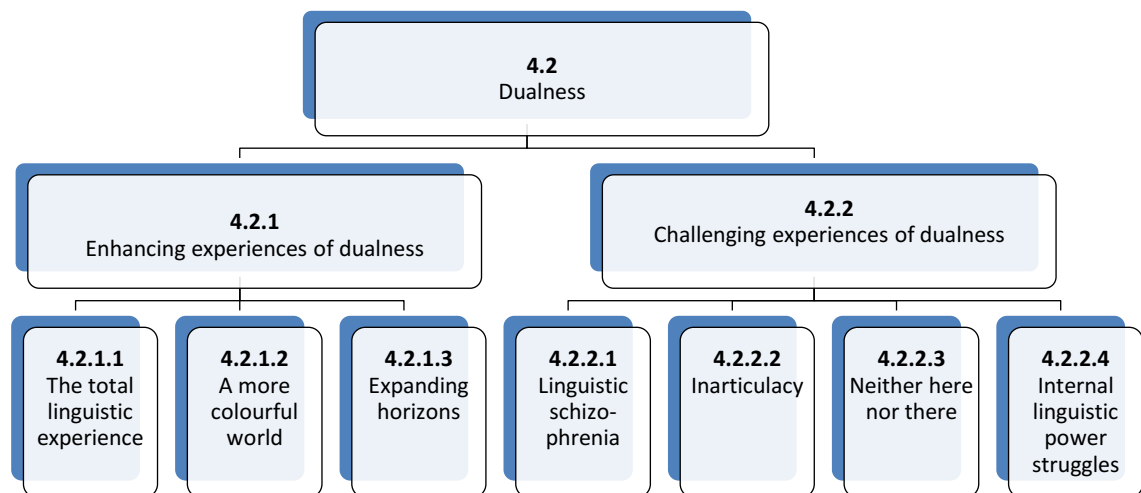
**SUPER-ORDINATE THEME THREE: Clinical advantages.** This theme describes the participants' perceptions of the ways that the use of the mothertongue enhanced the therapeutic process and their professional sense of self.

**SUPER-ORDINATE THEME FOUR: Clinical anxieties.** This theme presents the participants' perceptions of the ways that the use of the mothertongue challenges the therapeutic process.



**Figure 2: The Four Super-Ordinate Themes and their Sub-Themes**

## 4.2 Super-Ordinate Theme One: Dualness



**Figure 3: Super-Ordinate Theme One: Dualness**

The most prominent theme, which recurred across the eight interviews, was the lived experience of bilinguals when they used both a mothertongue and an acquired language when practicing couple psychotherapy. This theme has been conceptualised as Dualness (Burck, 2005). Although earlier, in Chapter 2, the issue of bilingualism has been addressed as it appeared in clinical texts, here, the participants' accounts attest to the lived experience of bilingualism and draw attention to the difficulties in bringing together the self in the presence of an internal diversity.

The breadth of data retrieved from the interviews lent itself to a visual presentation where both extremes could be represented: it was best conceptualised by dividing the data into subthemes branching out from one grouping, containing enhancing experiences (4.2.1) and another grouping containing challenging ones (4.2.2). This division was intended to clarify and differentiate between the breadths of positions that prevailed. It also aims at facilitating the reader's understanding of the extent of the subjective emotional diversity as evidenced from the participants' narratives.

The data highlights the often multi-layered and contrasting internal stances of enhanced clinical experiences coupled with a sense of positivity, on the one hand, with the more challenging side of experiences that challenged the

participants' sense of core identity and self, on the other. These positions demonstrate the fact that the participants experienced the shift from the mothertongue to another language across a broad spectrum. Their descriptions evidence the complicated process of negotiating different linguistic perspectives. They also illustrate how language contains representations of emotions, attitudes, values and understandings of social circumstances. These illustrations have opened up questions around the impact of emotion upon the bilingual representation and the differing processes of experience when the mothertongue is being used. These issues are at the core of this research study.

A fluency in two languages gave participants a sense of having two distinct identities. The transcript examples evidenced how it is to be in touch with two different linguistic selves, each with its own emotional dimension. During the course of this research, participants often described that they feel differently when speaking the mothertongue or the acquired language, that they related to others differently and had a different perspective on the world around them.

The two opening quotations below demonstrated how, for the participants, their bilingualism defines a place in-between their two experiential selves.

Participant No. 2: “ ... *speaking [mothertongue], it's more difficult because I am constantly having to bridge the two linguistic systems, two identities, two unconscious connections within those parts of myself that are linked to language ...*(165 – 167).

Participant No. 1 described more fully how powerfully she experiences her two linguistically defined selves in her professional world:

Participant No.1: “*when I am working in [mothertongue]...uhm...because I more involved in the language...there are words that I can use that can mean different things and you can use them in different ways which I am sure you could in English as well, it just doesn't seem natural to do that in English. So, yeah, the nuances help me with the couple work. And just being, just being connected emotionally I think it's really important when you are doing couple work...*” (216 – 226).

#### *4.2.1 The enhancing experience of Dualness*

The experience of having a dual sense of themselves was, for some participants, enhancing. Their ability to think about the differences and to converse in both languages enabled the participants to have experiences, which evidenced a different growing dimension of the self. In the interview recordings, the participants' tone of voice conveyed some effortless and joyous process that became activated when thinking about their dualness.

Participant No. 1: *"It feels quite enriching, I must say.... uhm...when I am working with [mothertongue couples] it feels very natural. "* (95 – 96)

##### *4.2.1.1 A total linguistic experience*

Participant No. 4 expressed how thinking in two languages felt like she could transcend purely linguistic boundaries and enter into a realm of a fuller self-perception. Her words describe how the sound of language creates a movement from a space of cognitively processing (I can think) into an experiential world where she is made aware of something more complete.

Participant No.4: *"the fact that I can think about this in different languages, in a different perspective ...the total experience of - of a different language ...it's more than language...uhm...it's not only language...uhm...it's a language plus...(316-319).*

##### *4.2.1.2 A more colourful world*

Aware of interpersonal processes, Participant No. 2 has reflected on the experience of a presentation of self that felt internally as having a wider and brighter emotional range.

Participant No.2: *"in relation to these two aspects of myself that I'm trying to bridge basically 'cos I realise I think I do that all the time in all my sessions...even when I speak English I think I am always trying to bridge that...yeah...I'm always sensing that duality in me...something has become more fuller, more textured more... you know? So, it's so hard to just put it into*

*words ...its' like if you were seeing ten colours and then you were seeing fifteen colours, well. How would you describe that? It's more colourful"* (Participant No. 2, 689 – 693)

#### *4.2.1.3. Expanding horizons*

The importance of the excerpts that follow, is that they illustrate the way that two of the participants gave a particular meaning to their experience of bilingualism. They describe a sense of their two language selves being in some internal communication. The bilingual ability seems to enhance not only the interaction with the outside world in relation to knowledge but also provide new internal perspectives of the self.

Participant No.8: *"...it's about being able to translate uh, one set of feelings or circumstances to another. ...it's to do with more than one set of assumptions, one set of knowledge. It expands my horizons. It extends my knowledge and makes me more fluid, more flexible..."* (216 – 219)

The following excerpt provides more clarity and offers a different understanding of the internal communication.

Participant No.5: *"I would do everything in [mothertongue] but still I can hear sometimes, sometimes I can hear my mind thinking in English. It is as if it's growing."* (497 – 499)

#### *4.2.2 The challenging experience of Dualness*

At the other end of the spectrum the participants found that their dualness made it more challenging to be in touch with having a clear sense of self. The following extracts evidence an awareness of an internal tension in their attempts to straddle the different internal experiences located in the use of the two languages.

##### *4.2.2.1 Linguistic "Schizophrenia"*

This subordinate theme does not use the clinical term of schizophrenia (from Greek *skhizein* “to split” + *phren* “heart, mind”), which described a mental disorder characterised by a person not being able to distinguish their own thoughts and ideas from reality.

In this example, the term schizophrenia was used metaphorically by Participant No 2, who described her dualness as having created an internal linguistic split, which was felt as fragmenting and alienating, rather than integrating her two linguistic identities. An unreconciled relationship with her mothertongue, which is described as less permissive of the development of individual thinking, left her not being able to find a comfortable place while holding on to the two different perspectives of her linguistic selves. In addition to the mothertongue impacting her in this way, she described how the acquired language which “does the opposite”, nevertheless contributed to her having a sense of a lack of a wholesome inner self.

Participant No.2: “...to have a language that you associate with a culture of a very collective life, you were conditioned to, to not to think for yourself so to have an experience which is kind of the opposite...of a language that you associate with a culture that does the opposite feels a bit schizophrenic” (130 – 132).

#### 4.2.2.2 Inarticulacy

In this example, Participant No.6 described her dualness as contributing to a sense of a loss of meaning. This experience seemed to place her outside both her mothertongue and the acquired language. The internal relationship with her two languages became disrupted. This resulted in her having no sense of language but, instead, she experienced being in a confused place where her crossing over from one linguistic realm to the other left her without making sense. Her search for words and the inability to access the words she needed to find in either language, created a pseudo-language.

Participant No. 6: “...in general... having two languages... its half English and half [mothertongue]...that’s like Finglish...That’s a bit confusing for me...” (16-23).



#### 4.2.2.3 *Neither here nor there*

Participant No. 2 describes the awareness that her mothertongue no longer follows its established linguistic context. The experience of “going home” did not provide a familiar framework or a sense of belonging for the participant. Her comments illustrated that language was experienced by her as a concept that changed over time. Her mothertongue was not able to sustain and contain her adequately, but had left her with a sense of displacement.

Participant No.2: “...*fifteen years on I’m not as proficient in [mothertongue] anymore because the [mothertongue] developed. I mean...uhm... you go back and I feel that when I go to home visit I feel like the [mothertongue] slightly changed, you know, the language is different, slang is being used and I’m a bit, you know, neither... neither here nor there*” (66 – 69).

#### 4.2.2.4 *Internal linguistic power struggles*

The significance of a language was given meaning by the participants themselves as well as by their own mothertongue community. There was an acknowledgement that they experienced a judgement in the wider context of their social circumstances by using two languages one of which was English, the language that seemed to enjoy a higher status. Claims to social positioning seemed to be directly linked to a sense of being different because they might not be speaking a privileged, the ‘right’, mothertongue.

Both examples that follow, evidence the difficulty of having a robust sense of belonging to the mothertongue when moving in and out of two languages when the one is perceived as having a more powerful position than the other.

The potency of the English language was commented upon by Participant No.3 who originated from a post-colonial Asian state. Her narrative provided an example where there was the presence of ‘a voice from elsewhere’ (imagined to be coming from the Asian mothertongue community?). This voice was felt to be mocking and undermining of the participant’s bilingualism.

Participant No.3: “...*that very thing I said about being bilingual...oh gosh, you know...how are countertransference*

*you ever gonna speak, you know, speak the right kind of language?” (543 – 547)*

Reflecting on having a sense of an internal power struggle between the acquired language and the mothertongue, the same participant described how the English-speaking part of her affected her sense of self and created an internal discomfort. This was felt to have expanded into her English identity which she described as “dominant”. She spoke about the more public domain of Supervision where she had felt a sense of disloyalty, embarrassment and self-misrepresentation.

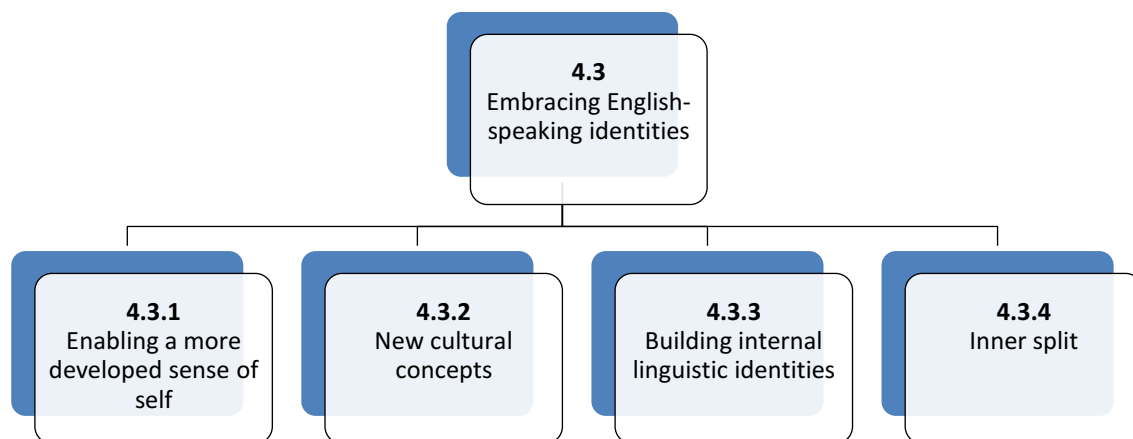
This participant’s experiences, resulting from an internal linguistic power struggle, had impacted on her sense of self. Language status, speaking the language that carried more perceived power, became a marker of difference. This was experienced as problematic as it somehow felt as if it took priority over having a sense of belonging in her mothertongue community. In the context of this research study, as an English speaking psychotherapist, the acquired language had enabled her to construct a professional identity. However, her words echoed doubts about her professional legitimacy if she made a choice in favour of using her mothertongue. English fluency was experienced by her as incompatible with her linguistic identity.

Participant No.3: *“What would happen if I conducted my whole supervision in [mothertongue]? ...it’s this shyness, almost a kind of embarrassment to kind of have this dominant language, this dominant linguistic identity that everybody holds and yet I feel...ehm... I’m different, or I’ve got something else, as well...ehm... so that’s quite interesting for me” (506 - 514)*

#### **4.3 Super-Ordinate Theme Two: Adopting English-speaking Identities**

In the second super-ordinate theme, participants described how they had a distinct perception of themselves and how their worldview was influenced according to the language they spoke. It seemed that the language they spoke in their new linguistic English environments, enabled the participants to engage in very different emotional processing than when they were using their mothertongue. English enabled some emotional conflicts to come to the fore.

These seemed to influence and shape what could or could not be felt, what could or could not be said, what could or could not be thought. Their verbatim comments attest to that they experienced a direct link between the language they spoke and a cultural context that this language conveyed. Their experiences speak of a shift from one way of being to another, when moving across the two languages.



**Figure 4: Super-Ordinate Theme Two: Adopting English-speaking Identities**

#### *4.3.1 Enabling a more developed sense of self*

Participants had experienced the acquisition of English as having enabled them to develop a new perspective of themselves. Speaking English opened up a symbolic space which created an emotional distance from some own mothertongue constraints. This in turn allowed for the possibility of self-development.

Participant No. 3: *"... English felt liberating...it felt like English was easy, it was as if I was accessing something else, something other in English...it was almost as though...uhm...you know, I've been thinking about it...it's almost as though you know when you're in the middle of a stormy river, to be able to look at the stormy river it's kinda helpful to be on the shores...to be able to have a perspective on yourself ...so speaking English was a wide, opening experience ...maybe even safe at some level."* (59 – 65)

The following excerpt describes the participant's understanding of the link between cognitive aspects of language and culture. English seemed to have afforded an openness and a curiosity, both of which enabled a broader sense of self.

Participant No 5: *"...I learned how to speak it because you can only think if you have the language, only through the words you have the...culture. Culture is beyond the words. Yeah..., I learned how to think."* (60 – 64)

Similarly, Participant No 8 highlighted the link between the acquisition of a new language and the emergence of a more accomplished sense of identity. Her experience had been that her new sense of self carried the notion of a more autonomous future.

Participant No. 8: *"It is a constant challenge to learn new concepts, new words and also reading what is between the words...new meanings...this can be fascinating ...these are personal advantages I have gained by speaking English...I am now on this developmental journey in English."* (44 – 47)

#### *4.3.2 New cultural concepts*

Participant No 2 reported how the intersection between mothertongue and English allowed for a new identity that could develop different and new cultural-bound concepts. This in turn enabled her to have a multidimensional perception of herself.

*Participant No.2: "...it would have been very difficult to develop myself in [homeland]...now I feel different about it. I had a new me that became associated with this new life, and the new language and the new culture and the new concepts...there are words in [mothertongue] but not the concepts...there's a sense of myself as kind of...mi...mu...(stutters) multidimensional perception of myself. Depending on where I am, whether I am working in [mothertongue] or English"* (90 – 95).

The same participant elaborated how some cultural concepts only existed in the acquired language but not in the mothertongue.

*“There are words in [mothertongue] but there is no concept for it. Like private space for example. I mean, fundamentally it is a concept of psychotherapy...ehm...in couple or individual, or child, whatever. It’s a concept of private space...uhm...anonymous, safe...protected space, right? Eh, you know, it’s almost un...un...it’s almost very difficult – there are the words for it to say it and mean it....there is almost no con...– there is almost no body to that concept ...uhm ...of how you could experience that, in [mothertongue], what it feels like to have private space (90 – 102).*

#### *4.3.3 Bridging different internal linguistic identities*

The following examples attest to the different identities the participants had experienced in relation to the language spoken.

Participants reported multiple linguistic selves in distinct linguistic identities in cases where the mothertongue encompassed different dialects. The resulting differences, which were determined by dialect, caused the participants to experience themselves differently.

Participant No. 3 noted how English enabled her to bridge and to clarify some confusion regarding the internal relationship she had with her mothertongue and its dialects.

*Participant No.3: ...”having English kind of filters everything and then if I use the other mothertongue languages it kind of opens it all up...I mean it also helps me check it out ...because I am not connected to other [mothertongue] speaking therapists and although I’ve met with [mothertongue dialect] speakers...but that’s not exactly the language I speak...so it is about bridging those dialects, you know...it’s a kind of bridge language because [mothertongue dialect] is a dialect and I cannot really speak it although I understand bits of words as much as the [mothertongue dialect] speakers possibly understand the [mothertongue] I speak and pick up a few words but, you know in English it’s [mothertongue]...in [mothertongue] it’s [mothertongue dialect] ...laughs...so it’s easier to think about all this in English...there are so many layers of complexity so I make it simpler in my head” (437 – 455).*

Polarisation between the two linguistic identities was also resolved in the next example when Participant No 8 adopted English as the way of managing difference. Linguistic boundaries between her mothertongue and her acquired language seemed to have been defensively bridged by the conscious use of English in order to fit in her professional environment. Her words do not suggest an ambiguous self but rather an enabled one where language has become a tool towards social integration. However, there might have been a question about whether a more omnipotent and triumphant use of the acquired language was employed in order for something unresolved to be managed.

Participant No. 8: *“...I sometimes even forget what language I speak....is it [mothertongue]? Is it English? in the environment I’m working in now, I much more frequently see people who speak a different language to mine and we both share English as a foreign language so it’s not an issue”* (78 – 81).

#### *4.3.4 Inner split*

Almost all the participants grappled with a different sense of self connected to the two languages. As already explored in the previous examples, for some, the bridging had been more comfortable. For others, the different identities remained more ambivalent.

Emotional affiliations of language were felt by Participant No 1 who experienced her sense of self when speaking her mothertongue (rather than the acquired English), as having a more authentic identity. Her words suggest an inner and an outer self, drawing on how each language positioned her within a different emotional context.

Participant No. 1: *“...if I’m talking emotions, and I’m... and I’m thinking emotions I think in [mothertongue] and I speak in [mothertongue] But if I’m academic, if I’m being professional, then ...uhm...then its English that comes to mind... Yes, English is very distant to me. I have no emotion to the English language”* (84 – 100).

Later in the interview, the same participant amplified this and stated that a sense of her two identities was subjectively experienced very differently. In

describing how dissimilar the experience was in the two languages, her narrative evidenced that language represented more than just a way of communicating:

Participant No.1: *"...I think in English I'm much more ...uhm...removed from it anyway. It's more practical, and more logical thinking rather than the visceral kind of, you know, when you feel the other persons' in the therapy room...I don't get that with the English...I have to force myself to really feel"* (131 – 136).

Reflections about her different linguistic identities was presented by Participant No 3, who described having a sense of a national identity and a linguistic allegiance when speaking the mothertongue. However, she expressed having a more ambivalent sense of identity connected to the English-speaking part of her. The two languages seemed to suggest her identities were not only across languages but linked to cultural distinctions across continents. Her words alluded to an internal disconnection (or an absence of interconnection) between her different linguistic selves.

Participant No. 3: *"...a sense of pride I feel when I speak [mothertongue] and connected to my Asian identity which is...uhm...feels now a bit dual you know, a bit part English and a bit part [homeland] and it's complex because fitting in the UK culture...ehm...aspects of racism, aspects of feeling judged for, you know, for not being white English..."* (537 – 541).

An example of how Participant No. 1 experienced her two linguistic selves is vividly presented below. The process of the use of the two languages seems to be happening without a conscious effort by the speaker:

Participant No.1:*"... So for me it's natural, you know? ...uhm...It's not really a problem. It happens automatically in my brain, I think (laughs) because I don't even think about it. I read a sentence in [mothertongue] and it comes out in English when I'm talking about it"* (347 – 352).

Participant No 2 talked about providing some training sessions in her homeland. She used English rather than her mothertongue for the delivery of the workshop. Her words convey a sense of growth, linked to the transition between her old and her new linguistic identities. However, it seems this can only be done by keeping the two identities separate. It is worth noting that by embracing

the English-speaking identity, the participant's words may have suggested a re-enactment of possibly unresolved issues that led to painful memories related to her mothertongue. The narrative lends itself to the possibility of a mothertongue which evoked something unsafe.

Participant No. 2: *"When I speak [mothertongue] there is something else I touch ...very deep as well... not sure it is safe to touch...not a safe ground and I have inherited that unconsciously... my family...hmmm...and then there is the leap into English which offers safety and my own space to have the words. So, how do you bridge these two elements? It's so confusing and I feel guilty for saying that"* (285- 288)

Additionally, the following example demonstrates how English may not have been able to fully join together another participant's two identities. Instead, by keeping them separate, it facilitated for the participant some processes of separation and individuation.

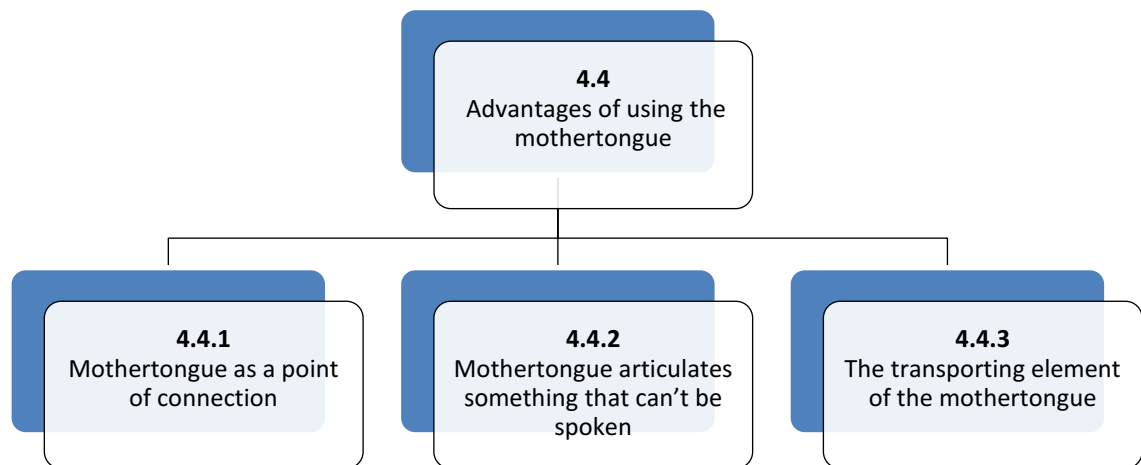
Participant No. 1: *"...so, I've been invited to go to [my homeland] and it was very interesting to reconnect to [mothertongue] in a professional setting but at the time I only chose to speak in English...uhm... although I experienced it as a very widening experience ...ehm...I can't imagine, I don't think...I can't even... mmm ...to turn myself back in time to do it in [mothertongue]"* (72 – 84)

Clarity between internal linguistic experiences linked to the mothertongue and the acquired language was expressed by Participant No 1 in the following way:

Participant No. 1: *"If I'm talking emotions and I'm thinking emotions I think in [mothertongue] and I speak in [mothertongue]. But, if I am being academic, if I'm being professional, then it's...uhm...you know, then it's English that comes to mind"* (84 – 88).



#### 4.4 Super-Ordinate Theme Three: Clinical Advantages of Working in the Mother tongue.



**Figure 5: Super-Ordinate Theme Three: Clinical Advantages of Working in the Mother tongue**

The third super-ordinate theme that emerged from the findings focused on clinical advantages directly linked to the enhancing influence of the use of the mother tongue between couple psychotherapists and their clients. As evidenced in participants' narratives, the use of the mother tongue became a medium of immediacy by which the participants were in touch with their inner worlds, their relationship to their early linguistic environments and the cultural meanings that were ascribed to that language.

The findings that emerged in the clinical space evidenced how the use of a shared mother tongue facilitated unique ways that the therapists and their patients related to each other. What might have been the experiences and the messages, which were stored in the shared language? How did they come into play in the therapeutic engagement? How do the couple psychotherapists themselves describe and make sense of their experiences in the consulting room? What might be the clinical issues around verbal and non-verbal communication?

The subordinate themes that will be listed below (4.4.1, 4.4.2, 4.4.3) supported by narrative excerpts, show how the research participants reflected on their

experiences which seemed to symbolically transcend the therapeutic boundaries into ruminations of their own memories. During the exploration of these subordinate themes, what was revealed was that the whole clinical setting became a space in which aspects of splitting, nostalgia, mourning and intimacy could be experienced. Because of these experiences, the participants had the possibility to develop a more developed self-awareness.

The examples offered below suggest that it is the experience of sound of the mothertongue rather than purely the meaning of the words spoken that served as a bridge between the therapists' own purely conscious understandings of elements of their native countries and their English-speaking new home.

The emotional processes explored in the subordinate themes, had a sense of fluidity which could have positioned them in more than one theme: for example 4.4.3, presents the evocative and transporting element of the mothertongue Participant 3: *"because it's not just the words that are giving a sense of what they're saying, it's also the pace, the gestures and nuances, everything in that communication, that's, you know, shared"* (318-321). This had components which could also be linked to countertransference/linguistic transference, as Participant 4 stated: *"the experience of familiarity and that's stronger than the language itself"* (101-102).

Supporting the idiographic nature of this research, the Interview Schedule brought to light rich and complex emotional processes in the therapeutic space. The uniqueness of the clinical experiences was directly linked to the use of a shared mothertongue between couple psychotherapists and their clients.

#### *4.4.1 Mothertongue as a point of connection*

The theme of the mothertongue as a point of connection attends to the participants' experiences which indicated that both they and their clients, recognised something familiar in each other. This familiarity seemed to transcend the linguistic field and take root in a more unconscious space where there was mutual recognition and a connection, perhaps consciously unknown, between them.

The impact of words spoken in the mothertongue generated or elicited in Participant No. 4 a deep emotional connection to the patients' material, which extended beyond the confines of language. A shared space emerged, not fixed to the specificity of detail but comprised of emotional points of connection borne out of cultural, geographical and historical knowledge.

The use of the mothertongue stirred up the participant's inner connection to the homeland. Shared linguistic expression and mutual recognition was somehow transferred between them and evidenced in her words.

Participant No. 4: *"As a [mothertongue] speaker, I can tell you when I work with my [mothertongue] couples ...for example a homeland [mothertongue] couple in [mothertongue]...ehm...it's really a relief for them that the therapist is understanding not only the language because they can speak English as fluently as me, but understand what they are talking about...uhm...understand, you know, if they tell me what they are doing...if they tell me where they're from...already I know quite a lot about it. And the experience is...is much more...the experience of familiarity and intimacy...and that's stronger than the language itself"* (96 – 102)

Participant No 1 described her sense of connectedness with her clients as "natural". The notion of linking the mothertongue with naturalness suggests that the familiarity and the ease with which she connects with her clients provides something that facilitates the therapeutic endeavour.

Participant No. 1: *"when I am working in [mothertongue]...uhm...because I am more involved in the language...there are words that I can use that can mean different things and you can use them in different ways which I am sure you could in English as well, it just doesn't seem natural to do that in English"* (216 – 224).

Participant No. 3 drew attention to the fact that her feelings of connectedness were felt physically, in an embodied way.

Participant No.3: *"The emotions when clients speak in [mothertongue] it feels more closely to the skin, the emotions or the words that are used...ehm...are similar yet very different to the words that one would express emotions in English. And therefore, the pace, the gestures ...things feel much more...I feel*

*when I've had a session in [mothertongue] the effects are more emotional ...it is a process in which I feel very connected to them" (136 – 144)*

In the following example, use of the mothertongue was perceived by Participant No. 6 as having a particular quality: that of bestowing power. This quality related both to the therapist and to her clients. The link to this power was attributed to the evocation of feelings linked to the sound of the mothertongue. A sense of transformation linked to memories and coming from a place which the participant did not recognise as conscious, powerfully connected and strengthened the therapeutic shared alliance.

Participant No. 6: *" I really feel myself powerfully in the session, and I can see them very powerfully from how they talk to me and my memories are...you know, maybe somewhere in my unconscious ...ummm...but the memories come up for me and we are very connected in that moment." (242 – 245).*

Having a shared mothertongue contributed to Participant No. 8 having feelings of connectedness to the clients through a sense of a shared current place, not necessarily clearly defined but, nevertheless, one that was linked to their migrant status. This place was identified as "elsewhere".

Participant No. 8: *"one is prone to having the same history, the same language...uhm...but I think there is another factor which is both are being "elsewhere", We are both, by both I mean couple and therapist, we are on a different soil ...we are both refugees. And I think we are guests ...uhm...somewhere else which is neutral really because it is a soil on which we are, somewhere else which...uhm...is neutral country in which we live that does not belong to either part...ehm...neither theirs nor mine...but allows this therapy to take place which provides us with some neutrality. This neutrality is unquestionable but I think what we do with it ...what the projections are that go into that neutrality - by that I mean the fantasies... what our investments in it are..." (236 – 250).*

Similarly, Participant No 1 reflected on having feelings of closeness and described how this facilitated something important in the therapeutic relationship because it created safety in the boundaries with clients. The active choice of

preferring to work in the mothertongue illustrates the commitment and importance that this participant invests in it.

Participant No.1: *“Just being connected emotionally I think it’s very important when you are doing couple work, being in a relationship with each one of the couple so they don’t feel you are favouring one or the other..ehm...whereas in English I don’t feel I favour any , unfortunately...yeah. Which is why I don’t like working with English patients , so in my private work I mostly work with [mothertongue] couples that’s where I feel most comfortable”* (224 – 234).

#### *4.4.2 Mothertongue articulates something that cannot be spoken*

The theme of the nonverbal realm, revealed by the participants, was particularly located in a less visible and more silent context, encapsulated in the nuances of the words spoken in the mothertongue. Implicit in the world of language was an additional awareness that deepened the communication between the participants and their patients in the clinical setting.

This was particularly salient in the experiences of participants who came from cultures where mainstream society expected traditional roles of men and women. In those instances, couple conflicts were hidden from public view, sometimes bringing a sense of isolation. After the couples migrated to the host country, these conflicts came to the fore.

Cultural relocation and the psychological processes of migration were facilitated by the holding linguistic functions of the mothertongue which, in turn became the transitional object, an enabling medium, powerfully connecting the couple both with their past trauma as well as with the hope of a more articulated connectedness in the future

Participant No.6: *“...because back in [homeland] when they are having problems...ehm...it’s a very bad thing to tell others, so...ummm...they keep it in the family. And I think coming here...ummm...because they can feel I can understand them really well...ummm... because, let’s say they go to other therapists and have to use the interpreters, how could they really say what they are feeling? But with me there is the advantage that I can really*

*understand...ehm...I can understand what they are trying to say because it's hard for them because...ummm...they don't talk to strangers about it" (129 – 135).*

The example that follows suggests a mothertongue invocation of a host of cultural situations and insights on behalf of the therapist. In this instance, Participant No. 6 identified with her female client not through what was said but through what was not. The therapist's feelings were linked with her having intimate knowledge of the culture. This, in turn, created powerful emotional responses towards the patients. This was not necessarily based on what the couple actually said but it was based on what the therapist inferred.

Participant No. 6: *"...with a particular couple I am thinking, when it came to the abuse...hm...um...if you are working with [mothertongue] speaking couples and...um...the man is present and I could see myself quite clearly in her place and could hear myself responding to them ...emmm...because I know about the signs, physical abuse in the culture ...ummm...I could have this awareness because it is what she said beyond... ummm...what she said (laughs) what she didn't say, yeah" (119 – 124).*

#### *4.4.3 The evocative and transporting element of the mothertongue*

This theme revealed how the sound of the mothertongue carried a whole host of associations for the participants and seemed to transport them back into a place where particular memories were directly linked to the language in which they had occurred. Shared access to linguistic terms with their patients revealed representations and perceptions, which gave the participants an *insider view* into the world of their couples.

What characterises the examples that follow is a sense of intimacy where the communication was implicit and very potently nuanced.

In the words of Participant No. 3, using the mothertongue triggered an internal recall process, which had an added, more complete, communicative aspect. This aspect included some sense about the rhythm, the prosodic ebbs and

flows of the exchanges and the embodied characteristics of that particular language.

Participant No. 3: *“It’s a real gift; it does allow me to do something different... I’ll ask different questions because it’s not just the words that are giving a sense of what they are saying, it’s also the pace, the gestures and nuances, everything in that communication that is, you know, shared”* (316 – 312)

For participant No. 4 linguistic associations conveyed powerful emotions. Her words revealed that originally, she had a painful sense of internal splitting between the mothertongue and the acquired language. She was aware that this was also part of the effects of her mourning, linked to her ambivalent adaptation to her linguistic and cultural relocation. For her, the sound of the mothertongue unlocked a chain of potent and emotive powerful connections to her native country. The participant described being transported into a familiar place of embodied emotions which, she describes, as “warm”.

However, sufficient attention to her inner processes afforded her the possibility of achieving some assimilation of her two internal languages. This, in turn, enabled her to tolerate contradictions and engage more fully with her clients from a position of self-awareness.

The excerpt that follows, presented insights into a process by which Participant No. 4 experienced strong responses. These were triggered by the sound of the mothertongue. It evidences how the participant identified with her patients. The boundaries between them all seemed to have become invisible, evoking a sense of a shared identity and a shared alliance.

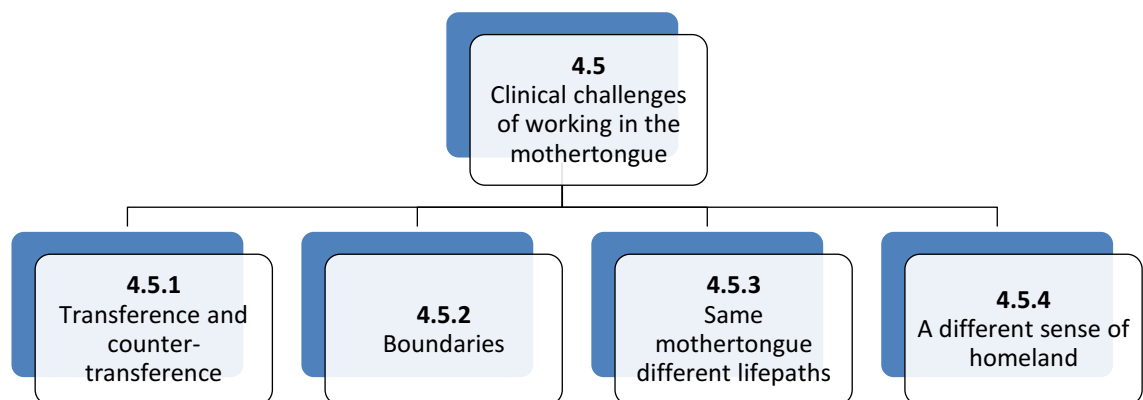
Participant No. 4: *“At first it had to do with my stages of immigration...it’s a loss so you first deny any...so...you’ve got that euphoric state and you feel the loss and the mourning of...of all the culture...ehm...and then you accept this is where you are and you come to have a much more integrated experience so...I think hearing the mothertongue had an emotional echo for me...there was something unbearable about the English at first, ...ummm... I was angry that I had to leave and then I came to this environment...ehm...of the English language. It was a great relief to be able to speak [mothertongue] because it took me back to where I had to leave from...ummm...you know? it felt very familiar, it felt very*

warm, it felt like we've got this little...ummm...this little [motherland] here in the session" (212 – 225)

For Participant No.1 the sound of the mothertongue tapped into something, which she located physically, bypassing cognitive and more adult developmental stages, moving instead, directly to more early and intuitive inner parts of herself.

Participant No. 1: "Because I was brought up with [mothertongue] my grandfather studied in [mothertongue] and my grandmother studied in [homeland] so [homeland] was kind of ...in my blood and ...ehm...in a way I grew up with it ...uhm...my grandfather was the one who used to sing to me in [mothertongue] when I was a baby and when I was young...(sighs) and you know, read [mothertongue] stories to me. So, it's always there, at the back of my mind all the time." (157 – 163).

#### 4.5 Super-Ordinate Theme Five: Clinical Challenges of Working in the Mothertongue



**Figure 6: Super-Ordinate Theme Five: Clinical Challenges of Working in the Mothertongue**

The fourth superordinate theme that became apparent from the findings illuminated a number of challenges that emerged for the couple psychotherapists during the clinical process when they used their mothertongue instead of English, the language they had trained in and in which all their professional exchanges were being conducted in.



As evidenced in the sub-themes outlined above, the challenges broadly related to the difficulties of maintaining a neutral stance, an equidistant position between the couple psychotherapists' own cultural and linguistic associations and those of their clients. The challenges faced, had to do with how to maintain their English work-related identity while under profound, emotionally charged transference/countertransference experiences. These seemed to be described as being more vivid than when couple psychotherapy took place in English. The professional framework when using the mothertongue seemed to be more vulnerable to emotional sways and the therapeutic boundaries made less robust.

When the couple psychotherapist identified closely with the patients' experiences, there was more potential scope for tolerance of uncomfortable feelings or for lessening of curiosity leading to collusion. The patients' transferences resulted in unconsciously affecting the therapists into saying or doing something that would not have been said or done if English had been used. All participants seemed to be involved in processes where linguistic and cultural stereotyping prevented clarity.

#### *4.5.1 Transference and Countertransference*

Use of the mothertongue in the clinical exchanges between the couple psychotherapists and their patients, touched something deep and evoked powerful memories and associations. The examples below, suggested that the sound of the mothertongue triggered anxious feelings - ones that were linked to how the couple psychotherapists imagined the clients' transference associations to be - even if these were not overtly in evidence.

Whereas, in other circumstances, countertransference could usefully guide the therapists to understand something about the clients' transferences, in this instance, the narratives demonstrated that countertransference revealed something about the therapist's own unconscious relationship to the sound of the mothertongue when used in this specific clinical setting. What was triggered was a sense of professional and linguistic inadequacy which, in turn, seemed to elicit a strong and deep hold on the participants. Anxieties about how they might

have been perceived by their patients, made them more aware of their vulnerabilities. At times, they even doubled their professional competence.

Prominent was the concern that the mothertongue did not offer a “professional language”. Instead, in the clinical setting, the participants’ sense of self, which was linked to their English-speaking training, seemed to be challenged and felt to be under some sort of threat. This was directly linked to conducting therapy in their mothertongue.

Participant No. 7: *“I find it more difficult than English because I’m a bit ...uh...nervous to start with, whether I’m going to have the language... you know. Because the kind of intricate things that one needs to talk about ...you know... would I know the words ...am I familiar with the language still?”* (50 – 54).

The sense of professional linguistic difficulties was shared by a Participant No. 5 who was specific in describing how concepts, which made sense in English, were not directly available to her in the mothertongue. This gave rise to an anxious countertransference linked to how the participant imagined her clients’ possible transference to be.

Participant No. 3: *“I find it difficult to ...uhm...formulate, to put things in a metaphor, for example...I mean, for me...I feel I can’t...okay...it’s not something I feel comfortable in doing...so, for example, the concept of wellbeing ...uhm...if you want to translate it in [mothertongue] you definitely lose something. For instance, you have to say something like...to have a good sense of something...uh...but it doesn’t sound right to my clients. Also for me, it’s also not the same. So, if I say it in [mothertongue] I don’t come across as a professional...what will they think of me? It affects my own professional sense of identity”* (231--235)

Another participant clearly linked her powerful feelings to her earlier life difficulties within academic environments.

Participant No. 5: *“Language is actually a culture and you can only think through the words you have so...uh...you can’t translate. So, I can’t change the word and keep the meaning. I find it so difficult because with lots of meanings when you don’t have them in the language you lose something. I mean, when you have to move from English to [mothertongue] something gets lost. This is very*

*difficult for me in the work. The gaps when I use my mothertongue have meant that I relate to my internal image when I was a lousy student” (116).*

The mothertongue elicited difficult countertransference feelings regarding a sense of more limited linguistic proficiency. In the excerpt below, Participant C described how her sense of linguistic disadvantage had a direct effect on both the therapeutic communication and the dynamic in the room.

Participant No. 3: *“When I work in the mothertongue I feel this shyness, a kind of embarrassment with my clients. My clients have a more advanced [mothertongue] and I feel I’m different to them...ehm...I apologise when I speak to them....I feel I must apologise to them...uhm...I say “I’m sorry” a lot. ...what must they think of me?” (509 – 514)*

Similar worries were echoed by another participant, who described the countertransference in the following way.

Participant No. 7: *“I’m always a bit nervous whether I will have the language, you know...because the kind of intricate things that one needs to talk about..you know...would I have the words? ...am I familiar enough with the language still? (51 – 53)*

Working in the mothertongue brought challenging feelings to Participant No. 8. The change of verb tense at the very end of the transcript excerpt illustrates the immediacy of their power.

Participant No.8: *“...I worked for many years in English and when I had my first [mothertongue] couple I was very worried that I wouldn’t be able to work in [mothertongue] because my comprehension and vocabulary and my thinking ...uhm...professional thinking...was in English. It was a very difficult experience and I feel I wanted to avoid it. Yes. I want to avoid it even now” (105-110)*

Reflecting on her emotional responses to the mothertongue, Participant No 3 had a very different experience *“so there might be differences in how, even the process of, you know the pace and the language you used to speak....and it’s very complex and ...uhm I think when couples share a language that’s not English and it’s generationally different, then I think ...ehm...it’s a very complex way to track feelings and thoughts and ideas in that way” (177-181).*

#### 4.5.2. Boundaries

This Super-ordinate theme outlined the challenges facing the couple therapists regarding therapeutic boundaries. This shared linguistic intimacy, at times created a difficulty in having a sense of separateness, because the therapist identified closely with patients' experiences.

##### 4.5.2.1 Therapeutic neutrality

Maintaining the therapeutic framework and avoiding countertransference pitfalls was a challenge for a number of participants. The fine balance of remaining equally distant from while also being curious towards couple material was made more difficult by the sound of the mothertongue. Participants described how the clinical framework was challenged because of the pull of a more subjective and personally emotional investment towards what might be a more unconsciously "known" by them.

The issue of clinical boundaries raised questions around the therapist's sense of professional self and the ways that cultural expectations can impact on it.

Participant No. 7: *"..whether the relationship [with clients] is going to be ...ehm...whether I am going to keep the right kind of distance...I suppose because in [homeland] relationships are much more , you know, kind of culturally much more sociable all the time"* (60 – 62).

Participant No. 8 described how the mothertongue had an effect on the therapeutic relationship by a sense of familiarity. This in turn impinged on the ability to maintain clinical boundaries: *"...the familiarity between us creates an assumption that I will give them more. Couples find it very hard to leave the room on time. So they will stand up and they'll be still talking to me or the woman will burst into tears and so saying goodbye is so much more difficult...uhm...there will be conscious and unconscious ways of sabotaging the boundary of ending"* (168 – 172)

A prevailing countertransference was experienced by Participant No.2 who described being affected in the following way: *"I want to rescue. It's a powerful emotion. I feel is strongly...it's like...uhm...a collapse of boundaries...well...not*

*exactly a collapse. That's an exaggeration but more a tendency or a wish ...ehm...for the boundaries to be more...uhm... to be more blurred, or less defined, you know? It's like I have to work harder in maintaining appropriate boundaries because the language takes you into the deeper places quicker"* (510 – 516).

#### *4.5.2.2 Identification*

At the sound of the mothertongue and upon hearing of some of their clients' experiences, the couple psychotherapists described an inability to distinguish those experiences from their own and identified with them *as if* they were aspects of themselves. Identification pushed the boundaries beyond appropriate therapeutic empathy and compassion and instead created a sense of closeness, which resulted in rendering the boundaries between their psychic spaces becoming more vulnerable and almost merged.

Participant No. 6: *"I felt them like if I was in their situation, in their shoes, I would also have exactly those same feelings"* (76 – 78).

Participant No.1 described how the clients' feelings seemed to have mirrored something very personal. This, in turn, might have influenced the ebb and flow of the clinical material by compromising further analytic investigation by the participant.

Participant No. 1: *"When I'm working with [mothertongue] couples it feels very natural. It feels as if... you know, they'll say the beginning of the sentence and I know exactly where they're going ...uhm...I feel so comfortable with them"* (96 – 101)

The sound of the mothertongue created a host of emotions in the same participant, which led her to feel that she was emotionally drawn in too closely to the patients.

Participant No.1: *"I feel very emotionally implicated, yea...it's odd...when I'm talking...uhm...when I'm doing therapy in [mothertongue... but then in English I don't feel, I feel very distant, it's really odd..."* (112 – 116)

Powerful countertransference brought about a sense of weariness, which was physically experienced in the following way.

Participant No. 1: *"...that visceral kind of, you know, when you feel the other persons in a therapy room and when it's all very visceral...and I get involved emotionally which can be quite tiring"* (133 – 137).

#### 4.5.2.3 Cultural Collusions

As with experiences of identification (4.5.2.2), therapeutic neutrality was challenged when the use of the mothertongue was interwoven in a cultural familiarity. The therapist's own sensitivity and cultural knowledge, affected the boundaries of the therapeutic relationship. The participants described the difficulty of separating the sound of the mothertongue from their own cultural experiences in their homeland. These in turn, brought forth some aspects of ethnic/cultural collusions and a denial of differences, which might have compromised potential further exploration of clinical material.

Participant No. 4: *"If they tell me what they are doing...I know all about it. If they tell me where they are from, I already know quite a lot about it. Uhm...it's...the experience of familiarity that is much stronger than the language itself"* (100 – 103)

Participant No. 8 described how the clinical boundaries were powerfully challenged, because of an anxiety elicited by an intuitive empathy with the patients' experiences. Difficult memories from homeland created a defensive, emotionally implicated sense of an idealised *knowing* mother: *"...saying goodbye at the end of the session...uhm...I find very difficult. I get the feeling that the clients are unconsciously pushing me to stay with them longer. Like they are feeling "this [mothertongue] mother knows how deprived we are and she will give us something more for the road". I feel I need to give them more reassurances"* (170-174).

#### 4.5.3 Same Mothertongue Different Life Paths

Bilingual couple psychotherapists who left their homelands, settled in and subsequently trained as professionals in the English language, reflected upon how the use of the mothertongue exposes the relationship with the memories of homeland, people and places. The clinical challenges faced when their mothertongue patients described their experiences of different life paths and developmental stories, highlight some of the therapists' post-migration westernisation.

In the excerpts that follow, the use of the mothertongue influenced the differences in identifying with the therapists' own self-representations and those of their clients. The complexities of separation from their homeland and the development of their own individual identities in their new environment brought forth complicated emotions.

Participant No.9:

*"[Homeland] people won't work like I have been trained to work. They'll think I'm crazy if I talk about symbolism...or metaphors...psychobabble...too fuzzy...so I have to adapt my mentality more...but that is no longer my mentality"* (178 – 181)

The same participant highlighted a sense of distancing and a sense of separateness in the following way *"It's saddening, too, with my compatriots because you think you have a moment of affinity and it's sad because sometimes it doesn't really happen"* (223 – 225)

For Participant No. 6, the mothertongue highlighted some of the profound cultural differences between the homeland and the present host country, particularly when the original cultural values affected the therapeutic relationship and clinical process: *"Mmmm...sigh...pause...In our culture men are quite dominant in the family and they say what needs to be done...uhm...and because I was away for a long time and I adjusted enough to a different culture , for me seeing that situation can be difficult and...sigh...Sometimes I feel like uhm...why are the women not standing up for themselves? ...and why can't they speak up for themselves? there is a boundary ok, you're the man of the house and I have to listen to you and I have*

*to obey you ...uhm...and that's where my frustration comes from because, how can I change that?" (100 – 107)*

Clinical difficulties became quite extreme for this same participant when the two cultures came to an internal impasse.

*"A couple of times I could not continue with the couples because I could not adjust to the fact that the woman did not want to change and was choosing to be abused by the man particularly emotionally and I... uhm...I can't work with that (120 – 123)*

The narrative of Participant No.9 expressed an emotional distancing from the clients and the culture they represented. The excerpt illustrated the powerful link between the mothertongue and a feared and punitive external environment:

*"Quite often they come from backgrounds where they don't appreciate therapy because psychology has had a bad reputation in [homeland]; it was used as a tool by the state to deal with undesirables...there is still bit of residue" (495 – 499)*

Also, from the same participant came this comment. *"...the majority I work with I am using my language, it's not so much about the language but the mentality that I have had to adapt to....the mentality I work with" (215 -220)*

Participant No. 8 reflected on the relationship between the homeland and the way she understood her current developmental path. Aware of the homeland left behind, a new integrated identity seemed to have been formed: *"Language means so much. It means understandings, it means common assumptions, it means sharing a history but I have come from that culture and I have now lived somewhere else for [number] years and I can observe what has happened to me over those years. I have moved on from my culture and what I have acquired and have assimilated has influenced my current identity, (143 – 146).*

#### *4.5.4 A Different sense of homeland*

The use of the mothertongue evoked powerful memories of the homeland. The participants attempted to make sense of the complexities of an internal 'toing-



and-froing' between how they remembered themselves to be in the past to how they were in the here-and-now.

The excerpt suggested that finding the optimal distance of where to feel comfortable internally was challenging.

Participant No. 2 reflected in a way that highlighted her having a sense of difference from her couples, which she experienced as being similar to how she herself had been in her homeland: *"The country I left behind.... the current political climate makes people more defensive. And the couples I see who have come from this collective repression and this collective violence for so long...mmm... it's like I need to remember how it was so that I can work with that. In the English-speaking environment when I hear the [mothertongue] it transports me back to [homeland] but my inner world is now very different and the couples can sense that difference, they know I am not from there now (698 – 706).*

Participant No.9 described how she made sense of her present sense of Westernised self and the dissonance of her present host country with her homeland in the past: *"The people I see come from a different [homeland]...generally, as an adult in the West I have had to train myself differently but the country I left is not the country it is today. It was more melancholic when I left it" (181- 185)*

#### **4.6. Summary of Chapter**

This chapter presented the four super-ordinate themes, namely "Dualness", "Embracing English-speaking identifies", "Clinical advantages of working in the mothertongue" and "Clinical challenges of working in the mothertongue".

Along with twenty subthemes, the themes vividly illustrate the richness of insights and the variety of experiences linked to the participants' inner sense of linguistic selves during the clinical process.

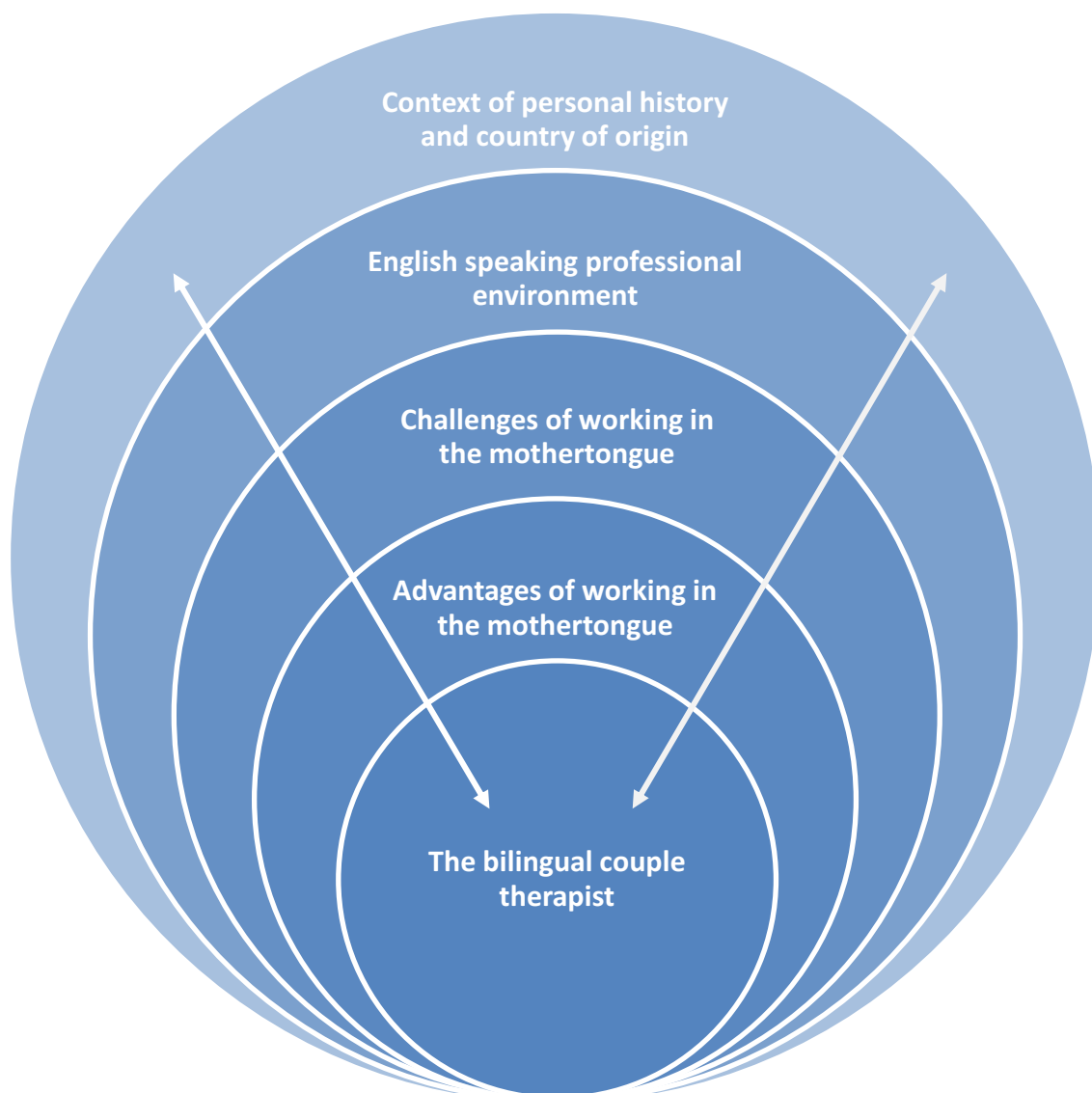
Throughout the chapter, each narrative is prefaced by the participant's number - these numbers indicate the sequence in which I conducted the interviews and have no other significance. I have left some narrative excerpts longer than

others. This is because the participant's train of thought and /or personal insight regarding her own understanding of her experience seemed to be a significant and original 'find' for the field of couple psychotherapy.

In order to allow the reader to have access to the context and thus be part of the participants' experiences in the way that these have been articulated in the participants' own words, this chapter does not expand on any links with theory.

By paying close attention to the emotional impact that both the English language and the mothertongue had on the participants, this chapter evidenced how diverse understandings of how linguistic sense of self can be explored.

A range of both beneficial and challenging aspects of clinical phenomena were identified.



**Figure 7: The Participants’ World of Clinical Experiences when working in the Mothertongue**

This Stacked Venn diagram conceptualises the participants’ internal and external worlds evoked by their clinical experiences, as revealed by the study’s Findings.

The circle at the base of the diagram represents the internal sense of how the bilingual couple psychotherapist exists in their particular linguistic, cultural and clinical world of experiences.

The first and second contextual layers surrounding this circle denote the clinical experiences in the consulting room.

The third contextual layer denotes the move into and the necessary internal accommodation of a new external professional host environment.

The outer layer represents all the social and cultural connotations which the mothertongue carries from the homeland and which remain alive, if to some extent, silent.

The arrows denote how these layers frame the bilingual couple psychotherapist while at the same time impact on her in a unique way.

The impact of the clinical language on the micro-domain of the couple psychotherapy process cannot be understood without reference to macro-domains of personal experience.

## CHAPTER FIVE

### DISCUSSION



**Figure 8: Couple Psychotherapy in the Mother tongue**

Illustration to show how the findings position the bilingual couple psychotherapists within their clinical experiences. At any given time, the mothertongue evokes some or all these internal aspects which must be somehow held together and processed.

## 5.1 Introduction

*All migrants through history have invariably transferred with them the syllables and significances enclosed in the language they learned as they grew, the language that gave them a slow second birth as surely as their mother gave them a relatively rapid first one.*

*Heading South, Looking North, Ariel Dorfman (1998)*

In the preceding chapters, the arguments which supported the choice of methodology and research process were presented in detail (Chapter 3). Interviews from nine bilingual couple psychotherapists were analysed using IPA. Four superordinate and twenty subordinate themes emerged from the participants' narratives, bringing the participants' subjective perspectives and experiential trajectories into focus (Chapter 4).

The findings illustrate that the participants' understanding of their clinical experiences are by no means summative. The first-person narratives illustrate unique details between them. These are presented and explicated in the Findings (Chapter 4). Although this study did not set out to examine the details of each participant's migrant background, the interview narratives evidence the ways that migration had affected their sense of linguistic selves and in particular, their relationship to their mothertongue.

This chapter contains reflections which are sensitive to the impact of cultural and linguistic transitions at varying stages of the participants' lives. The participants' inner associations to the homeland left behind and the host country where they have arrived, provide a backdrop to how the participants made sense of the subjective impact of the use of their mothertongue.

Given that only one case study in the field of couple psychotherapy has been identified so far, this study's findings are examined mostly in relation to literature in individual psychotherapy. Relevant theoretical and clinical perspectives will evidence connections between the findings and some of the thinking included in the canon of psychoanalytic concepts, previously presented in the Literature Review (Chapter Two).

The chapter begins by presenting “Internal Linguistic Liminality” (5.1.1), a conceptualisation of the bilingual individual’s two linguistic selves. Firstly, the mothertongue self is depicted containing the sounds first heard in the individual’s earliest environment. This self includes the individual’s preverbal period. Secondly, the acquired English-language self which contains aspects of a later, linguistically more developed period.

### **5.1.1 Internal linguistic liminality**

Bilinguals are accomplished internal voyagers. The distance between their two linguistic selves is continuously calibrated, giving points of complex reference and informing their speech. Naming themselves as bilinguals is one thing; but understanding the meaning of the inner path between their languages is another.

This superordinate theme of Dualness (4.2) and its subthemes, reveal the intricate richness of the bilingual experience of a language-specific sense of two internal parts existing in parallel as well as separately. Depending on which language is spoken, either one or other part of the bilingual self is activated, evoking in the individual *something* of the subjective relationship to that language that the individual has. Through their highly affective descriptions of the experiences of living with-and-between-their two languages, the study’s participants depicted an internal space, which evolved in connection to the mothertongue as part of their earliest dependent beginnings, characterised by a need for safety and connection to a reliable caregiver. The addition of a second language requires making the effort to extend the self into a further internal space. In this way, the bilingual can construct a sense of a fresh belonging in a new linguistic landscape.

The new landscape, bearing the fresh identity of the here-and-now second language, offers different possibilities although the timelessness of the original linguistic starting point is always internally retained.

This internal boundaried space contains two linguistic subjective selves. They can be understood as a pair, each one operating separately in the space, but

also in lively response to the other as a psychic trigger, as past experiences are unconsciously recalled into the present.

The most profoundly connecting state of being in the space betwixt and between two parts of the same self, suggests that the 'I' (an individual's sense of self) does not remain fixed but is in a state of flux. This internal linguistic identity is in a dynamic relationship with the outside world and therefore moves from one context into the other.

When conceptualising the liminality of a dual linguistic psychic space, psychoanalyst Antinucci (2004) has drawn on her Italian roots and used the imagery of the Roman deity Limentinus whose existence at the entrance to a home is associated to guarding both the *limen*, "the area that admits or exits from a place" (p.170) as well as the *limes* "the path enclosing and shaping the land" (ibid.). Building on Antinucci's reflections on the relationship of what is held inside and what is kept outside the metaphorical edging path, I suggest that early-life experiences linked to the mothertongue might, at times, be projected and represented by etymological dilemmas and a tentative stance around speaking or choosing which words to use.

For instance, the following excerpt relates to clinical linguistic concerns experienced by Participant No 2 " If I am speaking mothertongue I speak slower, it takes longer...not always clear in my mind...having to think more...uhm...feel my way around ...how to communicate something in a way that feels relevant to the language " (252-255).

For this participant, her internal linguistic liminality gives rise to psychological processes, which might, themselves, carry paradoxes and confusion. In order to gain emotional expression, participants had to balance dual linguistic processes and culturally enhanced realities. Transferring nuanced understanding from a mothertongue into a second language contained more complexities than just transporting the meaning of words in a grammatically correct manner.

The experience of being inside a space where two languages coexist presupposes a fluidity from one linguistic sense of self to the other. This is because whichever language is not spoken, it nevertheless remains at all times

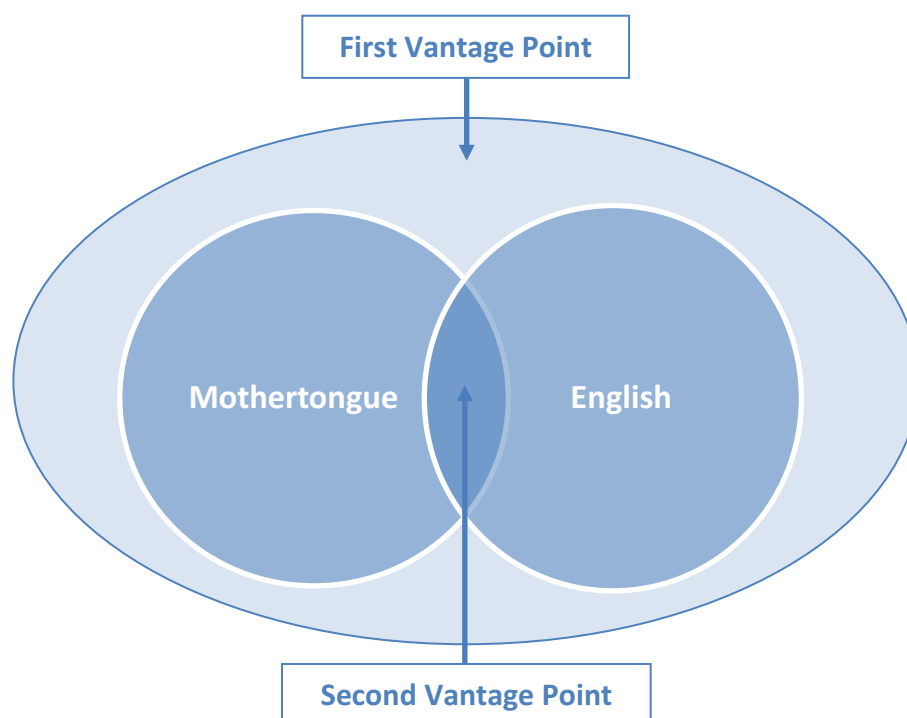


internally available. Not staying in a fixed position in relation to a linguistic sense of self, can challenge articulation in each language.

Is it possible to expand on this notion of linguistic liminality and consider what it might represent for the bilingual participants? How might their bounded space be conceptualised? What does it mean to live on the edge of bilingualism? Also, what does it mean to live in a bilingual intersection, a linguistic cleft - a place which both divides and joins?

The above are some of the questions which have emerged as this theme is being reflected upon.

Thus far, I have been reflecting on the internal experience of bilingual liminality. Now, guided by the findings, I will consider the ways that the participants position themselves in their clinical world in relation to their liminality.



**Figure 9: Internal Linguistic Liminality: the two convergent linguistic selves.**

The relationship between the two linguistic selves can be examined from two vantage points.

The First Vantage Point is located on the surrounding limen of the bilingual space. The participants have taken up liminal positions by taking up residence in a foreign country, where they might be perceived or perceive themselves as outsiders. Indeed, in an article discussing social processes, McLeod has referred to therapists as “liminal figures” (1999, p.218), likening them to carriers of beliefs and values of a specific culture. He views them as being able to transcend norms by standing “on the edge of society” (ibid.) while engaging “with the chaos or despair of being at or beyond the edge of social frames” (ibid.). This statement echoes the current diasporic world reflected in the diversity which therapists and patients bring into the consulting room.

A therapist “standing on the edge” carries the image of someone able to withstand the tug of the inward and an outward pull at the same time. Someone who can connect to the early sounds and culture of their homeland while, at the same time, can also develop an outward stance to the new vistas, which the second language landscape offers.

With regard to how the participants experienced themselves from this First Vantage Point, evocative descriptions of their inward and their outward stance abound. Linguistic dimensions seem to transform their internal sense of self, which they described as “enriching” (4.2.1.1) and “more colourful” (4.2.1.2). Participant No 8 described her bilingualism as having the possibility to “expand my horizons. It extends my knowledge and makes me more fluid, more flexible” (4.2.1.3). Similarly, participant No 5 described how she experienced her mind “as if it’s growing” when she contemplated the experience of a shift between her two languages (4.2.1.3). These participants have had to accommodate a necessary openness to the plurality of experiences to enable the move between languages, cultures and places.

At this point, it is helpful to recall the comments of Participant No 2, made in this section. Her experiences regarding the second vantage point, namely the meeting place of the two linguistic selves, creates the sense of hesitation and inarticulacy (252-255). The excerpt from her interview illuminates her internal paradox: how verbalization in one language takes into account and is always in implicit reference to the other. At all times, both linguistic selves are actively engaged, despite the fact that one is speaking and the other is silent. Each is

echoing an awareness of the other. The bilingual's internal voyage into each of her linguistic selves traces a language trajectory. One where there is the search for the right word; where conveying the right meaning feels paramount.

As such, the findings clearly highlight the bilingual's challenge: namely the need to engage with the necessary conceptual groundwork invested in trying to make sense of the close relationship between the two internal linguistic components.

The tension at this convergence point demonstrates what is required by the bilingual individual so as to develop an awareness of the implicit relationship between the two languages. The complexity of the challenge arises because one language resides in the space of the early self (containing the intimate sounds of the mothertongue) while the other, which exists in the space of the subsequent self, is that of the acquired English language.

For one of the participants, the internal liminal space was experienced as a linguistic internal "otherness". A possible un-familiarity between the two selves, necessitated developing a sense of an inner interpretation. The experience was described by Participant No.8 as "translating myself, my otherness...and translating one part of me into another" (216-217).

The participants eloquently reveal their understanding of the ways that their linguistic selves dwell in those inner spaces. At one end of the spectrum, the emotions, which depict the internal experience of being in the second vantage point, were described as having the sense of expanding the participants' awareness of the world around them in a coherent way. Participant No.2 communicated the richness of this convergent point as "a kind of multidimensional perception of things" (158). The richness of the positivity of the participants' emotions was illustrated by the vividness of the three subthemes: "the total linguistic experience" (4.2.1.1), "a more colourful world" (4.2.1.2), and "expanding horizons" (4.2.1.3).

At the other end of the spectrum, the findings reveal instances of the presence of more unmediated emotions relating to the mothertongue linguistic self. For example, attention was drawn to those of the participants for whom, specific circumstances in their early-life external world had informed a sense of a mothertongue carrying a particular emotional climate. For Participant No.9,

words carried the image of a homeland which emerges as a “melancholic country” (189). For another, the sounds of the mothertongue conveyed a feeling of dread as she remembered how “my parents would talk in the kitchen with the radio loudly on...to stop our neighbours hearing us” (Participant No 2, 98).

The sound of the mothertongue conveys an immediacy to emotions. A “sonorously encoded mothertongue” (Hill, 2008, p.453), powerfully stirs memories on a sensory level and is able to evoke bodily resonance. Participant No 1 described that same experience thus: “my grandfather used to sing to me in [mothertongue] when I was a baby... [mothertongue] is in the blood” (179-181). This excerpt also corresponds to Perez Foster’s use of Anzieu’s (1983) evocative description of a mother’s tongue which “bathed the child in a sea of sounds” (Perez Foster, 1996, p.108).

The awareness of fluidity from one linguistic self to the other was the experience of Participant No. 5 who said: “I realise that you can’t just – you know – can’t just change the word and keep the meaning. With lots of meanings ...you lose something. I mean, when you need to move from English to [mothertongue] something gets lost” (239-241).

This excerpt exemplifies the participant’s recognition that the acquisition of the English language - with its associations to a professional training - allows the emergence of a different thinking self. This is a self which can look back, have a longer view of the early beginnings of linguistic experiences and develop new understandings.

Indeed, the association of the English language with the development of thinking capacities was described by Participant No 8 “Because I find myself studying in English, it’s the language of thinking and processing” (202).

The significance of this excerpt is that it conveys the participant’s inner movement: she can stand both outside as well as inside the converging inner liminal space. Her two linguistic selves are not mutually exclusive but are engaged in a metaphoric creative dialogue between themselves.

## 5.1.2 Transforming selves

### 5.1.2.1 *The self in relation to the external context*

The previous section (5.1.1.2) presented the participants' experience of being on the "outside" as well as in the "in-between" spaces of their bilingual liminality (Super-ordinate Theme One: Dualness: Internal Linguistic Liminality).

This section considers the ways that the participants experience the constitutive power of their English-speaking selves. The ways in which they perceive themselves in the acquired linguistic professional context seems to have assisted in moving towards a richer identity.

In bilingual liminality, migration from one internal linguistic context to the other requires a journey from the familiar environs of the mothertongue to a different internal linguistic landscape offering diverse possibilities. As the findings revealed, some of the participants experienced a new linguistic belonging; a sense of a creative transformation to an English-speaking integrated self.

While remembering that all the participants in this study had experienced an environmental and a linguistic dislocation at some point of their life. I am reminded of Akhtar's (1999) reflections that, even under the best circumstances, migration is a traumatic experience and as such, a discontinuity of psychic organisation emerges when certainties are challenged (p.319}. Participant No 8 confirmed this "I was very – uh – sad and upset ...both really...that I had to do the training in a language that wasn't my own" (56-57).

However, the findings presented in this section evidence how the participants adapted to a new host environment. Travellers across the linguistic liminality thus experienced a sense of being 'different'. This begs the question as to whether investing in and positioning themselves in the English-speaking landscape, might have emerged from the disorientating feelings of not belonging; the anxiety of not knowing; or both?

Burck (2005) has explored the essence of identity when speakers of different mothertongues attempt to find a sense of themselves in a new linguistic setting. Particularly for speakers of minority languages or of different racial and/or cultural exclusionary definitions, Burck (ibid.) has identified a "particular

meaning to difference” through the “construction of ‘feeling at home’” (2005, p.104).

Just like them, might the participants of this study also have approached the individual intersection of transition to the new linguistic identity with some sense of apprehension?

The emotional quality of the new environment is particularly relevant in making the transition to it possible, when foreigners are faced with the loss of a linguistic certainty and the resulting sense of dependence and psychic regression.

The participants’ narratives suggest the English-speaking environment offered opportunities towards integrated linguistic selves and a freedom of expression (4.3.1: “enabling a more developed sense of self”; 4.3.2: “new cultural concepts”; 4.3.3: “bridging internal identities”). The participants were thus enabled to claim a new voice, one that they did not feel their mothertongue environment offered them nor one that they previously felt they owned.

For the participants, their English identities seemed to have been associated not only with academic competence, they also provided a space which offered different possibilities, namely those of emotional growth.

Being able to separate from past internal constrains, related to their external environment, the participants were enabled to develop different aspects of themselves which they might have previously missed out on.

Within psychoanalytically-informed couple psychotherapy the work of Winnicott (1963) and Bollas (1979) speak directly to the importance of the relationship between the internal world and the external environment.

Winnicott’s (1963) psychoanalytic thinking concerning infant development underscored the impact which early environmental impingements might have on an individual during his/her life. At the time, sensory, embodied and affective triggers would impact on the infant’s experiences. If the environment was deficient, then there could be little provision of the necessary conditions where the resources of adults (primarily the mother) could come to the infant’s psychological assistance. The theoretical concept of the environmental mother

suggests the provision of an empathic, intuitive, yet limit-setting presence, which enables the infant to tolerate his/her frustrations so that they do not overwhelm. Winnicott considered how, in the early symbiotic dyadic relationship, a new-born infant does not experience the mother as a differentiated *other* but as a part of the undifferentiated total environment around him/her.

I suggest that for some of the participants in the present study, the emotional impact of their homeland external environment may have compromised some aspects of their self-expression and their sense of self. As a consequence, they were not able to differentiate between themselves and their environment as *other* but remained overwhelmed and preoccupied by their instinctual feelings.

The English-speaking environment, a good enough environmental mother for some, seemed to have been accepting of their regressed psychic states, and could nurture and provide a necessary distance and a space, within which these participants were able to develop.

Bollas has suggested that in the environment of the early years “mother is less identifiable as an object than as a process” (1979, p.97). However, he added that although the mother might not yet be identified as a separate *other*, she is “experienced as a process of transformation” i.e. the infant experiences the mother as having the power to alter his/her internal and external world. This she does by providing an environment which can adapt and facilitate an alteration of infant’s inner processes. The possibility of a “metamorphosis of the self” can then take place (ibid.). Similarly the new English-speaking environment supported and permitted the beginnings of internal development for the participants.

Participant No 8 adds her own personal experience of this point by describing her English-speaking identity in her narrative as: “I am now on my developmental journey in English rather than only the professional journey” (46-47).

### *5.1.2.2 The self in relation to the internal context*

In the section above, the findings demonstrate how the participants became observers of their linguistically transformed selves by taking positions in the First Vantage Point during this study's interviews.

This section is concerned with the metaphoric internal jostling that takes place in the convergent area (Figure 9. Second Vantage Point). In this area, the point of encounter of old and new linguistic perceptions, needs to find a comfortable place to arrive at some internal accommodation.

What their narratives suggest is that, after their migratory experiences, aspects of themselves could become more dominant, while others became more regressed. Participant No 1 explains "...because I did not do any studies in [mothertongue] it is not the first thing that comes to mind if I am being academic. [Mothertongue] is the first language that comes to mind if I am being affectionate" (79 – 82).

The notion that spoken words have the power of transforming an individual's internal psychological context, concurs with Freud's assertion that language can have a mutative effect on an individual's psychic "apparatus" (Tesone, 1996, p.871).

This apparatus was conceptualised by Freud in his book "On Aphasia" (1891/1953) where he explored the relationship between language and thought. He suggested that the intellectual function of the use of a second language was to circumvent intense emotions associated to the mothertongue. Mothertongue and later-acquired languages function in the context of two separate mental processes: the primary and the secondary. The primary processes are a function of the unconscious and contain an individual's earliest preverbal experiences which are linked to basic sensory perceptions; for example, feelings of fear or safety, of nurture, of hunger (among others). The ability to describe, process, narrate, make conscious sense of, write etc. are a product of secondary mental processes.

In order to identify the clinical experiences of bilingual couple psychotherapists in the clinical setting both primary and secondary processes must be summoned. All those involved in this study are using their English-speaking



professional selves in order to engage with an understanding of their mothertongue-speaking selves in clinical situations. In doing so, secondary processes are called upon to find a voice to encapsulate primary process experiences.

Some of the participants' narratives give specific indications of the importance of the facilitating conditions, which they experienced in their English-speaking environment. As identified by Participant No 2, memories of unmet needs in the past, led to obstacles in development and maturity. "I didn't have a good enough environment... which affected me...I grew up with a painful gap between my capacity to understand and learn about things" (106-108).

The same participant reflected on some of her needs which, when met, facilitated her embracing an English-speaking identity. In turn, this enabled secondary processes to flourish. "English...feels safer...hmm...in [homeland] people don't understand it because it is the language of the West. For me it was a kind of a connection to what life could be" (Participant No.2, 237-238).

What is significant about this excerpt is that it illustrates how the English language enables the sense of an internal transformation and a sense of an expansive vision of herself. Participant No 5 commented on an important component, facilitative of transformative possibilities " it is about having the freedom ....to, yes, uh, to live...to live in English and even though I am not in London anymore but in my mind I can live in English when I need to" (535-537). This excerpt illustrates how the participant had located herself psychologically into her English-speaking identity in such a profound way that it allowed different ongoing internal visions of herself, even though the external physical reality had changed.

These findings bear a striking resemblance to established psychoanalytic ideas on the connection between early language development, safe interactions with a trusted carer/mother and major life changes. The importance of the impact on linguistic development in the "socio-environmental locale" in an individual's early years, was identified by Perez Foster (1998, p.18). In her work, she considers the elements which facilitate an awareness of separateness, a tolerance of linguistic change and the consequent sense of a loss of intimacy which, in parallel processes, may be experienced by infants who cannot (yet) fully

communicate in the adult language spoken around them (ibid.). The participants' narratives illustrate the link between the ability to embrace new linguistic identities and the enabling emotional conditions in the English-speaking environment, which provided a necessary sense of security.

As mentioned at the start of this chapter (5.1) although the discussion on specific aspects of the participants' migration experiences are beyond the scope of this study (e.g. age of migration, linguistic proficiency, cultural differences between homeland and new country) it is relevant at this point to consider the linguistic impact of such events on an individual's ability to embrace a new linguistic identity.

Mirsky (1991) considered the impact of emotional factors on firstly, the acquisition and secondly, the performance of a new language in adulthood. In her research, Mirsky took into account the conditions which influence an individual's capacity to internalise a new language and, as a result, transform the inner sense of the linguistic self. By making a link between present and past, she examined the ways in which the adult individual's capacity might still be carrying influences of emotional aspects from his/her early environmental conditions.

Past emotions associated with experiences of autonomy and developmental growth remained connected to the emotional quality of a "maternal attitude" (Mirsky, 1991, p.23). This can be re-awakened during the move away from the homeland and the mothertongue environment. The move could threaten (or promote) the sense of a familiar linguistic self-identity.

The relevance of Mirsky's findings to this present study was that most of the participants migrated to the new English-speaking linguistic context in adulthood. Mirsky's suggestion was that, in such cases, unresolved conflicts from early separation processes might be aroused. These processes could affect the individual's capacity towards "the internalization of a new object" (ibid., p. 19), one which has fewer challenging characteristics and offers a different future.

As the narratives attest, for some of the participants the internalised new linguistic object (the English language) carried qualities which facilitated and

supported developmental needs. The search to find a position amid the 'otherness' in the host environment seemed vitally important.

For some of the participants, the task of embracing an English-speaking identity seemed to be achievable only by consciously overriding any early mothertongue-environment emotional conflict that might have impeded a developmental growth towards autonomy in the past.

The challenge for the participants seems to be embedded in a two-fold interaction: On the one hand they face a struggle that has to do with the acquisition of competency, linked to the external world of the new language, while on the other, they have to maintain an internal relationship with their own psychic equilibrium having lost the familiarity of the mothertongue identity.

Some of the participants' narratives point to the realisation that the task of embracing an English-speaking identity could only be achieved if, a defensive splitting of the two languages is activated within the space of linguistic liminality. The participants are clear about a very different sense of each identity when they consider the subjective relationship to the two languages. Participant No 2 elucidates "I don't think I could have gone as a patient to someone and speak [mothertongue] ...I mean to do therapy...uhm...it feels it would have to connect me to the experiences in [homeland] It was a collective lie...we were conditioned not to think so...to go into therapy ...you kinda need to go into something opposite to that "(124-128).

For the above participant, her narrative exemplifies that her new English-speaking identity carried the provision of the only reflective space in which she can imagine herself being a therapy patient. The acquired language provided a vantage point (Figure 9. Vantage Point One) from which mothertongue-identity unconscious, unresolved anxieties could possibly be observed.

An example of the difference between the acquisition of English on one hand and the ability to perform the newly embraced language identity in the clinical space on the other, was provided by Participant No 6. She describes how her English-speaking identity is kept consciously separate and, yet, comes to the assistance of more complex subjective mothertongue emotional states: "Being aware of people's pain and problems...uhm...in [mothertongue] it's helpful but

also emotionally overwhelming for me. And then, to be able to have my English side, it sort of gives me a confidence and diversity to think about things” (54-57).

The clinical experience of the two languages being in a simultaneous state of activation is illustrated above. The excerpt described how this participant’s mothertongue provided a connection with the emerging clinical interactions between herself and her patients, while her English-speaking identity was able to draw on cognitive aspects of the therapeutic process. For this to happen, both primary and secondary mental processes were activated and engaged with each other.

Clinical material presented in a couple psychotherapy case study supports this premise (Tsatsas and Hewison, 2011). In the consulting room, the Greek shared mothertongue provided a stream of continuous internal reflections in relation to the sound evocations in the consulting room. These were worked through internally in English, as the therapist drew from her English-speaking professional self and presented in supervisory meetings. The therapist’s understanding and therapeutic interventions support the mothertongue communications with her patients.

The concept of internal linguistic liminality can be helpful as it creatively assists the imagery of tracking the bilingual couple psychotherapist’s continuous movement between First Vantage Point and Second Vantage Point (figure 9). These vantage points allow the therapist to take up the position of an observer both in relation to the clinical process between therapist and patients, as well as, and in relation, to the impact of her own linguistic internal processes.

Similarly, the juxtaposition of Greek and English languages can also be found in a study by Panayiotou, cited by Pavlenko (2006). His study explored linguistic emotional components embedded in the mothertongue onto an individual’s new and different linguistic identity. The emotion of shame was experienced differently by mothertongue bilingual speakers of Greek and English, depending on which linguistic identity they were speaking from. Because taboo words or emotions were more freely expressed in one language rather than in the other, language choice strengthened the acquired-language identity which in turn, functioned as an adaptive coping mechanism for the speaker (Javier, 1989b, Javier and Marcos, 1989).

For the participants of this research, the road to having confidence in the English-speaking identity was a hard-fought one. The excerpt to follow, illustrates how the participant's immersion into a host-culture social norms, required not only the development of a new language but also a perspective, which was compatible with an accompanying socialisation, somehow implicitly conveyed. Participant No 4 described her experiences "...one of my most prominent memories from the first year that was frustrating after coming here was that on the recommendation of my English teacher I listened to BBC Radio 4 all of the way to work and then back...to get used to the language." (34 -38)

This excerpt revealed how elements linked to this participant's efforts towards linguistic fluency also seemed to be associated with something externally culturally determined and somewhat implicitly imposed. Although this felt necessary at the start of the participant's professional journey, it also deprived her from a possible process of mourning the links which tied her to her mothertongue.

Implicit challenges might have been perceived as culture-specific and, perhaps, had to do with the perception, at the time, that psychotherapy was a middle-class institution, provided exclusively for those who were both verbally skilled and knowledgeable about certain ways of being. The participant faced something unconsciously value-laden, connected to and conveyed through the English language. Not being familiar with cultural aspects, not knowing and/or not yet understanding what might have been represented in her listening to BBC Radio 4, may well have been experienced by her as an unspoken boundary, possibly a barrier, and a signifier of difference, which she was expected to transcend.

Although, broader cultural issues of social class or gender are not the focus of this study, this is an example of how these issues became associated with experiences of importance in the context of the participants' new external environment. The narrative illustrates how the development of a new linguistic identity was also closely linked with new cultural expectations. The participant, embedded in her own homeland cultural context, had to also internally accommodate and become fluid into another context triggered by its own novel linguistic associations. This internal fluidity was not necessarily consciously

vocalised. However, it is the essence of what the participant's experience suggests and illustrates how the internal and the external linguistic and cultural context were continuously in some dynamic coexistence.

The outer ring in Figure 7 depicts the ways that the study's participants are simultaneously exposed to both the new external environment - with all the social and cultural connotations this carries – as well as the internal linguistic environment where all the homeland associations reside.

Dalal (1999) grappled with the meaning of cultural boundaries and posited that unconscious boundaries often exist beyond the spoken word. He has explored the notion of cultural identity and concluded that it means something about the subjective sense of belonging to “where to cultural home is felt to be” (p. 161). This often depended not on some internal fixed notion of a place but could be influenced by the cultural context of where the individual was.

His notion that “boundaries are signifiers of difference” (p. 165) elucidated the complex internal processes involved in the previous excerpt. In this study, an example is provided by participant No 4 who was asked to move from her own linguistic mothertongue liminality into another, one contextualised by the BBC Radio 4 language. The linguistic barrier she attempted to transcend, conveyed the illusion of constancy, given that one set of unspoken differences were being implicitly suggested over another.

However, Dalal (ibid.) has posited that the process might be more complex, due to a series of conscious and unconscious processes which “continuously reinforce and redraw the boundaries and barriers that distinguish the *us* and *them*” (ibid., p.166).

Indeed, over the course of this study's interviews the participants illustrated their differing senses of identity associated to each language, as if they were different inner parts which had to be traversed.

For instance, Participant No 2 unequivocally described how she experienced the English-speaking identity as adding an ‘otherness’ to her sense of self. “In some ways, I have to work harder in English because I'm having to tune in to something that is different to the real me” (177 – 179).

Some of the ways which have impacted on the participants as a result of their attempts to embrace a new English speaking identity and a new self of self, have been discussed above. The findings attest to the inner presence of their Dualness (5.1.1.1). It is this presence, which, in turn, enabled the process towards the new English-speaking identity to evolve.

For some participants, this enhanced new linguistic identity transported them to a more uninhibited sense of self and was experienced as a liberation. For others, the mothertongue identity had to be silenced, in order that a space could be created, from which the voice of the new identity could emerge. The internal presence of an overwhelming mothertongue, imbued by unresolved emotions, had to remain separate.

I suggest, that in those latter situations, it was necessary not to experience internal linguistic integration, so that the new English-speaking identity could be established.

### **5.1.3 Deep connections**

In this section, the participants' narratives relay their clinical experiences when the mothertongue was used. The narratives bring to light some understanding of the profound link between the sound of the mothertongue and its impact on the therapeutic process. In this section I argue that, for some of the participants, the sound of the mothertongue invoked representations of a sense of connectedness to home - not the physical home of bricks and mortar but, more so, a connectedness to a place where the sound of the mothertongue was first heard. Words spoken in the mothertongue conveyed a whole world within them.

As Hoffman posits

“in order to transport a single word without distortion, one would have to transport the entire language around it” (Hoffman, 1989, p.272).

The clinical dialogue between patients and their therapists alludes to this world. Unconscious contents seep into the clinical space when the mothertongue is used. It is in this way, mothertongue words, spoken in the present, come to represent something in the past. It is not merely a substitution of one memory

for another (the present for the past and vice versa) but it allows for a back and forth flow of internal meanings as they come into consciousness. As the therapeutic process unfolds, the individuals' inner experiences interact.

Although it is beyond the scope of this study to go into the individual reasons which contributed to each participant's choice of the mothertongue as their clinical language, it is worth reflecting on the obvious paradox, namely that having trained in English, they subsequently chose to return, as clinicians, to work in a language whose images and words they had worked hard at separating from. They chose to return to a language which did not provide the immediacy of an established professional self.

At the core of the therapeutic encounter between participants and their same-mothertongue couple patients in the clinical space, is an unspoken understanding that they had all, at some time, experienced transitions themselves, both linguistic and geographic themselves. As such, and as Participant No 4 has described it, their "immigrant status" (213) would have elicited some sense of an internal disruption and the effects of loss. All would have experienced that in-between place of home and host environment. Moreover, all would have experienced the internal shifts between the mothertongue and the English language. They would have had the experience of being simultaneously connected *to* and being disconnected *from* their internal original mothertongue selves.

Mutuality of an internal world, familiar to all in the consulting room can pave the way towards a creative and safe working relationship. Findings in this study illustrate that using the sounds of mothertongue can be advantageous towards the establishment of the working alliance.

In their seminal work Grinberg and Grinberg (1989) emphasized that

“...although the emigrant carries with him the baggage of his previous history, the outcome of his migration does not depend solely on his past. To a large extent its success or failure is determined by the quality of the environment that receives him” (p.194).

It is indeed the quality of the clinical host environment which is the focus of this study. Varying experiences of the ways the participants have settled in the host



environment influence their response to the sounds of the mothertongue. The narratives illustrate the participants' internal stance towards the clinical experiences which emerge.

The host environment of the clinical setting is the therapeutic framework. This can act as a container and a boundary. Within this metaphorical space the mothertongue holds together the early parts of all those present in the consulting room.

The findings (4.4.1, 4.4.2, 4.5, 4.5.4) illustrate the profound feelings that the mothertongue stirs. Under the sway of the sound of the language, the participants' transference and countertransference can provide insights into the essence of their own experience.

For example, the narratives described experiential connectedness between the participants and their couple patients (4.4.1). Participant No 4 described it as "a sense of familiarity and intimacy" (101), while Participant No 6 posited "we are very connected in that moment" (242). Similarly, Participant No 2 expressed it as "a sense of deep understanding of the material and a sense of connecting" (414-415). For participant No 3, the connection had a visceral quality being "more closely to the skin" (136) while Participant No 4 described "we've got this little [homeland] here in the session with us" (223 – 224).

Participant No.9 explains: "I find that with my [mothertongue] couples I get more personally involved and I have to really watch my countertransference experiences" (128 – 130). Firstly, this excerpt demonstrates the emotional proximity which the mothertongue can elicit in the clinical experience ("more personally involved"). Secondly, it also illustrates the participant's attempts to be aware of her own subjective responses to the here-and-now. Additionally, the participant can relive elements of the patients' infantile history through her own feelings ("my countertransference").

In couple psychotherapy, the therapist's countertransference can be an important indicator of the couple's unconscious relating. The couple's shared defences collude and sustain the couple's problems. Similarly, clinical material from case studies in individual psychotherapy suggest that forbidden impulses and ideas are exiled into the unconscious and/or disavowed (Buxbaum, 1949,

Greenson, 1950, Perez Foster, 1992, Amati-Mehler et al., 1993). The mothertongue facilitates a deep and immediate countertransference response, which alerts the therapist. The therapist is thereby afforded an opportunity to assess her own inner-world responses, as they are being revealed, in relation to the linguistic interactions.

In the above excerpt, the participant recognises the paradox of the mothertongue. The language brings a closeness to her patients which contributes to the work while, at the same time, it alerts her to the need for vigilance in relation to her internal professional perspective.

I suggest that this paradox is a clinical advantage because the juxtaposition of closeness and separation in the experience of the therapist, can provide direction towards the appropriate therapeutic stance. This idea has not yet received attention in couple psychotherapy literature.

Participant No 8 described her countertransference thus: “I feel pulled into acting something out because I am prone to have shared a similar culture or the same history, the same language. But there is another factor in that we are all three “from elsewhere”. We are on different soil. We are all refugees ...mmm...and I feel we are all guests of something else...it’s the country which we live but the country doesn’t belong to us...it’s just a piece of land...but our investment...but the projections are in it ” (236 – 240).

At first glance the clinical phenomenon of the linguistic intimacy in this excerpt might appear to elicit a powerful countertransference because of a degree of identification with the patient’s background. This identification may give rise to an awareness that the therapist’s “cultural neutrality” might be compromised (Akhtar, 1999, p. 113).

In the case of both the therapist and the patients sharing the same linguistic background, the concept of cultural neutrality refers to the therapist’s ability to maintain an equidistant internal position between his/her own personal perspectives and those of the patients. Akhtar posits that ethnic elements that would naturally form part of the therapist’s identity, once recognised as exerting a bearing on the clinical process, can prove fruitful to consider. Neutrality can coexist with “affinity” but “not with discrimination” (p. 114).

It seems, therefore that much can be gained from the exploration of linguistic intimacy which treads a fine line between being a clinical advantage and becoming a clinical consideration. In the next chapter, I shall address the complexities of this phenomenon further.

As long as the therapist remains attuned to the powerful pull of the sound of the mothertongue, I would suggest that in fact, there can be a clinical advantage as a result of this implicit sameness. The mothertongue immediately informs the therapist and possibly acts as an accelerant to connect with psychic elements not yet made conscious enough to be verbally defined. By making the unconscious conscious, a deeper awareness “of voices that are not necessarily unified and not unifiable” can emerge (Amati-Mehler, 1993 p.151).

Utilising her mothertongue to access deeper perceptions of herself, Participant No 5 posits “If I want to keep my mind, my mind...uhhh...open enough, I must use - I must use my own language. If I want to keep a level of understanding of my ideas I must use my own language in the work. So, this is my plan and it is also my understanding” (423 – 425).

The above excerpt illustrates how the choice of the mothertongue performs two functions for the participant: firstly, it operates as a marker of professional identity in the context of “the work”; secondly, the participant develops a clinical alertness, which can guide towards accessing hitherto unavailable psychic parts. Conscious awareness can then become the springboard towards renewed curiosity about her own contribution to the communication with her patients.

Since mothertongue words are “inextricably bound to the linguistic system they belong to and to the meaning of what they are trying to convey” (Tsatsas & Hewison, 2011, p. 98) they can allow for access to earlier places and times.

“I understand the nuances more” says participant No 1. “Because I am more involved in the [mothertongue] language and there are words I can use that mean different things and you use them in different ways...because...just being connected to the couple...hmmm...being in a relationship with them I know where they are coming from, what they are talking about ” (226 – 231).

The above excerpt conveys something of the quality of the participant's experience of the mothertongue as "the environmental mother" (Winnicott, 1958 p.301). This experience suggests a metaphoric maternal presence, providing a sense of security and safety in the context of the setting. Psychoanalytically informed couple psychotherapy is concerned with quality of the environmental context of the therapeutic process. As Scharff & Scharff (2014) posit "the contextual transference is important from the beginning" (p. 11).

Clearly, the mothertongue's contribution to the formation of a contextual transference / countertransference is an important clinical phenomenon. It provides an enabling environment for couples who seek help at times when their own relationship does not provide them with a sufficient environmental holding. In the example above, the participant's countertransference can enable her to provide a psychological space, where unconscious processes and mutual heightened emotions can begin to be contained and processed.

An excerpt provided by Participant No 4 conveys a similar essence to one of her experiences. "It is a relief for the couple to meet with a [homeland] therapist. If they tell me where they've been, I can relate to that. But...umm...a couple, say, from rural Devon...hmmm...I wouldn't know what that means "(100 – 104).

The therapist can recognise himself/herself through the patient's narrated memories of places and people. The mothertongue assists in the provision of familiar sound and objects, enabling the therapist to find inner integration of his/her linguistic selves through the sounds and the images which are stimulated. Conci (2010) an Italian psychoanalyst practicing in Germany, has reflected on the experience of some mirroring between himself and his same mothertongue patients. He describes them as "living in Munich lives with their feet in Munich and with their heart in Italy...I also share not only in their basic experience of being an emigrant myself but also in their ways of experiencing of it." (p. 100).

In order to reflect on this excerpt, it is helpful to conceptualise the possible states of post-migratory regression mirrored between therapist and patient. Grinberg & Grinberg (1984) have identified the disruption of human experience caused by the trauma of migration as "disturbance of the temporal integration" (p. 132). The authors propose that this concept depicts the "connection of

different representations of self over time and establishes continuity from one to the other” (ibid.).

The states of unacknowledged grief in which migrant therapists might find themselves, could be somewhat mitigated by connecting at a deep level to the images and echoes of the homeland carried into the clinical space by the mothertongue. As such, psychological adaptation at the point of clinical encounters will have an emotional significance and, as some of the findings have attested, permit a continuity with the therapist’s past.

#### **5.1.4 Internal Displacement**

This section presents the clinical challenges relating to Super-ordinate Theme Four (4.5). As the findings reveal, despite being successful as professionals and academics in their English-speaking linguistic environments, the use of the mothertongue affected some participants by throwing them into states of confusion and uncertainty. As a result, unforeseen, disavowed psychological parts, residing in their mothertongue-language selves, emerged, (4.5.1, 4.5.2, 4.5.3, 4.5.4). These influenced the participants’ professional identity and impacted on the therapeutic praxis.

As the findings illustrate, nuanced, innermost experiences associated with both mothertongue sounds and contextual cultural issues were brought to the fore. These continued to permeate the participants’ psychic realities as if, having already left their physical homelands, rather than experiencing a benign homecoming through the world of mothertongue associations, they seem to continue to inhabit a traumatised emotional inner home.

Dilemmas in some of the participants’ narratives disclose an engagement with a sense of “inner exile, of being suspended as an in-between” the homeland and the host country. (Laub, 2013, p.572). In the autobiographical parts of his paper, Laub posits “for an analyst to do his work, he must reside in his own emotional home” (p.574). By that he suggests a “privileged space where inner truth can be safeguarded as well as shared with others” (ibid) and from where processes of association and creative insights can safely emerge.

In relation to the essence of this study's research question, the notion of being an "in-between" (ibid.) could be understood as being the description of a psychic space where the mothertongue, imbued with its own associations, has to find an accommodation as a clinical language in the participant's new English-speaking professional identity. This psychic space created between the participant's two linguistic parts, (Figure 9: Second Vantage Point) holds both a psychological tension as well as creative possibilities.

The significance of this space as being part of the therapeutic engagement between therapist and patients cannot be underestimated. When working with same-mothertongue patients, the emotional connections through the medium of language leads to an awareness of engagement with this complex space. It is from this space that the couple psychotherapist will be enabled (or not) to draw on his/her internal dialogue and understand his own countertransference processes.

For one participant, using their mothertongue to conduct therapy brought her into one such space, where the following paradox existed. In attempting to trace the connection to her homeland, she explained "my relationship to my country was to get out of my country" (Participant No.9, 472) and later "...when you come from families that don't appreciate going to therapy because it has a bad reputation in [homeland]...it...it...it was used as a tool of the state to deal with undesirables" (495 – 498). This excerpt suggests a "psychic retreat" (Steiner, 2002) where defensive inner spaces provide a place to hide and deny the pain of loss.

So, here is the therapist's challenge: it is the paradox, as her words describe, of the difficulty in bridging some internal parts of her, respectively rooted in the cultural messages of the two countries and carried through the use of language; these split off parts, however, worked against each other. It seemed that she was facing something of an internal push-pull in which she was drawn towards the mothertongue and, at the same time, beset with suspicions about it.

A separation-from and a connection-to the mothertongue created a clinical difficulty due to this inner split (Walsh and Shulman, 2007). This resulted in the participant not knowing where to psychically place herself. The choice of the mothertongue as the clinical language seemed to have resulted in an

impossible internal position where she had to both connect with, while at the same time needing to distance from her mothertongue's negative connotations.

This excerpt is an example of an internal struggle involving the inner presence of a mothertongue which carries an implicit prohibition. Thus, it poses a question and an attendant dilemma regarding its application as a professional communication tool. If the negative associations are not explored, the self cannot fully adapt and adjust to a new reality.

Despite the participant's motivation and dedication to working in the mothertongue, her narrative revealed how she might have unconsciously negotiated her internal struggle by projecting it on to others: "I worried that people might have phantasies that I'm not a professional, if people kept asking me where I'm from" (Participant No.9, 92-93).

How did her own relationship with the internal paradox play out in the clinical work? And how did she make sense of it? The participant elucidated: "I find that I get more personally involved with my mothertongue couples and I am anxious about my transference experience because I have a strange desire for them to succeed whereas I know it's not my decision..." (ibid, 128-130).

How can her countertransference of desiring success for the couples be understood? Could the countertransferential response of overt closeness be understood as an attempt to compensate for her unconscious defences and feelings? The possibility of tapping into this unacknowledged hidden mothertongue-part of her could be a valuable psychoanalytically informed clinical source of knowledge.

Additionally, the possibility that the need for the patients to "succeed" might be a dissociative mechanism with the role of avoiding mourning. For this participant, the power of the sound of the mothertongue evoked a feeling of anxiety, possibly expressed as "urgency". This seemed to have been managed through the defence of placing it in a safer context of maternal feelings: "...there is more urgency. I feel more maternal to them" (ibid. 138-139).

Reflecting on this excerpt, I am wondering whether there is also evidence of a projection where aspects of the therapist's own earlier self, split off, disavowed and left behind, could now vicariously be mothered.

Her narrative gives a glimpse of how the internal splits impact on the clinical process and are revealed via the therapist's countertransference responses. As a result, the effort to compensate for, and recover the distance between "there and "here" could be identified in the countertransference. Perhaps on an unconscious level, the therapist needed to provide a more benevolent maternal experience than the one she had experienced - where "the state" (498) represented oppressive mothering.

The clinical phenomenon described here, relates to the quest for an integrated internal space linked to two different cultural contexts, illustrated in Figure 9: Second Vantage Point. It is in this space that, following the disruption of the immigration experience, the crucial role of mourning needs to take place (Grinberg and Grinberg, 1989).

For this participant, the movement from, an arguably absolute pre-migration culture to a post-migration one where more freedom of choice was offered, reveals that she was required to travel across polarised internal parts containing alternate idealisation and devaluation. The necessity of bringing together these parts could eventually lead a position of integration of all her internal parts could coexist and connect.

The inability of getting in touch with feelings of loss following immigration as well as putting painful experiences into words can create a sense of confusion. Superimposing the present experiences on past memories in ways that Grinberg and Grinberg have identified as defensive attempts to "stave off persecutory anxieties in the face of the unknown" (ibid, p.88) can create feelings of confusion, some difficult to connect with. Can the mothertongue become the vehicle through which they can be externalised and thus become less problematic?

For example, the sound of the mothertongue resulted in one participant feeling like a deep internal space could not be named. This seemed to create for her a sense of an internal displacement. "With the [mothertongue] there is something very deep that I touch...that's almost painful ...it's a sense of not being quite right...not having the words....it's to do with the mothertongue language and there's also a part of me that is getting quite stuck there" (Participant no 2, 263-267).



This internal displacement can be a place of profound silence. In a letter written and sent to Swiss psychoanalyst Raymond de Saussure in response to his congratulations on the Freud's' escape to London in 1938, Freud wrote "Perhaps, you have omitted the one point that the emigrant feels so particularly painfully. It is – one can only say – the loss of the language in which one had lived and thought, and which one will never be able to replace with another for all one's efforts at empathy." (Akhtar, 1998, p.99 from Freud's letter quoted in Gay, 1988, p.632.)

#### *5.1.4.1 Closeness and Distance*

I reflect on the difficulty the participants faced when required to draw from this particular inner place of the new clinical language appropriate to therapeutic requirements. The completion of a training and the subsequent work in English had already demanded the creation of a professional articulacy in a new linguistic identity. However, when attempting to substitute this established linguistic identity with the mothertongue one, the centrality of the role of clinical language exposed the participant's inner dislocation (4.2.2.2)

For participant No 7, relating to the familiar cultural associations carried through the mothertongue and in particular, social norms of behaviour linked to concepts of closeness and distance was experienced as a clinical challenge. She explains "I get nervous whether I will keep the right kind of distance...hmm...not only the distance from the couple...you know, not get too close but also the distance from my own stuff...hum...that's more tricky. It's nerve-wracking, actually" (50-54).

The above narrative revealed the participant's awareness of the particularity of the associations linked to a particular mothertongue. These associations impact on professional boundaries, thus creating a clinical dilemma. The juxtaposition of needing to, on one hand, adhere to professional boundaries while, on the other hand, being pulled 'too close' causes a conflict for the participant. But what does "too close mean"? Because of the shared linguistic and cultural homeland, a "too-close" psychological distance between therapist and patients,

might be beyond the acceptable western clinical realm but very much in tune when placed within a different social reality.

Homayounpour, a Western-trained psychoanalyst, described the challenges faced when she returned to set up a clinical practice in her homeland. She reflected on the different cultural associations carried through her Iranian mothertongue and how differently these were experienced by her in each clinical setting. Comparisons between the ability to maintain appropriate distance with her patients in the therapeutic exchanges during psychoanalysis in the West and contrasting them with the challenges in Tehran, exercise her professional judgement. For example, she describes experiences of upholding clinical boundaries in the West as “easy to reject and question my patients’ gifts, letters, demands to look at their photos etc.” (Homayounpour, 2012, p.82). In contrast, she mused “in Iran I found myself rejecting a box of sweets...but why? Is it because speaking Farsi triggers different internal objects for me? (ibid).

In cases where the therapist is not aware of the possibility of internal displacement, linguistic and cultural collusion might arise. These can become an impediment to the therapeutic process. If the therapist’s mothertongue-self professional identity has not been consolidated enough, work with patients who share the therapist’s own ethnic and linguistic background might run the risk of a resistance to clinical exploration due to shared assumptions.

At this point, I reflect on Freud’s warning that “no psychoanalyst goes further than his own complexes and resistances permit” (Freud, 1910, p.145). The migrant therapist will have needed to have addressed his/her own migrant experiences so that he/she can locate himself/herself confidently in his mothertongue-professional self. This will provide an awareness of the possibility of identifying too closely with fellow migrant patients. For example, because of the power dynamics of the relative roles of patient/therapist, a perceived closeness might lead to an avoidance of any challenges for fear of coming across as critical – or, indeed, of being exposed to patients’ perceived criticism and/or rejection.

Shapiro and Pinsker (1973) have identified the potential for ethnic scotoma where taboo subjects might remain unexplored because of an overlapping of transference with patients who share the same homeland as the therapist.

Culture-specific values and shared meanings might give a sense of similarities and might lead to less exploration and blind spots. For the migrant therapist and the migrant patients, changes in their identity as they settle in their host country might be fertile ground for blurring of differences between the patients and the therapist. These can be due to particular countertransference dynamics when the sense of perceived sameness permeates the clinical process.

Participant No. 4 commented “the feeling of familiarity is much stronger than language itself...I feel like we have this little [homeland] in the room between us” (97 – 104).

Tang and Gardner, referring to similar issues of transference/countertransference between minority therapists and their minority patients, have richly explored the cultural pitfalls that can take place. They highlighted instances of positive transference and have identified “perceived similarities in background as a resistance to true exploration” (Tang and Gardner, 1999, p.15). The authors suggest that it is imperative to incorporate both the reality and the phantasy experiences of a minority when the therapist “identifies closely with the patients, the therapist may be more tolerant and less confrontational”(p.16).

In this study, participants drew on their own experience of their homeland and the ways they identified closely with their patients’ stories. In an example of a countertransference enactment, Participant No 8 described how clinical boundaries might be compromised when being tempted to reach out and become more protective: “couples often find it very hard to leave the room on time. They will stand up and they will be still talking and the woman will burst into tears and so, saying goodbye would be much more difficult for me.” The same participant continues “it is like the patient knows...uhmmm...this [homeland] mother knows how deprived we are so she will offer something more for the road” (169-175).

This poignant excerpt encapsulates the essence of the powerful transference /countertransference dynamic giving rise to unique clinical phenomena with same mothertongue patients. Inherent difficulties arise out of shared human histories which can sound too close. However, these can also present creative possibilities for both the patients and the therapists. Fruitful confrontation by a

deep sense of resonance can offer the possibility of further psychological growth.

## **5. 2 Limitations**

The main limitation identified and reflected upon in this qualitative study is the gender representation in the sample, as mentioned in section 3.11.1. The small, all-female sample did not make available a broader investigation of the study's focus. For this reason, the researcher could therefore only speculate on the clinical possibilities which might have revealed themselves through the lens of a different gender perspective.

The study's findings might have been enhanced from different conscious and unconscious responses, linked to gender specific mothertongue associations. For example, research has indicated that Greek mothers display a different emotional responsiveness towards their male and female children (Roe et al., 1985, 2011, Tsatsas and Hewison, 2011). This knowledge raises important questions regarding the ways in which a male therapist's awareness of his own linguistic mothertongue identity would influence his understanding of his contributions in the clinical process. Moreover, mothertongue clinical exchanges between male therapists and their male patients might have revealed insights influenced by particular gender-specific cultural and linguistic associations.

A second limitation is the small pool of participants who were interviewed for this study. As a result, the findings which have emerged cannot be summative or be transferred to the whole of the community of mothertongue couple psychotherapy at large.

Due to the small size of the purposive sample recruited, a wider context of data has not been available. A larger sample may have allowed for a better understanding of unique clinical phenomena as they would have been revealed from a more linguistically diverse couple psychotherapist sample.

### **5.3 Future Considerations**

Given that this study took place in an under-researched field, it aims at highlighting a gap and serves as a starting point for further deliberation in the world of the couple psychotherapy.

The expansion of a globalised world means that more and more “other” mothertongue-speakers, from different homelands and cultures, enter individual and couple psychotherapy trainings in this country. As this study’s participants have indicated, these newcomers face a complex adjustment both linguistically and culturally in order to follow training programmes, enter case discussion groups, and make arrangements for supervision and personal therapy where English is spoken.

The findings of this study evince the urgent need for more understanding and appropriate training if the couple psychotherapy field is to develop a more reflexive and more inclusive attitude.

#### *5.3.1 Clinical Practice and Training*

The most important outcome of this study reveals the significance of the impact of the mothertongue on the unconscious processes of bilingual therapists during the clinical exchanges with their patients. Awareness and familiarisation with this should be included in all trainings with a view towards enabling trainees to develop a self-reflective aspect to clinical work.

Without exception, the participants have identified the impact of the unconscious on their sense of self as bilinguals where their two linguistic selves are always engaged with and influence each other. Indeed, all the participants recognised these unconscious elements as a manifestation of their bilingual identity and highlighted the challenge of developing a mothertongue-professional identity alongside an English-speaking one.

The mothertongue’s internal omnipresence requires therapists to foster an understanding of their relationship to it. The study reveals the tension arising from those instances where the therapists had not been enabled by their training, individual therapy or supervision to fully appreciate any territory of

resistance they might have to the mothertongue and its associations. Not enabled to give voice to any struggles they might have faced (section 4.5) remained unexplored, thereby impacting on the therapeutic process.

In future, English-language trainings could develop an awareness of an 'other' linguistic context already existing within their cohorts of students. Some of these trainees may also come from homelands where there is a different culture associated with psychotherapy. Curricular sensitivity could provide an opportunity for discussions concerning the trainees' understanding of the fundamental aspects of their choice of clinical language and, in particular, the potential use of trainees' mothertongues. In this way, their self-awareness, specific to their mothertongues and its associations, could provide some deeper understanding of their migration journey and enhance a familiarity with the meaning of the evolution of themselves as bilinguals.

Moreover, the work of making conscious the unconscious aspects of linguistic sense of self would take place at the deeper levels in trainees' engagement in personal psychotherapy or analysis, before they enter the field as psychotherapy practitioners. Otherwise, as this study's interview narratives demonstrate, they could remain stuck in positions where they are trying to catch up with themselves, while, at the same time, they encounter clinical phenomena similar to the ones revealed in this study. Lack of self-awareness of these deeper levels could result in meaningful moments of connection with their patients being missed.

As a consequence of this study's findings, a further question emerges as to whether analysis could be better enhanced if both analyst/therapist and their patients are bilingual - or, indeed if they share the same languages. However, this is beyond the scope of this study.

### *5.3.2 Research recommendations*

The absence of any other research addressing the impact of the mothertongue on couple psychotherapy, opens up a wide area for possible future considerations.

It would be valuable to explore couple psychotherapists' awareness of their subjective relationship with their mothertongue. Research projects that make

use of both individual interviews and also focus groups could contribute to larger sample sizes in future studies. For example, a longitudinal research of individuals could identify, by means of detailed interviews, the developmental trajectory of trainees' understanding of both their mothertongue and English linguistic identities. This research could focus initially on periods when participants are in training and, subsequently, additional interviewing would assess regressive defences and the capacity to develop a more integrated self after they have entered the field as practitioners. Exploration of different aspects of their self-awareness, before and after they come into contact with same mothertongue couples in the clinical setting, would enrich the field in the following ways:

- a) The participants will be able to identify and better understand their personal and professional needs. This would result in better empowerment towards seeking whatever support they felt they needed.
- b) Training programmes and professional organisations would have access to a pool of information regarding the needs of their membership.

By identifying clinical needs, a dialogue could be envisaged where personal viewpoints, attitudes, strengths and challenges, would equip therapists with insights into more informed professional choices.

Future research projects could explore personal therapy needs and/or supervisory issues for couple psychotherapy trainees and for newly qualified therapists who have recently migrated to an English-speaking professional environment and who envisage providing couple psychotherapy to same-mothertongue couples. A more comprehensive overview of clinical issues concerning cultural and linguistic diversity would create a more integrated and deeper understanding of the impact language has on the process. Moreover, it would initiate advances in the field by providing information regarding more specific support, for example through the provision of supervision sensitive to mothertongue issues.

Further qualitative research particularly focused on multi-language communities in London, might identify clinical challenges relating to linguistic variations and colloquial differences between couple psychotherapists and same-mothertongue patients, who actually speak the same 'received' mothertongue of

their homeland. An example, has already been highlighted in the findings of this study (5.1.1.4.3). Clinical phenomena arising from nuanced linguistic differences and local dialects with perceived different linguistic value, can challenge transference /countertransference dynamics in the therapeutic process.

The question of nuances, connected to different variants of the mothertongue, could also inspire future research projects. For example, different cross - cultural bilingual couples, where only one of the patients is same-mothertongue speaker as the therapist while the other patient has learned it as a second language. In other words, this research would be designed to investigate clinical phenomena as they emerge in couple psychotherapy between individuals who are connected by a common clinical language but whose cultures and mothertongues are different. A better understanding of the complexities of internal processes between all mothertongue speakers in the consulting room may reveal culture and language-specific responses to the clinical material.

Another area identified in the findings of this study as urgently needing clinical consideration, is mothertongue couple psychotherapy supervision. Without exception, all the participants in this study provided therapy in their mothertongue but received English-speaking supervision. As participant No 6 explained: “obviously, all my supervision notes are in English. I then have to translate them in [mothertongue] in my head and make notes in [mothertongue]. And then I have to find the [mothertongue] words to say to my patients” (198 – 200).

In so far as the interview questions in this study were not designed to explore this particular aspect in depth, this excerpt of the participant’s narrative revealed only a glimpse of the different aspects of the how the therapist has to internally and externally linguistically adapt to meet the challenge connected to this (possible) mismatch.

Additionally, it would be of interest to explore clinical phenomena linked to the role of the use of the mothertongue among couple psychotherapists of different genders, age groups, social classes and length of stay and depth of integration in the host country.



### *5.3.3 Future Insights to be gained*

Insights gained would benefit the design of appropriately inclusive professional training and regulatory guidelines. These, in turn, would more appropriately serve a contemporary, globalised couple psychotherapy professional workforce. To this goal, I strongly advocate that training programmes take on board the implications of these findings with a view to opening up a dialogue within the couple psychotherapy community.

Supervisors, mentors and trainers have an ethical responsibility to safeguard the quality of services provided in diverse communities where couple psychotherapy is offered by attending to the emotional well-being of the workforce.

To date, based on the experiences of the participants of this study, the needs of bilingual couple psychotherapists have been under-served in training, therapy and supervision.

Finally, all the future research suggestions mentioned in this section, have been inspired by the study's findings. This study supports any endeavour which can enrich clinical practice and develop best practice guidelines, taking into account a linguistically diverse couple psychotherapy workforce.

## **5.4 Summary of chapter**

Figure 9 provides a schematic representation of the participants' internal linguistic world where the two linguistic selves – the mothertongue self and the acquired language self - find a place of dynamic coexistence and are in a constant flux.

After the introductory section (5.1) this chapter presents reflections on the essence of the four super-ordinate themes which have emerged from the analysis of transcript data (Chapter Four). This chapter adds a further dimension to the subjective clinical experiences of the participants.

To this effect, the concept of Internal Linguistic liminality has been introduced (5.1.1). The chapter presents narratives which describe how the participants

experienced having a sense of self as outsiders standing on the edge of a foreign linguistic environment. This position, named in this study as the “First Vantage Point” captures the bilingual individual’s ability to have a sense of an inner and an outer linguistic pull. The “Second Vantage Point” focuses on the point of encounter of the two individual selves meeting creatively. Internal fluidity enables the participants’ to move between their professional linguistic identities and their mothertongue identities.

Following on, I discuss how the participants understood and described the experience of their linguistic selves in relation both to the external environment (5.1.2.1) and their understanding of their internal selves (5.1.2.2).

Psychoanalytic thinking provides a backdrop and guides the discussion towards linking the emergent connections between the quality of the participants’ migrant experiences into their new host environments and their internal journeying between their bilingual selves.

The chapter moves into an exploration of the profound link between language and the evocation of the homeland which the mothertongue sound carries in it (5.1.3). The impact that this has on the clinical process is directly linked to the opportunity afforded the therapist to remain attuned to his/her countertransference experiences. This awareness can pave the way for an enhanced engagement with the patients’ material and the development of an appropriate therapeutic stance.

Despite the participants’ awareness of their successful English-speaking professional selves, the experience of the sound of the mothertongue evokes confusion and uncertainty regarding their professional skills (5.1.4). I offer a link between the essence of this experience and the effort in integrating two internal parts as depicted in Figure 9.

A number of Limitations to the study have been identified (5.2). To follow, I offer some ideas for future considerations (5.3). The chapter concludes with my thoughts on clinical, training and future research (5.3.1, 5.3.2, 5.3.3)

## CHAPTER SIX

### CONCLUSION

#### 6.1. Introduction

*When is it safe to return to something you have loved and lost? Sometimes not for a long time; perhaps not until the thing you've left has been replaced with something just as valuable, just as cherished.*

*Lost in Translation, Eva Hoffman (2003, p.49)*

This small-scale qualitative study entered an uncharted area of clinical experiences in the field of couple psychotherapy practice and addressed a gap. The aim was to identify and explore issues concerning the clinical experiences of bilingual couple psychotherapists who use their mothertongue to provide therapy to same-mothertongue patients in English-speaking professional environments.

It identified clinical issues not contemplated before. These pertain to unconscious aspects present in the participants' clinical engagement with their patients. Bringing them to light reveals that bilingualism is more than speaking two languages.

A purposive sample of nine bilingual couple psychotherapists were recruited and interviewed. Their narratives were analysed using Interpretive Phenomenological Analysis (IPA). The use of IPA has shaped the data gathered and, through analysis, enabled this study to capture and process a realm of raw emotional responses to mothertongue verbal triggers in the consulting room. Interpretation of the data which is grounded into the participants' narratives, has used psychoanalytic concepts to extend understanding beyond them. By reflecting upon the emergent clinical phenomena, this study's data have expanded understanding beyond the participants' actual verbal communications. As a result, the findings have provided insights into the here-and-now of bilingual couple psychotherapy.

By giving voice to the participants, the bilingual couple psychotherapists' inner realities have been recognised/given credit? By bringing those to light, the clinical phenomena can be understood as entities that are unique to each therapist because they link with the individual's internal stance to their mothertongue and to consequent languages. These have been revealed to be components of a linguistic concept, unique to bilinguals, identified in this study as Internal Linguistic Liminality. These components provide a creative potential relationship between the individual's two language-related selves which, in turn, enhance thinking and understanding of linguistic experiences.

Becoming mothertongue-sensitive in a professional setting where an acquired language has been used for training and all other professional activities, requires the therapist to develop the capacity to be open to the linguistic sound as a carrier of unique internal representations. These internal representations, summoned by the experience of the sound of the mothertongue, require the self-awareness that will enable unconscious aspects to become conscious. These contain imprinted multidimensional cultural and linguistic aspects associated with the individual's past experiences. Use of the mothertongue with patients, invites the therapist to endeavour to keep his /her ears open to acoustic signals not only specific to the mothertongue but also to listen out for deeper aspects of his/her subjective experiences.

Globalisation and its impact on the changing linguistic landscape of the psychotherapy field, presents new challenges to bilingual migrant therapists who choose to use their mothertongue in the work with their same-mothertongue patients. This study encourages closer attention to the ways that the emergent unique clinical phenomena can be understood.

The findings evidence the significance of the choice of clinical language, its impact on bilingual therapists and, inevitably, on the therapeutic process.

Finally, this study also articulates something about the importance of nurturing a defining sense of being in and belonging to a therapeutic community which is open to seeking new clinical perspectives drawn from its membership's richly shaped links with diverse linguistic contexts.

## 6.2 Final thoughts

When I finished writing this study, I realised it was more about the questions it raised than the answers it offered as the findings raise significant and novel objects of study.

I have noticed a parallel process. Just as the study's bilingual participants were invited to English-speaking interviews about their mothertongue clinical experiences, so did I write in a bilingual way. My writing took place in an internal transitional space where my own mothertongue was in conversation with my acquired English language. Thus, my two internal linguistic selves have been active in the creation of this work.

This study has provided the opportunity to link my past, my present and my future. The use of my second language, English, has enabled me to trace the way back and connect to my mothertongue beginnings.

*We shall not cease from exploration  
And the end of all our exploring  
Will be to arrive where we started  
And know the place for the first time.*

'Little Gidding' from *Four Quartets* by T.S. Eliot, (1944)

## APPENDIX I



### **Unique opportunity to take part in pioneering research into the practice of couple therapy: Can you help?**

My name is Nora Tsatsas and I am a third year doctoral student at the Tavistock Centre for Couple Relationships and a bilingual couple psychotherapist, working in both Greek (my mothertongue) and in English which is the language in which I trained and the language of all my professional activities e.g. supervision, session notes, studies.

My field of interest is to explore the clinical experiences of bilingual couple psychotherapists who use their mothertongue to conduct couple psychotherapy with patients who share the same mothertongue as them, particularly when the work takes place in an English-speaking professional environment. Specifically, I am interested in meeting couple psychotherapists who have had a different first language during their formative years (mothertongue) yet English is the language they have trained in and use in their overall professional activities.

The aim is to research verbatim accounts of psychotherapists who practice both in their mothertongue and in English in order to:

- Highlight the unique linguistic advantages and challenges these psychotherapists might encounter with their patients
- To give voice to the psychotherapists themselves in making make sense of these experiences.

This is an unexplored and very relevant area of research in today's multilingual and multicultural world of couple psychotherapy. If you are interested and able

to participate all you will be required to do is to meet with me for an hour-long audio taped interview.

If you would like more information do email me on

*Thank you.*

## **APPENDIX II**

### **Unique opportunity to take part in a pioneering research: Can you help?**

My name is Nora Tsatsas and I am a third-year doctoral student at the Tavistock Centre for Couple Relationships and a bilingual couple psychotherapist, working in both Greek (my mothertongue) and in English which is the language in which I trained and the language of all my professional activities e.g. supervision, session notes, studies.

My field of interest is to explore the clinical experiences of bilingual couple psychotherapists who use their mothertongue to conduct couple psychotherapy with patients who share the same mothertongue as them, particularly when the work takes place in an English –speaking professional environment. Specifically, I am interested in meeting couple psychotherapists who have had a different first language during their formative years (mothertongue) yet English is the language they have trained in and use in their overall professional activities.

The aim is to research verbatim accounts of psychotherapists who practice both in their mothertongue and in English in order to a) highlight the unique linguistic advantages and challenges these psychotherapists might encounter with their patients and b) how the psychotherapists themselves make sense of these experiences.

This is an unexplored and very relevant area of research in today's multilingual and multicultural world of couple psychotherapy. If you are interested and able to participate all you will be required to do is to meet with me for an hour-long audio taped interview.

If you would like more information, email me on  
*Thank you.*



### APPENDIX III

Participant.....

**Title of Research Study at Professional Doctorate level:**

**“What are the unique clinical experiences of bilingual couple psychotherapists working in their mothertongue in an acquired linguistic environment?”**

**Researcher: Mrs Eleonora Tsatsas (Tavistock Centre for Couple Relationships)**

1. I confirm that I have been given the Participant Information Sheet and that I have understood its contents.
2. I understand that my participation is voluntary and that I am free to withdraw from this Research Study or to withdraw any unprocessed interview content at any time up until the analysis of the interview content begins.
3. I consent to being interviewed by the researcher and this interview to be audio recorded for the purposes of the research study and its future publication.
4. I consent to my interview contents being anonymised and analysed by the researcher for the purpose of this research study.
5. I understand that being a member of a small group of participants may have implications for my anonymity, i.e. I may recognise my own interview content in the final research findings.
6. I consent to the contents being seen by representatives from academic organisations in order to assess the quality of this research project.
7. I consent that all personal information will be the sole responsibility of the researcher and be password protected in confidence.
8. I understand that the research findings will be published and may be disseminated in relevant publications.
9. I understand that the Tavistock Centre for Couple Relationships is the supervisory body overseeing this research study. I understand that the University of East London is the sponsoring body of this research study.

**Participant**

.....**Date**.....

## APPENDIX IV

### Interview Schedule

**What are the unique clinical experiences of bilingual couple psychotherapists whose mothertongue is not English but who work in their mothertongue in an English-speaking professional environment?**

### Interview Schedule Questions

#### Background

Can you tell me which your mothertongue is?

Did you grow up in an environment where your mothertongue was spoken?

Can you tell me at which age you learned English?

Do you consider yourself bilingual? Why?

What language do you feel most comfortable using with your family and friends?

#### Clinical Experiences

Can you tell me when you were trained as a Couple Psychotherapist and confirm that English was the language you trained in?

How did it feel to be trained in English? (*Prompt: What were some of the advantages and disadvantages? How were your training experiences affected by the fact that you had a different mothertongue?*)

What is it like being a bilingual couple psychotherapist? (*Prompt: Can you say a bit about the emotional experience?*)

What, would you say, are the differences when working in your mothertongue and when working in English with your couples? (*Prompt: Can you say something about the emotional experience?*)

How was it to begin working in the mothertongue with clients?

What, would you say, are the unique/specific clinical issues raised when you work in your mothertongue with couples? (*Prompt: Is it the same with the men and the women?*)

What, in your experience, would be the emotional advantages when working with a couple in your mothertongue? (*Prompt: Could you give an example?*)

What, in your experience, would be the emotional challenges when working with a couple in your mothertongue? (*Prompt: Could you give an example? How does it feel?* )

### External professional environment

What is the dominant language in your professional environment?

What professional activities do you conduct in English in relation to your clinical work? (*Prompt: CPD, personal therapy, supervision?*)

In which language do you write your case notes after couple sessions where the mothertongue has been used? (*Prompt: who are the notes for?*)

What internal processes are you aware of while writing your case notes if the mothertongue has been used and are they different to the ones where English has been used? (*Prompt: What does it feel like?*)

How does your bilingualism influence your experience of working in an English speaking environment?

### To Conclude

Is there anything else that you think would be important for this research which you would like to raise?

## APPENDIX V

### Map of Themes Emerging from Interviews

	English-speaking Identity/Use of English	Dualness	Mother tongue - speaking identity - use of language - feelings towards	Identification	Relationship to English language	Gender issues	Embodied mother tongue	Mother tongue and therapist's self	Training in English	Clinical - gender	language of interview	language and culture	Untranslatability	Cultural bias	Supervision notes
Interview 1	quite hard 62	serious/soft 34-37	emotions 84-88	They'll say the beginning of a sentence and I'll know where they are going 95-101	lack of emotions 109-110	No difference 142-144	in my blood 155-158	familiar not out of place 185							
	such an effort 200	academic v. emotional 78-80	talking thinking 84-88		force myself to feel it 130-134		visceral 130-137								
		not from the heart 120	enriching 95		effort 200-201		back of mind 179-182								
			tiring 138												
Interview 2	liberation 50	feel schizophrenic 106	a collective repression 704		easier to access some things than in Russian 33				a liberating experience 64-65		this English-speaking life and part of me identifies with it 629-630	language connects to culture 415-418			
	safety 71		identification with an aggressive process 705						a widening / open experience 78		it opened up a space 326				
	opening 71														
	safer to touch something deeper 199														

	English-speaking Identity/Use of English	Dualness	Mother tongue-speaking identity - use of language - feelings towards	Identification	Relationship to English language	Gender issues	Embodied mother tongue	Mother tongue and therapist's self	Training in English	Clinical - gender	language of interview	language and culture	Untranslatability	Cultural bias	Supervision notes
Interview 3	distant 326	feels different to the dominant L. 507-515	effects are more emotional 138-144		The words are similar yet very different to English 138-144		closer to the skin 137	makes me shy 507-515	Western framework doesn't fit with Mother tongue 423	women tend to prefer to use their Mother tongue 204					
	work much harder 102	part-English part-Indian 559-561													
	struggles 753														
	isolating 423														
Interview 4	bridhe 787														
	feelings of being a foreigner 213	a language plus 316-320		The experience of familiarity is much stronger than language itself 97-102			got this Israel here in the session 223	immigrant status 213	immigrant status 213-221			culture differences 191-193			
	persecuted 221	neither here nor there 66-69							anxiety about being a foreigner 230-232						

	English -speaking Identity/Use of English	Dualness	Mother tongue - speaking identity - use of language - feelings towards	Identification	Relationship to English language	Gender issues	Embodied mother tongue	Mother tongue and therapist's self	Training in English	Clinical - gender	language of interview	language and culture	Untranslatability	Cultural bias	Supervision notes
Interview 5	There are some things that I can't find the right way to - to express them in (mother tongue) as good as in English 218 - 219	I would do everything in (mother tongue) (notes) but still I can hear sometimes, sometimes I can hear my mind thinking in English 498	I grew up with a sense of a painful gap between my capacity to understand things...I couldn't get over all these letters and all these words 106		English gave me the opportunity for repairing experiences because things became more integrated 143		the gap in my mother tongue meant that in my internal image I was a lousy student 116		challenge 60		we actually live it now between us, so at the same time that we are talking about the experience we are actually experiencing it. This is something quite unique because usually you are at the experience and then you can reflect on it but now we are reflecting and being in the area of this experience its actually unique 389	language is a culture 62	for example... 'well being'... If you want to translate into [mother tongue] you definitely lose something... I mean you can translate but its not the same 235		
	richer language 76-81								huge meaning 83				...some other things that's much more professional, like to speak about 'thinking space'. You can- you can translate it, of course you can, but it's not - for me it's not the same		
									effort stress 257						
	richness, just richness 525								opens new thinking 76						
	to have the freedom to live in English 536														

	English-speaking Identity/Use of English	Dualness	Mother tongue-speaking identity - use of language - feelings towards	Identification	Relationship to English language	Gender issues	Embodied mother tongue	Mother tongue and therapist's self	Training in English	Clinical - gender	language of interview	language and culture	Untranslatability	Cultural bias	Supervision notes
Interview 6		a lot of pressure on the therapist because, uhm, they have to climb for the culture, they have to...it's beyond what we actually do in therapy it's also more educational things towards the new culture 271		I felt them, like if I was in their situation, in their shoes, I could have exactly the same feeling, of that being confused, would have been frustrated...78		men are quite dominant 100			it was difficult 38-44	men dominant 160		it's difficult for me when I see...obviously in our culture men are quite dominant and what they say needs to be done...and for me hearing this situation can be difficult 101		it's a very bad thing... to tell others, they always keep it within family 131	Obviously the notes are in English but then I have to write them down in (mother tongue).. . What is the meaning in Farsi? 198-199
		when I want to express my feelings it's half Farsi, half English. 14								why can't women speak...? 103		overwhelming 132			
										man / obey 104-132					
Interview 7	English is less difficult 50-51		nervous 49-53	whether I will keep the right kind of distance 60-61				anxious / will I have the language? 59		and you kind of think, oh yes - typical Iranian man 135		position / more friendly 68-69			

	English-speaking Identity/Use of English	Dualness	Mother tongue-speaking identity - use of language -feelings towards	Identification	Relationship to English language	Gender issues	Embodied mother tongue	Mother tongue and therapist's self	Training in English	Clinical - gender	language of interview	language and culture	Untranslatability	Cultural bias	Supervision notes
Interview 8	accent 67-69	otherness, translating one set of feelings into another 216	the emotional temperature is different 86		It's the developmental journey rather than the professional journey 45			forced to do it 129	very complex 30			language means so much more 138-141			
	writing in English 202		more emotional charge 92						work harder to prove myself 56						
	not the language of feeling emotions 205		I was very uh - sad or upset, both I don't know - that I had to do it in a language that wasn't my own 56-7						sense of being in the minority 62						
			I was very insecure because my training was in English... And when I had my first [...] client I was very worried that I wouldn't be able to work in [...] because my comprehension of the work and my whole vocabulary and my... professional thinking was in English 105 -108						accent 62						



## APPENDIX VI

Table of Themes in Four Columns

General clinical issues	Anxieties about working in the mothertongue	Potential advantages in working in the mothertongue	The relationship of the acquired linguistic environment to the work in the mothertongue
1. Internal dualness/being in two languages at the same time/different selves (int. 2 everything I do 142)	1. Accent	1. Mothertongue as a point of connection/empathy/attunement	1. Sense of belonging more in the English rather than in the mothertongue self
neither here nor there	2. The need/pressure to 'sort it' (Int.9) Want to rescue (int. 2)	2. Mothertongue facilitates the articulation of something that can't be talked about	2. English as a bridge to two linguistic identities
the total experience (Int. 4) (int. 2 what is attached to the language 716)	3. Acting out/collusion Collapse of boundaries (Int. 2)	3. The transporting element of the sound of the mothertongue and the emotional impact on the therapist	3. Linguistic identity
c) a lot of fine tuning to do	4. Therapist needs to prove herself	4. Mothertongue as a linguistic/cultural frame of reference	4. English as a language of safety
d) persecution	5. Mothertongue limits the therapist when thinking about cultural norms/gender	5. Being different through the sound of mothertongue	5. English as a language of individuation versus native cultural norms of collective thinking

General clinical issues	Anxieties about working in the mothertongue	Potential advantages in working in the mothertongue	The relationship of the acquired linguistic environment to the work in the mothertongue
e) diversity	6. Minority mothertongues isolate therapists trained in a Westernised framework		6. English as a language of liberation (interview 2 analogy of stormy river and a revelation of another perspective outside of the stormy self) English as a widening experience (interview 2)
f) expands horizons (Int 2 fifteen colours 690)	7. Mothertongue as a point of disconnection		7. English as a transference field
2. Cultural differences	8. Fusion and Separateness – inability of same mothertongue couples to maintain boundaries (space, time).		8. English brings cultural concepts that are unfamiliar
3. Linguistic differences	9. Same gender therapist/client but different development due to cultural norms		9. English as distancing/no emotional connectedness
4. Cultural bias of the therapist /familiarity	10. Fear/Avoidance of working with same mothertongue couples		10. English/anger at being a needy immigrant (interviews 3 & 8)
a) Legal issues	11. Therapist fantasies about working with same mothertongue		11. English as the language of thinking and processing (interview 2 ‘English provides concepts’)

General clinical issues	Anxieties about working in the mothertongue	Potential advantages in working in the mothertongue	The relationship of the acquired linguistic environment to the work in the mothertongue
5. Cultural bias of the clients	12. Words/concepts do not translate from English into the mothertongue.		12. English as the language of the PD Interview a. We actually live now the experience of using English right this minute between you and I. This experience is actually real life. ( <i>Int 5. line 389</i> )
6. Sense of belonging more in the English rather than in the mothertongue self	13. There is a gap between English and Mothertongue. b. There are some things I can't express in Hebrew as good as in English ( <i>Int.5 l.216</i> ) Examples "wellbeing" "thinking space" c. I would do everything in Mothertongue but I can hear sometimes my mind thinking in English" ( <i>Int.5 line 497</i> ) ( <i>Int 2</i> no 'private space' & 'bully' in Homeland)		13. Something lost when writing notes/having supervision in English. Distancing effect
7. Sense of belonging more in the mothertongue than the English self	14. Slowness and taking time to think ( <i>Int. 2</i> )		14. Something lost when interpreters are used

General clinical issues	Anxieties about working in the mothertongue	Potential advantages in working in the mothertongue	The relationship of the acquired linguistic environment to the work in the mothertongue
8. Identity	15. Deep pain resonates at the sound of the mothertongue (Int. 2)		15. Accent
9. Nostalgia	16. The transporting element of the sound of the mothertongue and the emotional impact on the therapist (Int. 2 identification, 519, 501) (Int 2. Visceral memory 537)		16. Self-perceived difference (int 3) /Therapist's sense of how others perceive her. (Int. 2 therapist perceived as different in mothertongue setting 781)
10. Linguistic Identity			17. English as a subjective experience/Implications for self evaluation
11. Transference/countertransference			18. Being different/isolated from therapist's minority community
12. Identification			19. English being associated with a new life (interview 2)
13. Embodied mothertongue (Int. 2 palpable association to the other 781)			
14. Linguistic Nuances	Language is actually a culture and you can only think through the words that you have ...you can't change the word and keep the meaning. When you don't		

General clinical issues	Anxieties about working in the mothertongue	Potential advantages in working in the mothertongue	The relationship of the acquired linguistic environment to the work in the mothertongue
	<p>have the language you lose something. When you move from English to Mothertongue something gets lost. (Int. 5 – line70)</p>		

## APPENDIX VII

### UEL Fieldwork Risk Assessment



#### RISK ASSESSMENT FORM FOR FIELDWORK ACTIVITY

- You are required to undertake a risk assessment prior to any fieldwork activity or research external to UEL campuses and premises

**Name of Principle Investigator:**

**School or Service:**

Location	Risks identified	Level of risk Medium (2) High (3)	Mitigating activity for each risk	Likely impact of mitigating activity High (1) Medium (2) Low (3)	Overall assessment of risk (column 3 x column 5) Low (1) Medium (2/5) High (6/9)
Interviews will take place in a location of participants' choice.	Safety of the researcher	Low	Carry mobile phone and inform a colleague of my whereabouts and address of where interview will take place.	High (1)	Low (1)
	Minimal risk of participant distress.	Low. Participants are experienced practitioners. Who have had own therapy and have access to support systems.	I will put in place an appropriate colleague to provide therapeutic support if needed.	High (1)	Low (1)

	Researcher's emotionality .	Low (1)	I have access to my own therapy and Supervisor y team	High (1)	Low (1)
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**Declaration of Principal Investigator:**

I confirm that I:

- 1) have consulted the [University Risk Assessment Policy](#) and have fully considered the risks;
- 2) view the relevant hazards and risks associated with the study to be at tolerable levels and within acceptable parameters;

**Name of Principal Investigator: Eleonora Tsatsas**

**Signature:**

**Date:**

16<sup>th</sup> June 2014

**ETHICS COMMITTEE CONCLUSION**

**“What are the unique clinical experiences of bilingual couple psychotherapists working in their mothertongue in an acquired linguistic environment”**

This is to confirm that Research Mrs Tsatsas’ Proposal for the Professional Doctorate in Couple Psychotherapy has been reviewed and approved for adherence to TCCR’s Code of Ethics for research.

We note the following:

1. Mrs Tsatsas is not working with ‘vulnerable’ adults;
2. Mrs Tsatsas is not doing physically intrusive or invasive procedures;
3. Mrs Tsatsas has assessed the level of risk to herself and participants and we agree with her conclusion that it is low;
4. Mrs Tsatsas’ methods are congruent with her aims;
5. Mrs Tsatsas’ research is of value to the field of couple psychotherapy.

We support this research proposal and wish her all the best with it.

**Dr Damian McCann**  
**Chair of Ethics**  
dmccann@tccr.org.uk

supporting couples ■ strengthening families ■ safeguarding children

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